



# IMPROVING TRAUMA-INFORMED EDUCATION: RESPONDING TO STUDENT ADVERSITY WITH EQUITY-CENTERED, SYSTEMIC SUPPORT



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November 2022

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**Suggested Citation:** Gherardi, S. (2022). *Improving trauma-informed education: Responding to student adversity with equity-centered, systemic support*. Boulder, CO: National Education Policy Center. Retrieved [date] from <http://nepc.colorado.edu/publication/trauma>

**Funding:** This policy brief was made possible in part by funding from the Great Lakes Center for Educational Research and Practice.



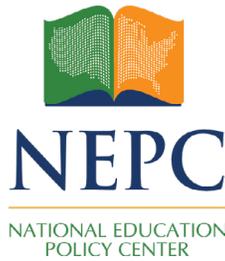
**Peer Review:** *Improving Trauma-Informed Education: Responding to Student Adversity With Equity-Centered, Systemic Support* was double-blind peer-reviewed.



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## I. Executive Summary

It has become increasingly difficult to talk about education in the United States without talking about trauma. Today's children and youth suffer through challenges on multiple fronts, including: the COVID-19 pandemic and its related social and educational fallout; increasingly frequent school shootings and community violence; homelessness; family separation related to immigration; and decades of sustained high rates of child poverty. Exposure to these and other traumatic conditions triggers health, psychological, social-emotional, behavioral, and educational harms. In response, and as part of efforts to increase holistic support for students, educators and policymakers have sought to implement educational practices that increase awareness of and responsiveness to the impact of trauma while preventing future trauma. Such *trauma-informed* practices are increasingly the focus of legislation, professional development, federally funded emergency relief (ESSER) projects, and school-reform rhetoric. Trauma-informed changes to policy and practice are welcome, important, and evidence-based responses to the effects of student adversity.

Yet critics of trauma-informed practices as they are currently being applied in education have raised concerns about how the policies have been conceptualized and implemented. In particular, current approaches to training and implementation often fail to address social causes—the structural dimensions of trauma as it occurs both inside and outside of schools. As a result, educators are expected to respond to trauma, but their training never prepares them to understand or engage with those causes. Their resulting decontextualized understanding of trauma can lead educators to implement deficit-oriented responses arising from their never acknowledging the role of schools and social policy in perpetuating the trauma—or the reasonable responses to the trauma by the children and youth. In addition, trauma-informed practices are often treated as an intervention for affected students, isolat-

ed from other efforts to improve the school environment or provide holistic student support.

One result of these shortcomings is that meaningful integration of trauma-informed practices across the organizational structure of schools has been a challenge. In addition, research describing the outcomes of these practices is inconclusive.

This brief explores both the promise and challenges of trauma-informed education as conceptualized and implemented to date. It suggests that trauma-informed education may be best designed as a systemwide commitment, rather than an intervention, and that the concept of equity-centered trauma-informed education may offer a productive path to addressing the conceptual and implementation challenges critics have noted. Specifically, equity-centered trauma-informed education is rooted in social justice concerns, highlighting the systemic roots of trauma as well as the need for equitable, systemic solutions. To support effective integration of such an approach and address identified weaknesses of trauma-informed education to date, the brief offers specific recommendations for district and school leaders. And, in the interest of not only responding to trauma but of working to prevent it, also included are recommendations for state and local policymakers to promote broader social and education policy changes through specific funding strategies.

To strengthen efforts pursuing more effective trauma-informed practice, it is recommended that district and school leaders:

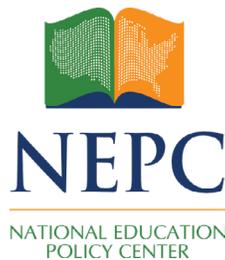
- Engage all educators and school staff in building a shared understanding of and commitment to equity-centered trauma-informed education, providing professional learning activities that feature critical reflection and collaborative decision making and that avoid deficit-oriented, decontextualized approaches.
- Ensure that there is adequate time, space, budget, and personnel for essential relationship-building, regulation, and restorative responses.
- Develop school-community partnerships to expand the capacity of schools to meet student needs, such as the need for health, dental, and mental health services, mentorships, or out-of-school activities.
- Advocate or support advocacy efforts at local, state, and federal levels to ensure sufficient and equitable school resources and action to counter social policies that perpetuate trauma.

Given the inextricable links between social policy and social contexts contributing to trauma, and given that many counterstrategies are possible only when funded, to lessen or prevent future trauma it is recommended that state and local policymakers:

- Allocate funding for state education agencies to provide high-quality professional development and ongoing technical support for all interested schools.
- Fund staffing for school-based mental health providers, including counselors and social workers at recommended ratios of one per 250 students.
- Ensure that students have access to necessary services and supports by funding com-

munity schools or other evidence-based approaches to school-community partnerships.

- Adopt approaches to school funding that respond to the inequitable social conditions contributing to disproportionate trauma experiences in some communities—initiatives such as State Equalization Guarantees, for example, or the use of Family Income Indexes.



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## II. Introduction

The last decade has seen a notable, if contested, shift toward education policy that promotes holistic conceptions of student well-being.<sup>1</sup> That trend evolved as research persuasively documented that stressful life experiences have lasting impact on student development, social-emotional functioning, academic performance, and physical health. Awareness of these experiences and outcomes, generally termed *trauma*, has existed for some time, but efforts to specifically address them in schools, generally termed *trauma-informed education*, are relatively new. Because trauma and its serious effects have become increasingly prevalent among children and youth, trauma-informed education has become a central focus of educational practice and policy.<sup>2</sup>

In addition to the general imperative to address trauma-related needs among the nearly half of U.S. children affected,<sup>3</sup> the fact that students of color<sup>4</sup> and low-income students<sup>5</sup> are disproportionately affected has led to calls for trauma-informed education as a “social justice imperative.”<sup>6</sup> As a result, many states have adopted policies intended to support such education through requirements for teacher education or funding for related school supports.<sup>7</sup>

As the field has grown, cracks in its foundations have come to light.<sup>8</sup> Many efforts have been deficit-oriented, addressing perceived pathologies in students without acknowledging the social factors fostering them.<sup>9</sup> That is, a focus on individuals suffering adverse effects has led educators and policymakers to overlook the broader role of social policy in perpetuating or preventing traumatic experiences. In addition, the role of schools themselves in perpetuating trauma has been ignored.<sup>10</sup> In response to these weaknesses, new models focusing on equity have emerged.

This brief reviews the literature describing the history, theoretical foundations, implemen-

tation models, and documented outcomes of trauma-informed education. It discusses critiques and challenges and, based on available evidence, suggests that what is known as *equity-centered trauma-informed education*<sup>11</sup> may point to an effective path forward. Rather than a set of interventions or techniques, that framework advances an overarching commitment to educational policy and practice emphasizing the humanity and well-being of all students. The approach not only attends to the need for school reform, but also suggests the need for social policies that might prevent, or mediate the impact of, student trauma. The brief concludes with policy recommendations for school and district leaders and for policy-makers interested in a more holistic approach to the issue.

### **III. Review of the Literature**

#### **History and Definitions**

##### ***Adverse Childhood Experiences and Trauma***

While educators have long been concerned with links between student life experiences and a range of social and academic outcomes, the landmark Adverse Childhood Experiences (ACE) study<sup>12</sup> provided the foundation for a body of research documenting such links. It demonstrated that negative health outcomes in adulthood (including chronic diseases, mental illness, and substance abuse) significantly correlated with adverse childhood experiences (ACEs) of abuse, neglect, and household dysfunction (defined as mental illness, incarcerated relative, substance abuse, divorce, or domestic violence). Subsequent studies have documented: that ACEs are pervasive<sup>13</sup>; that children of color and children living in poverty experience them disproportionately<sup>14</sup>; and, that they have a cumulative negative effect on school attendance, school engagement, social-emotional/behavior functioning, cognitive functioning, and academic performance.<sup>15</sup>

ACEs and trauma are not synonymous, although the terms have been largely conflated in popular discourse. The Substance Abuse and Mental Health Services Administration (SAMHSA) explains that “Trauma results from an event, series of events, or set of circumstances that is experienced . . . 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.”<sup>16</sup> It is important to note that trauma is a response, not an event. Not all ACEs result in trauma, and not all trauma is the result of an ACE. While ACEs fall under the umbrella of potential causes and effects of trauma, trauma-informed education is concerned with additional events and outcomes.

##### ***Trauma-Informed Care***

*Trauma* generally refers to lasting harm from painful life experiences, and *trauma-informed care* generally describes efforts to build systems that are responsive to such harm. These terms evolved in 2001 when Harris and Fallot first made the distinction between *trauma-specific services* (mental health treatment for trauma symptoms) and *trauma-informed*

*systems*.<sup>17</sup> Detailing the systemic concept, SAMHSA defined a trauma-informed organization as one that demonstrates the *Four R's*: “**realizes** the widespread impact of trauma and potential paths for recovery; **recognizes** the signs and symptoms of trauma . . . ; **responds** by fully integrating knowledge about trauma into policies, procedures, and practices; and seeks to actively **resist re-traumatization**.”<sup>18</sup> SAMHSA further articulated six key principles, “1) safety, 2) trustworthiness and transparency, 3) peer support, 4) collaboration and mutuality, 5) empowerment and choice, and 6) [consideration of] cultural, historical, and gender issues.”<sup>19</sup>

## **From Trauma-Informed Care to Trauma-Informed Education**

Several frameworks sought to translate such features and principles into the work of schools, resulting in movement toward trauma-informed education. Several early models tended to emphasize the adoption of a trauma-informed lens and to stress the importance of educators recognizing trauma’s symptoms and impact.<sup>20</sup> The Trauma and Learning Policy Institute (TLPI) described its framework as a whole-school approach to reform, focusing on safety, resource integration, relationship building, and shared responsibility.<sup>21</sup> Other scholars working in the field emphasized integration across school systems<sup>22</sup> or school-community partnerships,<sup>23</sup> and some focused on more specific elements such as safety, relationship building, and supporting student self-regulation.<sup>24</sup> Several models featured the replacement of punitive discipline with restorative practices.<sup>25</sup>

National and state organizations have provided additional models and resources. The National Child Traumatic Stress Network (NCTSN) published a comprehensive guide identifying ten core elements of trauma-informed schools: identifying/assessing traumatic stress; addressing/treating traumatic stress; trauma education/awareness; partnerships with students and families; creating a trauma-informed learning environment; cultural responsiveness; emergency management/crisis response; staff self-care/secondary traumatic stress; school discipline policies/practices; and cross-system collaboration/community partnerships.<sup>26</sup> The Missouri Model for Trauma-Informed Schools<sup>27</sup> articulated a long-term process of moving from awareness toward practice and policy change built around the SAMHSA principles of trauma-informed care,<sup>28</sup> identifying 12 indicators which schools can use to self-assess.

While these models provide useful guidance, many reflect gaps in their conceptual foundations. Some fail to emphasize the organizational structures needed to build trauma-informed schools, while others overlook the original principles of trauma-informed care. A later section of this brief details such critiques and new models which respond to them.

## **Outcomes and Impact**

The frameworks outlined above reflect significant variance in the definitions, foundations, and core activities of trauma-informed education as it has been implemented to date. As a result of poorly defined activities and outcomes, the number of high-quality studies in the field is limited,<sup>29</sup> especially studies on the impact of whole-school or whole-system approaches.<sup>30</sup> Systematic literature reviews suggest a lack of substantial evidence linking trauma-informed

education with significant positive student effects overall, including only minimal evidence of improved academic outcomes.<sup>31</sup> One recent review described limited effectiveness for programs implemented by non-clinical staff.<sup>32</sup> Of studies showing positive results, preschool programs tended to have the most robust outcomes, as did programs involving at least a year-long commitment.<sup>33</sup>

Despite these lackluster findings, several case studies of schools employing schoolwide trauma-informed approaches describe more positive results. The Healthy Environments and Response to Trauma in School (HEARTS) program, a multi-tiered approach,<sup>34</sup> showed a positive impact on schoolwide issues such as attendance, disciplinary referrals, and suspensions.<sup>35</sup> Other pilots and case studies described positive effects on internalizing behaviors in students,<sup>36</sup> student self-regulation,<sup>37</sup> student resilience,<sup>38</sup> and student attention.<sup>39</sup> In one of the more widely publicized examples, one high school in Walla Walla, Washington<sup>40</sup> developed an approach linked to a reduction in disciplinary action and concerns, an increase in student GPA, and increases in measures of resilience.<sup>41</sup> These findings juxtaposed alongside those from systematic literature reviews reflect both the promise of trauma-informed education and the challenges of scalability.

*Studies suggest that a wide range of professional development approaches increase teacher knowledge and foster positive attitudes toward trauma-informed practices.*

While professional development represents only one component of whole-school or whole-system trauma-informed approaches, its outcomes warrant consideration. Studies suggest that a wide range of professional development ap-

proaches increase teacher knowledge and foster positive attitudes toward trauma-informed practices,<sup>42</sup> although there is less evidence linking such approaches to classroom change. One study suggested that teachers who received training subsequently reported increased ability to effectively respond to student needs.<sup>43</sup> However, other research suggests that, because of inhibiting factors, even well-received training with a measurable impact on self-reported knowledge and skills may not change teacher practice.<sup>44</sup>

One commonly identified inhibiting factor is teacher Secondary Traumatic Stress (STS)<sup>45</sup>. STS occurs when teachers experience trauma symptoms as a result of interactions with trauma-affected students, whether due to vicariously experiencing traumatic situations or through exposure to the frequent trauma responses of students. STS adversely impacts professional engagement and performance as well as personal well-being in teachers,<sup>46</sup> inhibiting their ability to implement trauma-informed practices and adversely impacting student well-being.

Misalignment between professional development and existing school policies, practices, and culture has also been documented to inhibit teacher responses to trauma-informed professional development.<sup>47</sup> Teachers may perceive incongruence between the content of trauma-informed professional development and existing policy when their school continues to implement punitive or zero-tolerance discipline policies. They perceive incongruence between trauma-informed professional development and the reality that leaders and staff in their school rarely build meaningful relationships with students or tend to respond to trauma-related needs with consequences rather than support. In response to these perceptions,

the likelihood and ability of teachers to implement trauma-informed practices is compromised.

While outcomes relating to whole-school trauma-informed education and the impact of professional development are largely mixed, research documents consistent positive effects for trauma-specific interventions (school-based mental health treatment for trauma symptoms).<sup>48</sup> These include structured programs such as Cognitive Behavioral Interventions for Trauma in Schools (CBITS)<sup>49</sup>—a multi-week group intervention for secondary students that includes individual and caregiver supports, and Bounce Back<sup>50</sup>—a similar program for elementary students. Both CBTIS and Bounce Back have been documented to reduce symptoms in diverse populations of students.<sup>51</sup> Still: While such services are important, they are only one component of a comprehensive approach.

In addition to the outcomes described here, trauma-informed education has also been supported by evidence that its absence has harmful effects. Without targeted support, trauma-affected students experience adverse outcomes in school.<sup>52</sup> And, when they exhibit troublesome behaviors, a common response is punishment—which is known to be both harmful and inequitable.<sup>53</sup> And, although trauma-specific interventions in schools are helpful, they are resource-intensive and fail to address the challenges students will continue to experience in an otherwise unsupportive school environment.<sup>54</sup> The need for action is clear, even if the results of action to date are less so.

## **IV. Recent Developments: Gaps and Critiques**

### **Implementation Gaps**

Because research has indicated that the field needs to more clearly identify and more effectively implement its foundational elements and activities,<sup>55</sup> studies have sought to assess the link between professional development and subsequent implementation. Recent work suggests that whether professional development is effective depends significantly upon its content and quality, as well as on alignment between the strategies promoted and the school environment.<sup>56</sup> The likelihood of educators accepting and adopting trauma-informed practices is influenced by how well they believe those practices fit within existing school policies, practices, and culture.<sup>57</sup> If, for example, educators learn in a professional development training that punitive discipline can exacerbate challenging behaviors in trauma-affected students by activating the “fight, flight, or freeze” response,<sup>58</sup> but they know that school policy requires strict adherence to a discipline code enforced exclusively with punishment, they may not adopt their own trauma-informed practices given the reality that these practices are likely to be undermined or unsupported by the larger school environment. Given the importance of alignment, factors such as implementation planning, leadership support, stakeholder engagement, and educator buy-in are as important as professional development itself.<sup>59</sup> This requires the intentional linking of trauma-informed professional development with efforts to enact changes to school policies and practices that reflect principles of trauma-informed care.

School and educator capacity are also critical to implementation. Schools without adequate resources may be unable to provide critical non-classroom supports and services, limiting the impact of classroom changes.<sup>60</sup> And, many school professionals suffer secondary traumatic stress as a result of working with trauma-affected students, limiting their classroom effectiveness<sup>61</sup> and inhibiting their ability to introduce and maintain trauma-informed practice.<sup>62</sup> These capacity issues are also reflected in work detailing the need for broader educational policy change in order build supportive learning environments.<sup>63</sup>

## **Conceptual Critiques**

### ***The Trouble With ACEs***

While ACEs research has been crucial in raising public consciousness about the significant, long-term impacts of childhood adversity, it has also been critiqued and misused. One critique described ACEs as “a chaotic concept that prioritises risk and obscures the material and social conditions of the lives of its objects.”<sup>64</sup> Others have critiqued: the exclusion of social factors such as racism or poverty on the original 10-item ACE index; the failure of ACEs to recognize the significance of assets and protective factors; and, the inability of ACEs to account for social determinants of adversity.<sup>65</sup>

Examples of the misuse of ACEs research in efforts to support trauma-informed education are significant. Temkin and colleagues<sup>66</sup> note the use of student ACE scores to screen for trauma even though one author of the original ACE study warned against such application.<sup>67</sup> Because ACEs account for neither environmental and protective factors nor non-household adverse experiences,<sup>68</sup> they have limited utility in identifying trauma-affected students.<sup>69</sup> Perhaps more importantly, screening students in this way is itself potentially traumatizing.<sup>70</sup> Nevertheless, activities asking individuals to consider, identify, and even share their ACE scores have been featured in professional development and classroom activities.<sup>71</sup> However well-intentioned, such examples highlight the potential harm of conflating ACEs with trauma and knowledge of ACEs with trauma-informed education.

### ***Deficit-Orientation***

Increasingly, research has identified three core concerns with the conceptual foundations of trauma-informed education as they have been widely understood and adopted. The first is the potential for a deficit-orientation to arise from a focus on trauma and adversity.<sup>72</sup> Shawn Ginwright explains that focusing on trauma potentially leads to defining people by the worst thing that happened to them. In response, he proposes a shift away from trauma-informed care and toward “healing-centered engagement” which “views those exposed to trauma as agents in the creation of their own well-being rather than victims of traumatic events.”<sup>73</sup> Similarly, schools adopting a deficit-orientation may view families or communities within which trauma occurs primarily as problems, not partners.<sup>74</sup>

## ***Decontextualization***

The deficit-oriented belief that families are the problem has its roots in a second major concern, the decontextualization of trauma.<sup>75</sup> While research has detailed the impact of household and family adversity on children, the field has done a poor job of illuminating the social context of trauma.<sup>76</sup> Schools acting on decontextualized conceptions are likely to focus responses on an individual or family, rather than larger issues at the root of a problem. Chronic absenteeism may be perceived as neglect rather than the result of the daunting challenge of managing schedules, childcare, and transportation faced by many low-income parents. Student behavioral challenges may be perceived as a lack of parental care, structure, or support rather than a lack of parental access to mental healthcare. As a result of such limited vision, efforts have focused on discrete actions like screening for trauma or educating teachers about the impact of trauma, rather than focusing on the creation of the fully integrated system necessary to enact authentic trauma-informed education.<sup>77</sup>

## ***Excusing Schools***

The tendency to see individuals and families, rather than systems, as the root causes of trauma gives rise to a third concern—that the role of schools in perpetuating trauma has been minimized.<sup>78</sup> As implemented to date, trauma-informed education has generally focused on the trauma that students bring to school rather than on sources of trauma within the school.<sup>79</sup> For example, racism and other forms of discrimination exist, and bullying as well as overly punitive or competitive environments trigger toxic stress. Even these few examples illustrate the many ways experiences in school can cause or perpetuate student trauma.<sup>80</sup> The history of schools as a site of trauma for many communities merits additional consideration, as detailed in the next section.<sup>81</sup> This concern is especially significant given that trauma-informed practices have been cast as social justice imperatives.<sup>82</sup>

# **IVa. Recent Developments: Work to Bridge the Gaps**

## **Rethinking Trauma and Adversity**

In response to critiques of ACEs, scholars have worked to refine and expand the concept.<sup>83</sup> The Dual ACEs model expands conceptions of childhood adversity beyond the family to include Adverse Community Environments, such as poverty, discrimination, community disruption, lack of opportunity, lack of mobility, lack of social capital, poor housing quality/affordability, and community violence.<sup>84</sup> Some have also proposed that racism be considered an ACE.<sup>85</sup> Additional work has recognized community violence, violence in schools, and bullying in expanded concepts.<sup>86</sup> Research has also found that Protective and Compensatory Experiences (PACEs) are as important as ACEs in predicting outcomes and mediating the impact of adverse experiences. Such experiences include caregiver unconditional love, time with a best friend, helping others, social group activities, extrafamilial mentors, safe and adequate housing and food, opportunities to learn, hobbies, physical activity, and reliable routines/fair rules.<sup>87</sup>

An additional development has been a more inclusive concept of trauma beyond individual experiences that includes historical, cultural, and other collective experiences of pain, stress, or loss.<sup>88</sup> While the list of sources of cultural or historical trauma is long, examples include family separation and cultural genocide in Native American residential schools,<sup>89</sup> the history of slavery, legal segregation, the ongoing oppression of African Americans in the U.S.,<sup>90</sup> and the marginalization and toxic stress resulting from U.S. immigration policy.<sup>91</sup> Other contemporary collective traumas include environmental factors such as climate crisis, natural disasters, the pandemic, and school and community violence.<sup>92</sup> The reality that current collective traumas, such as the pandemic, disproportionately impact already marginalized communities<sup>93</sup> has led to calls for long-term commitment to trauma-informed responses.<sup>94</sup>

### **Capacity, Community, and Policy**

Addressing criticism of inadequate capacity and resources,<sup>95</sup> some researchers have worked to link trauma-informed practices with strategic efforts to build community resilience<sup>96</sup> or to develop comprehensive approaches to school-community partnerships (such as the community schools model).<sup>97</sup> Others have called for educational policies that build schools' capacity to provide both trauma-specific interventions<sup>98</sup> *and* trauma-informed education, creating holistic, supportive learning environments.<sup>99</sup> Other proposals encourage moving efforts beyond school walls. Calls for a primary prevention policy approach seek to prevent or minimize childhood trauma through addressing social and economic determinants of adversity,<sup>100</sup> pushing leaders to acknowledge and remedy conditions best addressed by larger social policy responses.<sup>101</sup>

### **Equity-Centered Trauma-Informed Education**

Equity-centered trauma-informed education<sup>102</sup> is a holistic framework responding to the gaps and critiques described above. This framework, developed by Alex Shevrin Venet, asserts that trauma and inequity are inextricable.<sup>103</sup> Inequity in society is linked to trauma, and low-income students and students of color are disproportionately impacted. The impact of trauma creates inequitable school experiences for students. Students exhibiting the behavioral symptoms of trauma experienced outside of school are likely to experience academic challenges, punitive discipline, and—especially if they are low-income students or students of color—inadequate/inappropriate school-based supports. Experiences of inequity at school are also likely to cause or exacerbate trauma. Students may experience inappropriate or inadequate resources (such as facilities, textbooks, technology, etc.), racism (such as disproportionate administration of punitive discipline for students of color), discrimination (such as outlawing ethnic hairstyles), or microaggressions (such as being misgendered or subject to racial/ethnic stereotypes), all of which have the capacity to produce a trauma response over time or to exacerbate this response in students already impacted by trauma outside of school.

As a result of the deep connections between trauma and inequity, Shevrin Venet's redefinition of trauma-informed education emphasizes responding to trauma's impact on the entire school community through systemwide change, highlighting opportunities for prevention by centering equity and social justice.<sup>104</sup> She outlines six principles to guide creation of school

culture, policies, and practice that are: 1) antiracist, anti-oppression, 2) asset based, 3) systems oriented, 4) human centered, 5) universal and proactive, and 6) social justice focused. Table 1 identifies key tasks associated with the implementation of these principles.<sup>105</sup>

**Table 1: Principles and Tasks of Equity-Centered Trauma-Informed Education<sup>106</sup>**

<b>Principle</b>	<b>Task</b>
Antiracist, anti-oppression	<i>Examine and end school practices that contribute to oppression and trauma</i>
Asset based	<i>Create equitable, safe, and affirming environments that support student agency and self-determination</i>
Systems oriented	<i>Integrate trauma-informed practices and policies across the school, district, and state education systems</i>
Human centered	<i>Avoid focusing on trauma at the expense of seeing students as people; center practice and policy in the humanity of students</i>
Universal and proactive	<i>Avoid labeling or sorting and provide proactive, supportive strategies to all children</i>
Social justice focused	<i>Work to create a more just world for students (not just to achieve academic or disciplinary outcomes)</i>

This framework offers an opportunity to address criticisms to-date and provides a guiding philosophy as well as a practical road map for schools adopting an equity-centered trauma-informed approach.

## **V. Discussion and Analysis**

In 2017, Kathryn Becker-Blease cautioned that without “critical engagement with the systems behind the trauma-informed movement, there is a risk of perpetuating the same victim-blaming, silencing, shaming, and retraumatizing practices ‘simply by another name.’”<sup>107</sup> Trauma-informed education is just beginning such a process of critical engagement. The remainder of this brief seeks to make sense of the inconsistencies in and challenges of research and practice in the field. And, since the equity-centered model outlined directly above appears the most promising path to improvement, the brief then details processes and practices key to implementing its principles.

### **From Fixing Students to Changing Schools**

In synthesizing the evidence gaps and conceptual challenges in trauma-informed education to date, one might be inclined to conclude that it is like the emperor’s new clothes: unsubstantiated but generating significant attention. Much of the current research in the field

addresses questions of clarity, efficacy, and scalability. With such uncertainty, what is the rationale for continued movement toward trauma-informed education? The answer lies in the relationship of school environment to student outcomes.

The core principles of trauma-informed care<sup>108</sup> help us envision what trauma-informed schools should be. They should be safe, trustworthy, and transparent.<sup>109</sup> They should encourage mutual support, be collaborative and empowering. They should be especially attuned to how identity (race, gender, sexuality, culture, class, and so on) and history intersect with experiences of trauma.<sup>110</sup> If trauma-informed educational theory is correct, these features would likely reduce the adverse impact of trauma. It is important to note, however, that there has not been substantive research exploring outcomes in the school environment that would precede changes in student outcomes, although such environmental changes are the true targets of trauma-informed approaches. Schoolwide climate and practices thus represent critical but underexplored outcomes.

Tools such as the Trauma-Informed Schools Walk-Through Checklist from the New Orleans Trauma-Informed Schools Learning Collaborative<sup>111</sup> provide a means for schools to assess and address their relevant practices and policies. Such tools are useful in conducting initial assessments, identifying areas for growth, planning, and monitoring progress. When leaders and policymakers use them, they can help move the field beyond the problematic tendency to equate *understanding* trauma with *enacting* trauma-informed education.

The items on the New Orleans checklist serve to clarify conceptions of what trauma-informed education looks like. To provide just one example, the principle of *collaboration and mutuality* includes the following indicators:

- Staff recognize and reward students' strengths and interests.
- Students learn about staff members' interests and hobbies.
- Students and staff interact collaboratively.
- Staff members help students identify their personal strengths.
- Students are encouraged to be active participants in classroom decision making.
- There are multiple opportunities to respond and participate during instruction and/or activities.
- Staff members help students use personal strengths to address challenging behaviors and situations.
- Restorative conversations or other strategies are utilized following disciplinary action.<sup>112</sup>

It is significant to note that these indicators have little to do with trauma and everything to do with reshaping schools. Since changes in classroom practice are unlikely to occur if they are at odds with existing school culture, attention to school culture is essential. Assessing the impact of trauma-informed education on student outcomes should occur concurrently

with assessment of changes in the school environment: student impact is unlikely to occur absent environmental impact. Assessing environmental indicators can help clarify expectations for trauma-informed education's impact on students, especially given the relative newness of this movement.

## **Building Trauma-Informed Schools and Education Policy**

The decision to move from deficit-centered approaches to dealing with trauma-affected students and toward a holistic and supportive approach is substantial and multifaceted. To help readers grasp what might be involved in such a move, the following offers a closer look at what would be the necessary actions.

### ***Toward Equity-Centered Trauma-Informed Schools***

Synthesis of theoretical foundations, critiques, and new frameworks for trauma-informed education suggests that equity-centered trauma-informed schools engage in three core activities: 1) developing shared understanding of and commitment to the concept, 2) aligning school policies, practices, and resources with this commitment, and 3) engaging in partnership and advocacy to enhance resources and prevent trauma.

#### *Shared Understanding and Commitment*

Enacting trauma-informed education requires shared, systemwide understanding and commitment. This necessarily involves new learning for *all* adults in the school, although it also involves critical reflection and opportunities for collaborative planning and decision making. Given the documented pitfalls of standalone professional development, it is necessary to avoid conflating trauma-informed professional development with implementing trauma-informed education. Instead, schools should engage in an ongoing process of building shared understanding and shared commitment. Professional development activities should be vetted to ensure that they provide high-quality information and do not reinforce a deficit-oriented, decontextualized understanding of trauma; such activities also should include dialogue, critical self-reflection, and collaborative planning to provide participants with opportunities to identify sources of trauma at school and potential remedies. While some of this learning may be best supported by experts outside of the school, tools such as the publication *Creating and Advocating for Trauma-Sensitive Schools* from the Trauma and Learning Policy Institute<sup>113</sup> can guide schools through some of these processes.

#### *Aligning Activities, Policies and Resources*

As schools develop shared understanding and commitment to trauma-informed practices, they can begin the process of aligning their activities, policies, and resources to ensure that their efforts are not derailed by incongruence. Such alignment involves efforts to weed out school-based sources of trauma while developing and sustaining new, supportive responses and resources.

*Resisting Retraumatization:* Given the many historical as well as current ways that schools have caused and perpetuated trauma, one of the most critical things a school can do is to identify, disrupt, and reform internal sources of trauma. While this includes obvious targets such as behavior and discipline policies/practices, it also includes less obvious but equally important areas. These might include day-to-day policies and procedures affecting routines and rules relating to things such as movement between rooms, cell phones and student belongings, dress codes, celebrations, and curriculum. Each such area might be assessed to consider how it may be contributing to experiences of trauma or be potentially triggering for students or adults in the school. Given the inherent intersections of inequity and trauma, schools must also be willing to call out instances of race and other identity-based trauma and do the hard work of removing their sources and engaging in restorative relationship building with affected students.<sup>114</sup>

*One of the most critical things a school can do is to identify, disrupt, and reform internal sources of trauma.*

Such introspection can also help schools to respond to implementation issues arising from burnout and Secondary Traumatic Stress (STS).<sup>115</sup> Schools are not immune from experiencing what is known as a *parallel process* in which staff—and ultimately systems—serving trauma-impacted individuals manifest the same symptoms that their clients present.<sup>116</sup> Schools that experience this difficulty with educator well-being experience conditions adversely impacting student outcomes<sup>117</sup> and limiting their capacity for trauma-informed practice. Intentional efforts to identify and disrupt conditions that contribute to adult trauma in schools is critical.

This process is not simply one of elimination: Preventing school-based trauma necessarily includes what schools do *in place of* previously harmful practices and policies. A school might, for example, enact its trauma-informed values by ending student suspension—but fail to integrate practices to prevent or restoratively respond to the behaviors previously triggering suspension. In such a case, students would likely continue to struggle, educators would likely become frustrated, and the students would likely continue to experience school-based trauma. This is not to say that schools should continue practices and policies that they know to be harmful. It is, however, to say that the process of schools addressing their own sources of trauma is as much about what they begin as it is about what they end.

*Responding and Resourcing:* Self-reflection processes can help schools identify responses and resources. Some responses may be universal. School environments should be calm, welcoming, predictable, and relationship centered. Adults should be able to recognize the signs of trauma responses (fight, flight, or freeze) and provide supportive, de-escalating responses learned and practiced during the process of shared learning and commitment. Classrooms and school routines should support the ability of students and adults to learn and apply skills to maintain their physical and emotional regulation; this includes time and space to meet physical needs relating to thirst, hunger, physical activity, or rest in addition to support for emotional processing and de-escalation. When students are not meeting academic or behavioral expectations, trauma-informed schools should invoke a collaborative process of identifying and seeking to meet underlying needs. Such basic actions represent a synthesis of what trauma-informed responses might look like, although they are only a

snapshot. Every school would necessarily identify unique needs and potentially unique supportive responses.

Such responses will necessarily require resource realignment or the infusion of new resources. If schools take seriously the imperative for all students and staff to experience meaningful relationships at school, the resource of time will likely need to be redistributed. Budgets may need to be realigned to ensure that there are adults available to provide restorative responses to students experiencing behavioral challenges or to ensure the reliable presence of mental health professionals to provide trauma-specific interventions. Schools which seek to support student and staff well-being by emphasizing self-care must provide the time, space, and support necessary for rest and restoration. Put simply, the time, space, people, and budget resources of schools should reflect their commitment to trauma-informed education; where these resources are insufficient, other work is necessary.

### *Partnership and Advocacy*

Sometimes, the supportive systems necessary to enact trauma-informed practices require external resources or action. The realities of large classes or caseloads, inadequate mental health personnel, limited funding for professional development or ongoing support, and external impositions on educator time pose perennial challenges to leaders working to align the time, space, people, and financial resources of the school with trauma-informed values. Leaders should be prepared to explore how they can address these and other capacity-related issues through collaborative strategies for community engagement and partnership. For example, the community school strategy involves the whole school in identifying and meeting student needs and develops partnerships with communities that help address those needs.<sup>118</sup> This strategy aligns well with the principles and commitment of trauma-informed education, and the integration of school and community efforts represents an opportunity to capitalize on the strengths of each.<sup>119</sup> Leaders and educators should also be prepared to engage in or support advocacy efforts at the local, state, or federal level to promote policies providing sufficient and equitable school resources as well as to support policy action around issues promoting positive social conditions. Engaging the entire school community in this work provides an important opportunity to support empowerment and agency.

### *Toward Equity-Centered Trauma-Informed Policy*

Changes in the broader policy landscape are necessary to support the work of education professionals implementing equity-centered trauma-informed education within schools. Some of these include ensuring sufficient resources to build capacity in schools. Others target the adverse community environments that contribute to student experiences of trauma and subsequently impact schools. Policymakers can demonstrate their own commitment through specific changes to education policy as well as to broader social policy.

Policymakers can fund state education or other agencies to develop and evaluate professional development resources, creating models that can be replicated and made available to all schools and providing resources for ongoing support and consultation. Offering such resources at the state and local level can help ensure consistent and high-quality approach-

es to professional development that avoid deficit-orientations or decontextualization while enhancing shared commitment and decision making. Ongoing support and consultation can further ensure that school processes remain faithfully aligned with commitments and implementation plans. State and local policymakers can also provide incentives or support for institutions of higher education to infuse relevant content into pre-service preparation for teachers and other school-based professionals, creating a pipeline of equity-centered, trauma-informed educators.

Policymakers can further appropriately fund school-based mental health services,<sup>120</sup> ensuring that all schools have opportunities to provide interventions that research indicates improve student outcomes. Investment in this area can have a multiplier effect, increasing the capacity of educators and other school staff to implement whole-school practices while trained providers help respond to the most acute needs. Policymakers can also invest in community schools and other approaches to creating and sustaining school-community partnerships.

Finally, policymakers can reform school funding in consideration of the ways that adverse community environments (especially poverty and low economic/social mobility) contribute to student experiences of trauma, acknowledging that such environments place a disproportionate burden on schools. State Equalization Guarantees (SEG)<sup>121</sup> allocate state funds based on a “guarantee” to defray the majority of a district’s program costs based on formulas that account for conditions known to place students at increased risk of trauma. The use of Family Income Indexes<sup>122</sup> is another approach that allows education agencies to use census and other agency data to identify specific schools with high concentrations of poverty and to direct additional funding to them.

Although these policy changes are important, they alone will not fundamentally change many of the social conditions contributing to trauma. Education policy is constrained by broader social policies that contribute to trauma or that fail to provide positive mediating supports. Immigration policy and resulting family separation. Over-incarceration of communities of color. Lack of paid family leave or access to childcare. Lack of access to health and mental health care. Lack of affordable housing. Ubiquitous access to guns. The list is long, and educators, leaders, and policymakers will disagree on the politics of many of these issues. While unanimity is not needed, mutual commitment to explore and address the root causes of trauma is. To this end, educators, other school-based professionals, and educational leaders might engage in collective advocacy around those issues most salient in their school communities, and policymakers can be responsive to their claims. This is the broader imperative of trauma-informed education.

## **VI. Recommendations**

As a matter of policy, trauma-informed education is best framed as a systemwide commitment to the humanity and well-being of all students, and part of a broader movement to address the social conditions that contribute to and perpetuate trauma. Education professionals and policymakers who embrace this approach can enact several strategies to promote the holistic changes implied.

To strengthen efforts pursuing more effective trauma-informed practice, it is recommended that district and school leaders:

- Engage all educators and school staff in building a shared understanding of and commitment to equity-centered trauma-informed education, providing professional learning activities that feature critical reflection and collaborative decision making and that avoid deficit-oriented, decontextualized approaches.
- Ensure that there is adequate time, space, budget, and personnel for essential relationship-building, regulation, and restorative responses.
- Develop school-community partnerships to expand the capacity of schools to meet student needs, such as the need for health, dental, and mental health services, mentorships, or out-of-school activities.
- Advocate or support advocacy efforts at local, state, and federal levels to ensure sufficient and equitable school resources and action to counter social policies which perpetuate trauma.

Given the inextricable links between social policy and social contexts contributing to trauma, and given that many counterstrategies are possible only when funded, to lessen or prevent future trauma it is recommended that state and local policymakers:

- Allocate funding for state education agencies to provide high-quality professional development and ongoing technical support for all interested schools.
- Fund staffing for school-based mental health providers, including counselors and social workers at recommended ratios of one per 250 students.
- Ensure that students have access to necessary services and supports by funding community schools or other evidence-based approaches to school-community partnerships.
- Adopt approaches to school funding that respond to the inequitable social conditions contributing to disproportionate trauma experiences in some communities—initiatives such as State Equalization Guarantees, for example, or the use of Family Income Indexes.

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