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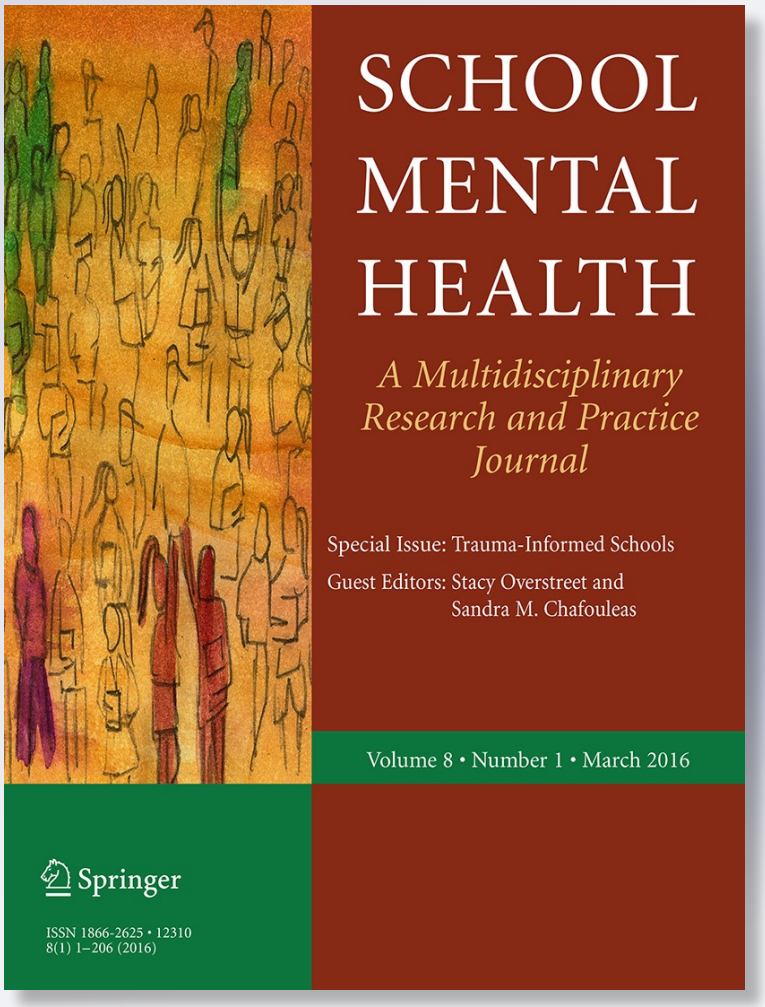

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INTRODUCTION

Trauma-Informed Schools: Introduction to the Special Issue

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Abstract This special issue on trauma-informed schools is the first compilation of invited manuscripts on the topic. The forces behind the movement and key assumptions of trauma-informed approaches are reviewed. The first eight manuscripts in Part 1 of the special issue present original empirical research that can be used to support key assumptions of trauma-informed approaches to school service delivery. Part 2 of the special issue opens with a blueprint for the implementation of trauma-informed approaches using a multitiered framework, which is followed by three case studies of the use of multitiered frameworks to implement trauma-informed approaches in schools. The special issue concludes with a commentary on future directions for the trauma-informed school movement.

Keywords Trauma-informed · Stress · School mental health

Collectively, the articles in this issue of *School Mental Health* contribute to advancing our knowledge about trauma-informed schools. Trauma-informed schools reflect a national movement to create educational environments that are responsive to the needs of trauma-exposed youth through the implementation of effective practices and systems-change strategies (Chafouleas, Johnson, Overstreet, & Santos, 2015; Cole, Eisner, Gregory, & Ristuccia, 2013). The first author has identified at least 17 states in which trauma-informed schools have taken root in small clusters of schools (e.g., Louisiana, New Jersey), at a district-wide level (e.g., California, Pennsylvania), or at a state-wide level (e.g., Massachusetts, Washington, Wisconsin). The strength of the movement is also evidenced in the recent reauthorization of the Elementary and Secondary Education Act. The federal legislation, now referred to as the Every Student Succeeds Act (Pub.L. 114–95), makes explicit provisions for trauma-informed approaches in student support and academic enrichment and in preparing and training school personnel (Prewitt, 2016).

The vigor behind the movement stems from the growing awareness of the prevalence of exposure to trauma among youth (Finkelhor, Turner, Shattuck, & Hamby, 2015; McLaughlin et al., 2013) and from an increased understanding of the corrosive impacts resulting from the biological, psychological, and social adaptations to chronic exposure to trauma (Hamoudi, Murray, Sorensen, & Fontaine, 2015). The movement has also been fueled by demonstrations of the effectiveness of school-based trauma-specific treatments in ameliorating traumatic stress reactions in youth (Rolfsnes & Idsoe, 2011). These drivers of the movement are reflective of SAMHSA's (2014) four key assumptions underlying trauma-informed approaches: (a) a *realization* of the widespread prevalence and impact of trauma, (b) a *recognition* of the signs of traumatic exposure and (c) a *response* grounded in evidence-based practices that (d) *resists re-traumatization* of individuals. The first eight manuscripts in Part 1 of the special issue present original empirical research that can be used to support these key assumptions of trauma-informed approaches to school service delivery.

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Part 1: Key Assumptions of Trauma-Informed Schools

Realizing the Impact of Trauma and Recognizing its Effects

In trauma-informed schools, personnel at all levels have a basic realization about trauma and an understanding of how trauma affects student learning and behavior in the school environment (Cole et al., 2013; SAMHSA, 2014). Based on their review of existing prevalence research, Perfect, Turley, Carlson, Yohannan, and Gilles (2016) estimate that approximately two out of every three school-age children are likely to have experienced at least one traumatic event by age 17. Porche, Costello, and Rosen-Reynoso (2016) report prevalence rates close to that estimate based on a sample of nearly 66,000 school-aged youth who participated in the National Child Study of Children's Health. Among the 53.4 % of youth who experienced adverse family events, the average number of exposures was 2.1.

The systematic review conducted by Perfect et al. (2016) is a critical resource for schools to help them realize the educational implications of such exposure and recognize that signs of trauma exposure can be expressed in a number of ways outside of "typical" traumatic stress reactions. Perfect et al. (2016) distilled findings from 83 empirical studies with school-aged youth to document the widespread impacts of trauma exposure and traumatic stress symptoms on the cognitive, academic, and teacher reported social-emotional-behavioral outcomes of students. Porche et al. (2016) also focused on the educational implications of exposure to family adversity and found the impact of family adversity on school engagement, grade retention, and placement on an individual education plan (IEP) plan was partially mediated by the number of child mental health diagnoses. Children with higher numbers of adverse family experiences were more likely to have higher numbers of mental health diagnoses, and those with higher numbers of diagnoses were less likely to be engaged in school and more likely to be retained in grade or on an IEP. Taken together, these studies help expand the lens used to recognize reactions to trauma to include a focus on outcomes that may be more familiar and meaningful to school personnel.

Responding to Trauma and Resisting Re-traumatization

Trauma-informed schools respond to the needs of trauma-exposed students by integrating effective practices, programs, and procedures into all aspects of the organization and culture. This often begins with professional development training for all personnel (SAMHSA, 2014). Trauma-focused professional development training typically aims to create a shared understanding of the problem of trauma exposure, build consensus for trauma-informed approaches, and engender attitudes, beliefs, and behaviors conducive to the adoption of system-wide trauma-informed approaches. Preliminary evidence suggests that trauma-focused training delivered to service providers in clinical settings builds knowledge, changes attitudes, and fosters practices favorable to trauma-informed approaches (Brown, Baker, & Wilcox, 2012; Green et al., 2015). However, the impact of professional development training in educational environments has yet to be fully evaluated.

At least one factor contributing to the dearth of research on the effectiveness of professional development training is the lack of a psychometrically sound instrument with which to measure the impact of training. In this issue, Baker, Brown, Wilcox, Overstreet, and Arora (2015) report on a psychometric evaluation of the Attitudes Related to Trauma-Informed Care (ARTIC) Scale. Utilizing a sample of 760 staff employed in education, human services, and health care, they found that scores on the ARTIC demonstrated strong internal consistency and test–retest reliability over 6 months. Furthermore, construct and criterion-related validity were supported by correlations with indicators of familiarity with trauma-informed approaches and with staff- and system-level indicators of implementation of trauma-informed practices. We hope the findings from this study will help spur additional psychometric research on measures to assess the process and outcomes of trauma-informed approaches.

Another commonly advocated practice for responding to the needs of trauma-exposed students is universal screening for trauma exposure and/or traumatic stress reactions (Ko et al., 2008; Listenbee et al., 2012). Given the high prevalence of trauma exposure and the associated risk for a variety of negative outcomes, a universal approach to screening can maximize detection of students at risk for a wide range of adverse outcomes, allowing schools to respond to those students and ameliorate or prevent negative outcomes (Gonzalez, Monzon, Solis, Jaycox, & Langley, 2015). However, concerns related to limitations in funding and staffing to conduct screenings, the availability of developmentally appropriate measures and procedures, and the capacity of schools to follow-up with students identified as needing services are common barriers to universal screening for trauma exposure and traumatic stress reactions.

Two articles in the special issue (Gonzalez et al., 2015; Woodbridge et al., 2015) provide valuable information related to issues associated with appropriate measures and procedures, which provide corresponding links to data-driven supports. First, both studies used student report of experiences to minimize the burden on teachers to

complete screening measures for each of their students. Second, both considered developmental issues in the selection and administration of screening measures. Gonzalez et al. (2015) provide a detailed description of modifications used to administer two of the most widely used measures of trauma exposure and traumatic stress symptoms to elementary school students. Third, both studies provide data on the percentage of students identified as potentially needing services to address needs related to trauma exposure. Among their middle school sample, Woodbridge et al. (2015) found that 13.5 % of students reported traumatic stress symptoms at the clinical or subclinical levels. Gonzalez et al. (2015) found that 9.5 % of screened elementary school students reported clinically significant levels of traumatic stress symptoms; however, 26 % of students reported moderately elevated symptoms. Keeping generalizability issues in mind, this type of prevalence information can be used by schools to begin to estimate the extent of services that may be needed following universal screenings for trauma exposure in their schools.

Information derived from universal screening can also help prevent re-traumatization of students. Early identification of students struggling with trauma can help schools change the lens through which trauma-exposed students are perceived (Dorado, Martinez, McArthur, & Liebovitz, 2016; Wisconsin Department of Health Services, 2013; Wolpow, Johnson, Hertel, & Kincaid, 2009). Adaptations to chronic trauma can make students seem bad, unmotivated, hostile, or lost, which can leave teachers asking, "What is wrong with this student?" when confronted with challenging behaviors. This type of lens on student behavior can result in punitive disciplinary responses, increasing the likelihood of re-traumatization resulting from seclusion or harsh zero-tolerance policies (Dorado et al., 2016; Ford, Chapman, Mack, & Pearson, 2006). When schools understand the traumatic experiences of their students, they may be more likely to ask "What has happened to this student to shape these behaviors?", which is more likely to lead to supportive interventions that avoid re-traumatization and teach the student a new repertoire of skills (Dorado et al., 2016; Ford et al., 2006). This shift in perspective may be particularly important for reducing racial disparities in academic outcomes and suspensions. Consistent with previous research, Woodbridge et al. (2015) found that African American middle school students were more likely than Caucasian students to report exposure to trauma. When these negative personal experiences are compounded by experiences in unresponsive educational environments, African American students are disproportionately at risk for poor outcomes (Busby, Lambert, & Ialongo, 2013).

As school personnel increase their understanding of trauma exposure and utilize universal screening to identify the needs of trauma-exposed students, the availability of effective prevention and intervention programs to address the identified need is critically important. A number of evidence-based interventions have been identified for use at more intensive tiers within a multitiered framework (see Chafouleas et al., 2015); however, fewer options exist at the universal level, or Tier 1. Social-emotional learning curricula (e.g., Second Step, PATHS) offer a general approach to building resilience to stress. However, when all students in a school experience a common trauma, the school may wish to take a universal approach to foster coping with that specific experience (Nastasi, Overstreet, & Summerville, 2011). In this issue, Powell and Bui (2016) report on the efficacy of *Journey of Hope*, an eight-session intervention designed for use at the universal level following exposure to a disaster. Their comparison of students who participated in a *Journey of Hope* group to students in a wait-list control group revealed significant increase in positive coping and prosocial behaviors among *Journey of Hope* students.

As the uptake of trauma-informed prevention and intervention services continues to increase, research on the factors that influence sustainment and de-adoption of services is important (Nadeem & Ringle, 2016). Two articles in this issue examine factors related to the sustainment and de-adoption of the trauma-informed treatment, *Cognitive Behavioral Intervention in Schools* (CBITS; Stein et al., 2003), from the perspective of teachers (Baweja et al., 2015) and clinicians (Nadeem & Ringle, 2016). Baweja et al. (2015) interviewed teachers and clinicians about teacher-perceived facilitators and barriers to CBITS implementation. Their findings highlight the importance of creating a shared understanding of the problem being addressed to achieve teacher buy-in. Participants indicated that teachers needed more training on trauma to help them identify traumatized students and trauma reactions; teachers who perceived a need for a trauma program in their school were more likely to support CBITS. Similarly, Nadeem and Ringle (2016) found that clinicians who sustained CBITS implementation over the course of 2 years noted previous positive experiences with the intervention and improved student outcomes as contributors of sustainment.

Unfortunately, staff buy-in and evidence of positive student outcomes aren't always enough to sustain the use of evidence-based programs and practices in the face of system-level issues. Nadeem and Ringle (2016) found that de-adoption of CBITS was associated with district-level leadership changes, financial and workforce instability, and shifting priorities at the school- and district-level. As they point out, these sustainment barriers are common to those observed with other school-based mental health programs (Forman, Olin, Hoagwood, Crowe, & Saka, 2009; Stirman et al., 2012). Comprehensive integration of trauma-informed approaches into the larger school context and

culture may help overcome these system-level sustainment barriers.

Part 2: Integration of Key Assumptions to Create Trauma-Informed Schools

We know from implementation science that increased awareness of a problem and access to specific tools to address it are almost never enough to sustain a new educational innovation (Metz, Naoom, Halle, & Bartley, 2015; Nadeem & Ringle, 2016). Therefore, most frameworks for the implementation of trauma-informed schools build upon the key assumptions to create integrated, comprehensive service delivery systems that develop individual capacity and foster organizational change (Bloom, 2007; Cole et al., 2013; Wisconsin Department of Public Instruction, 2013; Wolpow et al., 2009). To set the context for Part 2 of the special issue, Chafouleas et al. (2015) offer a blueprint for the implementation of trauma-informed approaches using a multitiered framework familiar to most schools—School-Wide Positive Behavior Interventions and Supports (SWPBIS). The use of a familiar framework like SWPBIS is critical for the successful implementation of trauma-informed approaches in schools because it helps align trauma-informed approaches with existing educational practices, which can ease the tension that can arise when schools attempt to integrate mental health programs into the educational environment (Cole et al., 2013; Evans, Stephan, & Sugai, 2014).

The three articles in Part 2 of the Special Issue are case studies of the use of multitiered frameworks to implement trauma-informed approaches in schools. Thus far, the discourse on the implementation and impact of trauma-informed schools has happened largely outside of the scientific literature, grounded in uncontrolled studies with few explicit connections to implementation science. The three case studies included in this special issue advance the science on trauma-informed schools by using logic models to frame their work, and by presenting preliminary data related to implementation process and student outcomes. These case studies are the first step toward rigorous research that systematically and incrementally provides evidence for the implementation process and outcomes of trauma-informed schools. The case studies are followed by a commentary by Linda Phifer and Robert Hull, a school psychologist and one of the early leaders in the trauma-informed schools movement.

Conclusion

Given the epidemic of trauma exposure facing our youth, the growing movement to build trauma-informed schools is laudable. However, the selection of educational practices and the validation of educational innovations demand data-based decision making (Coalition for Evidence-Based Policy, 2003). The current evidence-base for trauma-informed schools is limited by its almost exclusive reliance on uncontrolled and/or advocacy-driven program evaluation studies. The trauma-informed schools movement needs sound, objective knowledge of implementation processes and rigorous evidence of proximal and distal outcomes to guide scale up efforts and to ensure that those efforts result in the expected outcomes.

Implementation research is critical to facilitate cost-efficient and effective strategies for the adoption and implementation of trauma-informed approaches by schools. Although several frameworks exist for trauma-informed schools (Bloom, 2007; Cole et al., 2013; Wisconsin Department of Public Instruction, 2013; Wolpow et al., 2009), empirical studies have yet to identify factors that lead to the adoption, successful implementation, and sustainment of trauma-informed approaches. Furthermore, aside from preliminary data from the case studies in this issue, little is known about whether the educational workforce finds trauma-informed approaches acceptable and feasible. The articles in this issue should serve as resources to help schools provide a rationale for trauma-informed approaches, identify specific trauma-informed practices, and develop measurement plans to track the implementation process. Additional research is needed to identify and evaluate strategies to build receptivity to and capacity for the adoption and sustainment of trauma-informed approaches.

Of course, research that examines the impact of trauma-informed approaches on individual- and system-level outcomes is also needed. Given the varied theoretical and practice frameworks for implementation of trauma-informed approaches, it is critical that outcome-focused research is framed explicitly within a theory of change. As is the case for the articles in this issue, logic models can be used to identify assumptions and practice elements common across frameworks, the connections between assumptions, practice elements, and expected outcomes, and the full range of outcomes that could be logically expected in the short-term and the long-term. Early reports from uncontrolled studies of trauma-informed schools have reported drastic reductions in suspensions (Stevens, 2012, 2013a) and office referrals (Stevens, 2013a, 2013b). However, it is not clear: (a) what specific elements of the trauma-informed schools may have contributed to those changes, (b) what short-term outcomes (e.g., changes in classroom management approaches, changes in school discipline policies, changes in student functioning) may have served as precursors to those changes, or (c) whether there are other long-term outcomes that could be expected. There are a myriad of outcome-related questions to be asked about trauma-

informed schools; a more explicit focus on theories of change will help generate and refine those questions.

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Compliance with Ethical Standards

Conflict of interest The authors declare that they have no conflict of interest.

Human and Animal Rights This article does not contain any studies with human participants performed by any of the authors.

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