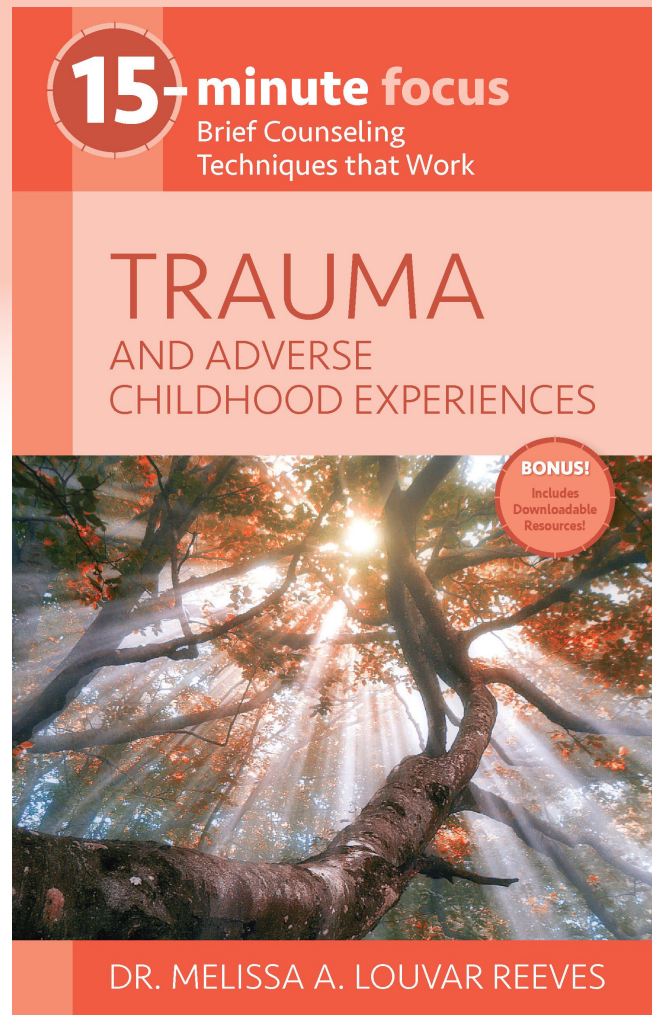


Reproducible Resources from



15-Minute Focus
Trauma and Adverse Childhood Experiences
Written by: Dr. Melissa A. Louvar Reeves
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“I’ve come to a frightening conclusion that I am the decisive element in the classroom.

It’s my personal approach that creates the climate. It’s my daily mood that makes the weather. As a teacher, I possess a tremendous power to make a child’s life miserable or joyous. I can be a tool of torture or an instrument of inspiration. I can humiliate or heal. In all situations, it is my response that decides whether a crisis will be escalated or de-escalated and a child humanized or dehumanized.”

—

Haim Ginott

Where Can I Find Out More About Trauma?

Where Can I Find Out More About Trauma?

Prevention/School Climate/Crisis Intervention

www.nasponline.org

The National Association of School Psychologists (NASP) provides a multitude of resources pertaining to comprehensive school safety planning and crisis response and supports. Many resources are in handout format for downloading and/or electronic distribution.

PREPaRE School Crisis Prevention & Intervention Curriculum

- <https://www.nasponline.org/professional-development/prepare-training-curriculum>
- Student Psychoeducational Groups in Crisis Prevention and Intervention. School Crisis Intervention: The PREPaRE Model. (Free manual with lesson plans and worksheets to guide delivery of student psychoeducational groups for elementary to high school) <https://www.csus.edu/indiv/b/brocks/Workshops/NASP/NASP%202017%20PsychoEd%20Handbook%20Revised%20April%202017.pdf>

A Framework for Safe and Successful Schools (PDF document)

- <https://www.nasponline.org/resources-and-publications/resources-and-podcasts/school-climate-safety-and-crisis/systems-level-prevention/a-framework-for-safe-and-successful-schools>

General Crisis Resources

- <https://www.nasponline.org/resources-and-publications/resources-and-podcasts/school-climate-safety-and-crisis>

COVID-19 Resources

- <https://www.nasponline.org/resources-and-publications/resources-and-podcasts/covid-19-resource-center>

www.casel.org

The Collaborative for Academic, Social, and Emotional Learning (CASEL) provides a multitude of resources regarding the implementation of social-emotional programming to increase academic achievement and decrease behavioral and emotional challenges.

www.pbis.org

The Positive Behavioral Interventions and Supports (PBIS) website provides a multitude of free resources to support schools in the implementation of a multitiered approach to social, emotional, and behavioral supports.

Trauma Sensitive Schools

www.traumasensitiveschool.org

This website provides free, downloadable resources to help schools advocate for and implement trauma-sensitive strategies.

- *Helping Traumatized Students Learn – A Report and Policy Agenda*
- *Helping Traumatized Students Learn – Creating and Advocating for Trauma-Sensitive Schools*
- Plus, additional resources

Steps to Create a Trauma-Informed School.

- <https://starr.org/wp-content/uploads/10-Steps-to-Create-a-Trauma-Informed-School-Whitepaper.pdf>
Facilitates implementation of a trauma-informed approach; includes planning and implementation activities and also checklists for ACEs

<https://hearts.ucsf.edu/>

Healthy Environments and Response to Trauma in Schools (HEARTS) is a whole-school, prevention and intervention approach that utilizes a multitiered system of supports (MTSS) framework to address trauma and chronic stress at the student level, staff level, and school organizational level.

Trauma Resources

<https://www.nctsn.org/>

The National Center for Traumatic Stress Network website provides resources to help educators better understand trauma and grief, and also provides simple and straightforward strategies educators can use to accommodate a traumatized child in the school setting.

- <http://www.nctsn.org/resources/audiences/school-personnel/trauma-toolkit>

Psychological First Aid

- <http://www.nctsn.org/content/psychological-first-aid-schoolspfa> - free download
- https://rems.ed.gov/docs/HH_Vol3Issue3.pdf - free download

ACEs

- <https://www.cdc.gov/violenceprevention/acestudy/index.html>

Training Tools

Trauma Informed School Video – “A San Diego Principal Takes on Trauma”

- <https://www.youtube.com/watch?v=dcvQb9e-VLI>

Positive School Climate Video – “Every Opportunity” – Atlanta Speech School

- <https://www.youtube.com/watch?v=VxyxywShewI>

Wraparound Services

Eber, L. (2008). Wraparound: A key component of school-wide systems of positive behavior supports. In E. J. Bruns & J. S. Walker (Eds.). *The resource guide to wraparound services*. Portland, OR: National Wraparound Initiative, Research and Training Center for Family Support and Children’s Mental Health.

[https://nwi.pdx.edu/NWI-book/Chapters/Eber-5e.3-\(school-wide-support-systems\).pdf](https://nwi.pdx.edu/NWI-book/Chapters/Eber-5e.3-(school-wide-support-systems).pdf)

Trauma and Anxiety Management Curriculums:

- CBITS: Cognitive Behavioral Intervention for Trauma in Schools (2nd Ed)
 - o <https://cbitsprogram.org/>
- Supports for Students Exposed to Trauma
 - o <https://ssetprogram.org/>
- Bounce Back (K-5)
 - o <https://bouncebackprogram.org/>
- *Worried No More: Help and Hope for Anxious Children* by Aureen Pinto Wagner.
- Coping Cat (youth), The C.A.T. Project (adolescents), and Camp Cope-A-Lot (interactive computer program) – anxiety management
 - o <https://www.workbookpublishing.com/>

SEL Curriculums:

Kimochis: Social and Emotional Learning Curriculum

A classroom-based program that promotes social and emotional learning by teaching children the skills to understand their emotions, peacefully communicate feelings to others, develop positive relationships, manage conflicts and challenges, and make and keep friends. It also focuses on character development to be respectful, responsible, resilient, compassionate, and kind. It is highly interactive with puppet characters and feeling pillows with guidance lessons. There is also a parent curriculum for use at home.

<https://www.kimochis.com/>

Zones of Regulation

A systematic, cognitive behavioral approach used to teach self-regulation by categorizing feelings and states of alertness into four concrete colored zones. The Zones framework provides strategies to teach students to become more aware of and independent in controlling their emotions and impulses, manage their sensory needs, and improve their ability to problem-solve conflicts.

<http://www.zonesofregulation.com>

Check In Check Out (Behavior Education Program)

The Check In Check Out program (Behavior Education Program - BEP) presents students with daily/weekly goals connected to schoolwide behavior expectations. Frequent feedback and daily performance data are utilized.

Second Step (P-8)

Second Step has easy-to-teach lessons and engaging songs and games. Kids learn empathy, emotion-management, self-regulation, executive function, and problem-solving skills

<https://www.secondstep.org/>

Promoting Alternative Thinking Strategies—PATHS (preK-6th)

PATHS program promotes peaceful conflict resolution, emotion regulation, empathy, and responsible decision making.

<http://www.pathstraining.com/main/>

6 Minute SEL Lessons

6 Minute SEL Lessons is a resource to help boost core SEL skills. Contains 150 ready-made lessons and each lesson only takes six minutes. Lessons can be used as prompts during restorative circles, as warm-up activities for whole group or small groups, or as a think-pair-share activity.

<https://www.lessonsforSEL.com/>

- website also includes free download of Racial Equity SEL cards

Psychoeducation Resources:

Julia Cook – Children's book author; many books also have activity books for psychoeducational SEL lessons

<https://www.juliacookonline.com/>

Books include:

Flicker of Hope

The Rules Don't Apply to Me

Soda Pop Head

Grief Is Like a Snowflake

And many more

Todd Parr – Children’s book author; various SEL topics

<https://www.toddparr.com/>

Black Emotional and Mental Health (BEAM) – Lessons that focus on emotional wellness through accountability, self-control, emotional awareness for black, marginalized youth.

<https://www.beam.community/tool-kits-education>

COVID-19 – *The Adventures of Butterfly and Puppy: A Social Story About Social Distancing* by Allison Talbot. Available on Amazon.

Activity Books:

- Ann Vernon, *Thinking, Feeling, Behaving: An Emotional Education Curriculum for Children/Grades 1–6*, Revised Ed. (Research Press, 2006).
- Ann Vernon, *Thinking, Feeling, Behaving: An Emotional Education Curriculum for Children/Grades 7–12*, Revised Ed. (Research Press, 2006).
- Lisa M. Schab, *The Anxiety Workbook for Teens: Activities to Help You Deal with Anxiety and Worry* (Instant Help, 2008).
- Kate Collins-Donnelly, *Starving the Anger Gremlin: A Cognitive Behavioural Therapy Workbook on Anger Management for Young People* (Jessica Kingsley Publishers, 2012).
- R. C. Lohmann, *The Anger Workbook for Teens* (Instant Help Books, 2009)
- Lisa M. Schab, *The Self-Esteem Workbook for Teens: Activities to Help You Build Confidence and Achieve Your Goals* (Instant Help, 2013).

Professional Resources

Eric Rossen, *Supporting and Educating Traumatized Students: A Guide for School-Based Professionals, Second Edition* (New York: Oxford University Press, 2020).

Victoria B. Damani, *Crisis prevention and intervention in the classroom, Second Edition* (New York: R&L Education, 2011).

Amanda B. Nickerson, Melissa B. Reeves, Stephen E. Brock, and Shane R. Jimerson, *Identifying, Assessing, and Treating PTSD at School* (New York: Springer, 2009).

Robert B. Brooks, *The Self-Esteem Teacher: Seeds of Self-Esteem* (Treehaus Publishing, 1991).

Rosemary B. Mennuti, Ray W. Christner, Arthur Freeman, *Cognitive-Behavioral Interventions in Educational Settings: A Handbook for Practice, Second Edition* (Routledge Publishing, 2012).

Torrey A. Creed, Jarrod Reisweber, Aaron T. Beck, *Cognitive Therapy for Adolescents in School Settings* (New York: Guilford Publishing, 2011).

PREPaRE Workshop 2 (3rd Edition), Mental Health Crisis Interventions: Responding to an Acute Traumatic Stressor in Schools

This two-day workshop develops the knowledge and skills required to provide immediate mental health crisis interventions to the students, staff, and school community members who have been exposed to an acute traumatic stressor. This session also helps to build a bridge to the psychotherapeutic and trauma-informed mental health response sometimes required to address long-term challenges. This workshop is an excellent course for all school mental health professionals (and community mental health professionals who support schools) who will provide mental health crisis intervention services.

For more information regarding professional development workshops visit:

<https://www.nasponline.org/professional-development/prepare-training-curriculum/prepare-workshops> or the book *School Crisis The PREPaRE Model, Second Edition* can be purchased at <https://www.nasponline.org/books-and-products/products/books/titles/school-crisis-the-prepare-model-2nd-edition>

Below is a summary of the specific protocols learned in the workshop. This appendix does not replace being trained in how to deliver the specific interventions but provides an important overview of the distinction between the different multi-tiered interventions.

Evaluation of Psychological Trauma

1. Threat Perceptions (determined or influenced by)

- Crisis event (predictability, consequences, duration, intensity)
- Physical and emotional proximity
- Vulnerabilities (avoidance coping, mental illness, poor emotional control, low developmental level, trauma history, “aleness”)
- Adult reactions

2. Crisis Reactions (mental health referral indicators)

- Durable (last a week or more)
- Interfere with daily functioning
- Acute (panic, dissociation, extreme fright)
- Increased arousal (startle, hypervigilance, disturbed sleep)
- Maladaptive coping (suicidal or homicidal)

Classroom Meeting

1. Introduce the training (5 min).

2. Provide crisis facts (5 min).

- Ensure caregivers can help children understand the crisis.

3. Answer student questions (5 min).

- CAUTION: Don’t give children unasked-for details.

4. Refer (as indicated) to techniques for responding to children’s crisis reactions.

<p>Caregiver Training</p> <ol style="list-style-type: none"> 1. Introduce caregivers to the training. 2. Provide crisis facts. <ul style="list-style-type: none"> • Ensure that caregivers can help children understand the crisis. Don't give children unasked-for details. 3. Prepare for crisis reactions. <ul style="list-style-type: none"> • Normalize most reactions. • Identify pathological reactions and referral procedures. 4. Review techniques for responding to crisis reactions. <ul style="list-style-type: none"> • Identify adaptive coping techniques. • Stress importance of adult reactions. • Identify support resources. 	<p>Stabilization</p> <ol style="list-style-type: none"> 1. Respect privacy, give physical & emotional space 2. Remain calm, quiet, and present. 3. Contact the distressed person. Ask them to listen to you. 4. Orient to person, place, & setting. 5. Describe surroundings. 6. Reestablish social support. 7. Provide reassuring crisis facts (conversation not forced). <ul style="list-style-type: none"> • Offer emotional assistance. • Provide practical guidance. 8. Ground the distressed person (as indicated). For young children also consider 9. Touch & place (don't force) protective arm across shoulder 10. Distract with safe questions about interests
<p>Student Psychoeducational Group</p> <ol style="list-style-type: none"> 1. Introduce students to the lesson. <ul style="list-style-type: none"> • Introduce facilitators. Review process and rules. 2. Answer questions and dispel rumors. <ul style="list-style-type: none"> • Help students understand the crisis. • CAUTION: Don't give unasked-for frightening details. 3. Prepare students for crisis reactions. <ul style="list-style-type: none"> • Normalize most reactions. • Identify pathological reactions and referral procedures. 4. Empower students. <ul style="list-style-type: none"> • Practice stress management and relaxation techniques. • Identify support systems. • Specify adaptive coping strategies. 5. Close. <ul style="list-style-type: none"> • Ensure that students have crisis reaction management plans. 	<p>Individual Crisis Intervention</p> <ol style="list-style-type: none"> 1. Establish psychological contact. <ul style="list-style-type: none"> • Introduce self. • Meet basic needs. • Demonstrate empathy, respect, and warmth. 2. Verify readiness to proceed. <ul style="list-style-type: none"> • Ensure that student is emotionally stable and able to solve problems. 3. Identify and prioritize crisis problems. <ul style="list-style-type: none"> • Ask for crisis story (don't press for details). • Assess lethality. Put physical and safety needs first. • Identify personal and social problem-solving resources. 4. Address crisis problems. <ul style="list-style-type: none"> • Ask, facilitate, then propose solutions (empower survivors). • Determine level of lethality. • Determine how directive to be. 5. Evaluate and conclude. <ul style="list-style-type: none"> • Ensure movement toward crisis resolution.

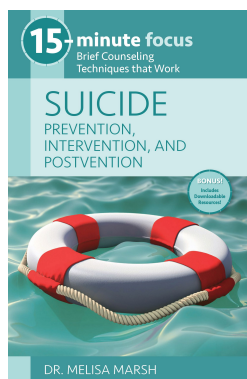
Questions to assess number of ACEs prevalent in their life:

1. Did a parent or other adult in the household often or very often . . .
 - a) Swear at you, insult you, put you down, or humiliate you? or
 - b) Act in a way that made you afraid that you might be physically hurt?
2. Did a parent or other adult in the household often or very often . . .
 - a) Push, grab, slap, or throw something at you? or
 - b) Ever hit you so hard that you had marks or were injured?
3. Did an adult or person at least five years older than you ever . . .
 - a) Touch or fondle you or have you touch their body in a sexual way? or
 - b) Attempt or actually have oral, anal, or vaginal intercourse with you?
4. Did you often or very often feel that . . .
 - a) No one in your family loved you or thought you were important or special? or
 - b) Your family didn't look out for each other, feel close to each other, or support each other?
5. Did you often or very often feel that . . .
 - a) You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you? or
 - b) Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?
6. Were your parents ever separated or divorced?
7. Was your mother or stepmother:
 - a) Often or very often pushed, grabbed, slapped, or had something thrown at her? or
 - b) Sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard? or
 - c) Ever repeatedly hit over at least a few minutes or threatened with a gun or knife?
8. Did you live with anyone who was a problem drinker or alcoholic, or who used street drugs?
9. Was a household member depressed or mentally ill, or did a household member attempt suicide?
10. Did a household member go to prison?

15-minute focus

Brief Counseling Techniques that Work

Other titles in this series

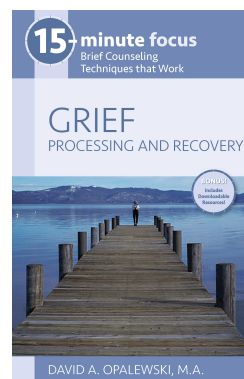


SUICIDE

Prevention, Intervention, and Postvention

Dr. Melisa Marsh

In this book, Marsh unpacks the stigma and data associated with suicide, and provides school counselors, educators, and administrators with ways to implement a suicide-safer community.

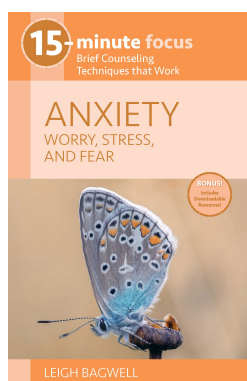


GRIEF

Processing and Recovery

David A. Opalewski, M.A.

In this book, Opalewski gives schools a guide for addressing the death of a student or staff member, including what to say and what not to say to students along with helpful communication and intervention strategies for school counselors, educators, and administrators.

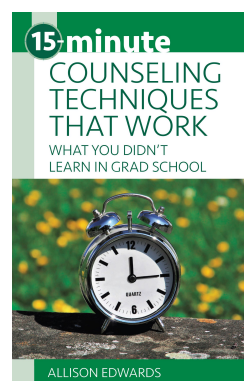


ANXIETY

Worry, Stress, and Fear

Leigh Bagwell

In this book, Bagwell explains the physiological progression from a trigger to a full-blown anxiety attack, and provides a variety of prevention and intervention strategies for school counselors, educators, and administrators.



15-Minute Counseling Techniques that Work

What You Didn't Learn in Grad School

Allison Edwards

Children come to us with a variety of problems, searching for answers. While these solutions may work temporarily, we really never help children until we give them tools—or techniques—to manage thoughts and feelings on their own. The techniques in this book will help children feel empowered to face everyday challenges and equipped to manage their stress and emotions.

10 Steps to Create a Trauma-Informed School



Caelan Soma, PsyD, LMSW
Derek Allen, MA



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View Trauma as an Experience Rather than an Incident or a Diagnostic Category	

Learn Steps 3-10 at [Starr.org/10steps](https://starr.org/10steps)

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About the Authors



Dr. Caelan Soma, PsyD, LMSW, Starr Chief Clinical Officer, provides trauma assessment and short-term trauma intervention for students utilizing trauma-informed and evidence-based practices, including Starr's SITCAP® model.

Dr. Soma has been involved in helping with the aftermath of disasters such as Sandy Hook, Hurricanes Katrina and Rita, 9/11 and more. She has authored several books, the most recent titled *Working with Grieving and Traumatized Children and Adolescents*.

She is an internationally acclaimed speaker and trainer, and is the instructor for many Starr courses, including *Children of Trauma and Resilience and Structured Sensory Interventions II*. She received her doctorate in clinical psychology at California Southern University, where she also received the 2013 CalSouthern President's Award.



Derek Allen, MA, CTP-E, Starr's Chief Clinical Officer, trains professionals throughout North America in use of the Circle of Courage model, leads adults through complex discussions related to diversity and racial healing, and provides practical, evidence-based training in trauma-informed care. He also provides "thought-leadership" to the Starr Commonwealth organization in the areas of strength-based approaches in education and treatment and building resilience in children and families.

Derek is currently pursuing a doctoral degree from The Chicago School of Professional Psychology.

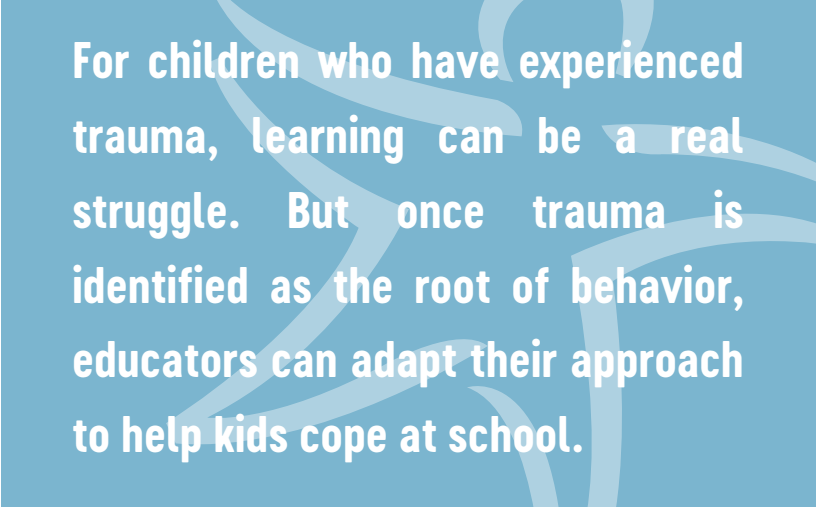
Starr Professional Training and Coaching

The Starr Professional Training and Coaching emerges from the vision that: knowledge + empowerment = impact.

Starr provides guidance and expertise to educators, clinicians, and many others who care for children from around the world in the form of research, publications, e-learning courses, in-person trainings, conferences and events, professional certifications, as well as school/organization-wide accreditation. These products and services have been developed through our three key legacy training programs: The National Institute for Trauma and Loss in Children (TLC), Reclaiming Youth International (RYI), and Glasswing (GW).

Introduction

This resource provides all school professionals with an understanding of childhood trauma and how it impacts learning and behavior. Included are 10 concrete steps to guide both the creation and implementation of a trauma-informed school. Actual scenarios, expert answers to tough questions from real teachers, and practical activity worksheets bring *10 Steps to Creating Trauma-informed Schools* to life.



For children who have experienced trauma, learning can be a real struggle. But once trauma is identified as the root of behavior, educators can adapt their approach to help kids cope at school.

Childhood trauma refers to any experience in a child's life between the ages of 0-17 that leaves them feeling hopeless, helpless and stuck, or fearing for their life, safety or survival - or for the life, safety or survival of a loved one. Examples include neglect, physical and sexual abuse, domestic violence, natural disasters, incarceration of a loved one, accidents and war. Childhood trauma also comes in the form of toxic stress experiences like homelessness, chronic bullying, living with parents, caregivers or siblings who have mental and physical health challenges or are struggling with addiction.

SAMHSA's (2014) concept of trauma is defined as follows:

Individual trauma results from an event, series of events, or set of circumstances experienced by an individual as physically or emotionally harmful or life-threaten-

ing and having lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being (p. 7, 2014).

The definition is expanded upon through the use of the three “E’s” of trauma: event, experience, and effect.

The Event

The event may be a single occurrence or be repeated over time and may include actual or extreme threat of harm. While there are many events that may be potentially traumatizing, we can’t assume that exposure to them leads to post-traumatic stress symptoms and reactions. There are children exposed to similar events who will respond very differently from one another. Why is this? The answer is in the experience.

The Experience

It is the experience or perception of the event by the child that determines whether it is a traumatic event – to them. For example, we may view parent incarceration as a potentially traumatizing event. However, if the child of that parent experiences this event as one that provides them with relief, it is not then traumatic.

CASE EXAMPLE: Megan

Megan was referred when she was in 4th grade by her school principal who found out that Megan’s father was recently incarcerated. Megan was having difficulty paying attention in class and seemed to be withdrawing from her peers. Upon meeting Megan, she was asked to tell a little bit about herself. She readily explained that she just moved in with her grandfather because her father was “locked up.” She went on

quickly to say, “I am so happy my Daddy is in jail – now we don’t have to worry about him getting killed on the streets by the other gang.” Later, during the sessions, it was learned that Megan’s grandfather suffered from diabetes and had recently started dialysis. When asked about her biggest worry she said, “If my grand-daddy dies, my mom and I will be homeless.”

This example shows us how adults may assume that a specific event is traumatic when in fact an alternate experience is causing a stress response. We can’t assume that certain events are traumatic until we understand how a child experiences that event.

The Effect

The experience then influences the effect of the event, over the short to long term. When a child has a prolonged and exaggerated stress response to the experience of any event, that is when we will observe post-traumatic stress symptoms and reactions.

While specific events are important to identify, we must not forget how those events are experienced. In many cases there is not just one thing that has happened but a constant experience of stress related to multiple exposures. It is often the day-to-day traumatic experiences impacting so many children that are forgotten, as attention is drawn to more critical events that receive the attention of adults and even gain media coverage. Chronic experiences such as living at or below the poverty line aren’t specific events but rather ongoing circumstances. An estimated 15.7 million children lived in poverty in the United States in 2015. Approximately 5.9 million of those children were under the age of 6. Research has clearly demonstrated that living in poverty has a wide range of negative effects on the physical and mental health of children. Poverty is a traumatic experience – it includes hunger, lack of adequate medical treatment, worry and a multitude of other stressors.



1 out of every 4 children attending school has been exposed to traumatic stress



14% of children have experienced abuse by a caregiver



Over 1/3 of students have been bullied in school

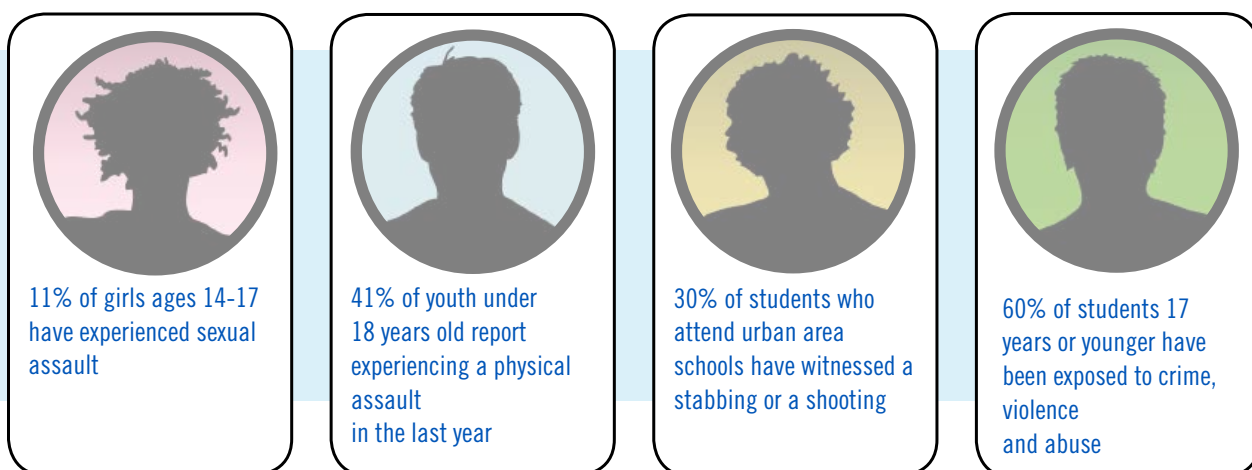


70% of children living in inner city neighborhoods are exposed to chronic toxic stress

Trauma isn't always associated with violence. Divorce, a move, chronic worry and health issues can all cause exaggerated and prolonged stress.

Traumatic events and toxic stress experiences negatively impact children and lead to changes in how they feel, behave, learn, interact with others and view themselves. How students perceive their stress and trauma is essential to understand as we implement the steps to creating a trauma-informed school.

Schools represent an opportune system for prevention and early intervention across multiple domains related to positive childhood outcomes. As the prevalence and impact of trauma and traumatic stress become increasingly understood, the push for schools to become trauma-informed has also increased (SAMHSA, 2014). The National Center for Traumatic Stress Network (NCTSN) has issued a call to action for schools to play a key role in addressing the needs of traumatized children. Because such a large number of students are impacted by trauma, school professionals are



acutely aware of the challenges students face as a result of toxic stress and traumatic experiences. The creation of trauma-informed schools must be a priority to support children's social, academic and emotional development.

Since 1990, Starr Commonwealth has worked with thousands of professionals in both school and clinical settings who have taught us what matters most when working with stressed and traumatized children. This resource provides a comprehensive discussion along with action steps to implement with individuals throughout the school system to most effectively answer NCTSN's call to action.

It is well documented that trauma can interfere with brain development, learning and behavior – all of which have a negative impact on a child's school success. By understanding the impact of trauma, educators can respond to youth in ways that reduce and even interrupt trauma's impact, support learning and create positive school opportunities where students can thrive.

When school professionals see students through a "trauma lens" and recognize the impact of trauma – hidden risk factors, the role of fear in behaviors and the unique physical needs of their students – they are able to approach students in ways that improve their ability to learn and connect with others. At the heart of trauma-informed approaches in the school setting is the belief that student actions are the direct result of their experiences, and when students act out or disengage, the question we should ask is not, "what is wrong with you," but rather, "what has happened or what is happening to you?" By being informed about students' current and past experiences, educators can promote school engagement and success.



Research indicates the following outcomes when schools are trauma-informed (Chafouleas et al, 2016):



Improved

- Academic achievement and test scores
- School climate
- Teacher sense of satisfaction and retention
- Graduation rates
- Community and family collaboration with school



Reduced

- Student behavioral outbursts and referrals
- Stress for staff and students
- Absences, detentions and suspensions
- Student bullying, harassment and fights
- Need for special education, services and classes
- Drop-out rates



10 Steps to Create a Trauma-Informed School

- 1. Provide school-wide childhood trauma awareness and understanding of how trauma impacts children's learning and behavior**
- 2. View trauma as an experience rather than an incident or a diagnostic category**

LEARN STEPS 3-10 at [Starr.org/10steps](https://starr.org/10steps)

About This Book

This resource is divided into 10 steps for school professionals to follow as they work towards the creation of trauma-informed schools and classrooms. The steps start by sharing a description of how trauma impacts children and their school experience. From there, each step provides detailed information and concrete actions that answer not just the “why” but also the “how” to create the best classroom and school supports for traumatized students and the school professionals who serve them.

The steps create a blueprint for trauma-informed school implementation and success. It is impossible to select which one of the ten steps is most important. As you explore each of them, you will learn that parts of each step overlap. The steps are not linear or sequential, but instead they fit together like puzzle pieces. While creating a trauma-informed school requires patience, with each small implementation you will see how each step complements another and you will experience significant benefits in the overall school climate. You may even see that parts of a step or even an entire step may already be in place in your classroom or school. If that is the case, celebrate and move on to the next step!

Q How can I support a high school student whose mother has terminal cancer and is in hospice care? What is the right thing to say to him? How can I accommodate him?

Your student is lucky to have a compassionate teacher who wants to say the right thing. You can let the student know you understand his mom is sick and you are available to talk. Ask if there is someone to support him at home. Sometimes all the focus shifts to the sick person, but others in the family suffer. Pay attention to changes in academics or behavior and make accommodations if needed.



STEP 1

Provide School-Wide Childhood Trauma Awareness and Understanding of How Trauma Impacts Children's Learning and Behavior

Every person who works in a school setting should have knowledge about childhood trauma and the impact it has on learning and behavior. Trauma-informed professionals view others from a place of curiosity and are always wondering “What has happened or what is currently happening in a person’s life that is impacting how they think, behave and interact with others?” Instead of focusing on behavior as a problem or diagnosis, understanding trauma encourages the exploration of what might be driving behavior, providing a better understanding of what that person needs most. In the school setting, trauma-informed professionals don’t only view students in this way, but approach all staff, parents, and volunteers with curiosity.

CASE EXAMPLE: Ed

A third grade teacher was teaching a lesson on conjugating verbs into the past tense. Each student was expected to come to the front of the class and make the necessary changes to their assigned word. One student, seated in the back of the classroom, was assigned a word that needed “-ed” added to the end of it in order for it to be conjugated

properly. When it was his turn to approach the board and write these two letters next to the word he froze and refused to come forward. After some coaxing from his teacher and stares from the rest of the class, he walked to the board and picked up a marker. Just as he was about to write, he started yelling, crying, and flipped over a nearby table. The teacher immediately removed the rest of the students from the classroom and an administrator came down to the room to calm the student down.

What would be learned later is that the name of the man molesting the young boy was Ed.

Educators who witness outbursts like this often jump to attaching labels to the behavior and ultimately the student: aggressive, violent, emotionally-disturbed, oppositional and defiant. To them, the behavior does not make sense and is irrational. Therefore, it must be controlled, extinguished, medicated or punished. As one can see in the “Ed” example though, the behavior made more sense than anyone expected. In that young man’s brain an alarm was sounding; “ed” meant danger. The first warning sign of this was his “frozen” state in the back of the room. However, once pressured to come forward his brain selected a “fight” response. Obviously, this teacher had no way of knowing in the moment why her student was reacting the way he was, but trauma sensitivity doesn’t require that we know who is traumatized or in what way they were traumatized. Instead, it is how we react to behavior that matters most. Thankfully, somewhere along the way in this case someone asked the right questions to find out the truth, but how often does that fail to happen? How often do we label and punish these kids, focusing on what’s wrong with them rather than what they are experiencing and what has happened to them?

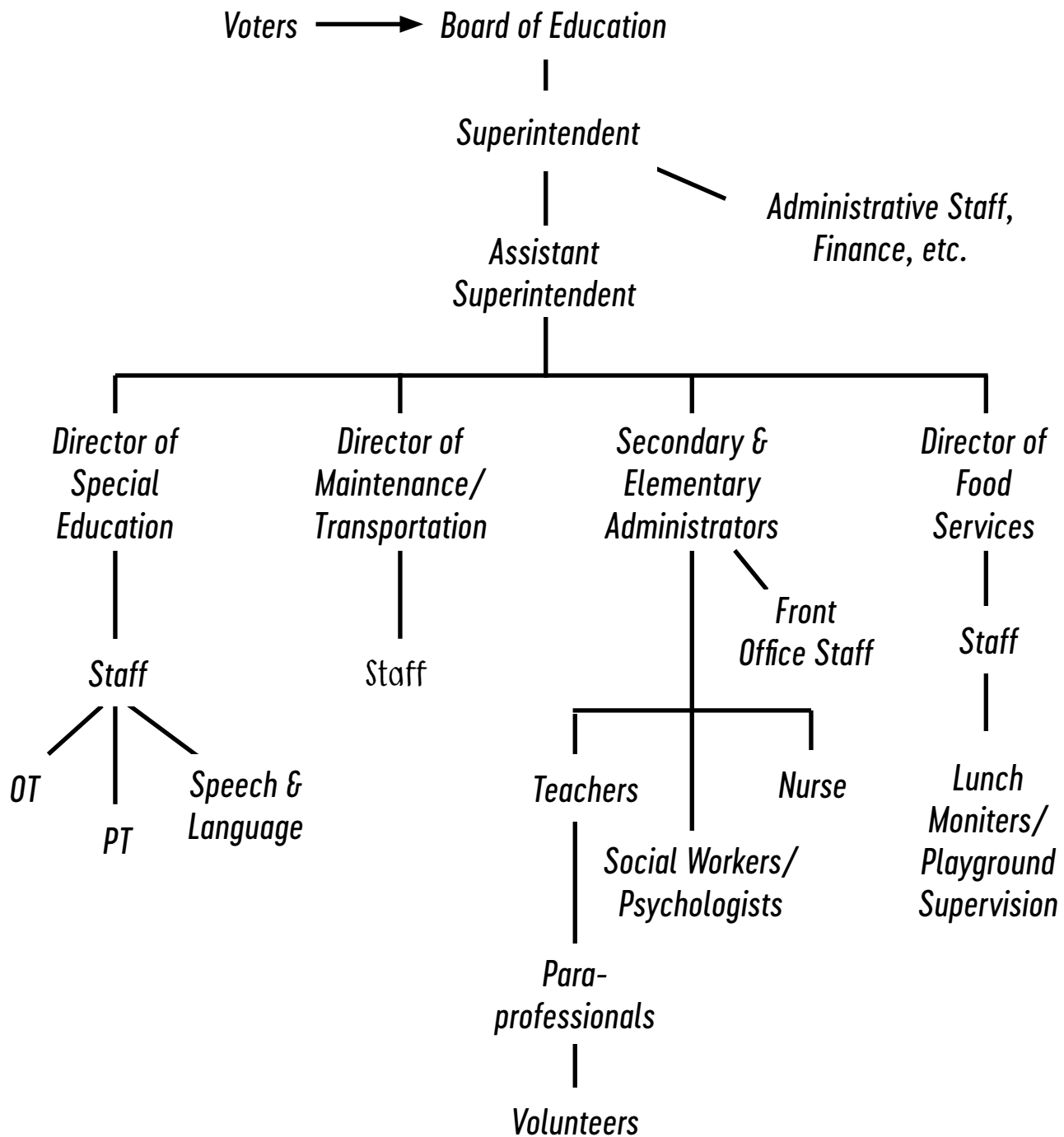
Contrary to what many school professionals think, you do not have to be a school social worker, counselor or psychologist to provide trauma-informed care and practice. Any person, regardless of

their own background and role in the school setting, can help students thrive academically, behaviorally, socially and emotionally when they understand how stress and trauma impact students. Many educators have concerns about becoming trauma-informed. Some fear any involvement with their students' traumatic and stressful experiences. Others feel overwhelmed with the demands of curriculum and behavior management and worry about adding another responsibility to their workloads. Others, upon hearing the word "trauma," immediately imagine something far too painful to witness. These responses are common and they are normal. Trauma is terrorizing not just for the victims but also for those who witness events and hear about the experiences. These feelings must be acknowledged and then followed with a discussion about what being trauma-informed really means.

It may come as a pleasant surprise for school professionals that being trauma-informed and providing trauma-informed care doesn't require knowing the details of a child's traumatic experience(s). Trauma-informed care doesn't dictate that traumatic experiences have to be discussed or processed. Instead, being trauma-informed means that professionals learn how to view all students through a curious lens that helps them explore how students view themselves, others and the world around them as a result of their unique experiences. With this knowledge, school professionals can create a school climate that provides traumatized children with what they need most to best develop. Providing students with opportunities to experience safety, consistency, understanding, connections and support is the true definition of being trauma-informed. Every person in every position who makes a decision that impacts students or who works directly or indirectly with children in a school system needs to learn about childhood trauma.

A generic school district organizational chart is located on the next page. As you implement step 1, find your own school or district organizational chart. This can be used to identify each person, group or department who will need to receive training about childhood trauma.

Who Needs to Receive Childhood Trauma Training?



You don't need to know exactly what caused or is causing the trauma to help. Instead of focusing on the specifics of a traumatic experience, educators can support children by concentrating on a student's worry, hurt or anger. You don't have to dig deep to be able to effectively respond with flexibility and empathy.

Understanding Trauma

Acute Trauma

A single time limited event. i.e. witness an accident, medical or dental procedure, death, move.

Acute Stress

Normal response to stress and trauma that lasts for 4-6 weeks.

Chronic Trauma

Multiple traumatic exposures and/or events over extended periods of time i.e. bullying, domestic violence.

Toxic Stress

Adverse experiences that lead to strong, frequent, or prolonged activation of the body's stress response system in the absence of the buffering protection of a supportive adult relationship* i.e. neglect, abuse, poverty, homeless-ness, community violence, war.

Post-Traumatic Stress

(Chronic Trauma and Toxic Stress)

This is also a normal response to stress and trauma, but because it is prolonged and exaggerated and lasts much longer than acute stress, the result is significant dysregulation of a person's central nervous system.

Trauma activates the body's stress response system, and when this happens heart rate, respiration, muscle tension and blood flow increases because of the body's cortisol and adrenalin surge.

When this activation, which is only meant to be short term, is prolonged, there is a compromise to the functions of the brain.

*Shonkoff et al, 2012

Exposure & Experiences

Children and adolescents are in a constant state of development and their life experiences can influence their physical and emotional growth in both positive and negative ways. Physiological changes to developing brains and their emotional and behavioral responses to trauma have the potential to significantly interfere with their school life. While brain development occurs mostly during the first years of life and then again during adolescence, the brain develops well into early adulthood (Anderson & Teicher, 2008). This means that early traumatic experiences as well as those happening during adolescence can profoundly impact and limit brain development in negative ways. The impact can result in the loss of cognitive function; physical, emotional and social delays; and problems with memory and problem solving, all of which undermine learning and compromise a child's school experience.

Spectrum of Trauma

Traumatic experiences change the structure and functioning of a child's brain when the activation of the stress response system is long lasting. When exposed to a stressor, everyone's body responds through either one or more fight, flight or freeze responses. When this happens, activated systems throughout the body release stress hormones that are designed to be protective for survival. However, these responses are supposed to be short term. When exaggerated and prolonged, rather than protective responses, they become dangerous to the brain and lead to negative implications for brain development and social functioning.

The American Academy of Pediatrics (AAP) warns that extended exposure to toxic stress can lead to functional changes in several regions of the brain involved in learning and behavior, including the amygdala, hippocampus, and prefrontal cortex (Shonkoff et al, 2012). Neuroimaging techniques show that brain regions actually reduce in size as a result of childhood maltreatment. This clearly indicates the brain structure and chemistry is affected for students who are stressed, anxious or insecure. A study conducted with at-risk children during the summer months and then again during the early weeks of school showed a dramatic 53% increase when school started in the stress chemical adrenalin, which activates our bodies. In addition, there was a 13% decrease

at the start of the school year compared with the summer months in brain chemicals that have a calming effect. These shifts were associated with an increase in anxiety, withdrawal, thinking and learning problems during the initial weeks of school. This type of stress reactivity is all too common in children with histories of trauma and exposure to chronic stress and results in academic, behavioral and relational challenges (Call, Purvis, Parris & Cross, 2014).

Changes in the brain are the reason why there is a significant correlation between trauma and low academic achievement. Children who have experienced trauma often find it more difficult than their peers to pay attention, process and recall new information heard during classroom instruction. In a sample of high-risk children who were exposed to more than four negative childhood experiences, all were more likely to have learning and behavior problems than their peers without adverse experiences. Other studies show children exposed to violence score lower on IQ and reading ability tests than their peers. Maltreated children are more likely than their peers to be retained in a grade, miss school, and be placed in special education classes. Children with more exposure to violence also have lower grade point averages than children with less exposure to violence (Center on the Developing Child at Harvard University, 2007).

Stress and trauma impact learning because of the effects on the functions of the brain. Let's take a closer look at the primary functions of the brain impacted by trauma.

Functions of the Brain

Brain Stem Functions

The brain stem is responsible for body functions that are involuntary and automatic, such as the regulation of breathing, heart rate and body temperature. The important thing to remember about the brain stem is that it works without us thinking about it. When we are exposed to intense stress or trauma, the brain stem is activated. This is the part of the brain that is responsible for the fight, flight and freeze survival responses that happen during stress and trauma.

Imagine what happens in your own body during intense fear or stress. Think about how your body

responds. Does your heart start to beat faster? Does your breathing become more rapid or shallow? Do you get hot or sweaty? Do your muscles become tense? The answer to each question is “yes”. These reactions happen because your brain stem becomes activated when you are faced with something that requires your attention and survival. All of the responses are automatic and occur without thought or intention.

The brain stem is the deepest part of the brain and sits at the top of our spinal cord. Keep in mind that the brain stem is intimately connected with the sensory part of our brain. You will see how the brain stem activates certain responses in our bodies depending upon our sensory experiences. Let's discuss that now.

Sensory Brain Functions

This part of the brain is responsible for many things, but the main functions to highlight here are related to sensation, self-regulation and memory. As mentioned, the parts of the brain responsible for these functions are located in close proximity to the brain stem. The brain stem plays a key role with sensory brain functions and regulation of emotions and behavior. When exposed to stress, trauma, or body memories prompted by things we see, smell, hear or feel, our brain stem will either activate or remain calm. For example, when we smell or taste sour milk, our body responds. When we touch a hot pan, our body responds. When we hear a loud noise, our body responds. Almost immediately, we respond to sensory inputs, especially those that make us suspicious about our safety or the safety of others. If something doesn't look, smell, taste or feel right, we experience a body response alerting us to the potential harm. Overall, these negative experiences or memories of them make us dysregulated (our brain stem will make our heart beat faster and our breathing shallower). In comparison, when we smell something soothing like lavender or smell something such as homemade cookies that reminds us of a good time in our life, we feel calm and content because our brain stem is not triggered to activate or engage in a survival response.

Senses

Identification of sensations is one of the main functions of the deep, sensory part of the brain. At birth, the brain functions responsible for sensation are working. While our senses become more refined as we develop, it is interesting to know and remember that they are all functioning imme-

diately at birth and are responsible for how we experience ourselves, others and the environment around us.

An infant can see. Visual acuity improves as the infant develops, but an infant can see contrasting patterns and shapes, especially the facial features of a caregiver. An infant can hear. We know that infants startle when they hear loud noises and calm to the sound of a caregiver's voice. An infant can taste. This is why infant formula is created to resemble the taste of sweet, fatty breast milk. An infant can smell. In fact, there have been studies that show infants can pick out the scent of their mother from several other mothers. Infants can feel senses of touch. We know what happens when their diapers are wet or when they receive one of their first immunizations – they cry! Disruption of any one of an infant's sensations creates stress and activates their brain stem and, as a result, an infant's heart rate, respiration and muscle tension will increase. This is visible when an infant is crying or when a toddler is having a tantrum. Sensations are disrupted, there is stress, the brain stem is activated, and we see dysregulation.

While these examples are related to infants, keep in mind everyone becomes dysregulated to some extent when their senses are disrupted. Imagine what happens in your body when you hear a loud noise, smell smoke, taste spoiled milk or feel a needle on your skin. You startle, pupils dilate – your body reacts, your brain stem is activated, it causes some degree of stress and without even thinking about it, you respond. You become acutely attuned to the sensations and you will often try to get away from the situation (flight), fight it off, or stay very still (freeze) in the first moments after you experience the sensation.

Self-Regulation

When one of our senses is activated, we have either a pleasant or an unpleasant experience. For example, if an infant can't see their primary caregiver, if their diaper is wet or if they are hungry, they become dysregulated. If they are fed, warm and dry, then they are likely to be content. Imagine for a minute how a parent or caregiver responds when they are with an infant who is crying. Likely, through another sensory input like holding, rocking or singing softly, we try to calm down the reaction of the stress system (activated by the brain stem) that exposure to that sensation has caused. This is accomplished by engaging in an activity that helps reduce the over-activation of the

brain stem. Rocking actually helps to rest the heart rate to the optimal 60-80 beats per minute and is why it is such a successful activity for children who are upset, and for adults who enjoy rocking on their porch swing for relaxation.

Senses ↔ Affect/Stress Regulation ↔ Memory

Memory

When an infant is picked up, rocked, comforted, changed, fed or burped in response to their dysregulation, they likely calm down. We respond to their dysregulation by trying to reconcile the disruption of their senses. When an infant's needs are met in this way over and over again during the first weeks and months of their life, memories are created. Memories of trust, consistency and an implicit knowing that, “when I signal discomfort, someone is going to help me feel better” are formed. Now imagine for a minute an infant who is crying and dysregulated. This time there is not a parent or caregiver who responds consistently to their needs. For example, the parent or caregiver has mental health challenges, abuses drugs or neglects the infant. In this case, the infant isn't re-regulated with the help of a caregiving relationship, or maybe sometimes they are attended to and sometimes they aren't. In this case, the infant doesn't create a memory that is rooted in trust. Instead, the memories created are those of distrust, inconsistency and fear.

In a perfect world, there is a beautiful dance going on between the main brain functions driving our sensations, stress-regulation and memory. However, when there is stress or trauma – especially when prolonged – these brain functions become dysregulated and don't work well together because there is disruption of sensations, dysregulation and no memories to draw upon to signal to that person how to help themselves regain a balanced state.

In trauma, the functions of the sensory brain are working overtime.

Symptoms of trauma resulting from the stress impact on the sensory brain:

- ➡ Sensory input disruption and overwhelm (sights, sounds, smells)
- ➡ Dysregulated central nervous system
- ➡ Difficulty managing emotions and behavior
- ➡ Hyperactive, jumpy, nervous

In the classroom, when the sensory brain is working overtime, educators see:

- ➡ Students easily triggered by what they hear, see or smell
- ➡ Reactive students
- ➡ Students who can't sit still, stay seated or listen

Thinking Brain Functions

This part of the brain is responsible for many things, but its main functions are language, learning, cognition, problem solving, decision making and impulse control.

Language

The Broca's area of the brain is the part of the brain responsible for language. This part of the brain is compromised during stress and trauma. An example of this is when a person is upset or angry and they can't find the words to speak. Or, when they remember something that happened but they can't find the words to describe what they experienced. This is why children of trauma not only don't want to talk about things that happened, but actually can't – this is why when we ask, "What happened or why did you do that?" we hear responses like "I don't know." Often there aren't even words, only shrugged shoulders or a blank stare. There is little access to words to describe their experience.

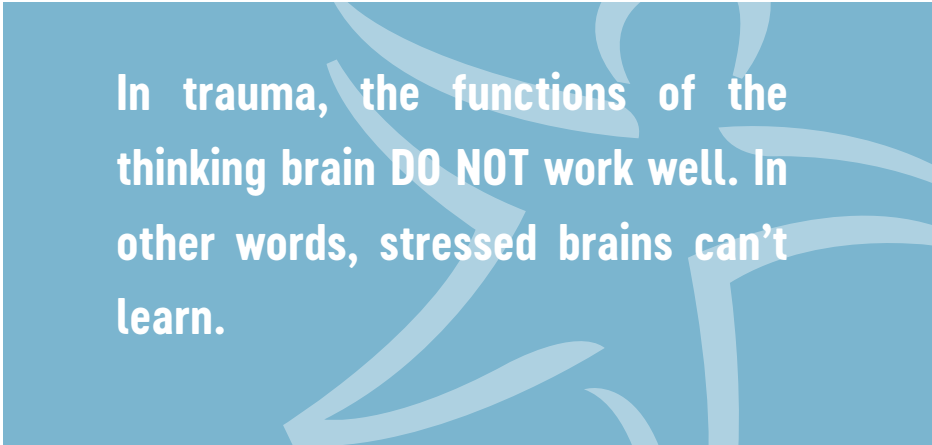
Learning & Cognition

The hippocampus, the part of the brain involved in learning and cognition, is compromised by the stress response. The hippocampus becomes damaged when stress and trauma experiences are prolonged and the damage actually leads to a decrease in the hippocampal volume of this structure.

Not only does this compromise a student's ability to remember what was learned in the past, it makes it difficult for students to learn new information (Saigh & Bremner, 1999).

Problem Solving, Decision Making & Impulse Control

The prefrontal cortex helps us to plan and control impulses, become mentally attuned to others, empathize with them, and provides us with a moral awareness. It also provides us with insight and logic allowing us to problem solve and make decisions. Like the hippocampus, the prefrontal cortex is impacted by stress and may not physically develop to its usual size and be of a smaller volume than average following trauma experiences that are exaggerated or prolonged. This can inhibit the functions to varying degrees.



In trauma, the functions of the thinking brain DO NOT work well. In other words, stressed brains can't learn.

Understand Trauma's Impact

Use the activity on page 15 with staff, parents or students to teach them how trauma impacts the brain.

Screening Students for Toxic Stress and Trauma

According a survey by The National Child and Traumatic Stress Network, few schools have protocols in place to obtain trauma histories for students. This becomes especially problematic for students who transfer from another school or district. Children often transfer schools because of potentially traumatizing or stressful events such as a change in living situation. By creating a

standardized protocol to assess exposure to potentially traumatizing incidents in the past or present among students, the school can immediately understand how they can best meet a student's unique behavior and learning needs. Starr recommends completing a Life Events Checklist (page 15) for each student in your building.

Starr's Life Events Checklist and PTSD Child and Adolescent Questionnaire

If a child has experienced one of the life events on the checklist, it doesn't mean the student is experiencing trauma. As discussed earlier, perhaps the experience of the event isn't traumatic. The checklist presents life events that may lead to post-traumatic stress when they are experienced by the child as things they have no control over and/or the experience or the response to the experience(s) lasts for longer than 4–6 weeks. This is a good screening tool. If any of the events on the checklist are checked, it is encouraged to explore that incident more in depth for intensity, frequency and/or duration. Then, Starr's PTSD Child and Adolescent Questionnaire (CAQ) can be used as an evaluation tool to explore trauma exposure more in depth.

The CAQ measures the frequency of common post- traumatic stress symptoms and reactions within the four clusters of trauma as indicated by the DSM-5 (APA, 2013), including re-experiencing, avoidance, negative cognitions and mood and arousal. The CAQ will provide a score for each cluster to identify if the child falls within the mild, moderate or severe range for each of the four categories. Just as a wide range of experiences can result in childhood trauma, a child's response to these potentially traumatizing events will vary depending on the characteristics of the child (i.e. age, personality, stage in development, prior trauma history, characteristics of resilience).



Potential Signs and Symptoms That May Indicate Trauma

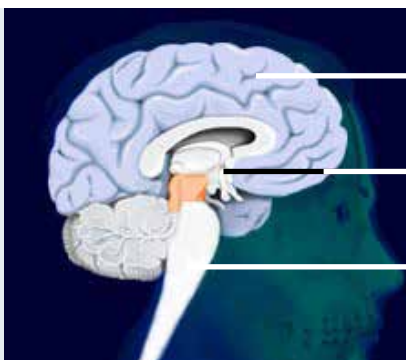


Traumatized children may experience both physical and emotional distress. Educators must not assume a child showing signs of trauma will just “get over it”. Being an advocate for the child is vital. Without treatment, the damage done by childhood trauma can last a lifetime – with consequences as serious as a risk of suicide that is 15 times higher than the general population. But, with trauma-informed information and interventions, educators can interrupt this impact. The goal is to help move the children who have experienced trauma from victim thinking to survivor thinking which leads to empowerment, choice, active involvement in their own healing process and a renewed sense of safety and hope. Educators and school professionals are encouraged to learn about how trauma impacts children so that they are able to provide supports and intervention. This will help minimize the learning and behavioral difficulties that can result when the needs of trauma victims go unrecognized or unnoticed.

Understand Trauma's Impact Activity

TRAUMA activates the stress response. When the brain stem is activated, do the following physical symptoms increase (▲) or decrease (▼)? Circle the arrow below that applies.

- | | | |
|---|----------------|---|
| ▲ | Heart rate | ▼ |
| ▲ | Respiration | ▼ |
| ▲ | Muscle Tension | ▼ |
| ▲ | Blood flow | ▼ |
| ▲ | Coritisol | ▼ |
| ▲ | Adrenalin | ▼ |



thinking brain

sensory brain

brain stem

When this activation lasts for LESS than four weeks it is called **acute stress**.

When this activation lasts for MORE than four weeks it is called **postraumatic stress**.

When stressed, the Thinking Brain:

☐ WORKS WELL or ☐ DOES NOT WORK WELL

Name or describe three symptoms of trauma as a result of the stress impact on the Thinking Brain:

1. _____
2. _____
3. _____

When stressed, the Sensory Brain:

☐ WORKS WELL or ☐ WORKS OVERTIME

Name or describe three symptoms of trauma as a result of the stress impact on the Sensory Brain:

1. _____
2. _____
3. _____

Students in trauma often react by engaging in fight, flight, or freeze responses. Describe a student experience for each of the responses in the appropriate boxes below.

FIGHT

FLIGHT

FREEZE

Life Events Checklist

Name _____ Date _____

Instructions: Check all of the following life events that your child/adolescent has experienced. Write any other incidents that are not on the list that might have been traumatic for your child/adolescent.

Home

- ☐ Death of a family member
 - ☐ Domestic violence
 - ☐ Abuse
 - ☐ Neglect
 - ☐ Separation/divorce
 - ☐ Incarceration of a parent or sibling
 - ☐ Neighborhood violence
 - ☐ Robbery or theft
 - ☐ Abuse of drugs/alcohol by parent/guardian/sibling
 - ☐ Illness of family member
 - ☐ Fight with parent/guardian/sibling
 - ☐ Utilities turned off
 - ☐ Other:
-

School

- ☐ Behavior problem
 - ☐ Failing grade
 - ☐ Fight/bullying
 - ☐ Victim of bullying
 - ☐ Use of drugs or alcohol
 - ☐ Skipped school or a class
 - ☐ Death of a teacher or classmate
 - ☐ Illness of a teacher or classmate
 - ☐ Conflict with a teacher
 - ☐ Conflict with a classmate
 - ☐ Other:
-

Personal

- ☐ Family treatment
 - ☐ Psychotropic medication
 - ☐ Illness
 - ☐ Cutting/self abuse
 - ☐ Use of drugs or alcohol
 - ☐ Eating disordered behavior
 - ☐ Suicidal ideation
 - ☐ Intense sadness
 - ☐ Intense hopelessness
 - ☐ Intense anger leading to harming someone else
 - ☐ Other:
-

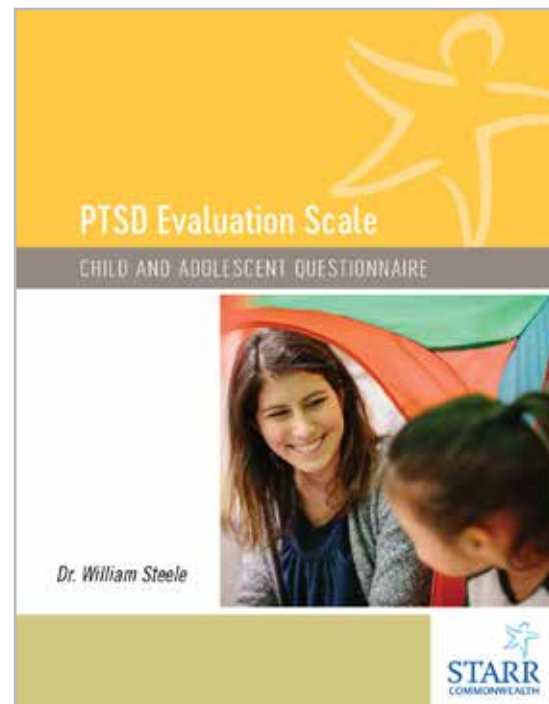
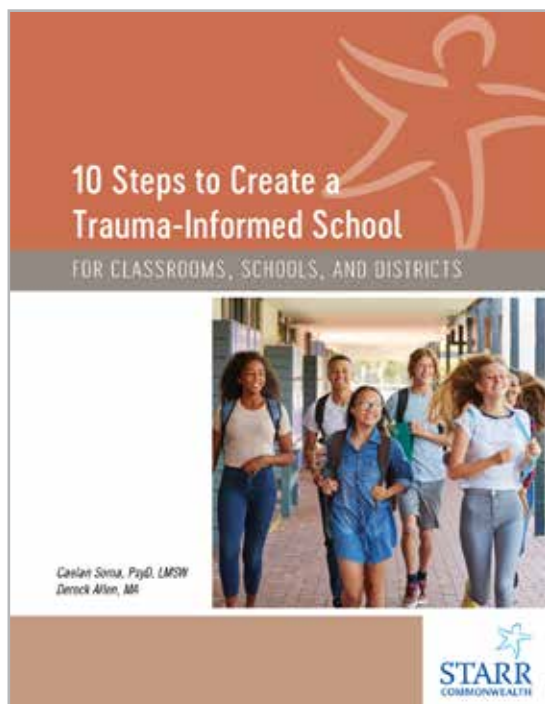
Social

- ☐ Argument with friend
 - ☐ Use of drugs or alcohol
 - ☐ Car accident
 - ☐ Witness to fight
 - ☐ Witness to violence
 - ☐ Trouble making friends
 - ☐ Does not get along well with others
 - ☐ Other:
-

Life Events Checklist is a screening tool designed to identify potentially traumatizing events that have occurred in a child or adolescent's lifetime. This tool does not diagnosis PTSD, however, it does identify incidents and events a child or adolescent has experienced that may lead to PTSD. Pack of 50 checklists. Available at <https://www.starr.org/store>.

VISIT Starr.org/10steps

**To Purchase *10 STEPS TO CREATE A TRAUMA-INFORMED SCHOOL*
which includes the *PTSD CHILD AND ADOLESCENT QUESTIONNAIRE***



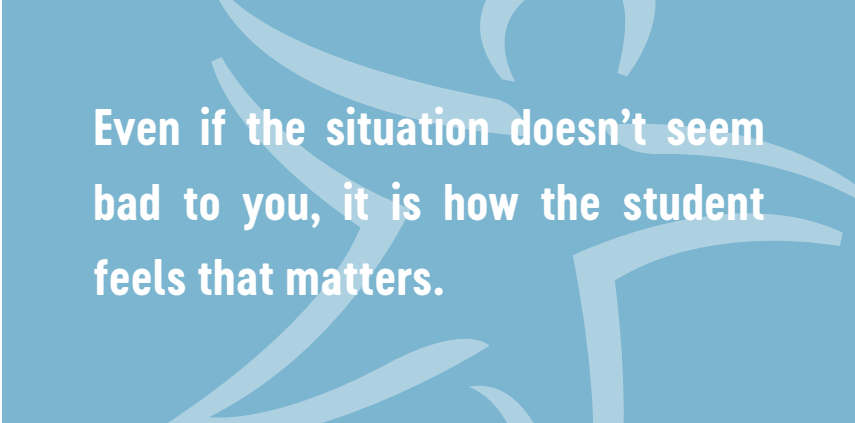
STEP 1 HIGHLIGHTS

- Don't assume – be curious.
- Always wonder what is driving the behavior you see.
- Screen for trauma exposure (past and current).
- Trauma is something we experience at a sensory, not a cognitive level.
- Trauma-informed interventions can interrupt the impact trauma has on children.

STEP 2

View Trauma as an Experience Rather than an Incident or a Diagnostic Category

Trauma is not just the incident itself but rather how the person experiences what happened or what is happening. Every person will have a unique response to life based upon their past experiences, coping skills, characteristics of resilience and protective factors. The perception of what has happened or what is happening is more important than the actual event. Adults often assume certain events are more traumatic than others. Adults may also assume that some events are just normal things every kids needs to learn how to “get through”. For example, many adults think that teasing from peers is a normal “rite of passage” instead of bullying. Remember, we can’t assume we know what is traumatizing or not traumatizing to a student. Instead, we need to be curious and ask how that particular event is impacting them.



**Even if the situation doesn't seem
bad to you, it is how the student
feels that matters.**

Try not to judge the trauma. Educators may unintentionally project that a situation isn't really that bad, but how the child feels about the stress is what matters most. Remember, the perception of the child is what matters most. For example, a child who lives in poverty may worry about the family being able to pay rent, find a job and have enough food to eat. Ongoing stressors can cause trauma reactions – any stress that lasts for longer than 4-6 weeks is post-traumatic stress.

ACTIVITY: Other Disorders

When you look at the most common signs and symptoms of post-traumatic stress, what other disorders would you suspect if you just saw symptoms and reactions and didn't know there was a history of or exposure to trauma? See the examples below and then fill in your answers on the next page.

Examples:

➡ Re-experiencing the trauma even though it is over
Psychosis: people don't see or hear the same things I do

➡ Marked loss of interest in or participation in significant activities
Depression

➡ Hyper-vigilance
ADHD

➡ Avoidance of traumatic triggers, memories or reminders of the trauma

➡ Negative beliefs about oneself and the world arising from the event

➡ Negative emotional state or inability to experience positive emotions

➡ Feelings of detachment from people

➡ Sleep problems

➡ Over-use of alcohol or substance abuse

➡ Over or undereating

➡ Irritability and angry outbursts

➡ Reckless or self-destructive behavior

➡ Exaggerated startle responses

➡ Concentration problems

If you mentioned that some of the symptoms look like anxiety, depression, substance abuse, eating disorders, bipolar disorder, ADHD and ODD, you are correct. In fact, because of the overlap in

symptomology between trauma and so many other disorders, two experts in the field of childhood trauma have proposed that there be a new diagnosis in for children of trauma called Developmental Trauma Disorder.

Developmental Trauma Disorder

Because of the abundant research that found traumatized children today are going undiagnosed and misdiagnosed, two leading childhood trauma experts Robert Pynoos and Bessel van der Kolk proposed a more relevant trauma category, Developmental Trauma Disorder (DTD). DTD was proposed because it reflects how traumatized children present as well as the abundant documentation neuroscience has provided regarding trauma's impact on the brain, the body, behavior, learning and emotions. Although not included in the DSM-5, the proposed DTD category presents a much more comprehensive, representative and descriptive view of how traumatized children experience themselves, others and the world around them as a result of their chronic, intensely stressful lives. DTD remains under consideration, but its contents are relevant to anyone who works with children of trauma. The focus on the subjective experience of trauma is critical to appreciating what matters most in our efforts to best understand and respond to traumatized children.

Differential Diagnosis between Trauma, ADHD & ODD

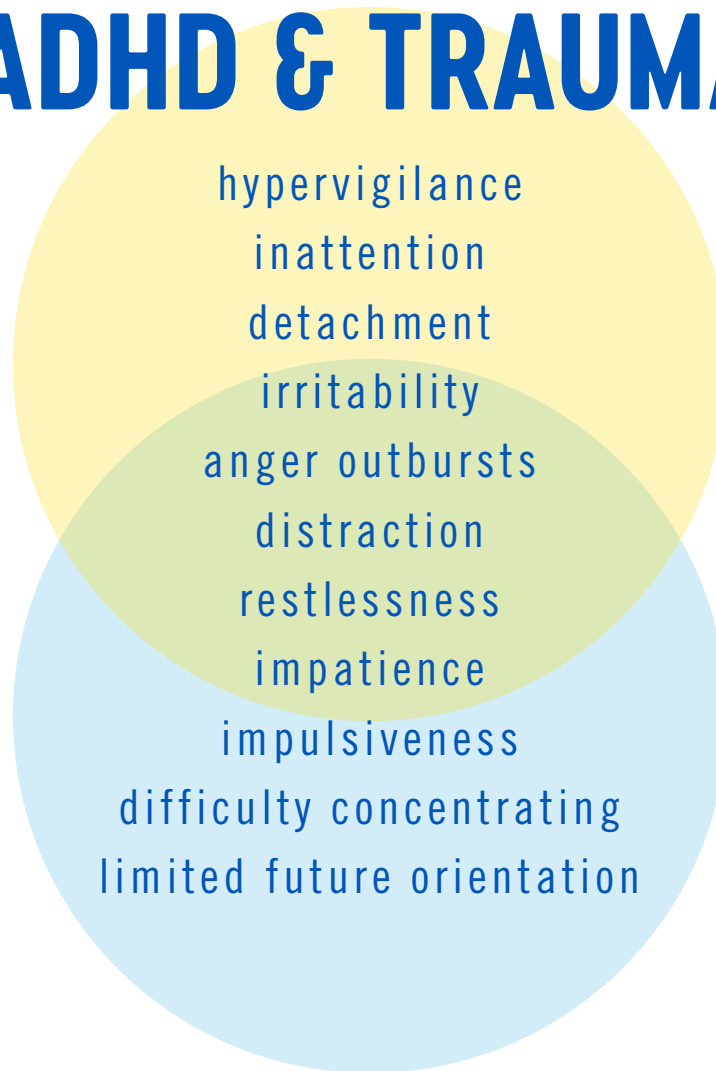
As indicated in the previous activity, the symptoms and responses following trauma or during chronic exposure to stress can look like many other disorders. Two of the most common diagnoses in the school setting for children of all ages are Attention Deficit Hyperactivity Disorder (ADHD) and Oppositional Defiant Disorder (ODD). It is very common for trauma to be mistaken as ADHD or ODD, even by the most well respected and experienced educators. The differential diagnoses isn't easy but it is helpful to understand how and why this common mistake is made.

The differential diagnoses between trauma, ADHD and ODD present significant challenges. First, there are several overlapping symptoms of PTSD, ADHD and ODD. The diagnoses are not mutually exclusive, and there are currently significant assessment limitations.

This reality is terrifying and convicting for many educators. Often times it is the classroom teacher who first suggests the idea that a child may "be ADHD", and this suggestion typically results from

Overlapping symptoms of both trauma and ADHD include:

ADHD & TRAUMA



the child not “fitting into the box” of behavior expected of students in traditional learning environments. Uninformed educators, social workers, parents, and even medical professionals can quickly turn this suggestion into a misdiagnosis if they are not asking the right questions. In the end, a child who has experienced trauma and needs therapy may instead receive medication to treat a condition they do not have. Once professionals see the salient symptoms that PTSD and ADHD share, their common question becomes: “Is it PTSD or ADHD? Both?” Unfortunately, this question is not an easy one to answer.

For example:

- ➡ Abused children often exhibit high levels of hyperactivity.
- ➡ Inattention is one of the cardinal symptoms of ADHD, but inattention may also be the result of re-experiencing trauma, hypervigilance and/or the avoidance of stimuli as a result of trauma.
- ➡ Research tells us that a history of abuse/early childhood stress are risk factors for future psychopathology, including ADHD, and there is significant research showing a high overlap between ADHD and PTSD in populations of abused children.
- ➡ ADHD symptoms occur in 25-45 percent of severely maltreated children (This is well above the 9 percent rate of ADHD in the general population).
- ➡ ADHD is significantly more common among abused children with PTSD (37 percent) than in children without PTSD (17 percent) and physical and sexual abuse is more common in 6-12-year-old girls with ADHD than without ADHD.

It could be trauma and it could be ADHD, or it could be both. This research is why the need of providing a thorough and well-informed assessment before labeling or diagnosing a child is necessary, and is why routine inquiries about trauma histories are strongly recommended (Wilmott, 2008; Briscoe & Hinshaw, 2006; Weinstein, Staffelback & Biassio, 2000).

There are also many overlapping symptoms between trauma and ODD. Children with a history of traumatic experiences exhibit greater oppositional defiant behaviors than children without exposure to trauma. This is most likely the result of the negative physiological impact trauma has on core regulatory systems, compromising a child's ability to regulate and process sensory inputs. Changes in the body's critical stress response system prevent the modulation of sensory deregulation, making the child incapable of self-regulating their emotions and behavior. The experience of trauma increases vulnerability to stressors - even mild stressors that healthy individuals are able to handle. For example, simple problem solving becomes difficult, causing anger and confusion in a child that simply "does not know what to do" about a situation, ultimately resulting in rage, aggression and other oppositional defiant-like disorders.

Under stress, traumatized children's analytical capacities are limited and behaviorally react with confusion, withdrawal and/or rage. Rather than making a gradual shift from right brain hemisphere dominance (feeling and sensory) to dominance of the left hemisphere (language, reasoning, problem solving) resulting in an integration of neural communication between hemispheres, they react only from their "sensory" or right brain, often lacking the "thought" or planning before action is taken.

Interestingly, many of the symptoms and reactions present in ODD are parallel to the symptoms and reactions in children post-trauma. More than 800,000 children are exposed to trauma annually from abuse and neglect alone. Twenty percent of those children are observed to have dramatic changes in behavior consistent with ODD following a traumatic event. It would be beneficial to develop guidelines helping pediatricians and other early childhood professionals routinely screen for the presence of trauma-related symptoms and impairments even in very young children. This would prevent the mislabeling of ODD in later years. As one of the top diagnoses given to children today, it is certainly important to understand both the etiology and intervention options proposed for ODD. When ODD is viewed from a biological and trauma-informed perspective, compassion from parents, caregivers, and teachers often follows.

If you look at just the symptoms and the reactions without viewing a student through a trauma-informed lens, it would be easy for even a well-intentioned professional to suspect and misdiagnose a traumatized child as having ADHD or ODD.

ACTIVITY: Symptoms & Reactions

➡ How many students in your school building are diagnosed with ADHD? ODD?

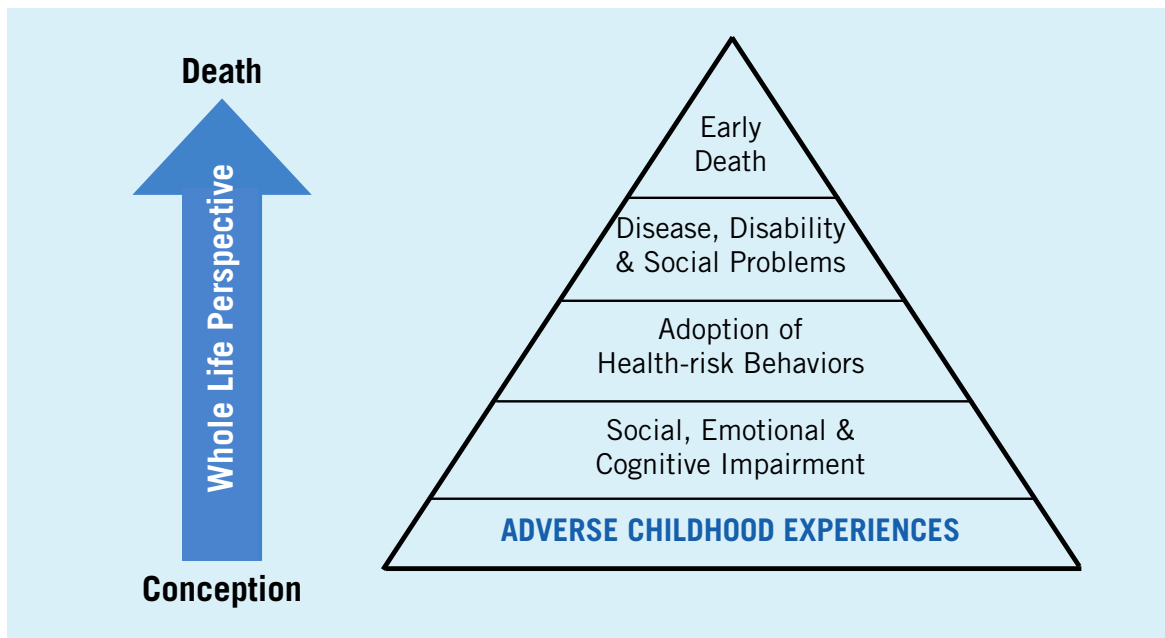
➡ How many of those students also have traumatic history or are experiencing traumatic or toxic stress currently?

➡ How will what you have learned in Step 2 change your view of these children?

➡ What will you do about this new knowledge you have related to these students?

Q How can I support one of my 6th grade students whose grandmother just died? They were very close, and he just can't seem to focus and is so withdrawn that I am worried about him. How should I react?

What might look like inattention and withdrawal are actually normal grief and trauma reactions. Normalize the reactions by saying, "I get it, it is hard to pay attention with so many other things on your mind. And, you probably don't even feel like socializing or having fun because you feel sad." Give the student permission to put their head down or go into the hallway for a drink of water during the day if they need a break. Let them know that even though they feel sad, it might help to do something with a friend that they enjoy. Referring the child to a counselor in or outside of the school setting might be helpful if you still see the student struggling at the 2-month mark after the death.



The Adverse Childhood Experiences Study

The Adverse Childhood Experiences (ACE) study (Felitti, 2009) is one of the largest investigations ever conducted to assess the associations between adverse childhood experiences and later life health and well-being. More than 17,000 participants were part of this study. The participants were mostly white, college-educated, employed adults who were screened for 10 prominent childhood traumatic experiences as part of their routine healthcare protocol. Each type of trauma was given one point. **70% of participants experienced at least one type of trauma.**

ACE scores of 4 or more resulted in four times the risk of emphysema or chronic bronchitis; over four times the likelihood of depression; and 12 times the risk of suicide. ACE scores were directly related with early initiation of smoking, sexual activity, adolescent pregnancy, and risk for intimate partner violence. Findings suggest that certain experiences are major risk factors for the leading causes of illness and death as well as poor quality of life in the United States.

ACTIVITY: Adverse Childhood Experiences

Questionnaire & Reflection

There are 10 types of childhood trauma measured in the ACE Study. Five are personal — physical abuse, verbal abuse, sexual abuse, physical neglect, and emotional neglect. Five are related to other family members: a parent who's an alcoholic, a mother who's a victim of domestic violence, a family member in jail, a family member diagnosed with a mental illness, and the disappearance of a parent through divorce, death or abandonment. Each type of trauma counts as one. So a person who's been physically abused, with one alcoholic parent, and a mother who was beaten up has an ACE score of three.

There are, of course, many other types of childhood trauma — watching a sibling being abused, losing a caregiver (grandmother, mother, grandfather, etc.), homelessness, surviving and recovering from a severe accident, witnessing a father being abused by a mother, witnessing a grandmother abusing a father, etc.

The most important thing to remember is that the ACE score is meant as a guideline: If you experienced other types of toxic stress over months or years, then those would likely increase your risk of health consequences.

ACE QUESTIONNAIRE

Prior to your 18th birthday:

- | | | |
|-----------------------------|------------------------------|---|
| <input type="checkbox"/> No | <input type="checkbox"/> Yes | Did a parent or other adult in the household often or very often... swear at you, insult you, put you down, or humiliate you? or act in a way that made you afraid that you might be physically hurt? |
| <input type="checkbox"/> No | <input type="checkbox"/> Yes | Did a parent or other adult in the household often or very often... push, grab, slap, or throw something at you? or ever hit you so hard that you had marks or were injured? |
| <input type="checkbox"/> No | <input type="checkbox"/> Yes | Did an adult or person at least 5 years older than you ever... touch or fondle you or have you touch their body in a sexual way? or attempt or actually have oral, anal, or vaginal intercourse with you? |
| <input type="checkbox"/> No | <input type="checkbox"/> Yes | Did you often or very often feel that ... no one in your family loved you or thought you were important or special? or your family didn't look out for each other, feel close to each other, or support each other? |
| <input type="checkbox"/> No | <input type="checkbox"/> Yes | Did you often or very often feel that ... you didn't have enough to eat, had to wear dirty clothes, and had no one to protect you? or your parents were too drunk or high to take care of you or take you to the doctor if you needed it? |
| <input type="checkbox"/> No | <input type="checkbox"/> Yes | Were your parents ever separated or divorced? |
| <input type="checkbox"/> No | <input type="checkbox"/> Yes | Was your mother or stepmother often or very often pushed, grabbed, slapped, or had something thrown at her? or sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard? or ever repeatedly hit over at least a few minutes or threatened with a gun or knife? |
| <input type="checkbox"/> No | <input type="checkbox"/> Yes | Did you live with anyone who was a problem drinker or alcoholic, or who used street drugs? |
| <input type="checkbox"/> No | <input type="checkbox"/> Yes | Was a household member depressed or mentally ill, or did a household member attempt suicide? |
| <input type="checkbox"/> No | <input type="checkbox"/> Yes | Did a household member go to prison? |

_____ Add up your "Yes" answers. This is your ACE Score.

Now that you've got your ACE score, what does it mean?

The CDC's Adverse Childhood Experiences Study (ACE Study) uncovered a stunning link between childhood trauma and the chronic diseases people develop as adults, as well as social and emotional problems. This includes heart disease, lung cancer, diabetes and many autoimmune diseases, as well as depression, violence, being a victim of violence, and suicide.

The study's researchers came up with an ACE score to explain a person's risk for chronic disease. Think of it as a cholesterol score for childhood toxic stress. You get one point for each type of trauma. The higher your ACE score, the higher your risk of health and social problems.

As your ACE score increases, so does the risk of disease, social and emotional problems. With an ACE score of 4 or more, things start getting serious. The likelihood of chronic pulmonary lung disease increases 390 percent; hepatitis, 240 percent; depression 460 percent; suicide, 1,220 percent.

Reflection questions about your ACE Questionnaire:

Does anything surprise you about your ACE quiz?

Did any specific emotion or body sensation come up as you answered the ACE quiz questions?

When you think about the students in your school, how do you think they would score on the ACE quiz?

Resilience and Strengths

We can't talk about trauma without talking about resilience. First, ask yourself the question, "What is it about some students that do better than other students despite similar or even more significant exposure to traumatic and toxic stress?"

The answer is found in characteristics of resilience and strengths. The term "resilience" is borrowed from the physics field and refers to the ability of an object or substance to "spring back" into shape (elasticity). When applied to people, resilience refers to one's ability to "bounce back" from adversity. Resilience characteristics have been reported to exist in children prior to trauma experiences (Bonanno, 2004). Children who demonstrate most of the psychological and emotional attributes associated with resilience and whose social and family environment supports resiliency may experience trauma symptoms after exposure to traumatic events; however, only a small number will develop posttraumatic stress disorder (PTSD).

Psychological and emotional attributes associated with resilience in children include: above average verbal skills, cognitive and problem solving abilities, positive self-esteem, ability to self-regulate behavior, positive expectations about the future, and the ability to ask for help and use social support (Cloitre, Martin & Linares, 2005; Rice & Groves, 2005).

Family and social environmental processes associated with resiliency include: a stable, nurturing parent/caregiver, a connection to an adult in the extended family, and consistent family processes such as rituals, routines, traditions and structure (Cloitre, et al, 2005; Rice & Groves, 2005). In describing their Connections, Continuity, Dignity, Opportunity (CCDO) model, Seita, Mitchell, and Tobin (1996) wrote that resilience was the outcome of environments that promote connections, continuity, dignity and opportunity. Connections refer to supportive, guiding, positive relationships. Continuity refers to events that shape one's life. Dignity refers to value for self (self-worth) and others, and opportunity refers to environments that foster growth and change.

The power and influence of positive human relationships in fostering resilience cannot be understated. Urie Bronfenbrenner, a developmental psychologist renowned for his ecological systems theory of child development, once stated that "every child needs at least one adult who is irrationally crazy

about him or her.” Bronfenbrenner believed this was the greatest factor contributing to one’s healthy well-being later in life. Emmy Werner, also a developmental psychologist and a recipient of the Circle of Courage® award, conducted a ground-breaking 40-year longitudinal study on all 698 children born on the island of Kauai in 1955. The results of her study were consistent with the ACE study in that she was able to establish that certain risk factors during childhood correlated with later life health and emotional well-being outcomes. However, in addition to these risk factors, her work also identified certain “protective factors” that predicted one’s ability to overcome adversity (resilience). Chief among these protective factors was the presence of one caring adult who loved and supported the child unconditionally. Step 5: Foster Connections will further discuss this protective factor.

SPOTLIGHT: Dr. Rita Pierson, Educator

Dr. Rita Pierson was an educator for more than 40 years, serving as a teacher, special education teacher, counselor, assistant principal, director, testing coordinator, and consultant. She is probably best remembered for her inspirational advocacy that positive human connection [relationship] is the key to education.

Her famous quotes: “Kids don’t learn from people they don’t like” and “Every child deserves a champion; an adult who will never give up on them, who understands the power of connection and insists that they become the best they can possibly be” have been used as rallying cries for those in the education field who understand that building caring relationships with students and fostering resilience are the most important things a teacher can do, and that learning will not take place unless this is happening.

Of course, not all resilient children possess all of these attributes, nor do all of these characteristics exist to the same degree in children. It is therefore reasonable to hypothesize that factors of resilience exist in several combinations, and psychological and emotional traits exist to a greater or lesser extent in children. Family and social environmental supports range from many to modest, and it is reasonable to assume that a child with several psychological, emotional, family and social characteristics associated with resilience may be most resilient. Children with fewer psychological, emotional, family and social attributes may be less resilient. Consequently, exposure to traumatic events may result in fairly rapid return to pre-trauma functioning for children at the high end of the continuum of resilience and more prolonged struggle with posttraumatic symptoms for less resilient children. Being trauma-informed means that we need to look for hallmarks of resilience that students possess, and it means that we must help children build characteristics of resilience and draw upon their strengths through the interactions and opportunities we provide to them in the classroom and school setting (Steele, Raider & Kuban, 2007).



BLUEPRINT FOR RESILIENCE:

The Circle of Courage® Model

The Circle of Courage® is a model of positive youth development based on the universal principle that to be emotionally healthy, all youth need a sense of belonging, mastery, independence, and generosity. This unique model integrates the cultural wisdom of tribal peoples, the practical wisdom of professional pioneers with troubled youth, and findings of modern youth development research.

Since its introduction in 1988 at an international conference of the Child Welfare League, The Circle of Courage® model has been depicted as a medicine wheel with the four universal needs of belonging, mastery, independence, and generosity arranged around it. The medicine wheel is a sacred image to many North American indigenous communities, often used to represent healing work or other important cultural concepts.

When these universal needs go unmet, the child's Circle is broken. But there is good news! All Circles can be mended. Based on findings in resilience theory and neuroscience, we know that human beings are biologically equipped to overcome adversity. Using strength-based approaches based on the Circle of Courage® model and sensory-based trauma intervention strategies based on Starr's SITCAP® model, we can help these young people mend their Circles and transition from being victims to survivors.

MORE STEP 2 ACTIVITIES AND REFLECTIONS AVAILABLE AT
[Starr.org/10steps](https://starr.org/10steps)

STEP 2 HIGHLIGHTS

- Trauma symptoms and reactions can be easily mistaken for other disorders – especially ADHD and ODD.
- Before you diagnose, make sure to screen for trauma exposure and assess for post-traumatic stress symptoms and reactions.
- As ACEs increase, so do health risk behaviors and physical and mental health problems.
- Being trauma-informed means that you are resilience-focused. Look for strengths, not just deficits.



Conclusion

We hope this resource provided you with not only an understanding of childhood trauma and how trauma can adversely influence learning, behavior and relationships but also specific tools you and your school will use to become a trauma-informed environment. All students need safe and supportive schools that can respond to an enormous body of research about how children's brains adapt to complex trauma and toxic stress.

Follow and use *10 Steps to Create a Trauma-Informed School* along with its accompanying activities, worksheets and evaluation tools with leadership, staff, students, parents and even your Board of Education to guide both the creation and implementation of a trauma-informed school. Regardless of your role in education, you can help with the process of creating a trauma-informed classroom, school and/or district. Educators can interrupt the impact of trauma and build resilience by creating a culture of awareness and sensitivity to each student's unique needs.

For more information on how we can help your school with training, consultation or accreditation email info@starr.org or call 800-837-5591.

THANK YOU FOR DOWNLOADING!
COMPLETE YOUR TRAUMA-INFORMED
TRANSFORMATION AT [Starr.org/10steps](https://starr.org/10steps)

Resources

- Show this video clip at your next Professional Development:
<https://vimeo.com/181823590>
- Take a Starr online course:
<https://starr.org/courses>
- Schedule a Starr Trauma-Informed Schools training at your school or district:
Email info@starr.org or call 800-837-5591
- Purchase the *Life Events Checklist*:
<https://store.starr.org/Course/view/life-events-checklist-1>
- Purchase the *PTSD Evaluation Scale: Child and Adolescent Questionnaire*:
<https://store.starr.org/Course/view/ptsd-evaluation-scale-child-and-adolescent-questionnaire-1>

Learn more about school violence prevention

- CDC Division of Violence Prevention
www.cdc.gov/violenceprevention
- CDC Division of Adolescent and School Health
www.cdc.gov/healthyyouth/
- STRYVE
www.cdc.gov/violenceprevention/stryve/
- Stop Bullying
www.stopbullying.gov

- Surgeon General's Report on Youth Violence
<http://www.ncbi.nlm.nih.gov/books/NBK44294/>
- Compliance with the Consumer Product Safety Commission's Playground Safety Handbook
<http://www.cpsc.gov/CPSPUB/PUBS/325.pdf>
- Guide to Community Preventative Services
www.thecommunityguide.org/

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Helping Traumatized Children Learn

*supportive school environments
for children traumatized by family violence*

A Report and Policy Agenda



Massachusetts Advocates for Children: Trauma and Learning Policy Initiative

In collaboration with Harvard Law School

and The Task Force on Children Affected by Domestic Violence

The Governor's Commission on Sexual and Domestic Violence has overwhelmingly endorsed the concepts, principles, and recommendations presented in *Helping Traumatized Children Learn*. . . . It is our sincere hope that, in the Commonwealth and beyond, educators, administrators, funding agencies, policy makers, school committees, and others will read this work and incorporate in their educational philosophies and schools the methods it recommends to address the impacts of violence on children.

—Marilee Kenney Hunt, Executive Director
Governor's Commission on Sexual and Domestic Violence

Helping Traumatized Children Learn is a much needed resource for educators, policy makers, clinicians, and parents. The authors have already contributed much to the advocacy for educational reform to ensure that the needs of traumatized children are met; this report is an impressive continuation of that process.

—Margaret E. Blaustein, Ph.D., Director of Training and Education
The Trauma Center, Justice Resource Institute

Helping Traumatized Children Learn is an immensely important contribution. These proposals for enhancing success at school have tremendous potential to help a child look forward toward the positive possibilities of the future.

—Amy C. Tishelman, Ph.D., Director of Research and Training
Child Protection Program, Children's Hospital, Boston

The Massachusetts Administrators for Special Education offers our Association's endorsement for *Helping Traumatized Children Learn* and applauds Massachusetts Advocates for Children's commitment to this most worthy need.

—Carla B. Jentz, Executive Director
Massachusetts Administrators for Special Education

Helping Traumatized Children Learn is a groundbreaking report that can show educators and communities exactly how to help children who have experienced family violence. The considerable impact of domestic violence on children's ability to learn has been ignored for too long. The education and policy agenda that Massachusetts Advocates for Children offers here is vitally important and can improve the lives of countless children who have been traumatized by family violence.

—Esta Soler, President, Family Violence Prevention Fund

ADDITIONAL ENDORSEMENTS:

Children's Law Center of Massachusetts, Children's League of Massachusetts, Federation for Children with Special Needs, Horizons for Homeless Children, Jane Doe Inc., Massachusetts Law Reform Institute, Massachusetts Society for the Prevention of Cruelty to Children, Treehouse Foundation

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Helping Traumatized Children Learn

*Supportive school environments
for children traumatized by family violence*

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**Massachusetts Advocates for Children
Trauma and Learning Policy Initiative**

in collaboration with

Harvard Law School



and the

Task Force on Children Affected by Domestic Violence

Massachusetts Advocates for Children

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MASSACHUSETTS ADVOCATES FOR CHILDREN

MISSION:

Massachusetts Advocates for Children's (MAC) mission is to be an independent and effective voice for children who face significant barriers to equal educational and life opportunities. MAC works to overcome these barriers by changing conditions for many children, while also helping one child at a time. For over 30 years, MAC has responded to the needs of children who are vulnerable because of race, poverty, disability, or limited English.

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Preface

Helping Traumatized Children Learn is the result of an extraordinary collaboration among educators, parents, mental health professionals, community groups, and attorneys determined to help children experiencing the traumatic effects of exposure to family violence succeed in school.

Years of case work, coalition building, and policy analysis lie behind this report, which stands in the proud tradition of other reports produced by Massachusetts Advocates for Children. These reports have led to significant improvements in the lives of children in the areas of special education, bilingual education, child nutrition, lead-poisoning prevention, and others.

Susan Cole, the leader of the collaboration and this report's principal author, is an attorney who had previously been a teacher. She melded her deep understanding of the classroom with her uncompromising standards of advocacy on behalf of children to produce this dynamic and interdisciplinary synthesis of theory, practice, and policy.

In 1998, as head of the Children's Law Support Project, Susan collaborated with Jacquelynne Bowman, who was then at Massachusetts Law Reform Institute, to form the Task Force on Children Affected by Domestic Violence. Clinical psychologist Dr. Jessica Greenwald O'Brien, attorney Ray Wallace, school psychologist Joel Ristuccia, and others soon joined to form the Schools Working Group of the Task Force, with Susan as its chair. The group addressed the need for trauma-sensitive approaches in schools and legislation to implement them. With Geron Gadd, a Harvard Divinity School student as staff researcher and writer, a strong early draft of *Helping Traumatized Children Learn* was created. It was enriched over the next several years through multiple discussions with parents, educators, psychology and language experts, and domestic violence experts.

The Schools Working Group wrote articles, conducted trainings, and advocated successfully under the leadership of State Representative Alice Wolf of Cambridge, Massachusetts, for a legislative budget line item offering grants to help schools become trauma-sensitive. Two schools in Cambridge and Lynn, Massachusetts, piloted various aspects of what became known as the Flexible Framework, sharing their successes and challenges with the Group. In 2004, supported by a broad constituency, the legislature made the line item into a section of the Massachusetts Education Reform Act. We are particularly pleased that several of the recipients of this grant program are working to adapt the Framework to fit the unique needs of the many schools in their districts. Their experiences are deepening our understanding and furthering the Framework's continuous evolution.

Through a partnership with Harvard Law School and its Hale and Dorr Legal Services Center, the work continued to develop under the auspices of the Trauma and Learning Policy Initiative (TLPI) in 2004. Michael Gregory, an attorney and recipient of a Skadden Fellowship joined the TLPI staff and using his expertise in research, writing, and policy analysis contributed significantly to giving *Helping Traumatized Children Learn* its final form.

A strong and growing constituency is now in place to support this groundbreaking policy initiative designed to help further the goals of education reform. The release of *Helping Traumatized Children Learn* was the culmination of many years of research analysis and policy development. TLPI's mobilization campaign continues to advocate to implement the policy agenda and spread this information to every school district in Massachusetts and beyond.

Jerry Mogul
Executive Director
Massachusetts Advocates for Children

Acknowledgements

This report would not have been possible without the generous contributions of time and financial support by so many people and organizations. We are deeply indebted to the Massachusetts Legal Assistance Corporation (MLAC), whose grants have enabled MAC and the Children's Law Support Project to lead to coordinate a Massachusetts legal agenda on behalf of children living in poverty. This interdisciplinary work led to the building of the Task Force on Children Affected by Domestic Violence and later the Trauma and Learning Policy Initiative (TLPI) from which this report has emerged. The Massachusetts Bar Foundation and the Boston Bar Foundation support MAC's intake and casework with the pro bono legal community, which is critical to identifying problems and devising new solutions for traumatized children. We are extremely grateful to the Gardiner Howland Shaw Foundation, which provided the original funding to seed TLPI and which continues as a key partner. We thank the Mellon Financial Corporation Fund, Partners HealthCare, Bank of America, trustee for Alfred E. Chase Charity Foundation, the Louis and Carolyn Sapir Family Fund, and the C.F. Adams Charitable Trust for enriching TLPI with important mental health expertise; enabling TLPI to provide outreach in domestic violence shelters; funding the research, writing, and publication of this report; and enabling us to pursue the education campaign ahead. We are grateful to the Skadden Fellowship Foundation for providing the funding for our TLPI staff attorney at the Legal Services Center.

We are most grateful to Professor Martha Minow of Harvard Law School and to Jeanne Charn, director of Harvard's legal clinic, the Hale and Dorr Legal Services Center, for creating a partnership with MAC in 2004 to launch the Trauma and Learning Policy Initiative. Their vision of teaching a new generation of law students to advocate on behalf of this most vulnerable group of children has enabled this work to flourish.

We give special thanks to our partner organizations, which have actively engaged in this work: the Governor's Commission on Sexual and

Domestic Violence, Casa Myrna Vasquez, Inc., the Child Protection Program at Children's Hospital in Boston, Children's Charter Trauma Clinic, a division of Key, Inc., the Federation for Children with Special Needs, the Framingham Public Schools, Horizons for Homeless Children, Jane Doe Inc., Lesley University's Center for Special Needs, Massachusetts Law Reform Institute, the Massachusetts Society for the Prevention of Cruelty to Children, and the Trauma Center, Justice Resource Institute.

Please see Appreciation for Contributors at the end of this report for a list of people to whom we are additionally most grateful.

Executive Summary

The goal of *Helping Traumatized Children Learn* is to ensure that children traumatized by exposure to family violence succeed in school. Research now shows that trauma can undermine children's ability to learn, form relationships, and function appropriately in the classroom. Schools, which are significant communities for children, and teachers—the primary role models in these communities—must be given the supports they need to address trauma's impact on learning. Otherwise, many children will be unable to achieve their academic potential, and the very laudable goals of education reform will not be realized. Trauma-sensitive school environments benefit all children—those whose trauma history is known, those whose trauma will never be clearly identified, and those who may be impacted by their traumatized classmates. Together, we can ensure that all children will be able to achieve at their highest levels despite whatever traumatic circumstances they may have endured.

This report proposes an educational and policy agenda that will enable schools to become supportive environments in which traumatized children can focus, behave appropriately, and learn. It translates complex research on trauma into educational terms that are useful to teachers and schools. And it provides a Flexible Framework—which can be adapted by any school—for creating a climate in which children exposed to family violence can achieve at their highest levels.¹

This report proposes an educational and policy agenda that will enable schools to become supportive environments in which traumatized children can focus, behave appropriately, and learn.

Children's exposure to family violence is a widespread problem. A National Child Traumatic Stress Network (NCTSN) survey found that interpersonal victimization primarily in the home was the most prevalent form of trauma among children treated by Network mental health professionals.² Studies estimate that between 3.3 million and 10 million children in the U.S. witness violence in their own homes each year.³ In 2003, approximately 906,000 children were found by child protective agencies to be victims of child abuse or neglect.⁴ In Massachusetts, a study by the Office of the

Commissioner of Probation reported that approximately 43,000 children were named on restraining orders, which suggests that these children were affected by family violence.⁵

Even these large figures appear to represent only a fraction of the problem. The 1998 Adverse Childhood Experiences study, which sent standardized questionnaires to 13,494 adult members of a large HMO, found that 44 percent of respondents reported suffering sexual, physical, or psychological abuse as children, and 12.5 percent reported having a mother who had been treated violently.⁶ In June 2005, the Massachusetts Department of Education presented information from informal surveys of 450 students who attended alternative-education programs in eleven school districts that received state-funded Alternative Education Grants (see Appendix A). The nonvalidated results of the surveys indicated that 90 percent of the students reported histories of trauma exposure, with a number of these students reporting exposure to more than one type of trauma. Of the students surveyed, 41 percent reported histories of family violence; 46 percent reported having been physically, emotionally, or sexually abused; 39 percent reported neglect; and 16 percent were living in foster care or out-of-home placements.⁷

Helping Traumatized Children Learn focuses on the educational consequences of exposure to family violence, although information in this report will be useful in addressing traumatic consequences

***Helping Traumatized Children Learn* focuses on the educational consequences of exposure to family violence, although information in this report will be useful in addressing traumatic consequences from other sources as well.**

from other sources as well. When there is family violence, home is not the safe haven it is for most children. Adults who should be relied upon for nurturance may actually be a source of terror, or they may be victims themselves and unable to provide protection.⁸ When the perpetrator of violence is a caregiver—the person in whom a child has placed great trust and upon whom the child’s very life depends—the betrayal a child experiences can be devastating.⁹ The impact on a child’s self-perception¹⁰ and worldview¹¹ can get carried into the classroom, where it can interfere with the ability to process information and maintain control over

behaviors and emotions. The fact that family violence is frequently kept secret from schools adds to the confusion, often making it difficult for educators to discern the reasons for a child's behavioral and learning problems.

We use the term “domestic violence” to describe violence between intimate partners. Children may have watched or overheard violence between their caregivers and may live with its consequences (e.g., maternal depression or a parent with physical injuries, such as bruises). Children may also become directly involved in a violent event by trying to stop the abuse or by calling the police.¹²

We include in the term “family violence” three forms of harm to children: witnessing domestic violence, being the direct victim of abuse, and being exposed to neglectful caretaking. Domestic violence, abuse, and neglect frequently occur together.¹³ Each of these experiences can result in similar symptoms and undermine many of the same developmental foundations.¹⁴ Analyzing them separately is enormously difficult.¹⁵ We also recognize that familial alcoholism often occurs along with family violence and that children in homes where there is substance abuse may exhibit symptoms similar to children exposed to family violence.¹⁶

Traumatized children do not fit neatly into any single “box.” Although many children enter school each day carrying with them the experience of exposure to violence in the home, the symptoms of their trauma can be quite varied, as the actual experiences of the following children illustrate:¹⁷

Tyrone

Six-year-old Tyrone was the terror of his first-grade class. He pinched, hit, and refused to obey the teacher. Frustrated with his unprovoked aggressive behavior, the school began holding suspension hearings. At home and at church, however, he was a different child, clinging to his sister and mother. He would often wake up with nightmares and a bed that was wet. Tyrone had fled with his mother, brother, and sister from a father who had abused them. To Tyrone, school felt threatening, rather than being the place of refuge he needed.

Marla

Fifteen-year-old Marla was an extremely bright student with an IQ of 139. She did not have problems with aggression. Instead, she stared out the window. She didn't do her homework. She seemed to barely be there at all. Despite her intelligence, she was failing in school because of frequent absences. Her teachers wondered how a child with so much potential could be slipping out of reach. It turned out that Marla had witnessed significant violence against her mother at home, making it impossible for her to focus in school.

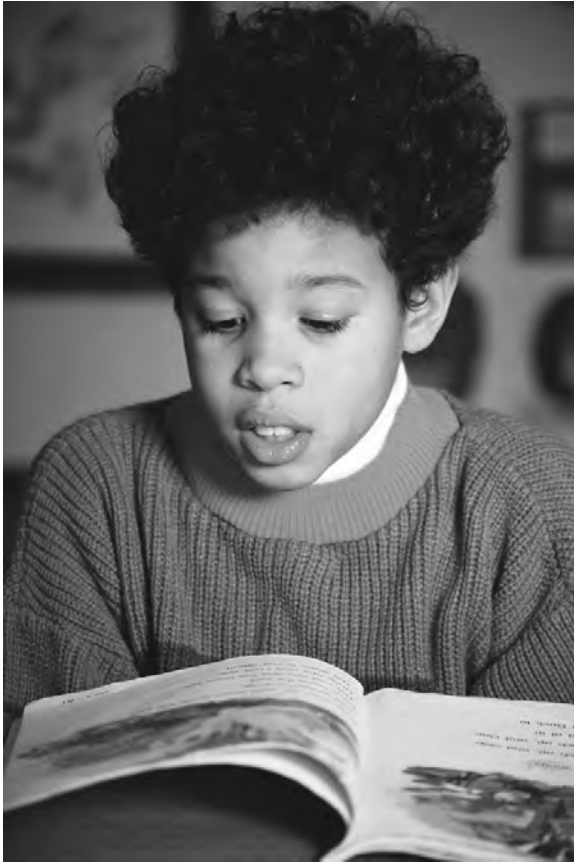
Sonya

When five-year-old Sonya began kindergarten, she could not focus in the classroom and had difficulty forming relationships with adults and making friends with her peers. Complicating Sonya's situation was the fact that her leg had been broken by her father when she was less than a year old. Even though she had been too young at the time to remember the incident, the fear of that experience—the betrayal of trust—still haunted Sonya and made it difficult for her to reach out to new people. It thwarted her ability to adjust to a classroom environment and achieve in school.

There is nothing new about the presence of traumatized children in our schools. Often without realizing it, teachers have been dealing with trauma's impact for generations. What *is* new is that trauma researchers can now explain the hidden story behind many classroom difficulties plaguing our educational system. Recent psychological research has shown that childhood trauma from exposure to family violence can diminish concentration, memory, and the organizational and language abilities that children need to function well in school.¹⁸ For some children, this can lead to inappropriate behavior¹⁹ and learning problems in the classroom, the home, and the community.²⁰ For other children, the manifestations of trauma include perfectionism, depression, anxiety, and self-destructive, or even suicidal, behavior.²¹ Studies show that abused children have more severe academic problems than comparison children. Specifically, they are more likely to receive special education services, have below-grade-

level achievement test scores, and have poor work habits; and they are 2.5 times more likely to fail a grade.²²

The Adverse Childhood Experiences study found that adults exposed to adverse experiences in childhood, including those who had witnessed domestic violence or suffered abuse, were more likely to engage in risky activities such as drinking, smoking, and substance abuse.²³ In the opinion of some experts, these are behavioral “coping devices”—attempts to reduce the emotional impact of adverse experiences.²⁴ When teenagers engage in these risky behaviors, however, they often face disciplinary consequences at school, such as suspensions or expulsions.



Teachers can play an important role in connecting traumatized children to a safe and predictable school community and enabling them to become competent learners. To accomplish this goal, policy makers must provide schools with the tools they need to help all children learn.

Many experts, including members of the National Child Traumatic Stress Network (NCTSN), are calling for a community-wide effort to create contexts in which children traumatized by family violence can succeed.²⁵ NCTSN asks schools to play a key role in this effort. School is a place where it is possible for traumatized children to forge strong relationships with caring adults and learn in a supportive, predictable, and safe environment. These are factors that can help protect children from, or at least ameliorate, some of the effects of exposure to family violence.²⁶ In the broad-based effort this report recommends, schools will partner with parents and guardians—who may themselves be struggling with symptoms of trauma—and give teachers the support they need to teach children how to regulate or calm their emotions and behavior.

Because we know that mastering both academic and social skills are key to the healing process, the aim is to increase teaching and learning time and reduce time spent on discipline.

We are not suggesting the creation of a new category of disability that would lead to special treatment or labeling of children on the basis of trauma alone. Instead, this report provides information and an adaptable framework for addressing trauma-related challenges to children's ability to participate in the school community, whether they learn in regular or special education classrooms. Because we know that mastering both academic and social skills are key to

the healing process, the aim is to increase teaching and learning time and reduce time spent on discipline. The ultimate goal is to help all traumatized students become successful members of their school communities.²⁷

Educators and policy makers—with the help of mental health professionals—can put the insights of research to work by implementing relatively cost-effective strategies. These strategies will help children traumatized by exposure to family violence learn and succeed in school.

This report is divided into three chapters, as follows:

Chapter I

The Impact of Trauma on Learning

The first step in creating trauma-sensitive schools is to help educators become aware of trauma symptoms. Chapter 1 of this report describes the trauma response and the specific ways trauma can impact learning and behavior in the classroom. Teachers can use their existing expertise more effectively when they understand that many of the academic, social, and behavioral problems of traumatized children involve such difficulties as failing to understand directions, overreacting to comments from teachers and peers, misreading context, failing to connect cause and effect, and other forms of miscommunication. This report does not suggest that teachers become therapists. However, a better understanding of the difficulties traumatized children have in modulating their emotions and behaviors should lead schools to seek out therapeutic and positive behavioral supports, rather than responding with punitive measures such as suspensions and expulsions. A better understanding of how a positive community response can actually reduce the severity of the trauma

symptoms should encourage educators to infuse trauma-sensitive approaches for students and supports for personnel throughout their schools, *because schools are the central community for most children.*

Chapter 2

The Flexible Framework: An Action Plan for Schools

The Flexible Framework has been designed to help each school community develop a plan for integrating trauma-sensitive routines and individual supports throughout the school day.²⁸ The Framework provides a structure that can be adapted to the unique needs of each school community, regardless of its organizational structure or educational philosophy. Each school will determine how to apply the Framework, which has six key elements:

- I.** Schoolwide Infrastructure and Culture;
- II.** Staff Training;
- III.** Linking with Mental Health Professionals;
- IV.** Academic Instruction for Traumatized Children;
- V.** Nonacademic Strategies; and
- VI.** School Policies, Procedures, and Protocols.

Rather than prescribing any one particular intervention, the Framework seeks to help schools establish environments that will enable children traumatized by exposure to family violence develop relationships with caring adults, learn to modulate their emotions and behaviors, and achieve at high educational levels. When schools have a better understanding of trauma, they can form effective linkages with mental health professionals who have an expertise in that field, make full use of available resources, and advocate for new resources and particular interventions that directly meet the needs of their students.

Chapter 3

Policy Recommendations

Schools and educators cannot do this work alone. Chapter 3 asks policy makers, legislators, and administrators to create laws and policies that support schools in addressing the trauma-related aspects of many behavioral and learning problems. Without supports within the school, teachers are almost forced to look the other way—the problems can seem so overwhelming.²⁹ With supports, teachers can play an important role in connecting traumatized children to a safe and predictable school community and enable them to become competent learners.³⁰ To accomplish this goal, policy makers must provide schools with the tools they need to help all children learn, including those who have been traumatized by exposure to family violence.

Chapter 3 sets forth the following public policy agenda:

1. The Commonwealth should provide publicly funded schools and preschools with funds necessary to develop schoolwide action plans addressing the needs of traumatized children.
2. Massachusetts stakeholders should reach consensus on the laws, policies, and funding mechanisms necessary for schools to intervene early to address the needs of traumatized students and to decrease punitive responses.
3. Teachers and administrators should learn approaches and strategies for teaching children who may be traumatized.
4. Mental health professionals and other specialists providing services in school settings should respond appropriately to trauma-related learning and behavioral problems and should provide trauma-informed consultations to educators.
5. The Department of Education should provide continuing information and support to schools.

6. Research should be funded on the extent to which learning and behavioral problems at school are related to untreated childhood trauma and on best schoolwide and individual practices for addressing the educational needs.

* * *

We are all too familiar with the extreme situation—children who try to overcome their feelings of vulnerability by inflicting violence on others.³¹ When child victims become victimizers, a society that failed to help these children when they needed it most faces the consequences of shortsighted policies. We can either invest in necessary supports for educators and services for children now, or we can allow the cycle of violence and failure to continue, dealing with children later through more costly institutions, including the criminal justice system.³²

With the help of educators, traumatized children can flourish in their school communities and master the educational tasks of childhood, despite their overwhelmingly stressful experiences. This requires school environments that support staff, parents, and children, and that recognize and respond to the effects childhood trauma can have on children's learning and behavior.³³

Genesis of This Report

Staff at the Massachusetts Advocates for Children (MAC), a nonprofit children's rights organization founded in 1969, regularly respond to requests from families desperately seeking help in obtaining school services to address learning problems or behaviors that have led to suspension and expulsion hearings. In 1998, MAC's attorneys realized that many of these cases involved children who had been exposed to some form of family violence, either as witnesses to domestic violence or as the direct targets of abuse. Questioning whether there were better ways to deal with the behavioral and learning problems of these children, MAC brought together groups of parents, shelter workers, court personnel, and experts in trauma psychology, neuropsychology, education, social work, and law, in an attempt to understand the causes and nature of the challenges presented by children exposed to family violence.

These vibrant interdisciplinary discussions, along with input from focus groups held at two Boston public schools, highlighted the many learning and behavioral difficulties that can arise when children and teenagers come to school traumatized by exposure to family violence. MAC followed up by forming the Task Force on Children Affected by Domestic Violence (the Task Force), which produced a series of working papers calling for overarching policies that schools, courts, and housing and benefits programs could implement to address the needs of these children. The working paper on schools proposed funding to help educators create trauma-sensitive classroom environments.

The Massachusetts legislature responded to the issues articulated by the Task Force. In 2000, it passed legislation establishing a grant program through the Massachusetts Department of Education called "Creating a Safe and Supportive Learning Environment: Serving Youth Traumatized by Violence." In 2004, the grant program was codified into law as "An Act for Alternative Education" (see MGL c. 69, sec. 1N, included in Appendix A). This new law, which is now part of the Massachusetts Education Reform Act, addresses the educational consequences of

trauma using a two-pronged approach: grants for alternative education programs and grants for safe and supportive school environments. In the first round of grants, six schools received pilot funding to create trauma-sensitive environments. Two of these schools used the Flexible Framework, devised by the Task Force, to increase their responsiveness to the needs of traumatized children. In the second round of grants (2004) the Framingham Public Schools adapted the framework for use across its district. This framework was refined through its use in schools, the work of the Task Force, and discussions held with many schools and community collaborators. (The Framework is set forth in chapter 2.)

In 2004, MAC expanded the work of the Task Force by joining in a partnership with the Hale and Dorr Legal Services Center of Harvard Law School to launch the Trauma and Learning Policy Initiative (TLPI). TLPI uses multiple advocacy strategies to carry out the Task Force's vision, advocating for policies, laws, and practices that can help children traumatized by family violence succeed in school. TLPI attorneys, student advocates, psychological and educational consultants, and parent specialists provide individual case advocacy; reach out to educate parents, teens, educators, and other professionals; and build coalitions that enable the voices of the most vulnerable children and their parents to be heard in the policy arena. TLPI is also convening experts to develop forthcoming guidelines for making special education evaluations and school mental health consultations trauma sensitive.

Parents, teachers in regular and special education, principals, guidance counselors, social workers, language experts, advocates for battered women and children, staff in governmental agencies, and attorneys made significant contributions to this report, as have the psychologists, neuropsychologists, and trauma experts who reviewed it for accuracy and content.



Together, we can ensure that all children will be able to achieve at their highest levels despite whatever traumatic circumstances they may have endured.

Chapter I

The Impact of Trauma on Learning



The Trauma Response in the Classroom

Every day, children enter their classrooms bringing backpacks, pencils, paper—and their unique views of the world. Every child has his or her own expectations and insights, formed from experiences at home, in the community, and at school. When children witness violence between their adult caregivers or experience abuse or neglect, they can enter the classroom believing that the world is an unpredictable and threatening place.

A Worldview Gone Awry

Our fundamental assumptions about ourselves and about the world around us are the lens through which we view and evaluate events and relationships. They provide the conceptual framework that helps us make meaning of our experiences and enables us to function effectively.³⁴

A nurturing home, in which children have stable attachments to adults and are treated with physical and emotional respect, generally instills a fundamentally affirmative self-image and view of the world as benevolent.³⁵ Positive expectations tend to lead to the belief that others will appreciate our strengths, that people are essentially decent, and that there is a reason to be optimistic about the future. Children with secure attachments to adults and a positive worldview usually are able to regulate their emotions and develop the solid foundation necessary for adapting well at school.³⁶

Conversely, violence at home can help create negative expectations and assumptions.³⁷ Such children may have a diminished sense of self-worth and feel incapable of having a positive impact on the outside world.³⁸ Hopelessness, self-blame, and lack of control are typical of the feelings that can result from trauma; these feelings may lead to overwhelming despair and a loss of the ability to imagine the future or hope that circumstances will change. Children in this condition can be ill-prepared for the academic and social challenges of the classroom.

In Jenny Horsman's book *Too Scared To Learn*, an adult survivor of childhood sexual abuse describes how her negative worldview affected her at school:

I remember crying in the night. I found it difficult to hear Mrs. Patterson when she spoke in the classroom. I felt as if she were speaking from beneath tumbling water, or from the end of a long tunnel. She assumed I was daydreaming. I stopped imagining that I might one day be a teacher. . . . No longer did my imagination dance me through the leaves. The sound of ringing church bells irritated me. Mostly I felt ashamed, different.³⁹

Children look to their parents for stability and protection. When a parent is the source of violence, the child's sense of security and safety can be compromised or destroyed,⁴⁰ replaced instead by fear and anxiety. Lacking a sense of security, a child can have difficulty exploring the world through play, developing self-confidence, and maintaining motivation.⁴¹ A parent's unpredictable or violent behavior can lead to difficulty forming personal attachments and may foster relationships that are based on fear and insecurity.⁴²

Many children exposed to violence view the world as a threatening place, in which danger and pain are to be expected. They see the world not through rose-colored glasses, but through a lens tinted somber gray.⁴³ Psychiatrist and trauma expert Judith Herman explains:

Adaptation to this climate of constant danger requires a state of constant alertness. Children in an abusive environment develop extraordinary abilities to scan for warning signs of attack. They become minutely attuned to their abusers' inner states. They learn to recognize subtle changes in facial expression, voice, and body language as signals of anger, sexual arousal, intoxication, or dissociation. This nonverbal communication becomes highly automatic and occurs for the most part outside of conscious awareness. Child victims learn to respond without being able to name or identify the danger signals that evoked their alarm.⁴⁴

Traumatized children may anticipate that the school environment will be threatening and constantly scrutinize it for any signs of danger. Their mission is to avoid this perceived danger and pain.

Children traumatized by family violence rarely understand that they see the world in a different way than their nontraumatized peers and teachers do.⁴⁵ Traumatized children cannot simply remove their “trauma glasses” as they go between home and school, from dangerous place to safe place. They may anticipate that the school environment will be threatening and constantly scrutinize it for any signs of danger. Their mission is to avoid this perceived danger and pain.⁴⁶ Sadly, this mission often sabotages their ability to hear and understand a teacher’s positive messages, to perform well academically, and to behave appropriately.

Fear as a Way of Life: The Developing Brain

The great risk for children who live in violent homes and who routinely operate in survival mode is that this way of functioning can permeate every aspect of their lives and can even take on a life of its own.

According to brain researchers, when children encounter a perceived threat to their safety, their brains trigger a complex set of chemical and neurological events known as the “stress response.”⁴⁷ The stress response activates a natural instinct to prepare to fight, freeze, or flee from the unsafe event. Under normal circumstances these responses to stress are constructive and help keep a child safe.

However, when a child operates in overwhelming states of stress or fear, survival responses that may be fully appropriate in danger-laden situations (e.g., shutting down, constantly surveying the room for danger, expecting to fight or run away at a moment’s notice) can become a regular mode of functioning. Even when the dangers are not present, children may react to the world as if they are.⁴⁸ Unable to regulate heightened levels of arousal and emotional responses, they simply cannot turn off the survival strategies that their brains have been conditioned to employ.⁴⁹

Neurobiologist Bruce Perry and his colleagues at the Child Trauma Academy explain that the most developed areas of a child’s brain are the ones used most frequently. When children live in a persistent state of

fear, the areas of their brains controlling the fear response can become overdeveloped.⁵⁰ These parts of the brain may direct behavior even in situations in which it would be more appropriate for other parts of the brain to be in charge. It is important to note that the areas of the brain active in fearful states are different from those active in calm states, and it is predominately the areas active in calm states that are required for academic learning.⁵¹

Brain researchers use the term “plasticity” to explain the environment’s enormous influence on the growing child’s developing brain.⁵² This means that children’s brains are more malleable than those of adults. However, just as traumatic experiences can undermine the brain’s development, good experiences can enhance it.⁵³ In addition, skill development is a scaffolding process, with each skill building upon the one before. Both the plasticity of brain development and the scaffolding nature of skill development are strong reasons to intervene as early as possible with supportive, ameliorative, and protective experiences. Early intervention gives a child the best chance to follow a developmental trajectory unencumbered by the effects of trauma.⁵⁴

Trauma: Reactions to Stressful Events

Experts explain that trauma is not an event itself, but rather a response to a stressful experience in which a person’s ability to cope is dramatically undermined. Lenore Terr defines childhood trauma as the impact of external forces that “[render] the young person temporarily helpless and [break] past ordinary coping and defensive operation. . . . [This includes] not only those conditions marked by intense surprise but also those marked by prolonged and sickening anticipation.”⁵⁵ Similarly, Judith Herman writes that traumatic events “overwhelm the ordinary human adaptations to life. . . . They confront human beings with the extremities of helplessness and terror.”⁵⁶ The range of potentially traumatic events in childhood is quite broad, including not only physical threat and harm but also emotional maltreatment, neglect, abandonment, and devastating loss.

Every traumatic experience is different, and each child’s response depends on his or her coping skills and resources and on the context

and circumstances in which the stressful event occurs. Whether a child develops a trauma reaction that increases in severity, becomes chronic, and is less responsive to intervention or has a reaction that is moderate, manageable, and time limited depends on several factors. These include the nature of the experience, the characteristics of the child, and the way the family, school, and community respond (see Appendix C). For example, chronic or repetitive traumatic experiences, especially those perpetrated intentionally by a caregiver, are likely to result in a different set of symptoms than a single shocking traumatic event.⁵⁷

The age at which a child experiences traumatic events is another factor in determining its severity.

The age at which a child experiences events resulting in trauma is another important factor in determining its severity. For example, an older child may have the verbal skills to articulate the experience and gain perspective on it more quickly than a very young child, whose lack of language development and perspective limits the extent to which the event can be understood and processed. On the other hand, an older child could be devastated by betrayal in a way that could go unnoticed by a younger child. Brain researchers also explain that growing children go through “critical periods,” during which certain areas of the brain develop very rapidly and are more susceptible than usual to stressful experiences.⁵⁸

So many factors influence individual reactions to stressful events that even children in the same family who share similar traumatic backgrounds can have different responses. One child in a family might develop an intense drive for academic achievement. Another may engage in behavior that makes concentration nearly impossible for that child and the other students in the class. A third may appear to be unaffected, yet suffer in very quiet ways.

It is critical for educators to understand that a person’s social context can have a tremendous impact on the severity of the trauma symptoms. Trauma expert Mary Harvey explains that a trauma response is influenced not only by an individual’s particular strengths and the nature of the event, but also by the level of support a person receives from the surrounding community.⁵⁹ When the community responds in helpful ways, there is what Harvey calls an “ecological fit” between the person and the community:

The construct of “[ecological] fit” refers to the quality and helpfulness of the relationship existing between the individual and his or her social context. Interventions that achieve ecological fit are those that enhance the environment-person relationship—i.e., that reduce isolation, foster social competence, support positive coping, and promote belongingness in relevant social contexts.⁶⁰

Schools are children’s communities. An ecological fit for a child at school would include a welcoming environment where the staff understands trauma’s impact on relationships, behavior, and learning. In this environment, schoolwide trauma-sensitive approaches would be woven throughout the school day, and individual supports, related to skill and social development, would be trauma-sensitive.

The links between exposure to family violence and children’s behavior are often hidden or unclear, but a trauma-sensitive environment can provide tools for recognizing when more supports are needed. The Flexible Framework in chapter 2 sets forth a structure for establishing such a trauma-sensitive ecology or context.



So many factors influence individual reactions to overwhelming stress that even children in the same family who share similar traumatic backgrounds can have different responses.

Trauma's Impact on Academic Performance, Behavior, and Relationships

Many of the obstacles traumatized children face in the classroom result from their inability to process information, meaningfully distinguish between threatening and non-threatening situations, form trusting relationships with adults, and modulate their emotions.

For some children, the combination and extent of their reactions to trauma warrant a formal diagnosis. Post-traumatic stress disorder (PTSD) is the diagnosis given to a particular set of trauma-related symptoms. (See Appendix B for an explanation of PTSD.) As PTSD does not capture the full range of symptoms often seen in traumatized children, students can come with a range of diagnoses that may be comorbid with trauma. These include depression, attention-deficit hyperactivity disorder, oppositional defiant disorder, conduct disorder, anxiety disorder, phobic disorder, and borderline personality.⁶¹ Because the clinical manifestations of trauma are exceedingly broad and not captured well by traditional diagnoses, Bessel van der Kolk has proposed a new diagnosis for children with histories of complex trauma called “developmental trauma disorder” that attempts to account for the emotional, behavioral, neurobiological, and developmental consequences of trauma.⁶²

For many children, however, their reactions to traumatic events manifest themselves in a range of problems that do not meet the standards for a diagnosis. The children may never be identified as having trauma symptoms or may have what appear to be trauma symptoms with no indication that a traumatic event precipitated it. We caution that all children with trauma-like symptoms should not be presumed to have trauma histories. It is important to explore all possible reasons for a child's difficulty at school.

In the sections that follow, we organize the research according to the ways trauma can impact learning, behavior, and relationships at school, to broaden understanding and not to respond to a specific diagnosis. The

principles in the Framework in chapter 2 are designed to infuse trauma-sensitive supports throughout the school; their use is not contingent on whether traumatic events have been identified or a diagnosis reached.

More research is needed on the extent to which trauma plays a role in problems children experience at school, on ways to identify when these problems might be trauma related, and on strategies to address the needs specific to various forms of exposure to violence. The research to date, however, provides considerable insight into children's behavior and learning and the challenges educators face in their classrooms.

Childhood Trauma and Academic Performance

Learning to read, write, take part in a discussion, and solve mathematical problems requires attention, organization, comprehension, memory, the ability to produce work, engagement in learning, and trust.⁶³ Another prerequisite for achieving classroom competency is the ability to self-regulate attention, emotions, and behavior.⁶⁴

Not surprisingly, traumatic experiences have the power to undermine the development of linguistic and communicative skills, thwart the establishment of a coherent sense of self, and compromise the ability to attend to classroom tasks and instructions, organize and remember new information, and grasp cause-and-effect relationships—all of which are necessary to process information effectively.⁶⁵ Trauma can interfere with the capacity for creative play, which is one of the ways children learn how to cope with the problems of everyday life;⁶⁶ and it can adversely affect the ability to have good peer and adult relationships.⁶⁷

■ Language and Communication Skills

Traumatic experiences can disrupt the ability of children to learn and process verbal information and use language as a vehicle for communication. These language problems can undermine literacy skills, social-emotional development, and behavioral self-regulation.

1. Learning and retrieving new verbal information

Researchers Streeck-Fischer and van der Kolk explain that traumatized children “are easily overstimulated and cannot achieve

the state of secure readiness that is necessary in order to be open to new information.”⁶⁸ When traumatized children enter the classroom in a hyperaroused state, they may be unable to attend to or process academically significant information and may have great difficulty expressing themselves verbally. (See Appendix B for a discussion of hyperarousal in traumatized children.)

These findings have serious implications for the ability of traumatized children to function well within the school setting. As Perry explains, traumatized and nontraumatized children often have very different cognitive experiences in the classroom:

The calm child may sit in the same classroom next to the child in an alarm state, both hearing the same lecture by the teacher. Even if they have identical IQs, the child that is calm can focus on the words of the teacher and, using the neocortex, engage in abstract cognition. The child in an



Trauma can disrupt the ability of children to learn and process verbal information and use language as a vehicle for communication.

alarm state will be less efficient at processing and storing the verbal information the teacher is providing.⁶⁹

One traumatized teenager gives a poignant description of how processing problems in the classroom affected her learning:

I could see the math teacher's mouth moving in the classroom but couldn't hear a thing. It was as if I were in a soundless chamber. She was smiling and clearly talking, I just couldn't process a word of it. I had been an excellent math student, but the day she told me I was "spacey" and unfocused was the day I stopped connecting to math. My grades dropped and they took me out of the advanced classes.⁷⁰

Studies are beginning to uncover neurobiological evidence that the ability to connect words to experience can be impeded by trauma. One 1996 study scanned the brains of people diagnosed with post-traumatic stress disorder. After baseline scans were taken, researchers induced fear in the subjects by reminding them of their traumatic experiences. The scans revealed that the areas of the brain involving anxiety and other intense emotions (limbic and paralimbic systems) activated when the subjects' traumatic experiences were invoked. When the limbic system activated, the area of the brain associated with language (Broca's area) became less active.⁷¹

It may be obvious to a child in a state of anxiety that something inside his or her head has shifted to inhibit language and thought processing. However, this shift may not be apparent to a teacher until the child is called upon to speak or demonstrate that he or she has understood and analyzed information that has been presented.

2. Social and emotional communication

Traumatized children may have a relationship to language that is different from that of their nontraumatized peers. Research suggests that communicative development is influenced by the interactive styles and social context in which early language is established.⁷² This can affect mastery of basic literacy skills, the ability to use verbal skills, and how and why the child communicates. Coster and Cicchetti explain

that when a caregiver's primary interactions with a child are focused on controlling the child's behavior rather than on responding to thoughts and feelings, the child may acquire a predominantly instrumental understanding of language. For such a child, language becomes a tool that "serve[s] to get tasks accomplished," rather than a "medium for social or affective exchanges."⁷³

When this pattern of using language primarily as a tool, rather than as a means to express feelings, persists throughout the preschool years, the child may have difficulty "use[ing] language to articulate needs and feelings, which has been suggested as an important step toward development of appropriate cognitive and behavioral controls."⁷⁴ According to Coster and Cicchetti, using language in a predominantly instrumental way leads to difficulty with "the ability to convey abstractions, which has been suggested as a critical transition in the acquisition of literacy skills."⁷⁵ It can also hamper "the ability to sustain coherent narrative and dialogue, which is a key competence for social exchange with both peer and adult figures."⁷⁶

Instead of using language to build bridges with others on the basis of mutual understanding, some traumatized children use language to build walls between themselves and those they regard as potentially threatening.

Instead of using language to build bridges with others on the basis of mutual understanding, some traumatized children use language to build walls between themselves and those they regard as potentially threatening. Susan Craig explains, "Abused children use language to keep other people at a distance. Their communication style is gesture oriented and is used to define the relationship between themselves and the speaker, rather than to convey meaning."⁷⁷

She reminds us that traumatized children may have difficulty focusing on the content of language, in part because they are monitoring nonverbal messages.

3. Problem solving and analysis

Coster and Cicchetti explain that traumatized children may have had "minimal experience using verbal problem-solving methods and little exposure to adults who encourage the kind of self-reporting of ideas or feelings often expected in a classroom setting. [Children] may also have had limited experience attending to complex communications

and may have difficulty extracting key ideas embedded in more lengthy narratives.”⁷⁸ This is consistent with the findings of Allen and Oliver, who found a significant correlation between child neglect and deficits in both receptive and expressive language. They hypothesize that neglected children are not adequately exposed to the types of stimulation that are critical for normative language development.⁷⁹

Coster and Cicchetti argue that a thorough language evaluation should be part of the educational assessment of children exposed to family violence. Emphasizing that impaired language development may affect the ability to use words to problem solve, these researchers make the powerful point that the language evaluation should include not only linguistic aspects of language but also pragmatic and narrative functions.⁸⁰

■ **Organizing Narrative Material**

A child’s successful completion of many academic tasks depends on the ability to “bring a linear order to the chaos of daily experience.”⁸¹ Traumatic experiences can inhibit this ability to organize material sequentially, leading to difficulty reading, writing, and communicating verbally.⁸²

The first step in the development of the ability to organize material sequentially is the establishment of sequential memory. In the earliest years of a child’s life, memories and information are encoded episodically, as a collection of random events rather than as a coherent narrative. The transition to sequential semantic memory “is most easily made in environments marked by consistent, predictable routines and familiar, reliable caregivers.”⁸³ Many children enduring traumatic stress are deprived of such a stable environment. Instead, they may be “raised in households in which rules and routines are subject to the whim of the parent”; for them, the move into a more sequential ordering of the world may be considerably more difficult than it is for other children.⁸⁴

If the development of sequential memory is delayed and the ability to learn new information sequentially is impaired, traumatized children will have difficulty organizing and processing the content of academic lessons for later retrieval and application. This helps explain why traumatized children who have trouble with sequential organization

respond well to classrooms in which there are orderly transitions and clear rules and that offer them assistance with organizing their tasks.

■ Cause-and-Effect Relationships

When cognitive development occurs in an inconsistent and unpredictable environment, children may have trouble comprehending cause-and-effect relationships and recognizing their own ability to affect what happens in the world.⁸⁵ According to Craig, “Most children grasp this process during the sensorimotor period, through an active exploration of the world around them,” in which they learn “they can make things happen.”⁸⁶ In contrast, children living with violence may suffer from “physical restriction and unrealistic parental expectations that inhibit their exploration of the world and their emergent sense of competence.”⁸⁷ When no logical cause-and-effect relationships govern their experiences at home, these children have difficulty internalizing a sense that they can influence what happens to them. Craig explains how a compromised understanding of cause-and-effect can undermine a child’s motivation and behavior in the classroom:

An extended experience of perceived low impact on the world inhibits the development of such behaviors as goal setting and delayed gratification. These skills, so important to school success, rely on a person’s ability to predict and make inferences. Similarly, failure to establish an internalized locus of control can result in lack of both motivation and persistence in academic tasks, as well as a resistance to behavior-management techniques that assume an understanding of cause and effect.⁸⁸

Children living in circumstances that do not allow them to make connections between their actions and the responses they trigger can be left wary of the future, which feels to them both unpredictable and out of their control. This may cause some children to become extremely passive.⁸⁹ A child whose inability to grasp cause-and-effect relationships is extreme may not even master the early developmental task of achieving “object constancy”—the understanding that an object or person still exists when it is hidden from sight.⁹⁰ Van der Kolk explains that failure to achieve object constancy is common among traumatized children who lack a sense of predictability in their environment.⁹¹

■ Taking Another's Perspective

Many traumatized children have problems with academic and social tasks that require them to take the perspective of another person. When a child learns not to express a preference before assessing the mood of the parent, he or she cannot fully develop a sense of self. In particular, this can result in an “inability to define the boundaries of the self,” which can lead to difficulty making independent choices, articulating preferences, and gaining perspective.⁹² In addition, if stress from family violence interferes with normal playtime and with explorative play activity, the ability to “take the role of the other or to appreciate another person’s point of view may be seriously impaired.”⁹³

Difficulty understanding the perspective of others has serious ramifications. Deficits in this area can make it hard to solve a problem from a different point of view, infer ideas from text, participate in social conversation, and develop empathy in relationships.

■ Attentiveness to Classroom Tasks

Traumatized children can be distracted or lack focus in the classroom because anxiety and fears for their own and others’ safety chronically occupy their thoughts. Streeck-Fischer and van der Kolk explain that these attentional disorders have several causes:

[The children] do not pay attention because they are unable to distinguish between relevant and irrelevant information. They tend to misinterpret innocuous stimuli as traumatic, and if not interpreted as traumatic, they tend to ignore sensory input. Easily threatened by the unexpected, traumatised children are prone to become excessively physiologically aroused when faced with novel information.⁹⁴

A child who is inattentive to the classroom task at hand may actually be focused on “interpreting the teacher’s mood.”⁹⁵ Another child might disassociate from the immediate environment and not process information presented by the teacher at all.

Children who pay attention to the wrong things and children who disassociate can find it difficult to keep up with classroom tasks. Lost and

unable to reconnect with the academic activities, their anxiety can increase, and difficulties with regulating emotion may come into play. Some of them may then engage in disruptive behavior as they try to catch up.

Many traumatized children who exhibit the symptoms of anxiety, hypervigilance to danger, and language-processing problems are diagnosed as having attention-deficit hyperactivity disorder (ADHD). Research shows that ADHD and trauma often coexist, but because both disorders have similar symptoms, trauma may be overlooked when a diagnosis of ADHD is made.⁹⁶ If a child is suffering from both ADHD and trauma, appropriate treatment can be provided that responds to both sets of problems.⁹⁷ Thus, it is important to assess whether a single diagnosis is masking the need to evaluate for trauma.

■ Regulating Emotions

According to Masten and Coatsworth, the ability to self-regulate or modulate emotions is a key predictor of academic and social success.⁹⁸



Providing opportunities to succeed must be reinforced by a classroom environment that supports the student's success.

Shields and Cicchetti explain that deficits in the capacity to regulate emotion are a cause for serious concern because “the ability to modulate behavior, attention, and emotion underlie children’s adaptive functioning in a number of key domains, including self-development, academic achievement, and interpersonal relationships.”⁹⁹ Streeck-Fischer and van der Kolk emphasize that such deficits are widespread among children exposed to family violence: “Lack of capacity for emotional self-regulation so critical to school functioning is probably the most striking feature of these chronically traumatised children.”¹⁰⁰

Difficulty regulating emotions can lead to a host of problems in and out of school. These potential difficulties include poor impulse control, aggression against the self and/or others, trouble interpreting emotional signals, chronic uncertainty about the reliability of other people, and lack of a predictable sense of self.¹⁰¹ Shields and Cicchetti suggest that hypervigilance may play a key role in undermining the development of emotional self-regulation. They postulate that, unlike the non-traumatized child, the hypervigilant child cannot shift away from distressing cues in the service of maintaining emotional regulation.¹⁰²

Traumatized children often experience fear, anxiety, irritability, helplessness, anger, shame, depression, and guilt, but their ability to identify and express these feelings is often underdeveloped and poorly regulated. Some of these children may express emotions without restraint and seem impulsive, undercontrolled, unable to reflect, edgy, oversensitive, or aggressive. They may overreact to perceived provocation in the classroom and on the playground. Other traumatized children block out painful or uncomfortable emotions; they may appear disinterested, disconnected, or aloof. For them, the consequence of not knowing how to communicate or interpret emotions is the dampening or constricting of their feelings. Another group of traumatized children protect themselves from unmanageable stress and anxiety by dissociating—that is, by completely disconnecting emotions from the events with which they are associated.

Difficulty knowing how they feel and expressing feelings in words can put traumatized children at risk for somatic symptoms,¹⁰³ including

headaches, gastrointestinal complaints, body pains, and general malaise. Fatigue, sleeplessness, eating disorders, body-image concerns, and health problems later in life are also associated with trauma.

■ Executive Functions

The so-called “executive functions”—goal setting, anticipating consequences, and initiating and carrying out plans—are very important for achieving academic and social success and for establishing vocational goals.¹⁰⁴ A traumatized child can develop a bleak perspective, expectations of failure, a low sense of self-worth, and a foreshortened view of the future, all of which disrupt this ability to plan, anticipate, and hope.¹⁰⁵ Van der Kolk explains that because traumatized children often have distorted inner representations of the world, they have no “internal maps to guide them” and that, consequently, they “act instead of plan.”¹⁰⁶

This is consistent with what researchers know about the effects of trauma on the developing child’s brain. The prefrontal cortex, the area of the brain primarily responsible for the development of the executive functions, has been shown to be adversely affected by trauma.¹⁰⁷ One study found significant deficits in executive function and abstract reasoning among maltreated children with post-traumatic stress disorder, as compared to sociodemographically matched children with no history of maltreatment.¹⁰⁸ In another study, boys with severe abuse histories had particular difficulty with executive-function tasks that required them to refrain from taking actions that would lead to adverse consequences.¹⁰⁹ Children with severe executive-function deficits may benefit from small, structured classrooms where they can be carefully taught to understand the consequences of their actions.

■ Engaging in the Curriculum

Traumatic experiences can deplete motivation and internal resources for academic engagement. Studying the effect of maltreatment on children’s academic and behavioral adjustment, Shonk and Cicchetti found that academic engagement is a powerful predictor of academic success.¹¹⁰ They define optimal academic engagement as “self-initiated, regulated, and persistent mastery for the sake of competence, a preference for optimally challenging tasks, and self-directed behaviors such as paying

attention and completing assignments.”¹¹¹ However, as they go on to point out, because of a focus on security, “many traumatized toddlers, preschoolers, and school-age children display excessive dependency, social wariness, reduced exploration, deficits in affect regulation, and impaired autonomous mastery.”¹¹²

Not all traumatized children suffer from the academic challenges listed above. As discussed earlier, many factors impact how severe a traumatic response will be. Overall, however, many traumatized children struggle with considerable difficulties that impede progress in school. Often, these difficulties also interfere with their ability to behave appropriately in the school setting.

Childhood Trauma and Classroom Behavior

The school setting can be a battleground in which traumatized children’s assumptions of the world as a dangerous place sabotage their ability to develop constructive relationships with nurturing adults. Unfortunately, many traumatized children adopt behavioral



Traumatized children’s behavior can be perplexing. Prompted by internal states not fully understood by the children themselves and unobservable by teachers, traumatized children can be ambivalent, unpredictable, and demanding.

coping mechanisms that can frustrate educators and evoke exasperated reprisals, reactions that both strengthen expectations of confrontation and danger and reinforce a negative self-image.

Traumatized children’s behavior can be perplexing. Prompted by internal states not fully understood by the children themselves and unobservable by teachers, traumatized children can be ambivalent, unpredictable, and demanding. But it is critical to underscore that

traumatized children's most challenging behavior often originates in immense feelings of vulnerability.

Researchers explain that when we believe an individual has complete control over his or her behavior, we are more likely to be angry when that behavior is inappropriate. But if we recognize the factors that shape a child's behavior and compromise self-control, we are more likely to attempt to ease the child's plight.¹¹³ Because traumatized children may be used to chaotic, unpredictable caregivers, they often try hard to appear in control even though they may be feeling out of control. As a result, they are more likely to be disapproved of and condemned by busy, overburdened educators, even though they are among the students most in need of nurturance.

In his book *On Playing a Poor Hand Well*, Mark Katz describes how an adult's view of a child's problematic behavior might change if the reasons for that behavior were known:

Not realizing that children exposed to inescapable, overwhelming stress may act out their pain, that they may misbehave, not listen to us, or seek our attention in all the wrong ways, can lead us to punish these children for their misbehavior. The behavior is so willful, so intentional. She controlled herself yesterday, she can control herself today. If we only knew what happened last night, or this morning before she got to school, we would be shielding the same child we're now reprimanding.¹¹⁴

To avoid reminders of trauma or the emotions associated with it, children may consciously or unconsciously adopt strategies such as social withdrawal, aggressiveness, or substance abuse. Aggressive or controlling behavior can be a way of coping with internal turmoil and a sense of powerlessness and vulnerability; it may also arise from hypersensitivity to danger or from identification with the aggressor at home.¹¹⁵ Other traumatized children may try to cope with their fears by checking door locks, constantly expressing concerns about younger siblings, and so on. All these behaviors may be responses to feelings they cannot identify or describe.

Many of the effects of trauma on classroom behavior originate from the same problems that create academic difficulties: the inability to process social cues and to convey feelings in an appropriate manner. For this reason, traumatized children's behavior in the classroom can be highly confusing, and children suffering from the behavioral symptoms of trauma are frequently profoundly misunderstood. Whether a traumatized child externalizes (acts out) or internalizes (withdraws, is numb, frozen, or depressed), the effects of trauma can lead to strained relationships with teachers and peers.

■ **Reactivity and Impulsivity**

Chronic trauma can impair the development of children's ability to regulate their emotions and to control impulsive behaviors.¹¹⁶ Reactions can be triggered in hypervigilant children if they feel they are being provoked or if something reminds them of the trauma. An incident or remark that might seem minor to a nontraumatized child may be perceived as threatening by a traumatized child, who then responds in a seemingly disproportionate way. It is helpful for teachers to know what triggers might cause a traumatized child to become hyperaroused or to reexperience a traumatic event in the classroom. Behaviorists may be able, through careful observation, to identify some of the child's triggers. Often, however, the help of a mental health expert is needed to be sure of what may be triggering a particular child.

■ **Aggression**

Hypervigilant children who are prone to reactivity and impulsiveness may become verbally and/or physically aggressive toward teachers and peers. The aggression may spring from misinterpretation of comments and actions due to the child's inability to adopt another's perspective, underdeveloped linguistic skills, and/or inexperience with verbal problem solving. Studies have shown that traumatized children often have "distorted perceptions of the intentions, feelings, and behaviors of others as well as . . . hostile/aggressive social behavior."¹¹⁷ One study also found that traumatized children "were less attentive to relevant social cues, made more misattributions of others' negative or hostile intent, and were less likely to generate competent solutions to interpersonal problems."¹¹⁸

Carlson reported that in some cases this aggressive behavior occurs “in lieu of the child’s expression of his [or her] trauma-related fears.”¹¹⁹ In this sense, aggressive behavior is less akin to the willful defiance of an obstinate student than the response of a frightened child to his or her experience of traumatic violence. Carlson also explains that “aggression towards others might occur because a person with a general expectancy of danger might take a ‘strike first’ position to ward off harm.”¹²⁰ Shields and Cicchetti point out that “angry reactivity would be a likely response among individuals who fear victimization and exploitation. . . . Because maltreated children tend to perceive threat in even neutral or friendly situations, they may evidence a self-defensive reactivity that is consistent with their experiences and expectations but inappropriate to the context at hand.”¹²¹ Thus they explain that hypervigilant attention processes combine with “maladaptive social information processing to foster emotional negativity and reactivity among maltreated children; this emotion dysregulation, in turn, seems to provoke reactive aggression.”¹²²

Because these behaviors can be based on fear, reactivity, misinterpretation of social information, and hypervigilance, most traumatized children do best in a calm environment that accepts no bullying or teasing and in which firm limits are set on negative behavior.

■ Defiance

Children who enter the classroom in a state of low-level fear may refuse to respond to teachers either by trying to take control of their situation through actively defiant behavior or, more passively and perhaps less consciously, by “freezing.” Either way, the child is not receptive or responsive to the teacher or the demands of the classroom. Children who actively try to take control may be more overt and deliberate in their unwillingness to cooperate. This can be particularly frustrating to teachers, since these children can appear to be in control of their behavior. Teachers often attempt to gain the compliance of “frozen” children via directives, but this approach tends to escalate the anxiety and solidify the inability to comply, as Perry describes:

At this point, they tend to feel somewhat out of control and will cognitively (and often, physically) freeze. When adults around them ask them to comply with some directive, they may act as

if they haven't heard or they "refuse." This forces the adult—a teacher, a parent, a counselor—to give the child another set of directives. Typically, these directives involve more threat. The adult will say, "If you don't do this, I will . . ." The nonverbal and verbal character of this "threat" makes the child feel more anxious, threatened, and out of control. The more anxious the child feels, the quicker the child will move from anxious to threatened, and from threatened to terrorized.¹²³

■ **Withdrawal**

Children who withdraw in the classroom cannot participate effectively. Unsurprisingly, these children rarely attract their teachers' attention. Many demands are placed on teachers, not the least of which is managing children who disruptively act out their suffering. Richard Weissbourd, in his book *The Vulnerable Child*, describes the experience of a first-grade teacher whose classroom included several children traumatized by sexual abuse, community violence, and neglect:

Mary Martinez is aware that many of her children are suffering from one or another of these quiet hardships, yet putting out the brushfires can take all her attention. Neglect does not get special attention from her until it becomes severe. Whereas [some children] may secure attention because they are provocative or display directly or symbolically how they have been hurt or abused, . . . the counselor at Martinez's school worries especially about neglected and abused children who, instead of acting out, come to school dead to the world, withdrawn. . . . "Withdrawn kids get zero here. You have to be extraordinarily withdrawn to be referred to me."¹²⁴

Feelings of vulnerability may foster reluctance to engage in the classroom. As Pynoos, Steinberg, and Goenjian state, "Preschool tasks of cooperation and sharing in relationship to other children may be interfered with by withdrawal, emotional constriction, and disrupted impulse control."¹²⁵ Some traumatized children disconnect themselves from the present by dissociating, or "going away" in their minds; they

may not be aware that they have “left” the classroom and missed large amounts of information. Dissociation may be hard for a teacher to recognize unless it is extreme.

One student explains:

I couldn't stand to be in the school. Often I felt like I couldn't breathe. I would stare out the window and let my mind go all over the place. Sometimes whole weeks would go by and I would not even be aware that time had passed. Next thing I would know I was being told I was yet again failing a course.¹²⁶

Withdrawn behavior can be a symptom of depression, anxiety, fear of negotiating interpersonal relationships, or difficulties arising from compromised self-confidence.

■ Perfectionism

Children exposed to violence at home are often subject to the arbitrary will of caregivers who have unrealistic expectations for childhood behavior. Afraid to disappoint these caregivers and incur their explosive response, children often try, and inevitably fail, to meet these expectations. In their genuine desire for approval and success, these children may become perfectionists.¹²⁷

Some perfectionists secretly long to excel but become easily frustrated and give up when they encounter difficulty mastering a task, often preferring to be viewed by teachers and fellow students as noncompliant rather than as unable. To the teacher, it may appear that such a child is simply refusing to try.¹²⁸

Other perfectionists engage in an uncompromising struggle for academic success, but are never satisfied with their achievements. In an attempt to make sense of their experiences, acutely traumatized children may assume responsibility for their caregivers' crimes and deeply internalize a sense of badness. Paradoxically, this intensely negative feeling can lead to zealously perfectionist behavior that masks a grave emotional problem. According to Herman,

In the effort to placate her abusers, the child victim often becomes a superb performer. She attempts to do whatever is required of her. She may become . . . an academic achiever, a model of social conformity. She brings to all these tasks a perfectionist zeal, driven by the desperate need to find favor in her parents' eyes.¹²⁹

Some perfectionist children may engage in coping behaviors that cement the distance between themselves and others in order to avoid the stress resulting from their inability to perform academic and social tasks. As Craig explains, "Children may develop avoidance patterns of oppositional behavior and incomplete work as 'face-saving' techniques for getting out of play time. Though painful in themselves, these practices may seem safer to the child than the experience of failure before peers."¹³⁰

Perfectionist children who are easily frustrated can become despondent when they encounter difficulties. Distress tends to plague even those who do succeed in achieving excellent grades and displaying exemplary conduct while in the midst of extreme adversity. These children sometimes pay a big price by living with high levels of long-term distress.¹³¹

Childhood Trauma and Relationships

Perhaps one of the most important roles schools can play in the lives of traumatized children is helping them to have good relationships with both peers and adults. Positive role models and ways of dealing with peers can play a major role in the healing process and lead to strong academic, social, and behavioral outcomes.

■ Relationships with School Personnel

Children's struggle with traumatic stress and their insecure relationships with adults outside of school can adversely affect their relationships with school personnel. Preoccupied with their physical and psychological safety and lacking appropriate models, traumatized children may be distrustful of adults or unsure of the security of the school setting in general. To gain a sense of control,

they may challenge school personnel, or they may overact because they misinterpret classroom encounters.¹³² In either case, children may behave confrontationally, even aggressively, in their relationships with school personnel. Craig explains that “these children often vie for power with classroom teachers, since they know that they are safe only when they control the environment. They do not like surprises or spontaneous events, which are perceived as dangerous or out of their control.”¹³³ For this reason, many traumatized children have particular difficulty with transitions during the school day.

Researchers point out that it is important for traumatized children to form meaningful relationships with caring adults. Accomplishing this goal requires a schoolwide infrastructure that allows time for positive relationships to develop between students and both academic and non-academic school personnel.

■ Relationships with Peers

Traumatized children may suffer delays in the development of age-appropriate social skills. They may not know how to initiate and cultivate healthy interpersonal relationships. Their “post-traumatic symptoms or behavior . . . may acutely disturb a developing close relationship with a best friend, create a sense of isolation from peers, or lead to social ostracism.”¹³⁴

Traumatized children who are reactive, impulsive, or aggressive may mask their feelings of vulnerability with a “strike-first” posture in response to threat. Seeing through the lens of their negative worldview, they often misinterpret classroom encounters and then overreact with confrontation and aggression that frightens their peers.



Perhaps one of the most important roles schools can play in the lives of traumatized children is helping them to have good relationships with both peers and adults.

Because traumatized children are often “unable to appreciate clearly who they or others are, they have problems enlisting other people as allies on their behalf. Other people are sources of terror or pleasure, but are rarely fellow human beings with their own sets of needs and desires.”¹³⁵

Those traumatized children who are withdrawn or “spacey” alienate peers by their lack of engagement. These children may not pick up on cues to join in with others in the classroom or during breaks, and they may not know how to communicate appropriately with peers. Young children may engage in traumatic play that “may limit the flexibility of play for other developmental purposes” and which can alienate other children who do not understand and/or are “bored” by these repetitive patterns.¹³⁶

Pynoos, Steinberg, and Goenjian explain that “re-enactment behavior, especially inappropriate sexual or aggressive behavior or aggression, may lead to a child’s being labeled ‘deviant’ by parents, teachers, and other children.”¹³⁷ Sexually abused girls, for example, may have little experience with healthy, nonsexual encounters with males. Coming to sexual knowledge prematurely, these girls may relate to boys only in sexual terms, behavior that can stigmatize and isolate them.¹³⁸ Furthermore, as students enter adolescence, “There may be an abrupt shift in [their] interpersonal attachments, including sudden dissolution or heightened attachment, increased identification with a peer group as a protective shield, and involvement in aberrant rather than mainstream relationships.”¹³⁹

A Note on Special Education

Most children experiencing trauma will not develop diagnoses or disabilities that require special education, and this report is not recommending that every student be screened for trauma. However, some percentage will require special education and studies show that abused children are more likely to be in special education, have below-grade-level achievement test scores, have poor work habits, and are 2.5 times more likely to fail a grade.¹⁴⁰ When evaluating a student for special education, it is important to consider the possibility that trauma may be playing a role, as it is easy to inadvertently misdiagnose some of the trauma-related symptoms.

The Trauma and Learning Policy Initiative is convening experts in trauma, neuropsychology, language, and education to develop forthcoming guidelines for making special education and non-special education evaluations, recommendations, and mental health consultations trauma-sensitive. The model will propose ways in which what is known about trauma can be incorporated into discussion about a child's cognitive profile. The hope is that these guidelines will lead to better diagnoses on school-related matters, more appropriate special education and non-special education supports and accommodations for students, and, ultimately, less-restrictive placements.

Conclusion

It is important to remember that trauma is a reaction to an external event. At school, it is not always possible or appropriate to discover whether a child's learning, relationships, and behavioral difficulties are trauma responses. However, by establishing a trauma-sensitive environment throughout the school and by being aware that exposure to violence might be at the heart of a child's learning and behavioral difficulties, school professionals can help minimize the enduring effects of trauma even among those who have not been specifically identified. In cases where trauma is known, an understanding of its effects on learning and behavior will help educators plan the most effective responses.

Chapter 2

The Flexible Framework: Making School Environments Trauma-Sensitive



The Role of Schools in the Lives of Traumatized Children

Schools have an opportunity to ensure that family violence does not undermine children's chances for educational success. The idea that school can moderate the effects of trauma is supported by research from both developmental psychologists and trauma experts.

For example, child-development psychologists Masten and Coatsworth explored the question of why many children develop competence even under adverse conditions, such as exposure to domestic violence, abuse, homelessness, war, and community violence. They found three key factors common to all competent children, whether or not they grow up in favorable circumstances:

1. a strong parent-child relationship, or, when such a relationship is not available, a surrogate caregiving figure who serves a mentoring role;
2. good cognitive skills, which predict academic success and lead to rule-abiding behavior; and
3. the ability to self-regulate attention, emotions, and behaviors.¹⁴¹

These authors explain that “poverty, chronic stress, domestic violence, natural disasters, and other high-risk contexts for child development may have lasting effects when they damage or impair these [three] crucial adaptive systems.”¹⁴² By the same token, they point out that bolstering these three key factors can help children be successful.¹⁴³

Similarly, a white paper published by the National Child Traumatic Stress Network (NCTSN) Complex Trauma Task Force supports these conclusions. Among this Task Force's proposals is their “ARC” model for working with traumatized children through both psychological intervention and school and community supports. The three elements of the ARC model are similar to the three factors Masten and

Coatsworth outline. The **ARC** model consists of:

1. building secure **A**ttachments between child and caregivers(s);
2. enhancing self-**R**egulatory capacities; and
3. increasing **C**ompetencies across multiple domains.¹⁴⁴

Schools are uniquely positioned to help children reach their potential in each of the three areas identified by Masten and Coatsworth and the NCTSN. In particular, schools can:

- partner with families and strengthen traumatized children's relationships with adults in and out of school;
- help children to modulate and self-regulate their emotions and behaviors; and
- enable children to develop their academic potential.

Masten and Coatsworth state:

If the goal is to change the competence of [at-risk] children, [multiple] strategies need to be considered ranging from efforts to change child capabilities (e.g., tutoring) to interventions directed at the context (e.g., parent education or school reform or opening of opportunities) to those directed at finding a better fit between a child and his or her context (e.g., changing schools).¹⁴⁵

A Schoolwide Approach to Trauma-Sensitive Supports

In line with this recommendation, the Flexible Framework introduced below encourages the use of multiple strategies tailored to the needs of each school community and its individual students. Rather than advocating for one particular intervention or a one-size-fits-all approach, it offers tools for infusing trauma-sensitive perspectives and approaches throughout the school community and for ensuring that

mental health, academic and nonacademic individualized supports are sensitive to the needs of traumatized children. It is critical that these individual supports be provided within a context that recognizes the complexity of each child and of the traumatic experience.

For an example of how a successful schoolwide approach to trauma works, we can consider the case of the Ford Elementary School in Lynn, Massachusetts. The Ford School, under the direction of Dr. Claire Crane, has been widely recognized for improving dropout, suspension, and achievement rates in a high-poverty area. The school received funding in 2000 from a grant program created by the Massachusetts legislature entitled “Creating a Safe and Supportive Learning Environment: Serving

Youth Traumatized by Violence.” As part of the grant, the school trained its staff to respond to trauma symptoms. The story of George, a student at the Ford, demonstrates how the creation of a schoolwide trauma-sensitive context can revolutionize a traumatized child’s educational experience:



Every child has an area of strength in which he or she excels, whether it is in academics, art, music, or sports. When educators can identify and focus on a child’s strength, they afford the child the opportunity to experience success, with all the emotional implications of doing something well. This is an important starting point in mastering academic content and social relations, which in turn can serve as a basis for success at school.

George had lived with domestic violence—his mother had a series of boyfriends who were often abusive—and his behavior and academic performance were on the decline. His attendance at school was erratic. By the seventh grade, he was absent so often that the principal was on the verge of filing a truancy petition with juvenile court. The staff worried that he would drop out of school by 16—or be expelled.

Fortunately, the school had set up what they called their “trauma committee” to identify children whose actions might be symptoms of trauma at home. The staff had learned the importance of identifying students’ areas of strength as a strategy to reach difficult children. Staff came together for the sole purpose of identifying activities, talents, and interests of students who were not responding successfully in the classroom.

Home and school were stressful places for George, but he found solace on the baseball field. His homeroom teacher, Mr. Herman, had noticed his talent and on occasion went to the school field to watch the after-school pick-up game. He often mentioned something to George the next day about a nice catch or hit. Mr. Herman brought George’s skill in, and enjoyment of, baseball to the attention of the trauma committee.

Unfortunately, George’s grades had prohibited him from joining the school baseball team. Breaking with school policy, the trauma committee decided to approach George with an offer: he could join the team if he wrote a paper on why baseball was important to him. Then he would have to meet a further condition—he would have to keep his grades up if he wanted to stay on the team. George accepted, wrote a successful paper, and joined the team.

The recognition of George’s abilities led to a turnaround. His grades, behavior, and self-esteem improved. He stayed on the team and met all his academic requirements. As the principal proudly stated, “We would never call the court now.”

George’s story illustrates how a school can use its own resources to create a trauma-sensitive approach to solving a problem. Many traumatized children will need a more intensive intervention than George did, but, in all cases, providing support early on when it can do the most good is less costly and more effective than waiting for a child to fail, drop out, or become involved in the juvenile justice system.

The Flexible Framework: An Action Plan for Schools

The Flexible Framework that is described in this chapter can be adapted to the needs of any school community, regardless of organizational structure or educational philosophy.

Designed to enable a school to develop its own trauma-sensitive institutional structure, the Framework provides guidelines for establishing schoolwide practices and supports for staff and students. The Framework has six key elements, each of which is to be evaluated from a trauma-sensitive perspective:

- I. Schoolwide Infrastructure and Culture;
- II. Staff Training;
- III. Linking with Mental Health Professionals;
- IV. Academic Instruction for Traumatized Children;
- V. Nonacademic Strategies; and
- VI. School Policies, Procedures, and Protocols.

We hope that implementation of the schoolwide approaches that follow will in turn generate new strategies for enhancing and expanding the trauma-sensitive school environment. Although the Framework is designed for use at individual schools, several school districts are adapting it for use across their entire districts.

I. Schoolwide Infrastructure and Culture

A. Principal/Headmaster

The senior administrator's leadership role is to engage staff in the process and includes participating in strategic planning and helping staff identify ways to integrate trauma-sensitive routines into existing school operations.

B. Weaving Trauma-Sensitive Approaches into the Fabric of the School

There are several threads, or functions, involved in building a school-wide learning environment for children with trauma that benefit from the use of team or committee structures. Many of these factors will fall naturally into preexisting structures within the school community; for other tasks it may be most beneficial to create new forums. Each school will find its own method for accomplishing the following goals:

- 1. Strategic planning with principals/headmasters, school administrators, and other stakeholders.** An ongoing planning/design group will decide how information on trauma should be integrated into the school community. This team should consider the following questions: How does this process fit into our school? How will we apply this information? How do we get cooperation at all levels? Whom do we involve in various aspects of planning and implementation? Which responsibilities lie with the school, and which should be handled by outside agencies?
- 2. Assessment of staff training needs and desires.** This group will survey the staff to assess their needs and desires and will design and plan staff training.
- 3. Confidential review and conferencing of individual cases.** This team's work will be confidential. Reviews for students who have special education or accommodations plans should take place with their teams.
- 4. Review of policies with an understanding of trauma.** This group, which should include administrators, will review policies, including those on discipline, filing abuse and neglect reports, and communicating with families who may need referrals for outside help.
- 5. Community-liaison team.** This group will make connections with mental health providers and Child Advocacy Centers, battered women's and homeless shelters, the Department of Transitional

Assistance (DTA), the Department of Social Services (DSS), and the police. In addition, this group will decide who will develop community-resource lists and who will be the main contact.

6. Evaluation of the success of the program. The jobs of this team are to decide which tools will be used to evaluate the success of the program and to carry out that evaluation. At a minimum, questionnaires assessing staff attitudes should be administered both before the program is implemented and after it has been in place for a period of time, and statistics on agreed-upon outcomes (e.g., rates of suspension, trips to the principal's office for discipline, calls to parents regarding negative behaviors, and so forth) should be gathered both before program implementation and afterward on a regular basis. Evaluation should also assess the quality of trainings and identify new barriers that may arise as the program gets underway.

C. Identifying and Addressing Barriers

Inevitably, barriers to incorporating trauma-sensitive approaches will arise within each school community. It is important to identify, acknowledge, and address these barriers from the outset by getting input from all levels of staff and stakeholders. Some examples of barriers among staff are:

- the tendency to see trauma as a home problem rather than a school problem;
- misplacing blame on students or parents (whether intentionally or inadvertently);
- the personal impact on staff of dealing with these issues, including feelings of helplessness and being overwhelmed;
- balancing individual student needs with the needs of the class as a whole; and
- lack of skills and resources for handling trauma.

The ongoing identification of barriers—through the evaluation process and by other means—will help target staff training and support to specific needs.

II. Staff Training

Bridget Rodriguez was principal of the Morse School in Cambridge, Massachusetts, when it was funded as a pilot school in the 2000 “Creating a Safe and Supportive Learning Environment” grant program. She gives an example of how education in childhood trauma changed the reactions of school staff.

Shortly after our training, a kindergartener had an episode that we were able to recognize as a reexperiencing of a traumatic event. Something had caused her to have a traumatic flashback. Her eyes were dilated and she looked almost catatonic. Instead of intervening immediately to bring the child back into the kindergarten activities or insisting that she immediately talk about how she felt, we knew to escort her to a quiet place and help her feel safe and calm while we sought guidance from the school counselor. That was something we put to use the day after the training.

Staff training, the second of the six elements, should cover three core areas: strengthening relationships between children and adults and conveying the vital role staff play as caring adults in the lives of traumatized children and their caregivers; identifying and using outside supports; and helping traumatized children modulate their emotions and gain social and academic competence.

Because staff come to the table with differing levels of experience, each school will need to assess the level of information that is needed so that training can be targeted to staff needs. The training process can often be incorporated into existing school structures, which will minimize additional investment of resources.

The following training ideas are not a prescription, but rather a general outline of important issues to consider when creating a staff-training program. For an excellent book containing in-depth information for educators, please see Gertrude Morrow’s *The Compassionate School: A Practical Guide to Educating Abused and Traumatized Children*.

A. Partnering with Parents and Other Caregivers

Parents and caregivers are fundamental to creating healthy learning environments for traumatized children. The training program should help staff understand the important role a caregiver plays in restoring a child's feeling of safety after traumatic events have occurred and identify realistic ways to integrate the parent into a child's education. Strengthening the relationship between a caregiver and school staff will help a traumatized child feel more connected to school and can greatly increase the child's chances for success. In addition, it is important for a child to know that his or her caregiver is respected and safe at school.

1. Understanding the cycle of family violence and its effects.

An understanding of the dynamics of family violence and trauma's effects on adult and child victims can build staff's empathy for parents, who often feel marginalized or judged by others.¹⁴⁶ This may include understanding that a parent who lives with or is fleeing a violent partner may focus all her energy on safety, with little emotional energy for other needs, including education; that the experience of family violence can breed a feeling of unequal power and parents may be intimidated to share their own thoughts about their children; and that parents may feel guilty and thus have difficulty accepting that their children may be struggling in school. Sometimes parents withdraw because they feel unable to help their children.

2. Understanding the legal context. School personnel can better support parents if they are familiar with the court orders (such as restraining orders) and laws (such as the school-records access law) that protect abused parents and children. Domestic violence advocates who work in shelters or at legal services are good sources of information on legal issues.

3. Communication strategies. Training by clinicians can highlight strategies to help staff avoid the problems that frequently arise when communicating with adults who have been traumatized by domestic violence. Staff can learn ways to help parents feel trusting of the school; this parental trust can translate directly into trust by the student. At the start it is

important to assess the strengths a parent brings to the school (e.g., At what level can the parent read? What are the parents' work hours that might make attending meetings possible? What is the parent already doing that is helping the child succeed?). While factoring in the parent's strengths and limitations, it is important to maintain positive communications on a daily or weekly basis through written communications whether or not feedback from the parent is received. Spending time listening to parents' goals for their children and incorporating this understanding to support the child can be very empowering to parents. When holding a parent meeting it is important to be clear and structured and to provide written outlines of what is covered. Clinicians should advise staff and even role-play ways to both communicate with parents and make successful referrals to mental health professionals.

B. Supporting Staff

Training should help educators understand the significance of their role as mentors and caring adults in the lives of traumatized children and focus on the supports they need to fulfill this role.

1. Identifying needs. Staff should be given the opportunity to brainstorm the supports they may need to work with traumatized children in the classroom. Consultation with mental health professionals who understand the impact of trauma in the classroom can be helpful in this process.

2. Understanding the roles of teacher and mental health professional. Training should clarify the difference between the role of the teacher and the role of the mental health professional. The goal of training is not to turn teachers into therapists, but to enable them to create stable, supportive classrooms in which traumatized children can become full participants in the school community. Training should stress strategies for establishing stronger linkages to mental health resources and for effectively referring families to mental health professionals when necessary.

3. Building on competencies. The training should make clear that educators already have many of the skills needed to help traumatized children learn (for details, see section IV of the Framework, “Academic Instruction for Traumatized Children”). The focus should be on ways to build upon competencies teachers already have. For example, some teachers are particularly skilled at presenting information in a variety of ways, others are quite consistent, some are highly organized, and there are those who form positive ongoing relationships with students beyond the classroom. All these are among an array of strengths that can be reinforced and expanded with an awareness of how they can be useful in dealing with traumatized children. Teachers should also be encouraged to take advantage of resources already in place in the school. For example, a teacher might engage a physical educator or an occupational therapist to help adapt a classroom or incorporate physical activities to calm a hyperaroused child.

C. Teaching Students

Training should emphasize the important role teaching and learning can play in diminishing trauma symptoms and enabling traumatized children to reach their potential despite their difficult circumstances. It should also equip staff to understand the ways that trauma may manifest itself in the classroom. In addition to the particular teaching strategies discussed at length in section IV of this Framework, staff training should include the following:

1. Helping children regulate emotions in order to master social and academic skills. School provides an important opportunity to teach children how to calm their anxieties and modulate their behaviors. Traumatized children operate at a high level of arousal and fear, making it difficult for them to process information. Anything that reminds a child of the trauma (a facial expression, the color of someone’s hair) can trigger behaviors that may not be appropriate in the classroom. Training can start by helping staff recognize when children might be experiencing intense emotions and then move on to a discussion of appropriate supports and responses. Physical activities such as martial arts, yoga, and theater are becoming

recognized as important activities that can help traumatized children reduce hyperarousal and can be enlisted in the classroom to help children focus and learn. Also, simple accommodations such as creating a safe space, or “peace corner,” in the classroom; alerting children to any loud noises (e.g., bells, fire alarms) before they occur; and giving children goal-directed tasks that involve movement (e.g., passing out papers) can help children who are aroused regulate their emotions.¹⁴⁷

2. Maintaining high academic standards. One of the most effective ways for children to overcome the impact of trauma is to master the academic and social goals set by the school. Upon learning that a child has been subjected to trauma, it is natural to assume that the curricula should be lightened or expectations diminished. Often adults will say, “She needs time away from academics for a while.” It is understandable to want to make things easier on a stressed child, and sometimes this is appropriate. However, careful attention should be paid to the message conveyed by lowering standards. Children often interpret lowered standards as validation of a sense of themselves as worthless, a self-image created by the trauma. Ideally, it is best to let the student know that, despite the travails of his or her life, your expectation is that the student will continue to meet the high standards set for all the children, and that the school will help to make that possible.

3. Helping children feel safe. Many of the academic and behavioral difficulties experienced by traumatized children are consequences of the persistent state of fear in which they live. For them to be educated effectively, it is essential that they feel physically and emotionally safe at school. Training should include discussion of how the school can ensure that abusive parents do not enter the building, how to make the classroom safe from teasing and bullying, ways to help children perceive adults as safe and positive, how to reinforce predictability in the classroom, and how to help traumatized children react to the unexpected (e.g., a schedule change).



Physical activities such as martial arts, yoga, theater, and art are becoming recognized as important activities that can help traumatized children reduce hyperarousal and can be enlisted in the classroom to help children focus and learn.

4. Managing behavior and setting limits. Traumatized students must be held accountable for their behavior. However, a behavior-management system should be based on an understanding of why a particular child might respond inappropriately in the classroom and on the relational and academic needs of that child. (For more detail, see section VI of the Framework, “School Policies, Procedures, and Protocols.”) Traumatized children may need to learn that obeying rules will make a positive difference in their lives; the experience of many children growing up in households plagued by family violence is that rules are arbitrary. It is essential to put in place a school-wide coordinated behavior-management system that emphasizes positive behavioral supports. In addition, traumatized children may benefit from social-skills groups that teach children what behaviors are socially acceptable at school, discuss ways to make friends, and help them learn to trust adults.

5. Reducing bullying and harassment. Traumatized students will particularly benefit from a predictable environment that is bully and harassment free. To create such an environment, schoolwide policies concerning bullying and harassment should be established and all staff and students should be trained in how to recognize and respond appropriately. The Newton, Massachusetts, Public Schools curriculum “Creating a Peaceable School: Confronting Intolerance and Bullying” emphasizes a school environment where students feel connected as a community and where older students model positive alternatives to negative peer group behavior. This curriculum also provides “opportunities for students to deal with feelings of exclusion, anger, prejudice, and disempowerment, and conversely with feelings of community, speaking one’s voice and empowerment.”¹⁴⁸

6. Helping children have a sense of agency. Teachers can help traumatized children cultivate a sense that they can control their environment by creating structures within which children can make choices. Making choices strengthens one’s sense of empowerment; having structured opportunities to make choices helps traumatized children overcome the chronic feeling of powerlessness that family violence induces. Learning



For traumatized children to be educated effectively, it is essential that they feel physically and emotionally safe at school.

to accept school boundaries and make appropriate choices within these boundaries can foster a much-needed sense of self-control in traumatized children who chronically seek to be in control of others.

7. Building on strengths. Every child has an area of strength in which he or she excels, whether it is in academics, art, music, or sports. When educators can identify and focus on a child's strength, they afford the child the opportunity to experience success, with all the emotional implications of doing something well. This is an important starting point in mastering academic content and social relations, which in turn can serve as a basis for success at school.

8. Understanding the connection between behavior and emotion. Traumatized children are often unable to express their experiences in ways adults can readily understand. Lacking the words to communicate their pain, they may express feelings of vulnerability by becoming aggressive or feigning disinterest in academic success because they believe they cannot succeed. Moreover, they themselves may not understand why they are upset or acting out, creating a disconnect between experience, emotion, and actions. When teachers don't understand why a child is acting out, they are likely to focus on the behavior, not on the emotion behind it. Training should help staff understand that a traumatized child's disruptive behavior often is not a matter of willful defiance, but originates in feelings of vulnerability. Once teachers grasp this critical insight, they will be able to work toward responding to what the child may be feeling, rather than solely on the problematic behavior.

9. Avoiding Labels. Training needs to emphasize the negative consequences of publicly labeling children "traumatized" or "abused." Labeling carries the risk of making trauma into a prominent feature of the child's identity.

III. Linking with Mental Health Professionals

Mental health professionals with expertise in trauma can offer many kinds of assistance to schools that are helping traumatized children learn. They can consult with and provide clinical supports directly to teachers, participate in consultations about individual children, do testing and evaluations, and give trainings and presentations. In all instances, it is important to clarify when confidentiality and boundaries must be maintained. For example, it may not be appropriate for a mental health professional who is providing therapy to a student and her family to lead a support group attended by that child's teachers.

When schools already have mental health professionals on staff, it is important that they be included in the training program. Schools that do not have in-house services will need to identify appropriate mental health providers who understand trauma's effects on academic and social development in school. We are not specifically advocating in-house or community-based services; instead, we recognize that schools in both situations will need some outside support from mental health professionals who have expertise in trauma and its impact on learning and behavior.

A. Clinical Supports for School Staff

A vital part of educating school staff about trauma and family violence is providing a support system that includes didactic components and clinical components. We recommend a practicum model in which staff interact with each other and with a mental health clinician who has expertise in trauma and its impact in the classroom. In these sessions, staff can review difficult cases and process their own experiences, learning from each other and from the clinician. Clinical support by trauma-knowledgeable clinicians should include:

- 1. Confidential discussion.** It is essential to maintain confidentiality when identifying and developing classroom strategies to help traumatized children learn.
- 2. Opportunities for staff to reflect upon how their work is affecting their own lives.** Vicarious traumatization is

a common experience among those working with trauma survivors. Teachers dealing with traumatized children may feel some of the anxiety, helplessness, and anger that the children feel and may benefit from the guidance and support of a clinician. Staff should also have opportunities to describe to colleagues and experts their successes in working with traumatized children.

3. Opportunities to work on reacting positively to

traumatized children. Clinicians can encourage teachers to respond to a traumatized child's underlying emotions rather than solely to the child's behavior, a goal that is as important as creating a structured and predictable classroom environment. Learning to respond to a child's affect can be stressful, and teachers will benefit from the support of clinicians and fellow teachers.

4. Teaching staff behavior-management techniques. Clinicians and behaviorists can help teachers structure the classroom for success and for behavior management. They should make recommendations that address the needs of individual children whom the teacher has a hard time reaching.

5. Opportunities to role-play communications with parents.

Clinicians should help educators practice communicating with parents who may themselves be traumatized and who therefore have difficulties hearing and processing what the teacher is saying.

B. Accessing Mental Health Resources for Families and Students

Teachers can play a helpful role in steering families toward appropriate mental health resources.

1. Making referrals. A successful referral to a mental health provider involves thought, follow-up, and giving support to the child's parent or caregiver. Simply providing a phone number for the family to call is not likely to result in a successful referral. If possible, educators or administrators should lay the groundwork for the referral by making the initial connection with the outside provider. Be sure to

communicate confidentially with the custodial parent about the need for services to avoid any additional violence within the family.

2. Building relationships with parents/caregivers. Ideally, after mental health services begin, the provider will give feedback to the school about the child's needs. In order for educators to gain access to information from a child's therapist, the educator is legally required to secure a parent's written permission. This will happen in the best possible way if the educator has built a positive relationship with the caregiver. A trusting relationship between the teacher and the caregiver is always in the best interest of the child, but in the case of obtaining this permission, it is also logistically necessary. If a parent is uncomfortable giving a blanket authorization for release of information from the therapist, the educator can ask for a release limited to the child's needs at school or can arrange for a three-way phone conversation, also focused on school issues. These options give the parent, who may herself be an abuse victim, more control over the sharing of sensitive information. Conversations with a child's mental health provider must remain confidential unless the parent authorizes otherwise.

3. Building a relationship with a mental health provider. Once a caregiver has signed a release of information, the educator should take the initiative in contacting the mental health provider. The educator should focus on obtaining information that will be useful for devising strategies helpful to that particular child, such as what self-soothing or calming techniques may be effective and what may trigger that child's anxiety (e.g., fear of separation from a parent). Periodic conferencing between a child's therapist and educator will keep both parties on the same page.

IV. Academic Instruction for Traumatized Children

Traumatized children may be difficult to identify in the classroom. Some exhibit behavioral problems, and many have learning profiles that are similar to learning-disabled students (for example, they may not be able to organize their writing or analyze narratives). Although the learning difficulties of traumatized children and learning-disabled children have different sources, similar teaching strategies are effective with both groups. Traumatized children often respond well to literacy intervention, classroom accommodations, and specialized instruction.

The following section describes overarching teaching techniques, as well as more focused language-based approaches. Please note that the key to successfully applying these well-known teaching techniques to traumatized children is keeping in mind the social and emotional barriers that these children face. The relationship between educator and student is incredibly important; for these children, this is what creates space for learning.

A. Overarching Teaching Approaches

The particular challenge when teaching traumatized students is providing an atmosphere that allows teachers to go beyond social and behavioral issues to address the student's learning needs. This teaching process consists of interrelated components:

1. **“Islands of Competence.”**¹⁴⁹ The educator needs to discover a student's area, or island, of competence. When the student is allowed to be successful in his or her area of competence, the learning process can begin to take hold and develop. Focusing on an island of competence should not be misunderstood as “dumbing-down” an activity or lesson; rather, it is tailoring learning to a child's interests in order to achieve academic success. Not only does success bolster learning, but it is also central to developing a positive, trusting relationship with the student.
2. **Predictability.** Providing opportunities to succeed must be reinforced by a classroom environment that supports the student's success. Established routines and positive responses

are important for all children, but they are particularly helpful for traumatized children, who need a school environment that is predictable and safe, in contrast to life at home. Laura Goldman, a fifth-grade teacher at the Barbieri Elementary School in Framingham, has shared an example of how predictability can be crucial for a traumatized child: “Emma looks forward to certain activities, and can get thrown off if there are sudden changes. By posting a daily schedule on the board, she can see throughout the whole day what is coming up and what we’ve already done. If there is going to be a change, she has a constant reminder and nothing will be a surprise to her. I will take the initiative to tell her if there is going to be a big change, to let her know a day ahead to help her prepare for the change.” Enhancing predictability in the following areas will be beneficial to traumatized children:

- **Timing of lessons and activities.** Educators enhance predictability when they clearly communicate the schedule their lessons and activities will follow. This can be accomplished by making easily readable schedule charts and by reviewing what activities will be taking place and their projected duration. Going over the schedule on a consistent basis will reinforce predictability.
- **Transitions without trauma.** Traumatized children are often particularly sensitive to transitions. To reassure them and to avoid triggering reactions, educators can preview new people and places, help children predict what will be happening next, and remind them of the uniform enforcement of rules throughout the school setting.
- **Safety.** Traumatized children benefit from classrooms that they know are physically and psychologically safe and secure. This sense of safety includes freedom from physical and verbal threats from, and assaults by, other students and protection from intrusions into classrooms by abusive parents. Traumatized children who are prone to acting out feelings of aggression should not be allowed to traumatize others or



Traumatized children benefit from classrooms that they know are physically and psychologically safe and secure.

cause harm. Supports need to be in place in every classroom to address behavior that is out of control or unsafe. (See section VI-A of the Framework, “Discipline Policies.”) Children’s sense of safety will be increased by incorporating functional safety skills into the regular curriculum, teaching conflict-resolution skills, and seeing teachers resolve conflict in appropriate ways.

■ **Written plans.** Individualized education plans (IEPs) or accommodation plans for students with disabilities should describe in detail the accommodations, supports, services, and actions to take if a traumatic reaction is triggered. It is helpful to have a written action plan for traumatized children without disabilities, as well.

3. Consistency with classmates. The academic work assigned to traumatized students should be in line with the rest of the class. If there is a gap, it is best to be honest with the student about

where it is and how it can be closed. Enumerating difficulties and providing a roadmap to remediation takes the mystery out of academics and empowers the student, who now knows what needs to be done.

4. Positive behavioral supports. Breaking tasks into parts and providing encouragement and reinforcement throughout the day can help traumatized children feel safe. Behaviorists, who often are asked to observe a classroom to determine the antecedents of difficult behavior, may benefit greatly from working with trauma-sensitive clinicians to identify what may be triggering a traumatized child's problematic behavior. With this information, the teacher can structure the classroom day so that traumatized children receive the affirmation and support that they need.

B. Language-Based Teaching Approaches

Many traumatized children pay more attention to nonverbal signs than to words, which results in frequently missing cues or misunderstanding information. These children can easily lose track of what is happening and misinterpret instructions or expectations in the classroom. Losing track of classroom activity may trigger anxiety, which throws the student further off and makes it harder to catch up. Familiar language-based teaching strategies are effective for reducing fear and increasing the ability to take in and learn information and follow rules.

1. Using multiple ways to present information. Among the essential approaches for teaching traumatized children are the use of multiple modes of presenting instructions and expectations (e.g., written and auditory), having children repeat instructions, and practice and role-playing. For example, to teach a traumatized child the rules of classroom safety, it may be helpful to not only give verbal examples (no pushing in the lunch line, no pulling hair, and so forth) but also to have the child practice walking in a line and keeping his hands to himself, etc. It can be worthwhile to have the child do a homework portion in class to check if the instructions have been understood. All these techniques reduce the fear evoked

when chunks of information have been missed; a child who can move from hyperarousal into a calm state will be more available for academic and social learning.

2. Processing specific information. Strategies helpful for traumatized students include going over new vocabulary and concepts prior to a lesson, putting information in context, asking questions to facilitate prediction of outcomes, and emphasizing and repeating sequences of events and cause-and-effect relationships. Language therapists recommend giving examples that range from the concrete to the abstract, and they suggest using graphic organizers and physical manipulatives to help children stay on track.

3. Identifying and processing feelings. Trauma often impairs the ability of children to use words and pictures to identify their feelings. Children who have trouble using language to communicate emotions cannot always “formulate a flexible response” to situations and may react impulsively.¹⁵⁰ Learning to identify and articulate emotions will help them regulate their reactions. However, it is important to let children calm down before helping them identify their feelings. Some children have cognitive profiles that interfere with their capacity to put words to feelings; they may need specialized approaches and the help of language therapists who work closely with mental health clinicians.

C. Ensuring Appropriate Evaluation

When children receive school evaluations because they are not making progress at school, the evaluator should consider whether trauma may be playing a role. A trauma-sensitive evaluation should address the interface between trauma and the child’s cognitive and learning profile.

1. Psychological evaluations. When a traumatized child needs a psychological evaluation—either through regular education or as part of a special education evaluation—it is helpful to make a referral to a mental health professional who has expertise in neuropsychology, childhood trauma, and trauma’s impact on learning. (When it is not possible to find one mental health

professional who is knowledgeable in all three areas, a team can be set up.) Following the evaluation, the mental health professional should make specific recommendations that will help the school staff teach the child. There has been much discussion about the amount of background information the mental health professional needs to share with the school in order for the school to work effectively with a traumatized child. In general, the details of how a child became traumatized are usually far less important to a school than an understanding of what the child needs to function and be successful. This information may include traumatic triggers (e.g., the child is scared of mustaches); specific ways to help the child modulate emotions and gain a feeling of safety (e.g., places to calm down if upset); special supports, such as a language-skills group or adapted physical education; accommodations, such as sound reduction; and teaching strategies that accord with the child's cognitive profile.

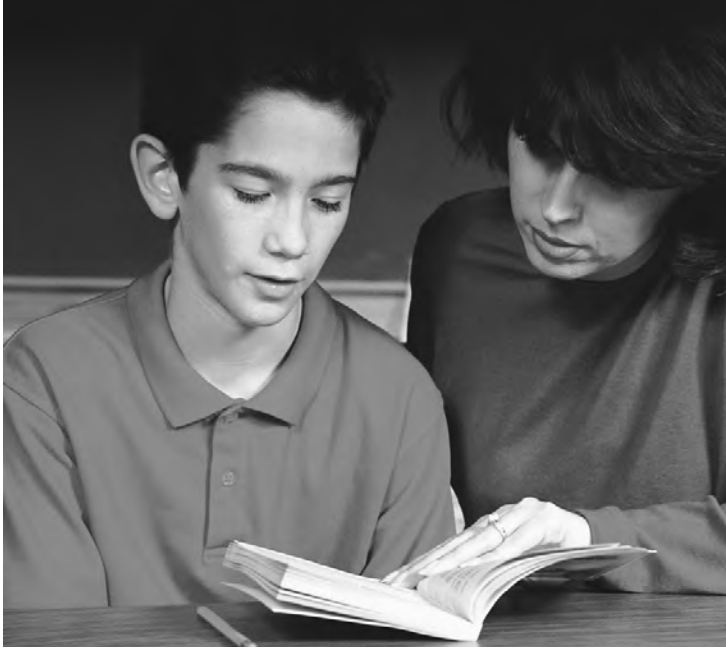
2. Speech and language evaluations. As discussed in chapter 1, many traumatized students have trouble with receptive and expressive language, perspective taking, linguistic and narrative skills, and interpreting social context. These children can often benefit from an evaluation that covers the linguistic, pragmatic, and narrative aspects of language.

3. Functional behavioral assessments. A traumatized child who has difficulty regulating emotions or behaviors might benefit from a functional behavioral assessment and a behavior-intervention plan. The process consists of gathering information about the cause and purpose of the problem behavior in the classroom and then developing an effective program of intervention based on that information. Critical considerations include the child's traumatic triggers, understanding of authority, and ability to follow rules. Frequently, other clinical issues need to be factored in. In addition, there should be a careful assessment of the classroom environment.

4. Occupational therapy evaluations. Traumatized children can often benefit from an occupational therapy evaluation. Such an

evaluation can give the teacher and parent information about the physical activities and classroom accommodations that will help induce and maintain physiological calm in a particular child.

V. Nonacademic Strategies



A. Building Nonacademic Relationships with Children

Building a nonacademic relationship is one of the most effective ways for a teacher to help a traumatized child. When a child feels appreciated and cared for by a teacher, a sense of safety grows, and the child consequently becomes more open to learning. The mother of a child traumatized by family violence states,

When a child feels appreciated and cared for by adults at school, a sense of safety grows, and the child consequently becomes more open to learning.

“When Jill was in third grade her teacher really *knew* her. That made such a difference to Jill’s learning. When she left third grade she was reading at grade level.” Ways to build a relationship with a student include demonstrating warmth toward the student and expressing joy in accomplishments, giving the student a special job that will increase feelings of competence, and spending an occasional lunchtime with the student. One example of a successful attempt to build such a relationship with a traumatized student comes from Barbara Neustadt, a nurse at the Barbieri Elementary School in Framingham. For this particular child, Samuel, she became a central safe figure in the school. In addition to helping Samuel learn how to gain control over his ongoing medical needs, she reinforced his competence by helping him get special jobs in the school.

B. Extracurricular Activities

As discussed above, helping a traumatized child locate areas of strength is essential for building self-esteem and confidence. For many children, the area of strength is not an academic subject but an extracurricular activity, such as theater or basketball. Researchers are beginning to investigate activities such as theater, yoga, and martial arts as important tools for helping children modulate their behaviors and emotions, thus making them more available for learning. Supporting participation in the extracurricular activities in which a child excels will help the child flourish in all aspects of the school setting.

VI. School Policies, Procedures, and Protocols

A school promulgates a culture of trauma awareness through its policies and protocols. Policies already in place need to be reconsidered from a trauma perspective, and some new policies may have to be created to make a school into a safety zone for traumatized children. We suggest that the following policies and protocols be assessed from a trauma-sensitive perspective.

A. Discipline Policies

Trauma-sensitive discipline policies can achieve the dual goals of managing problematic behavior and helping traumatized children feel respected and safe. The following principles are a starting point for planning:

I. Balancing accountability with understanding of traumatic

behavior. An understanding of trauma-induced behavior will hopefully lead to positive and proactive behavioral approaches, emphasis on the creation of routines and rules, and therapeutic supports that are responsive to the core problem. When traumatized children engage in inappropriate behavior, it is critical to hold them accountable, but for responses to be effective, they must reflect an understanding of the origin of that behavior. Educators should keep in mind the limits of traumatized children's level of self-control, impairment in understanding rules and expectations, and frequent inability to explain why they have acted out.

2. Teaching rules to traumatized children. Traumatized children sometimes come from home environments in which power is exercised arbitrarily and absolutely. It is important for these children to learn to differentiate between rules and discipline methods that are abusive and those that are in their best interest. Whenever possible, school personnel should avoid battles for control, seeking instead to engage the child while reinforcing the message that school is not a violent place.

3. Minimizing disruption of education. The goal is to keep children in learning environments while also making school safe for all. The school must address, without exception, behavior that is disruptive to other students and to teachers. However, because it is crucial that traumatized children feel and be part of the school community, the school should address behavior before it spirals out of control by implementing positive behavioral supports and behavioral intervention plans—and more restrictive placements, though only when absolutely necessary—rather than suspension and expulsion.

4. Creating uniform rules and consequences. Consistency is important for all children, but it is crucial for those who have been traumatized by family violence. Expectations, rules, and consequences should be consistent from teacher to teacher and throughout all school settings. A traumatized child needs to know that the rules in the lunchroom are the same as the rules in the classroom. Consistency at school will allow a traumatized child to begin to differentiate between arbitrary rules, which they may be subject to at home, and purposeful ones. A traumatized child needs to see that rules are enforced fairly and apply to all students.

5. Model respectful, nonviolent relationships. When teachers resolve conflicts appropriately, they are using a powerful tool for teaching about nonviolent behavior. Their behavior serves as a model for traumatized children, who may have little or no experience with resolving difficulties respectfully.

B. Communication Procedures and Protocols

Communication among caregivers, the school, health and mental health providers, and outside agencies can be very helpful if carried out in a manner that respects the confidentiality and safety needs of the family.

- 1. Confidentiality regarding students and families.** Staff need training (from school counsel, if possible) on what information they are allowed or obliged to share with, or are prohibited from disclosing to, parties such as parents who do not have custody or have a history of domestic violence, members of the school community, the local child protective service, and law enforcement and mental health professionals. Authorization from the appropriate parent or guardian is required before staff can discuss or provide school records or speak to a child's mental health provider. Staff training should especially



Consistency is important for all children, but it is crucial for those who have been traumatized by family violence. A traumatized child needs to know that the rules in the lunchroom are the same as the rules in the classroom.

emphasize the rules that apply to communicating with noncustodial parents, particularly when there is a restraining order or a history of family violence. (In Massachusetts, see MGL c. 71, sec. 37H.)

2. Communicating with families of traumatized children.

Staff should be given training on how to talk to parents of traumatized children. The need to maintain the child's trust in the school professional should be emphasized and staff should be trained to be alert to issues involving the safety of parent and child—for example, asking the custodial parent what is the best time to call. The school needs to put into place protocols for communicating with parents when trauma is suspected and with parents who are in the midst of a violent situation. Staff must be trained in communicating with parents who are alleged perpetrators of violence.

3. Filing an abuse and neglect report. School personnel are mandatory reporters of child abuse and neglect, and most schools already have policies and procedures for filing an abuse and neglect report (in Massachusetts, known as a 51A). These policies protect and support both school personnel and families. The school should have in place specific procedures to follow when abuse and/or neglect is suspected and a mandated report appears to be necessary. These procedures should specify a plan for consultation among staff, the details of who, how, and when to file, and a plan for debriefing afterwards. When intervention is needed, the nonabusive parent should be informed ahead of time, if at all possible, that a report is going to be filed; this can prevent the nonabusive parent from losing trust in the school and can allow for safety planning to help stave off a potentially violent reaction to the report on the part of the abusive parent. Consideration should be given to the point prior to filing when it will be safe and appropriate to inform parents who are alleged to be perpetrators. After the report has been filed, the school should work with parents as closely as is appropriate to support their parenting skills.

C. Safety Planning

Staff should understand their role in making school a safe haven for families who are fleeing domestic violence. Family violence shelters will welcome schools' assistance in developing school safety plans.

1. Disclosing student-record information. Sharing student record information with perpetrators of family violence poses a danger to both adult and child victims. To ascertain if an alleged perpetrator is eligible to receive student record information, staff should seek the advice of school or town legal counsel. Massachusetts General Law, Chapter 71, Section 37H, prohibits the disclosure of student record information to parents against whom restraining orders or other domestic-violence-related court orders have been issued. *Staff should NOT release information to ineligible persons.*

2. Transferring records safely. Sending records from one school to another can leave a paper trail for an abusive parent to follow. For homeless families fleeing violence in Massachusetts, the Department of Education's Office of Health, Safety and Student Support Services (HSSSS) will serve upon request as a safe conduit for records going from one school to the next. Other agencies in Massachusetts, such as the Department of Social Services or the Department of Transitional Assistance, have also provided this service on an informal basis.

3. Deleting contact information. School personnel are required to delete the address and telephone number of the student and the custodial parent before releasing any information to a non-custodial parent with a history of family violence. Schools also are required to give parents the option of having their names and contact information withheld from school directories.

4. Helping families select their safest school. Children often become homeless when their families flee a violent home situation. The McKinney-Vento Homeless Assistance Act is a federal law that entitles children in homeless families (including families who are doubled up in the homes of others) to remain in the school attended before the family became homeless or

to enroll in school in the town where the family is temporarily residing. If the family moves again, the child retains the right to either stay in the school he or she has been attending or to transfer to a school in the new town. This right stays in force through the end of the school year in which the child enters permanent housing. School must provide transportation to enable students to continue in their chosen school (a McKinney Manual to help families fleeing violence published by MAC and the Task Force on Children Affected by Domestic Violence is available at www.massadvocates.org or at www.masslegalservices.org). The McKinney-Vento Act can be used to help keep children safe from batterers. McKinney-Vento requires that each school have a liaison who assists homeless families with enrollment and other decisions and helps support homeless children at school. This person should be consulted and informed about trauma issues affecting homeless children.

5. Supporting the enforcement of court orders. School staff should be educated about such court orders as restraining orders, custody and visitation orders, and orders that protect confidential information. This will help the school to facilitate their enforcement. Sometimes a noncustodial parent may try to convince the school to look the other way rather than comply with a restraining order. It is best to refer parents back to the court system to resolve disputes and to avoid providing advice as to whether the court order is fair, reasonable, or justified. It should also be explained to school staff that some caregivers do not seek restraining orders in order to avoid further harm to their families. Whether or not there are any court orders, schools need policies that ensure the safety of staff and of families affected by family violence.

■ **Obtaining copies of restraining orders.** School personnel should encourage parents, or the student if of sufficient age, to give copies of active abuse-prevention orders to the school.

■ **Informing relevant personnel.** Schools should keep copies of active restraining orders in accessible locations and inform all relevant school personnel of their existence.

■ **Obtaining a photo.** To enable school personnel to identify an abusive person seeking to enter school premises, schools should request a photo or description of the abusive person and attach it to the copies of the restraining orders.

■ **Responding to violations.** A few staff members should be trained to respond to violations of restraining orders on school grounds. Also, each school should come up with procedures to follow if an abusive noncustodial parent insists on attending school meetings or tries to communicate with a child or custodial parent through school staff. Safety should be taken into consideration when arranging transportation or school-record transfers for children fleeing an abusive parent.

■ **Cooperating with law enforcement.** School policies should support and encourage staff cooperation with law enforcement and the courts, including providing testimony if requested.

■ **Notifying caregiver of violations.** School staff who observe or have knowledge of a violation of a court order (e.g., a parent who is prohibited from seeing the child comes to pick the child up at school) should notify the custodial parent/caregiver or, as appropriate, the student who is protected by the order of the violation.

6. Connecting to healthcare providers. Schools should seek to link with a child's community-based healthcare providers when appropriate. It can be particularly important, for example, for the school nurse to be in communication with a child's pediatrician or prescribing psychiatrist. The school nurse is often the member of the school staff who is the first to see bruises or to learn of stomachaches; the nurse is also usually the person who administers medication to children during the school day. To the extent that a traumatized child has medical issues, this kind of collaboration can be crucial to his or her school success.



The academic work assigned to traumatized students should be in line with the rest of the class.

7. Connecting families to community resources. Schools should be aware of resources in the community, such as legal services offices and domestic violence shelters, to which they can refer families looking for help in addressing violence in their homes. However, staff should not pressure a parent or student into obtaining a restraining order, because sometimes taking this legal step can trigger additional violence.

D. Collaboration with the community

Helping children and families cope with trauma requires the intervention of more than the school system. Good working relationships with community resources are essential. The best approach is for a school to establish connections with these resources before seeking their assistance for the first time. That way, when the school needs help with a specific case, a relationship is already in place.

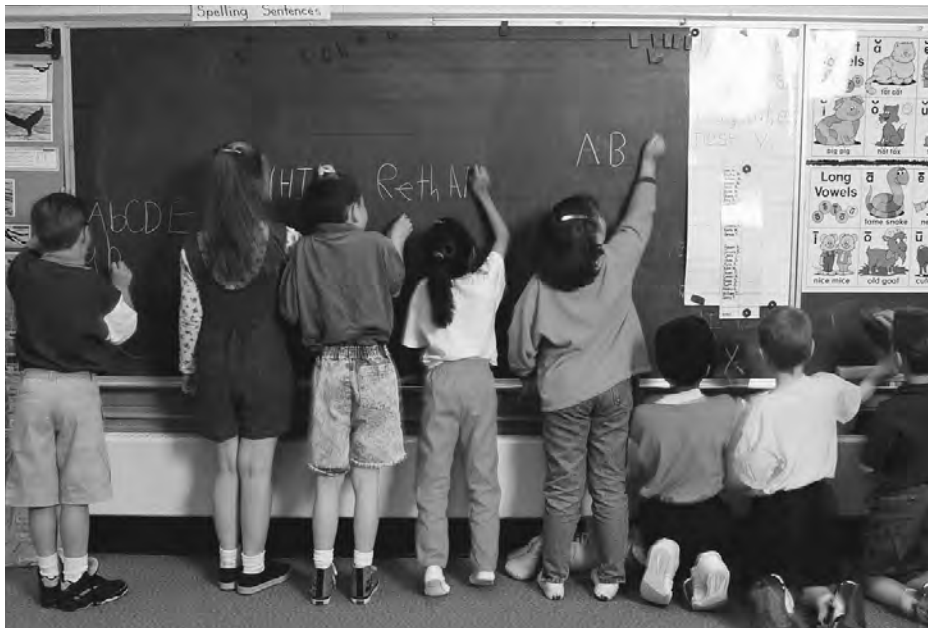
1. Appoint a liaison. In order to maximize communication and effectiveness of policies and protocols, each school should appoint a staff member to be its liaison to health and mental health providers, the department of social services, law enforcement, the court system, and other state agencies. As suggested earlier in the Framework (section 1, part B, number 5), this staff member should ideally be part of a community-liaison team.

2. Connect with legislators, funders, and public policy makers.

Local, state, and federal legislators and policy makers have a great deal of influence in determining the resources schools have to address trauma. It is advisable to be in communication with policy makers and, if possible, to develop relationships with them. Federal grants are beginning to be available for schools to develop trauma-sensitive supports, especially when the school is part of a communitywide effort to mitigate the impact of trauma caused by family violence.

Chapter 3

Policy Recommendations



The long-term public policy goal is to ensure that children traumatized by family violence succeed in school.

Schools across Massachusetts and beyond can become environments that enable traumatized children to focus, behave appropriately, and learn. To reach this important goal, funding is required to enable each school to adopt a framework and formulate an action plan that will weave trauma-sensitive approaches across the school day and provide individual supports to teachers, parents, and students (see the Flexible Framework in chapter 2). We need to ensure that there is an adequate number of school professionals who understand the impact of family violence on children's learning and are knowledgeable about the best approaches for meeting these needs. We must also ensure that learning and behavioral problems are accurately diagnosed so that appropriate services can be provided.

We appreciate the leadership provided thus far by the Massachusetts Department of Education, and we invite the Department to continue to play a key leadership role on behalf of traumatized children. We ask for increased research on best approaches to address the school needs of these children.

We call for a major summit of key stakeholders to develop a statewide plan for intervening early to address the needs of these children and for decreasing punitive responses such as suspension, expulsion, unnecessary segregation, and referrals to the juvenile justice system.

Recommendation # 1

The Commonwealth should provide publicly funded schools and preschools with funds necessary to develop schoolwide action plans addressing the needs of traumatized children.

The grant program set forth in Massachusetts General Laws, Chapter 69, Section 1N (Chapter 194 of the Acts and Resolves of 2004; see Appendix A) should be expanded to provide funding for all public schools, including publicly funded day care and preschools, to develop and implement their own action plans. These plans should include the following:

- an administrative infrastructure responsible for weaving trauma-sensitive approaches throughout the school day;
- training, skill building, and clinical supports for staff;
- approaches for partnering with parents, who themselves may be suffering from trauma;
- teaching approaches that enable traumatized students to master academic content;
- approaches for using nonacademic activities to support traumatized children;
- individual and group supports to help children regulate their emotions and behavior;
- linkages with mental health services that are able to address the needs of traumatized students;
- review of policies and protocols (including school records laws and court orders) through a trauma-sensitive lens;
- plans to ensure that students are physically and emotionally safe at school; and
- collaborations with local agencies and community organizations, including domestic violence agencies and shelters.

Recommendation # 2

Massachusetts stakeholders should reach consensus on the laws, policies, and funding mechanisms necessary for schools to intervene early to address the needs of traumatized students and to decrease punitive responses.

Key trauma experts, leaders in education, members of the executive and legislative branches of government, and advocates should convene to develop a statewide plan to address the impact of trauma on learning and behavior and outline what schools can do to respond appropriately and effectively, without resorting to punitive responses, such as suspension, expulsion, unnecessary segregation, and referrals to the juvenile justice system.

Recommendation # 3

Teachers and administrators should learn approaches and strategies for teaching children who may be traumatized.

State certification regulations for administrators and teachers from pre-school through high school should require completion, at the pre- and post-certification levels, of course work that includes the following: identifying trauma symptoms, understanding the impact of trauma on learning, approaches to partnering with parents of traumatized children, and classroom strategies that enable traumatized children to succeed academically, behaviorally, and socially. Administrators and teachers should also be educated in how to establish effective linkages and collaborations with mental health professionals and other experts.

Recommendation # 4

Mental health professionals and other specialists providing services in school settings should respond appropriately to trauma-related learning and behavioral problems and should provide trauma-informed consultations to educators.

- Training on trauma's impact on learning, the dual roles of consultants and direct-service providers, and ways to assess the role trauma may be playing in learning and behavioral problems should be required at the pre- and post-licensing levels for mental health professionals, speech and language therapists, and other experts who provide services in schools.
- Guidelines for assessing students' trauma-related educational, language, and psychosocial needs should be developed by mental health, education, and language professionals who have expertise in childhood trauma.
- Rates of reimbursement for mental health and special education evaluations should be sufficient to ensure that the traumatic aspects of a child's needs are assessed by a qualified expert.

Recommendation # 5

The Department of Education should provide continuing information and support to schools.

The Department of Education should develop an office on trauma and schools. The duties of this office should include:

- Maintaining a section of the DOE website on best practices and curricula to address the educational, psychosocial, extracurricular, and safety needs of traumatized students.

- Providing consultation on best practices for linking families with mental health services, safety planning, partnering with parents, developing and implementing curricula, gaining access to available resources, and other topics.
- Reviewing policies, regulations, and laws and taking steps necessary to ensure that their implementation is consistent with the best psychological research on trauma. Relevant policies, regulations, and laws include, but are not limited to, those pertaining to:
 - homelessness;
 - bullying;
 - special education;
 - student support services;
 - discipline;
 - zero tolerance;
 - filing of 51As in collaboration with DSS;
 - safety planning as it relates to domestic violence and child abuse issues;

Recommendation # 6

Research should be funded on the extent to which learning and behavioral problems at school are related to untreated childhood trauma and on best schoolwide and individual practices for addressing the educational needs.

Massachusetts should fund research on information learned pursuant to its grant program “An Act for Alternative Education,” codified as MGL C. 69, Sec. 1N.

Conclusion: Removing Trauma as a Barrier to Learning

All children have a right to learning environments that will help them to calm or temper their emotions, develop positive relationships and solve conflicts peacefully, and become successful learners so that they can grow up and take their place as productive citizens. In a democratic society, no group of children should be disregarded or dismissed simply because they have faced overwhelming stress or even terror in their lives and need help reengaging the world around them.

The answer is not to thrust the problem onto the shoulders of teachers, asking them to solve bigger social problems on their own, but rather to develop a broad public policy agenda in which teachers play a key role. To ensure that children exposed to family violence and other traumatic experiences achieve at their highest potentials, we must put the research and experiences discussed in *Helping Traumatized Children Learn* to work.

Resources must be directed toward developing schoolwide and individual approaches to the problem of trauma for students in both regular and special education settings. Teachers, parents, administrators, and policy makers must put the issue of traumatized children in classrooms squarely on the table, discuss it openly, and then advocate for the resources necessary to ensure that students have the support they need to reach their highest potential.

The Trauma and Learning Policy Initiative will continue its work at the forefront of this issue:

- TLPI is currently convening top experts in trauma psychology, neuropsychology, speech and language, and education to develop guidelines for making school evaluations and consultations in regular and special education trauma-sensitive.

- TLPI will engage in an educational campaign throughout Massachusetts following the release of this report. The project will conduct presentations for parents, professionals, members of the legislature, and key stakeholders.
- TLPI will continue to work with parents and key stakeholders to refine the policy agenda presented in chapter 3.
- TLPI will work to build the broad consensus necessary to support the passage of laws, the development of policies, and the establishment of funding mechanisms necessary for schools to have the supports they need to help traumatized children learn.

Please go to the Massachusetts Advocates for Children website (www.massadvocates.org) and click on the Trauma and Learning Policy Initiative to sign up to receive updates and information on this effort.



Appendix A

Safe and Supportive Schools Legislation

In 2004, the Massachusetts Legislature passed a law designed to help schools address the needs of students traumatized by exposure to violence. Specifically, MGL c. 69, sec. 1N, created a grant program, to be administered by the state Department of Education, that addresses the educational consequences of trauma using a two-pronged approach. Subsection (a) of the law creates grants for school districts to develop innovative approaches to alternative education for older children who are at risk for truancy, failure, and dropping out of school. Subsection (b) of the law creates grants for schools to develop regular education interventions that address “the educational and psychosocial needs of children whose behavior interferes with learning, particularly those who are suffering from the traumatic effects of exposure to violence.” The grants described by subsection (b) have come to be known as the “Trauma-Sensitive Schools Grants.”

MGL, Chapter 69, Section 1N

Alternative Education Grant Program

Section 1N. (a) The department of education, hereinafter referred to as the department, shall establish a grant program, subject to appropriation, to be known as the alternative education grant program for the purpose of providing grants to assist school districts and Horace Mann and commonwealth charter schools with the development and establishment of alternative education programs and services to students suspended or expelled from school. The grants shall support the development of alternative education programs which would: (1) allow school districts to coordinate efforts to establish interdistrict regional alternative education collaboratives to provide educational services to suspended or expelled students; or (2) establish a district based alternative education program for those students. The grants may also be used to encourage the use of technology in alternative education programs. The grants shall also encourage voluntary expansion of existing alternative education programs

in the commonwealth, and shall be used to provide alternative education programs for students who are at risk of educational failure due to truancy, or dropping out of school. Grants may also be used to assist in developing programs that provide a range of approaches to address behavior issues, such as behavior specialists, in-school suspension rooms and crisis centers, in addition to out-of-school alternative settings.

Programs designed under the grants shall be developed at the middle and high school levels and shall afford students the opportunity to earn a high school diploma in accordance with section 1D, and to be taught to the same academic standards and curriculum frameworks established for all students in accordance with sections 1D and 1E. The programs shall make use of existing resources in school districts, educational collaboratives, community colleges, and other agencies, service providers, and organizations. Programs shall be designed as placements that, at a minimum, educate students to the same academic standards and curriculum frameworks as taught to all students, address behavioral problems, utilize small class size, address individual needs and learning styles, provide engaging instruction and a supportive environment, and, where appropriate, utilize flexible scheduling. The programs shall also provide a comprehensive array of social services to support a student's remediation of issues that cause school failure, excessive absenteeism, truancy and school dropout. Grant recipients shall develop remediation plans for students that address both academic and behavioral issues. Grants may also be made available for in-school regular education programs that include self-improvement, behavior management and life skills training to help provide students with tools to better manage their lives and attitudes, to support programs that use family-based approaches, and to assist students and teachers during the transition of students back into regular education classrooms.

A grant awarded pursuant to this subsection, shall require that recipients undertake ongoing program evaluations that document the effectiveness of the program in helping students to achieve academically to the same academic standards and curriculum frameworks required for all students, to develop self-management skills, and to reintegrate and remain in regular education classrooms. In awarding grants, priority shall be given to programs that employ interventions that have been empirically validated.

The department shall establish guidelines governing the alternative education grant program. The guidelines shall include, but not be limited to, a requirement that when a student is transferred to an alternative education program a representative of the school district shall meet with the student and the student's parents or legal guardian to develop an agreement that specifies the responsibilities of the school, the student and the student's parents or legal guardian. The agreement shall, at a minimum, include:

1. a remediation plan to address both academic and behavioral issues;
2. a plan for frequent evaluations and assessments of the student's adjustment, and academic achievement and progress;
3. a requirement that the parents or legal guardian of the student attend specified meetings or conferences with teachers, or utilize such other means of communication as determined necessary to facilitate communication, to review and assist in the student's progress;
4. a timetable for reintegrating the student into a regular education classroom;
5. the student's and the parents' or legal guardian's acknowledgement that they understand and accept the responsibilities imposed by the agreement.

(b) The department shall establish a grant program, subject to appropriation, to assist school districts with the development and establishment of in-school regular education programs and services to address within the regular education school program the educational and psycho-social needs of children whose behavior interferes with learning, particularly those who are suffering from the traumatic effects of exposure to violence. As used in this subsection, students suffering from the traumatic effects of exposure to violence shall include, but not be limited to, those exposed to abuse, family or community violence, war, homelessness or any combination thereof. The grants shall support the development of school based teams with community ties that: (1) collaborate with broadly recognized experts in the fields of trauma and family and community violence and with battered women shelters; (2) provide ongoing training

to inform and train teachers, administrators, and other school personnel to understand and identify the symptoms and trauma; and (3) evaluate school policy and existing school and community programs and services to determine whether and to what extent students identified as suffering from exposure to trauma can receive effective supports and interventions that can help them to succeed in their public school programs, and where necessary be referred quickly and confidentially to appropriate services.

Grants may also be awarded to assist school districts in developing comprehensive programs to help prevent violence in schools, from whatever causes, and to promote school safety. The programs shall be designed to meet the following objectives: creating a school environment where students feel safe and that prevents problems from starting; helping students to take the lead in keeping the school safe; ensuring that school personnel have the skills and resources to identify and intervene with at-risk students; equipping students and teachers with the skills needed to avoid conflict and violence; and helping schools and individuals to reconnect with the community and share resources.

The department shall develop guidelines governing the implementation of the grant program authorized by this subsection. A grant awarded pursuant to this subsection shall require that recipients undertake ongoing evaluations of the effectiveness of the program. In awarding grants, priority shall be given to programs that are based on empirically validated interventions.

The department of education, in consultation with the department of public health and the department of mental health, shall establish an advisory committee to assist in implementing the grant program and in assisting public schools in addressing the learning and behavior problems of students who manifest trauma-related symptoms or classroom behavior that interferes with learning. Members of the advisory committee shall include but not be limited to: 3 educators, 1 of whom shall serve as the chair, appointed by the commissioner of the department of education; 2 leaders in the field of trauma and its relationship to school learning and behavior appointed by the commissioner of the department of public health; 2 leaders in mental health with expertise in family and/or

community violence appointed by the commissioner of mental health; 1 leader in battered women's services appointed by the commissioner of public health; 1 leader in the area of homelessness and its impact on children appointed by commissioner of mental health; and 3 parents, 1 each appointed by the commissioner of education, the commissioner of public health, the commissioner of mental health. The advisory committee, at its discretion, may select additional members with relevant experience including but not limited to child advocates, medical doctors and representatives of juvenile and probate court.

(c) The commissioner shall evaluate annually the effectiveness of programs established under this section including the potential for replicating such programs throughout the commonwealth. The annual evaluation shall also examine whether students in alternative education programs funded under this section are being taught to the same academic standards required for all students, how much time students are spending in the programs, the racial profile of expelled or suspended students and the percentages of the students who are in special education or bilingual education. The commissioner shall also provide technical assistance to school districts seeking to replicate programs funded under this section, and shall provide training for teachers in the development of effective remediation plans for students in alternative education, and in the development of skills, techniques, and innovative strategies to assist the students. In evaluating programs funded under subsection (b), the commissioner shall consult with the department of public health, the department of mental health, and the advisory committee established pursuant to said subsection (b).

Appendix B

PTSD and Related Diagnoses

The broad range of traumatic symptoms displayed by children who have experienced multiple, chronic, or prolonged traumatic circumstances often reach the threshold for one or more psychiatric diagnoses. While sometimes children's behavioral, cognitive, and emotional reactions to trauma meet the threshold criteria for post-traumatic stress disorder (PTSD), there are many traumatized children who are highly symptomatic but who do not meet this threshold.¹⁵¹ One possible reason for this is that the existing criteria for PTSD are not developmentally sensitive for children. To address the range of problems observed, children are instead often given a variety of comorbid diagnoses (e.g., depression, oppositional defiant disorder, attention-deficit hyperactivity disorder) that both fail to recognize trauma as an organizing framework and function "as if they occurred independently from the PTSD symptoms."¹⁵² Some clinical researchers have called for modifications of the official diagnostic criteria for PTSD, so that symptomatic children can receive the diagnosis and become eligible for the educational and psychological services they need.¹⁵³

In order to address concerns about the inadequacies of the PTSD diagnosis for children, van der Kolk and his colleagues at the Complex Trauma Task Force of the National Child Traumatic Stress Network have "started to conceptualize a new diagnosis, provisionally called developmental trauma disorder."¹⁵⁴ This proposed new diagnosis would incorporate the complex array of developmental effects of trauma in children, which the current PTSD diagnosis does not adequately capture.¹⁵⁵ However, until the criteria for post-traumatic stress disorder is modified or a new, more developmentally appropriate diagnosis is developed, it is important to understand the elements of PTSD.

As described in the Diagnostic and Statistical Manual of Mental Disorders, 4th Ed. (DSM-IV), post-traumatic stress disorder is a condition in which, following an identified traumatic event(s), a person demonstrates symptoms, lasting more than one month, of

hyperarousal, reexperiencing (i.e., involuntarily “reliving” the traumatic experience), and avoidance (i.e., avoiding traumatic reminders and/or emotions associated with the initial traumatic event).¹⁵⁶ Children who meet the criteria for PTSD will demonstrate symptoms within all three criteria clusters: hyperarousal, reexperiencing, and avoidance.

Hyperarousal

Hyperarousal is the first cluster of PTSD symptoms. Hyperarousal is the body’s hard-wired physiological and emotional response to extreme danger, readying us for fighting, fleeing, or freezing. Under normal circumstances, this response is triggered only by threatening circumstances. A child who has PTSD, however, is chronically attuned to any sign of threat and tends to interpret objectively innocuous situations as dangerous. Because of the child’s inability to evaluate effectively the level of danger, the fight-flight-freeze response is activated by any hint of danger. Chronic hyperarousal is a distressing, physically uncomfortable state and interferes with other functioning.

A hyperaroused child is constantly on edge. Such a child startles easily, is ever-vigilant, cannot relax, overreacts to minor provocations, and may not sleep well.¹⁵⁷ Hypervigilance diminishes the ability to appraise a situation accurately and to regulate the intensity and appropriateness of emotions. Trauma specialist Betsy McAlister Groves explains how hypervigilance “interferes with [children’s] abilities to accomplish learning tasks in school”:

These children are distractible and unfocused. They do not complete assignments. They may be highly active and restless. They notice every visitor who comes into the room; they get distracted by noise or by a change in schedule. Some children describe being preoccupied with thoughts or memories of the traumatic event. One seven-year-old girl told us that whenever things were quiet in school she would remember what happened to her mother (who had been assaulted by her father). One can only imagine the ways in which this child worked to avoid quiet time in school: She was constantly disruptive and annoying to the other children.¹⁵⁸

Reexperiencing

Reexperiencing, like hyperarousal, inundates a child with unbidden and unwelcome sensory experiences that can interfere with everyday functioning. A child reexperiencing the trauma is flooded with intrusive thoughts, flashbacks, or nightmares that can impair the ability to distinguish past trauma from present safety. The experience is visceral. It is as if the child is *in* the past, reliving the traumatic event. Intrusive images or memories capture not only the visual representation of the physical events but also the sensory and emotional experiences of “helplessness, terror, horror, and utter ineffectiveness.”¹⁵⁹ Traumatic triggers, or the reminders of the trauma, are often sudden and unanticipated; the child feels unprepared and out of control, which exacerbates fears of recurrence.¹⁶⁰

Avoidance

Avoidance of stimuli associated with the trauma and numbing of general responsiveness constitute the third cluster of symptoms associated with post-traumatic stress disorder. Avoidance, which can be deliberate or unconscious, is the child’s attempt to protect the self from recollections of the trauma and “the disturbing re-experiencing symptoms that are triggered by such reminders.”¹⁶¹ Children may avoid people, places, smells, and sounds that remind them of the initial trauma. To avoid potential interactions with traumatic triggers, children may show diminished interest in activities (e.g., constricted play activities in the case of young children and, for older children, decreased involvement in academic or extracurricular activities), be socially withdrawn, or experience a sense of detachment from others. This cluster of symptoms also includes the numbing or restricting of feelings, both in variety and in intensity. In school, avoidance can manifest as inattentiveness, emotional detachment from teachers, “spaciness,” or even aggressiveness (an active pushing away of traumatic reminders).

* * *

Reexperiencing and avoidance often occur almost simultaneously. A child can be engulfed and overwhelmed by viscerally experienced images of the trauma and in the blink of an eye be working actively and unconsciously to move away from anything connected to the trauma. Oscillation between the two states is prevalent in traumatized children, and it can happen rapidly, sometimes within a matter of moments.¹⁶² Rapid oscillation gives rise to a confusing myriad of symptoms associated with both states. This is very difficult in a classroom, which by its very nature relies on predictable responses from students and teachers. However, educators can feel more in control of the classroom environment if they understand that shifting behavior is predictable for a child with PTSD.

As mentioned above, it can be difficult for children to meet the diagnostic threshold for PTSD. Furthermore, symptoms of trauma overlap with many other problems and disorders. As a result, traumatized children frequently carry diagnoses other than PTSD. When these diagnoses do not inherently recognize the child's traumatic background (e.g., conduct disorder, ADHD), they may have the unintended consequence of misdirecting intervention efforts. Sometimes these diagnoses are actually incorrect because no one has ever taken notice of the trauma history. Sometimes they are accurate but do not capture the full nature and complexity of the child's problems.

Appendix C

Factors Influencing the Trauma Response¹⁶³

Characteristics of the Individual	Characteristics of the Environment	Characteristics of the Traumatic Event(s)
<ul style="list-style-type: none"> ■ Child's age and stage of development ■ Prior history of trauma ■ Intelligence ■ Strengths and vulnerabilities of personality style; coping and resiliency skills ■ Individual's culturally based understanding of the trauma 	<ul style="list-style-type: none"> ■ Immediate reactions of caregivers or those close to child ■ Type of, quality of, and access to constructive supports ■ Attitudes and behaviors of first responders and caregivers ■ Degree of safety afforded the victim in the aftermath ■ Prevailing community attitudes and values ■ Cultural and political constructions of gender, race, and sexual orientation 	<ul style="list-style-type: none"> ■ Frequency, severity, and duration of the event(s) ■ Degree of physical violence and bodily violation ■ Level of terror and humiliation involved ■ Persistence of the threat ■ Physical and psychological proximity to the event (i.e., when the individual him/herself is not the victim)

Notes

Executive Summary

¹ The special challenges of dealing with childhood trauma necessitates the creation of climates or contexts that are supportive both for traumatized children and for the educators who teach them. For this particular insight about the importance of community and context we owe much gratitude to Judith Herman. In her groundbreaking book, *Trauma and Recovery*, she emphasized the importance of a supportive community for adults who are in a helping role with trauma victims and the need for a larger social context that “affirms and protects the victim and joins victim and [helper] in a common alliance.” Herman, J. (1997). *Trauma and Recovery*. New York: Basic Books, p. 9.

² Spinazzola, J., Ford, J.D., Zucker, M., van der Kolk, B.A., Silva, S., Smith, S.F., and Blaustein, M. (2005). “Survey Evaluates Complex Trauma Exposure, Outcome, and Intervention Among Children and Adolescents.” *Psychiatric Annals*, 35(5): 433–439. In a survey of 1,699 children served in 25 mental health treatment sites, the following types of trauma exposure were reported for approximately one in two children: psychological maltreatment, traumatic loss, dependence on an impaired caregiver (mental illness or substance abuse) and domestic violence. One in three children were victims of sexual maltreatment and neglect. Fewer than one in 10 children had trauma exposure not involving interpersonal victimization (accidents, medical illness, disaster). See also Harris, W.W., Putnam, F.W., and Fairbank, J.A. (In press). “Mobilizing trauma resources for children.” In A.F. Lieberman and R. DeMartino (Eds.), *Interventions for Children Exposed to Violence*. New Brunswick, NJ: Johnson & Johnson Pediatric Institute LLC; and van der Kolk, B.A. (2005). “Childhood Trauma: Our largest preventable public health issue.” Presentation at *Closing the Achievement Gap: Removing Trauma as a Barrier to Learning*, a briefing to the Massachusetts Legislature. March 22, 2005. (Dr. van der Kolk’s slide presentation is on file with the authors.) The authors of both presentations discuss the fact that consequences of childhood trauma, in general, constitute a major public health concern; both also point out that family violence is one particular—and very significant—source of this childhood trauma.

³ Carlson, B.E. (1984). “Children’s observations of interparental violence.” In Roberts, A.R. (Ed.), *Battered Women and Their Families* (pp. 147–167; 160). New York: Springer Publishing; estimating that at least 3.3 million children are exposed to violence in their homes each year. Straus, M.A. (1992). “Children as Witness to Marital Violence: A risk factor for lifelong problems among a nationally representative sample of American men and women.” *Report of the 23rd Ross Roundtable*. Columbus, OH: Ross Laboratories. Fantuzzo and Mohr analyze these often-cited studies and find them both methodologically flawed. They conclude, however, that “[a]lthough no databases provide reliable prevalence estimates, research findings to date underscore that domestic violence occurs in large numbers of households with children.” Fantuzzo, J.W., and Mohr, W.K. (1999). “Prevalence and Effects of Child Exposure to Domestic Violence.” *The Future of Children*, 9(3): 21–32; 23.

⁴ U.S. Department of Health and Human Services. (2003). “Child Maltreatment 2003.” Available online at <http://www.acf.hhs.gov/programs/cb/publications/cm03/chapterthree.htm>. Last accessed on May 31, 2005.

⁵ Adams, A., and Powell, A. (1995). “The Tragedies of Domestic Violence: A qualitative analysis of civil restraining orders in Massachusetts.” Boston, MA: Office of the Commissioner of Probation.

⁶ Felitti, V.J., Anda, R.F., Nordenberg, D., Williamson, D.F., Spitz, A.M., Edwards, V., Koss, M.P., and Marks, J.S. (1998). “Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults.” *American Journal of Preventive Medicine*, 14(4): 245–257; 248d. Other reported measures of household dysfunction were substance abuse (25.6%), mental illness (18.8%), and criminal behavior (3.4%).

⁷ Burns, J. (2005). “Preliminary Report—Grant 790: Alternative Education Program.” Malden, MA: Mass. Department of Education, pp. 4–5. Grant 790 is one of two programs funded pursuant to MGL c. 69, sec. 1N. Subsection A of the law provides for alternative education for children who have been suspended or expelled or

who are at risk for such actions; Subsection B provides funding for schools to create learning environments that are safe and supportive for traumatized children. (See Appendix A of this document for the text of the law.) The report concludes, "Students at-risk, exposed to trauma, appear across the continuum in our education system. This continuum extends from pre-kindergarten to post secondary age students. This data is compelling in support of continued and expanded educational services for student [sic] exposed to trauma" (p. 5). The report also listed students' response rates for other forms of trauma: 37.5% had a caregiver with a substance-abuse problem; 31% reported histories of bullying or harassment; 19% reported having a caregiver with a mental illness; 11.5% reported a history of sexual assault; and 6% reported histories of homelessness.

⁸ See Groves, B.M. (2002). *Children Who See Too Much: Lessons from the Child Witness to Violence Project*. Boston, MA: Beacon Press. For a discussion of the particular effects that family violence (as opposed to other forms of violence) has on children, see Chapter 3, "When Home Isn't Safe." Groves states, "Domestic violence, violence that occurs between adult caregivers in the home, seems to be the most toxic form of exposure to violence for children" (p. 50). She continues, "Perhaps the greatest distinguishing feature of domestic violence for young children is that it psychologically robs them of both parents. One parent is the terrifying aggressor; the other parent is the terrified victim. For young children, who depend exclusively on their parents to protect them, there is no refuge. These situations are different from those of families who face community violence. In most of those cases, parents are not fearful for their own lives and can be both heroic and resourceful in their efforts to protect their children" (p. 59).

⁹ Ibid., pp. 58–59. Domestic violence and/or abuse by a caretaker introduces chaotic unpredictability and danger into a place that should be a haven where children may retreat. It also inhibits a parent's ability to facilitate children's coping and continued development. As a result, the need for social support systems increases.

¹⁰ Briere, J.N. (1992). *Child Abuse Trauma: Theory and Treatment of the Lasting Effects*. Newbury Park, NJ: SAGE Publications. Briere highlights the effect that family violence can have on a child's self-perception. He describes the attempts children make to resolve what he terms "the abuse dichotomy" that occurs when they are abused by a trusted caregiver. Abused children often reach the self-perpetuating conclusion that "I was (and continue to be) hurt because of my badness, and evidence of my badness is that I have been (and continue to be) hurt" (pp. 27–28).

¹¹ Terr, L.C. (1991). "Childhood Traumas: An Outline and Overview." *American Journal of Psychiatry*, 148(1): 10–20. According to Terr, there are four major characteristics of childhood trauma that have the ability to last long into adulthood. One of these is what she calls "changed attitudes about people, life, and the future." She gives examples of ideas like "You can't trust the police" or "You can't count on anything or anyone to protect you" as ways that trauma can alter a child's worldview (p. 14).

¹² Fantuzzo, J.W., and Mohr, W.K. (1999), p. 22.

¹³ Edleson, J.L. (1999). "The Overlap Between Child Maltreatment and Woman Battering." *Violence Against Women*, 5(2): 134–154; 136. Edleson reviews studies on the overlap between domestic violence and child maltreatment and finds that, in families where one form of violence occurs, the other will also occur 30% to 60% of the time.

¹⁴ Kilpatrick and Williams, for example, conducted a study of children who had witnessed domestic violence and found great similarity in trauma outcomes between these children and children who had been sexually or physically abused. Kilpatrick, K.L., and Williams, L.M. (1997). "Post-Traumatic Stress Disorder in Child Witnesses to Domestic Violence." *American Journal of Orthopsychiatry*, 67(4): 639–644.

¹⁵ In his work on child neglect, for example, De Bellis points out that "psychobiological research . . . is inherently difficult because neglected children may suffer from different subtypes of neglect and adversities other than neglect, which may also compromise neuropsychological and psychosocial outcomes." De Bellis, M.D. (2005). "The Psychobiology of Neglect." *Child Maltreatment*, 10(2): 150–172; 150.

¹⁶ Ritter, J., Stewart, M., Bernet, C., and Coe, M. (2002). "Effects of Childhood Exposure to Familial Alcoholism

and Family Violence on Adolescent Substance Use, Conduct Problems, and Self-Esteem.” *Journal of Traumatic Stress*, 15(2): 113–122.

¹⁷ The names of all children in this report have been changed to protect their anonymity.

¹⁸ See, for example, Streeck-Fischer, A., and van der Kolk, B.A. (2000). “Down Will Come Baby, Cradle and All: Diagnostic and therapeutic implications of chronic trauma on child development.” *Australian and New Zealand Journal of Psychiatry*, 34: 903–918. Streeck-Fischer and van der Kolk review the literature on the impact of chronic trauma on child development and discuss the learning difficulties that many traumatized children encounter. See also Beers, S.R., and De Bellis, M.D. (2002). “Neuropsychological Function in Children with Maltreatment-Related Posttraumatic Stress Disorder.” *American Journal of Psychiatry*, 159(3): 483–486 (finding that children with maltreatment-related PTSD performed more poorly than others on measures of attention and executive function); and Nelson, C.A., and Carver, L.J. (1998). “The Effects of Stress and Trauma on Brain and Memory: A view from developmental cognitive neuroscience.” *Development and Psychopathology* 10: 793–809 (concluding that the developing brain is particularly vulnerable to the effects of stress and trauma, which have the potential to impair a child’s memory).

¹⁹ McFarlane et al., for example, found higher rates of internalizing, externalizing, and total behavior problems among children of abused mothers, ages 6–18, than among children of the same age and sex of nonabused mothers. These authors endorse the recommendation of the American Academy of Pediatrics Committee on Child Abuse and Neglect that all women receive a routine screening for abuse at the time of the well-child visit. McFarlane, J.M., Groff, J.Y., O’Brien, J.A., and Watson, K. (2003). “Behaviors of Children Who Are Exposed and Not Exposed to Intimate Partner Violence: An Analysis of 330 Black, White, and Hispanic Children.” *Pediatrics*, 112(3): e202–e207. Shields and Cicchetti also found that maltreated children were more likely than nonmaltreated children to engage in aggressive behaviors and to experience attention deficits and emotional dysregulation. Their data suggest that physically abused children are at particular risk for reactive aggression. Shields, A., and Cicchetti, D. (1998). “Reactive Aggression Among Maltreated Children: The Contributions of Attention and Emotion Dysregulation.” *Journal of Clinical Child Psychology*, 27(4): 381–395.

²⁰ See, for example, Shonk, S.M., and Cicchetti, D. (2001). “Maltreatment, Competency Deficits, and Risk for Academic and Behavioral Maladjustment.” *Developmental Psychology*, 37(1): 3–17.

²¹ See, for example, Carlson, E.B., Furby, L., Armstrong, J., and Shales, J. (1997). “A Conceptual Framework for the Long-Term Psychological Effects of Traumatic Childhood Abuse.” *Child Maltreatment*, 2(3): 272–295. See also Lansford, J.E., Dodge, K.A., Pettit, G.S., Bates, J.E., Crozier, J., and Kaplow, J. (2002). “A 12-Year Prospective Study of the Long-term Effects of Early Child Physical Maltreatment on Psychological, Behavioral, and Academic Problems in Adolescence.” *Archives of Pediatric and Adolescent Medicine*, 156: 824–830. This study found that physical maltreatment in the first five years of life predicts the development of psychological and behavioral problems during adolescence. Specifically, the researchers found increased levels of anxiety and depression among maltreated children.

²² Shonk, S.M., and Cicchetti, D. (2001), p. 5. The authors review several studies on the academic consequences of childhood maltreatment.

²³ Felitti, V.J., et al. (1998). In addition to alcohol and substance abuse, the list of health risk factors among adults exposed to abuse as children included severe obesity, physical inactivity, promiscuity, and suicide attempts—all behaviors that can contribute to disease and/or early death.

²⁴ Ibid. The authors postulate that victims of abuse may engage in increased levels of smoking, substance abuse, overeating, and promiscuity because these behaviors “may have immediate pharmacological or psychological benefit as *coping devices* in the face of the stress of abuse, domestic violence, or other forms of family and household dysfunction” (p. 253; emphasis added).

²⁵ Cook, A., Blaustein, M., Spinazzola, J., and van der Kolk, B. (Eds.). (2003). “Complex Trauma in Children and Adolescents: White Paper from the National Child Traumatic Stress Network Complex Trauma Task Force.” Los

Angeles: National Child Traumatic Stress Network (available online at <http://www.nctsn.org>). On community-wide responses to complex trauma, see pp. 25–27. See also, Baker, L.L., Jaffe, P.G., Ashbourne, L., and Carter, J. (2002). “Children Exposed to Domestic Violence: A Teacher’s Handbook to Increase Understanding and Improve Community Responses.” London, Ontario: Centre for Children & Families in the Justice System (available online at <http://www.lfcc.on.ca/teacher-us.PDF>); and Carter, L.S., Weithorn, L.A., and Behrman, R.E. (1999). “Domestic Violence and Children: Analysis and Recommendations.” *The Future of Children*, 9(3): 1–20; and Harris, W.W., et al. (2004); calling for major collaborations and a mobilization of resources directed to “finding, treating, and helping traumatized children and their families” (p. 36).

²⁶ Masten, A.S., and Coatsworth, J.D. (1998). “The Development of Competence in Favorable and Unfavorable Environments.” *American Psychologist*, 53(2): 205–220. In reviewing the literature on favorable outcomes for children at risk, the authors recognize three key factors in the lives of children who manage to develop well even under adverse conditions, such as domestic violence, maltreatment, homelessness, and war: 1) strong parent-child relationships or, when this is not available, a relationship with a surrogate caregiving figure in a mentoring role; 2) strong cognitive skills, which predict academic success and lead to rule-abiding behavior; and 3) the ability to self-regulate attention, emotions, and behavior. They point to attending effective schools as a key characteristic of resilient children and adolescents. Cook et al., endorse a treatment model for children with complex trauma histories that echoes the three key factors outlined by Masten and Coatsworth. The model they discuss (called ARC) emphasizes three key areas: “1) building secure “a”ttachments between child and caregiver(s); 2) enhancing self-“r”egulatory capacities; and 3) increasing “c”ompetencies across multiple domains.” Cook, A., et al. (Eds.). (2003), p. 26.

²⁷ Herman states that recovery from trauma “follows a common pathway. The fundamental stages of recovery are establishing safety, reconstructing the trauma story, and *restoring the connection between survivors and their community*.” Herman, J. (1997), p. 3; emphasis added. Perhaps the most important community for children is their school. Schools can help children who have been traumatized feel safe—both physically and psychologically—and enable them to become successful members of their community. Our goal is for schools to become contexts in which traumatized children can thrive.

²⁸ There is support for this dual type of approach in the literature. Masten and Coatsworth argue, for example, that “[i]f the goal is to change the competence of children, multiple directed strategies need to be considered ranging from efforts to change child capabilities (e.g., tutoring) to interventions directed at the context (e.g., parent education or school reform or opening of opportunities)” Masten, A.S., and Coatsworth, J.D. (1998), p. 206.

²⁹ For this particular insight, we owe much gratitude to Judith Herman. In her groundbreaking book, *Trauma and Recovery*, she emphasizes the importance of a supportive community for adults who are in a helping role with trauma victims and the need for a larger social context that “affirms and protects the victim and joins victim and [helper] in a common alliance.” Herman, J. (1997), p. 9.

³⁰ Macy speaks to the important role teachers can play in helping traumatized children succeed. He says that “local teachers . . . must be empowered at their neighborhood level to respond to and guide threatened youth, and fiscal and administrative support for these local responses must be sustained over time.” Macy, R.D. (2003). “Community-based Trauma Response for Youth.” *New Directions for Youth Development*, 98: 29–34; 31.

³¹ Lewis, D.O., Mallouh, C., and Webb, V. (1989). “Child Abuse, Juvenile Delinquency, and Violent Criminality.” In D. Cicchetti and V. Carlson (Eds.), *Child Maltreatment* (pp. 707–721). Cambridge: Cambridge University Press. These authors explain that, while there is clearly an association between childhood abuse and subsequent aggressive acts, “most abused children do not become violent delinquents” (p. 707). Several studies do indicate, however, that while the number of abused children who become violent is relatively small, the number of violent delinquents who were abused or neglected or both has been found to be very high—as high as 80% in one study. The authors report that severe physical abuse is most likely to be associated with violent delinquency and criminality when one or more of the following additional factors is present: “the child suffers from some sort of central nervous system dysfunction that impairs his ability to modulate his emotions and control his responses;

the child suffers from some form of psychiatric disturbance that impairs his reality testing at times so that he misperceives his environment and feels needlessly and excessively threatened; *the child is exposed to extraordinary household violence between parents or caretakers*" (p. 717; emphasis added).

³² Streeck-Fischer and van der Kolk describe the social costs of failing to address the needs of traumatized children early: "If not prevented or treated early, these children are likely to grow up to lead traumatised and traumatising lives. Their problems with affect modulation are likely to lead to impulsive behaviour, drug abuse and interpersonal violence. Their learning problems interfere with their becoming productive members of society. Early intervention is of critical importance, because, once they drop out beyond ordinary social safety nets, they make their presence known as individuals who pay a very high price for their (mis)behaviour. Providing these maltreated children with care, sustenance and specialised therapeutic interventions has been shown to considerably lessen the long-term risk they pose to themselves and to society at large." Streeck-Fischer, A., and van der Kolk, B.A. (2000), pp. 915–916.

³³ Herman explains quite eloquently the societal urge we often feel to remain in denial about traumatic experiences and the corresponding need for environments that support those who work with trauma victims. She writes, "Without a supportive social environment, the bystander usually succumbs to the temptation to look the other way. This is true even when the victim is an idealized and valued member of society. Soldiers in every war, even those who have been regarded as heroes, complain bitterly that no one wants to know the real truth about war. When the victim is already devalued (a woman, a child), she may find that the most traumatic events of her life take place outside the realm of socially validated reality. Her experience becomes unspeakable." She further explains that "[t]o hold traumatic reality in consciousness requires a social context that affirms and protects the victim and that joins victim and witness in a common alliance." Herman, J. (1997), pp. 8, 9.

Chapter One

³⁴ Janoff-Bulman, R. (1992). *Shattered Assumptions: Towards a New Psychology of Trauma*. New York: Free Press, p. 5.

³⁵ *Ibid.*, p. 6.

³⁶ Cicchetti, D., Toth, S.L., and Hennessy, K. (1989). "Research on the Consequences of Child Maltreatment and Its Application to Educational Settings." *Topics in Early Childhood Special Education*, 9(2): 33–55. Cicchetti et al., explain the relevance of attachment theory to children's readiness for school: "children with sensitive caregivers come to view themselves as acceptable and worthy of care, whereas children with insensitive and/or unresponsive caregivers learn to see themselves as unacceptable and unlovable. Thus, it is argued that these internalized working models of the self and attachment figures, resulting from the infant's early experiences of care, profoundly influence both the acquisition and integration of later developmental competencies, such as the formation of positive peer relationships, adaptation to the classroom, and the motivational orientation to achieve" (p. 38).

³⁷ Several authors have described the devastating impact traumatic experiences can have on children's expectations of the world. Pynoos et al., for example, propose that "the critical link between traumatic stress and personality is the formation of trauma-related expectations as these are expressed in the thoughts, emotions, behaviors, and biology of the developing child. By their very nature and degree of personal impact, traumatic experiences can skew expectations about the world, the safety and security of interpersonal life, and the child's sense of personal integrity." The authors describe how traumatic experiences "contribute to a schematization of the world, especially of security, safety, risk, injury, loss, protection, and intervention." Pynoos, R.S., Steinberg, A.M., and Goenjian, A. (1996). "Traumatic Stress in Childhood and Adolescence: Recent developments and current controversies." In B.A. van der Kolk, A. McFarlane and L. Weisaeth (Eds.), *Traumatic Stress: The Effects of Overwhelming Experience on Mind, Body, and Society* (pp. 331–358). New York: Guilford Press; pp. 332, 349–350. Herman also discusses the impact of trauma on one's worldview. She writes, "Traumatic events destroy the victim's fundamental assumptions about the safety of the world, the positive value of the self, and the meaningful order of creation." Herman, J. (1997), p. 51.

³⁸ As Katz explains, "[Exposure to violence] can alter how we see the world, how we see others, and how we perceive

our own worth. The effects may be especially severe in children because children lack perspective. They have nothing to compare their circumstances to. It can appear as though there really is no alternative; this is how it's going to be. The child tries over and over again to alter the painful and frustrating circumstances he finds himself in, but to no avail. It's beyond his ability to control. His job now is to try and adapt as best he can." Katz, M. (1997). *On Playing a Poor Hand Well: Insights from the Lives of Those Who Have Overcome Childhood Risks and Adversities*. New York: W.W. Norton & Co., p. 5, citing Terr, L. (1990), *Too Scared to Cry*. New York: Basic.

³⁹ Horsman, J. (2000). *Too Scared To Learn: Women, Violence and Education*. Mahwah, NJ: Lawrence Erlbaum Associates, Inc., p. 86, quoting Brooks, A.-L. (1992). *Feminist Pedagogy: An Autobiographical Approach*. Halifax: Fernwood (pp. 21–22).

⁴⁰ See Janoff-Bulman, R. (1992), p. 79.

⁴¹ See Cicchetti, D., et al. (1989), particularly pp. 40–44.

⁴² Caregiving relationships in infancy and early childhood establish models upon which children approach their environment as they grow and develop. Sroufe explains: "In the secure attachment case ... the child develops generally positive and trusting attitudes toward others. Along with this, the child takes forward a sense of his or her own effectance and personal worth. Being able to effectively elicit responsiveness and care from the parent, they expect to master challenges and to have power in the world. They believe in themselves. Likewise, they value relating and have an internalized template for empathy and reciprocity in relationships." They develop a sense of curiosity, a skill in exploration, and they learn to express and modulate emotion. Anxious attachment patterns, on the other hand, undermine the development of these capacities in children. Sroufe, A. (1997). "Psychopathology as an Outcome of Development." *Development and Psychopathology*, 9: 251–268; 262.

⁴³ All individuals have worldviews and as such see the world through a set of "glasses." The traumatized child's gaze in the world brings all encounters into marked relief according to his or her expectations of danger. As Carlson et al. note, "Even after children have escaped from abusive environments, they may continue to interpret ambiguous and neutral cues as threatening and, therefore, respond with fear and avoidance." Carlson, E.B., et al, (1997), pp. 276–277.

⁴⁴ Herman, J. (1997), p. 99.

⁴⁵ Van der Kolk suggests that these children may sense that their perceptions are not entirely accurate, but not know why and to what degree. This perception can increase a child's anxiety, compounding his or her learning problems. Van der Kolk, B.A. Remarks at "Helping Traumatized Children Learn," a conference co-sponsored by Lesley University, Massachusetts Advocates for Children (MAC), and the Task Force on Children Affected by Domestic Violence. Cambridge, MA. January 16, 2001. (Transcripts of the conference are on file with the authors.)

⁴⁶ Van der Kolk explains, "Many problems of traumatized children can be understood as efforts to minimize objective threat and to regulate their emotional distress. Unless caregivers understand the nature of such re-enactments, they are likely to label the child as 'oppositional,' 'rebellious,' 'unmotivated,' or 'anti-social.'" Van der Kolk, B.A. (2005), "Developmental Trauma Disorder." *Psychiatric Annals*, 35(5): 401–408, p. 403, citing Pynoos, R.S., Frederick, C.J., Nader, K., et al. (1987). "Life Threat and Posttraumatic Stress in School-age Children." *Archives of General Psychiatry*, 44(12): 1057–1063.

⁴⁷ For a general discussion of the stress response in traumatized children and a review of recent studies on this topic, please see Bevans, K., Cerbone, A.B., and Overstreet, S. (2005). "Advances and Future Directions in the Study of Children's Neurobiological Responses to Trauma and Violence Exposure." *Journal of Interpersonal Violence*, 20(4): 418–425.

⁴⁸ As Bremner and Narayan point out, this appears to be a paradox: the stress response, designed to be a survival tool, can actually be detrimental to the organism in certain contexts. Since maladaptive responses may linger even after the organism has achieved safety, they argue from an evolutionary perspective that "long-term function is sacrificed for the sake of short-term survival." Bremner, J.D., and Narayan, M. (1998). "The Effects of Stress on Memory and the Hippocampus throughout the Life Cycle: Implications for childhood development and aging."

Development and Psychopathology, 10: 871–885; 875.

⁴⁹ For a discussion of the loss of self-regulation in traumatized children, see van der Kolk, B.A. (1998). “The Psychology and Psychobiology of Developmental Trauma.” In A. Stoudemire (Ed.), *Human Behavior: An Introduction for Medical Students* (pp. 383–399; 389). Philadelphia: Lippincott-Raven.

⁵⁰ Perry et al. explain how experiencing constant fear can affect the development of children’s brains: “The more frequently a certain pattern of neural activation occurs, the more indelible the internal representation. Experience thus creates a processing template through which all new input is filtered. The more a neural network is activated, the more there will be use-dependent internalization of new information needed to promote survival.” Perry, B.D., Pollard, R.A., Blakely, T.L., Baker, W.L., and Vigilante, D. (1995). “Childhood Trauma, the Neurobiology of Adaptation, and ‘Use-dependent’ Development of the Brain: How ‘States’ Become ‘Traits.’” *Infant Mental Health Journal*, 16(4): 271–291; 275.

⁵¹ See Perry, B.D. (2002), at note 69, *infra*.

⁵² See, for example, Glaser, D. (2000). “Child Abuse and Neglect and the Brain—A Review.” *Journal of Child Psychology and Psychiatry*, 41(1): 97–116; 101.

⁵³ Fisher et al. documented improved behavioral adjustment among children in an early-intervention foster care program. They also documented reductions in these children’s salivary cortisol levels, suggesting that early environmental interventions may indeed have the potential to impact the neurobiological system positively. Fisher, P.A., Gunnar, M.R., Chamberlain, P., and Reid, J.B. (2000). “Preventive Intervention for Maltreated Preschool Children: Impact on children’s behavior, neuroendocrine activity, and foster parent functioning.” *Journal of the American Academy of Child and Adolescent Psychiatry*, 39(11): 1356–1364.

⁵⁴ Manly et al. explain this scaffolding process in children’s mastery of developmental tasks: “From infancy through childhood, children are faced with tasks that are central to each developmental period, and the quality of the resolution of these tasks primes the way that subsequent developmental issues are confronted. ... Early competent resolution of stage-salient developmental tasks facilitates successful negotiation of successive developmental tasks, whereas difficulty mastering earlier developmental challenges may potentiate later maladaptive outcomes.” Manly, J.T., Kim, J.E., Rogosch, F.A., and Cicchetti, D. (2001). “Dimensions of Child Maltreatment and Children’s Adjustment: Contributions of developmental timing and subtype.” *Development and Psychopathology*, 13: 759–782; 760.

⁵⁵ Terr, L.C. (1991), p.11.

⁵⁶ Herman, J. (1997), p. 33.

⁵⁷ Terr, L.C. (1991), p. 14. Terr distinguishes between Type I traumas that involve “single shocking intense terrors” and Type II traumas that involve more complicated events, such as ongoing and chronic abuse. She says that the former is marked by “1) full, detailed, etched-in memories, 2) ‘omens’ (...cognitive reappraisals...), and 3) misperceptions and mistimings.” While a single event can have long-lasting symptoms, she states that Type I traumas are less likely to “breed the massive denials, psychic numbings, self-anesthesias, or personality problems that characterize type II disorders.” For another discussion of the difference between prolonged or chronic trauma and a single terrible event, see chapters 4 and 5 in Herman, J. (1997). See also Carlson, E.B., et al. (1997), p. 139. The authors explain that physical or sexual abuse can have a harsher impact—resulting from feelings of betrayal—when it is perpetrated by a “caretaker with whom the child had a previous healthy attachment.”

⁵⁸ See Nelson, C.A. and Bloom, F.E. (1997). “Child Development and Neuroscience.” *Child Development*, 68(5): 970–987; 980, citing Bornstein, M.H. (1989). “Sensitive Periods in Development: Structural characteristics and causal interpretations.” *Psychological Bulletin*, 105: 179–197.

⁵⁹ According to Harvey, much of the literature on trauma focuses on the psychological characteristics of individuals and neglects the importance of environmental contributions to the response and recovery trajectory. She proposes an “ecological” model to explain individual trauma responses in the context of human community. Harvey, M.R.

(1996). "An Ecological View of Psychological Trauma and Trauma Recovery." *Journal of Traumatic Stress*, (9)1: 3–23. See also Carlson, E.B., et al. (1997), p 287. The authors state "the availability of social support is expected to act as a mitigating factor in the response to traumatic abuse. This is anticipated because those who do not have support are expected to feel less hopeful of achieving control over the aversive experiences." They further explain, "The first type of social support would be provided by individuals such as a relative or teacher. The second might be provided by community or societal institutions." Groves also argues for a contextual approach to the issue of violence and children. See Groves, B.M. (2002), particularly chapters 4, 5, and 6.

⁶⁰ Harvey, M.R. (1996), p. 7.

⁶¹ Terr, L.C. (1991), p. 10. Terr explains that these are technically correct diagnoses depending on how the symptoms might manifest on a particular day. However, she raises serious concerns about this array of diagnoses, stating, "We must organize our thinking about childhood trauma, however, or we run the risk of never seeing the condition at all. Like the young photographer in Cortazar's short story and Antonioni's film, 'Blow Up,' we may enlarge the diagnostic fine points of trauma to such prominence that we altogether lose the central point—that external forces created the internal changes in the first place. We must not let ourselves forget childhood trauma just because the problem is so vast." See also Famularo, R., Fenton, T., Kinscherff, R., and Augustyn, M. (1996). "Psychiatric Comorbidity in Childhood Post Traumatic Stress Disorder." *Child Abuse & Neglect*, 20(10): 953–956. These researchers demonstrated that PTSD was comorbid with ADHD, other anxiety disorders, brief psychotic disorder, suicidal ideation, and a trend toward mood disorders.

⁶² Van der Kolk, B.A. (2005).

⁶³ Greenwald O'Brien, J.P. (2000). "Impacts of Violence in the School Environment: Links between trauma and delinquency." *New England Law Review*, 34: 593–599; 597.

⁶⁴ Masten, A.S., and Coatsworth, J.D. (1998), p. 210.

⁶⁵ As Greenwald O'Brien explains, family violence "make[s] it difficult to attend, focus, or concentrate. Information is processed carelessly, or inaccurately, stored incorrectly, poorly remembered, or unable to be retrieved. When violence compromises family functioning, there may be no one at home to facilitate an education orientation, or motivate children to value learning or to excel in school. A teenager's emotional energy is occupied with safety concerns which erode the needed momentum for school. The very nature of violence can imperil a child's ability to trust teachers and other school professionals." Greenwald O'Brien, J.P. (2000), p. 597. See also Craig, S. (1992), p. 67.

⁶⁶ Streeck-Fischer, A., and van der Kolk, B.A. (2000), p. 912.

⁶⁷ De Bellis explains that the superior temporal gyrus, the area of the brain thought to be primarily responsible for the development of social intelligence, can be significantly impacted by chronic maltreatment. This may be an explanation for why individuals with a history of maltreatment often have difficulty with social relationships. De Bellis, M.D. (2005), p. 161.

⁶⁸ Streeck-Fischer, A., and van der Kolk, B.A. (2000), p. 912.

⁶⁹ Perry, B.D. (2002). "Neurodevelopmental Impact of Violence in Childhood." In D.H. Schetky and E.P. Benedek (Eds.), *Principles and Practice of Child and Adolescent Forensic Psychiatry* (pp. 191–203; 200). Washington, DC: American Psychiatric Publishing, Inc.

⁷⁰ This story comes from an anonymous member of the Task Force on Children Affected by Domestic Violence.

⁷¹ Rauch, S.L., van der Kolk, B.A., Fisler, R.E., Alpert, N.M., Orr, S.P., Savage, C.R., Fischman, A.J., Jenike, M.A., and Pitman, R.K. (1996). "A Symptom Provocation Study of Posttraumatic Stress Disorder Using Positron Emission Tomography and Script-Driven Imagery." *Archives of General Psychiatry*, 53(5): 380–387. More specifically, this study monitored the regional cerebral blood flow (rCBF) of PTSD patients who listened to both traumatic and neutral scripts. When the patients listened to the traumatic scripts, the researchers noted increased rCBF in right-sided limbic and paralimbic structures and in the right secondary visual cortex. They noted decreased rCBF in the

left inferior frontal cortex (Broca's area) and the left middle temporal cortex. See also Ford J, (2005). "Treatment Implications of Altered Affect Regulations and Information Processing Following Child Maltreatment." *Psychiatric Annals* 35 (5) 412–419. This article, published too close to HTCL press deadlines for analyzing in detail here, summarizes studies on the brain that explain why some women with abuse-related PTSD have impairments in information processing, including the ability to categorize information and access verbal information.

⁷² Coster, W. and Cicchetti, D. (1993). "Research on the Communicative Development of Maltreated Children: Clinical implications." *Topics in Language Disorders*, 13(4): 25–38; 31.

⁷³ Ibid.

⁷⁴ Ibid., citing Santostefano, S. (1978). *A Biodevelopmental Approach to Clinical Child Psychology*. New York: John Wiley.

⁷⁵ Ibid., citing Donaldson, M. (1978). *Children's Minds*. New York: Norton.

⁷⁶ Ibid., citing Hemphill, L., et al. (1991). "Narrative as an Index of Communicative Competence in Mildly Mentally Retarded Children." *Applied Psycholinguistics*, 12: 263–279; and McCabe, A. and Peterson, C. (Eds.) (1991). *Developing Narrative Structure*. Hillsdale, NJ: Erlbaum.

⁷⁷ Craig, S. (1992). "The Educational Needs of Children Living with Violence." *Phi Delta Kappan*. 74: 67–71; 68, citing Helfer, R.E., and Kempe, C.H. (1980). "Developmental Deficits Which Limit Interpersonal Skills." In idem (Eds.) *The Battered Child*, 3rd Ed. (pp. 36–48). Chicago: University of Chicago Press. See also Coster, W., and Cicchetti, D. (1993), pp. 34–35.

⁷⁸ Coster, W., and Cicchetti, D. (1993), pp. 34–35.

⁷⁹ Allen, R.E., and Oliver, J.M. (1982). "The Effects of Child Maltreatment on Language Development." *Child Abuse and Neglect*, 6: 299–305.

⁸⁰ Coster, W., and Cicchetti, D. (1993), pp. 34.

⁸¹ Craig, S. (1992), p 67.

⁸² Pynoos et al. explain: "Advances in child developmental psychology are providing more refined tools to evaluate the impact of traumatic stress on developmental competencies. For example, in recent years, research has elucidated the normal developmental achievement of narrative coherence (i.e., children's ability to organize narrative material into a beginning, middle, and end). Current research among preschool children exposed to both intrafamilial and community violence has indicated interference with this task, resulting in more chaotic narrative construction. Achievement of this developmental task is essential to subsequent competencies in reading, writing, and communication skills." Pynoos, R.S., Steinberg, A.M., and Goenjian, A. (1996), p. 342, citing Osofsky, J.D. (1993). "Applied Psychoanalysis: How research with infants and adolescents at high psychological risk informs psychoanalysis." *Journal of the American Psychoanalytic Association*, 41: 193–207.

⁸³ Craig, S. (1992), p. 67.

⁸⁴ Ibid.

⁸⁵ Van der Kolk, B.A. (2005), p. 403.

⁸⁶ Craig, S. (1992), p. 68.

⁸⁷ Ibid.

⁸⁸ Craig, S. (1992), p. 68. Perry elaborates further on the connection between cause-and-effect and the behavior of traumatized children; he explains: "the sense of time is altered in alarm states. In [traumatized] children, the sense of the future is foreshortened, and the critical time period for the individual shrinks. The threatened child is not thinking (nor should she think) about months from now. This has profound implications for understanding the cognition of the traumatized child. Immediate reward is most reinforcing. Delayed gratification is impossible.

Consequences of behavior become almost inconceivable to the threatened child.” Perry, B.D. (2002), p. 200.

⁸⁹ Coster, W., and Cicchetti, D. (1993), p. 30.

⁹⁰ Craig, S. Remarks at “Helping Traumatized Children Learn,” a conference co-sponsored by Lesley University, Massachusetts Advocates for Children (MAC), and the Task Force on Children Affected by Domestic Violence. Cambridge, MA. January 16, 2001. (Transcripts of the conference are on file with the authors.)

⁹¹ Van der Kolk, B.A. (2005), p. 403.

⁹² Craig, S. (1992), p. 68.

⁹³ Ibid.

⁹⁴ Streeck-Fischer, A., and van der Kolk, B.A. (2000), p. 912, citing van der Kolk, B.A., and Ducey, C.P. (1989). “The Psychological Processing of Traumatic Experience: Rorschach patterns in PTSD.” *Journal of Traumatic Stress*, 2: 259–265; and McFarlane, A.C., Weber, D.L., and Clark, C.R. (1993). “Abnormal Stimulus Processing in Posttraumatic Stress Disorder.” *Biological Psychiatry*, 34: 311–320.

⁹⁵ Craig, S. (1992), p. 68.

⁹⁶ See Famularo, R., et al. (1996); and Thomas, J.M. (1995). “Traumatic Stress Disorder Presents as Hyperactivity and Disruptive Behavior: Case presentation, diagnoses, and treatment.” *Infant Mental Health Journal*, 16(4): 306–316.

⁹⁷ Perry’s study of the neurodevelopmental effects of childhood trauma reports that the ADHD diagnosis of traumatized children can be misleading. “It is not,” he explains, “that [traumatized children] have a core abnormality of their capacity to attend to a given task, it is that they are hypervigilant. These children have behavioral impulsivity and cognitive distortions that result from a use-dependent organization of the brain. During development, these children spent so much time in a low-level state of fear . . . that they were focusing consistently on non-verbal cues.” Perry, B.D. (1997). “Incubated in Terror: Neurodevelopmental factors in the ‘cycle of violence.’” In J.D. Osofsky (Ed.), *Children in a Violent Society* (pp. 124–149; 136). New York: Guilford Press citing Pynoos, R.S., and Eth, S. (1985). “Developmental Perspectives on Psychic Trauma in Childhood.” In C.R. Figley (Ed.), *Trauma and Its Wake* (pp. 36–52). New York: Brunner/Mazel; Pynoos, R.S. (1990). “Post-traumatic Stress Disorder in Children and Adolescents.” In B. Garfinkel, G. Carlson, and E. Weller (Eds.), *Psychiatric Disorders in Children and Adolescents* (pp. 48–63). Philadelphia: W.B. Saunders; and Perry, B.D., et al. (1995). The relationship between ADHD and trauma is complicated and, as yet, not fully understood. Several studies have reported striking levels of ADHD in traumatized samples, while others have reported similar levels of concurrent ADHD and PTSD, and still others have reported the independent comorbidity of ADHD and PTSD with a number of additional and common childhood disorders such as oppositional defiant disorder, conduct disorder, anxiety disorder, and depression. As a result, the level of symptom overlap contributing to the confusion of ADHD and the symptoms of trauma, particularly as manifest in the child’s classroom behavior, is complicated by the interrelationship between and concurrence of ADHD and trauma with a variety of behavioral and social problems prominent in several childhood disorders. Insofar as the relationship is not fully understood, it is important that the traumatic history of a child displaying ADHD symptoms in the classroom be considered and, when necessary, it is important that both be treated accordingly. In light of recent studies that indicate that children exposed to violence may develop a series of behavioral, social, and emotional problems, the traumatic history of a child being assessed for ADHD based on disruptive behavior in the classroom is of considerable significance. See Pelcovitz, D., et al. (1994). “Post-Traumatic Stress Disorder in Physically Abused Adolescents.” *Journal of the American Academy of Child and Adolescent Psychiatry*. 33: 305–312. Simply put, the effects of trauma as they appear in the classroom can be deceptive, and school personnel need to be aware of the possibility that traumatic exposure to domestic violence may be the origin of behavioral problems, even though they need not necessarily assume at the outset that such problems are the result of traumatic exposure.

⁹⁸ Masten, A.S., and Coatsworth, J.D. (1998), p. 208.

⁹⁹ Shields, A., and Cicchetti, D. (1998), p. 391, citing Cicchetti, D. “How Research on Child Maltreatment Has

Informed the Study of Child Development: Perspectives from developmental psychopathology.” In D. Cicchetti and V. Carlson (Eds.), *Child Maltreatment: Theory and Research on the Causes and Consequences of Child Abuse and Neglect*. (pp. 377–431). New York: Cambridge University Press.

¹⁰⁰ Streeck-Fischer, A., and van der Kolk, B.A. (2001), p. 905, citing Toth, S.C., and Cicchetti, D. (1998). “Remembering, Forgetting, and the Effects of Trauma on Memory: A developmental psychopathologic perspective.” *Developmental Psychopathology*, 10: 580–605.

¹⁰¹ Ibid.

¹⁰² Shields, A., and Cicchetti, D. (1998), p. 391.

¹⁰³ Van der Kolk, B.A. (1998), p. 391.

¹⁰⁴ Mezzacappa, E., Kindlon, D., and Earls, F. (2001). “Child Abuse and Performance Task Assessments of Executive Functions in Boys.” *Journal of Child Psychology and Psychiatry*, 42(8): pp. 1041–1048; 1042.

¹⁰⁵ Lubit, R., Rovine, D., Defrancisci, L., and Eth, S. (2003). “Impact of Trauma on Children.” *Journal of Psychiatric Practice*, 9(2): 128–138; 133.

¹⁰⁶ Van der Kolk, B.A. (2005), p. 403.

¹⁰⁷ De Bellis, M.D. (2005). “The Psychobiology of Neglect.” *Child Maltreatment*, 10(2): 150–172, 160. De Bellis explains that chronic stress and its resulting increased activation of catecholamines can “turn off” the prefrontal cortex’s inhibition of the limbic system; this can cause children to lose the ability to focus and attend in school.

¹⁰⁸ Beers, S.R., and De Bellis, M.D. (2002): pp. 483–486.

¹⁰⁹ Mezzacappa, E., et al. (2001).

¹¹⁰ Shonk, S., and Cicchetti, D. (2001).

¹¹¹ Ibid, p. 4.

¹¹² Ibid.

¹¹³ Katz, M. (1997), p. 7, citing Weiner, B. (1993). “On Sin Versus Sickness: A theory of perceived responsibility and social motivation.” *American Psychologist*, 48(9): 957–965.

¹¹⁴ Ibid.

¹¹⁵ Lubit, R., et al. (2003), p. 133.

¹¹⁶ De Bellis, M.D. (2005), p. 161. De Bellis explains that repeated maltreatment can result in the chronic activation of the amygdala, which inhibits the development of the prefrontal cortex, the part of the brain primarily responsible for emotional and behavioral regulation.

¹¹⁷ Shonk, S.M., and Cicchetti, D. (2001), p. 4, citing Dodge, K.A., Bates, J.E., and Pettit, G.S. (1990). “Mechanisms in the Cycle of Violence.” *Science*, 250: 1678–1683; and Rogosch, F.A., and Cicchetti, D. (1994). “Illustrating the Interface of Family and Peer Relations through the Study of Child Maltreatment.” *Social Development*, 3: 291–308.

¹¹⁸ Ibid., citing Dodge, K.A., et al. (1990).

¹¹⁹ Carlson, E.B., et al. (1997), p. 279.

¹²⁰ Ibid., p. 277, citing Herrenkohl, R.C. and Herrenkohl, E.C. (1981). “Some Antecedents and Developmental Consequences of Child Maltreatment.” In R. Rizely and D. Cicchetti (Eds.), *New Directions for Child Development: Developmental Perspectives on Child Maltreatment*. (pp. 31–56). San Francisco: Jossey-Bass.

¹²¹ Shields, A., and Cicchetti, D. (1998), p. 391, citing Dodge, K.A., Pettit, G.S., Bates, J.E., and Valente, E. (1995). “Social Information-Processing Patterns Partially Mediate the Effect of Early Physical Abuse on Later Conduct

Problems.” *Journal of Abnormal Psychology*, 104: 632–643; and Rogosch, F.A., Cicchetti, D., and Aber, J.L. (1995). “The Role of Child Maltreatment in Early Deviations in Cognitive and Affective Processing Abilities and Later Peer Relationship Problems.” *Development and Psychopathology*, 7: 591–609.

¹²² Ibid.

¹²³ Perry, B.D., et al. (1995), p. 280.

¹²⁴ Weissbourd, R. (1996). *The Vulnerable Child: What Really Hurts America's Children and What We Can Do About It*. Reading, MA: Addison-Wesley; p. 15.

¹²⁵ Pynoos, R.S., et al. (1996), p. 344.

¹²⁶ This story comes from an anonymous client of the Trauma and Learning Policy Initiative.

¹²⁷ Morrow, G. (1987). *The Compassionate School: A Practical Guide to Educating Abused and Traumatized Children*. Englewood Cliffs, NJ: Prentice-Hall; p. 36.

¹²⁸ Ibid.

¹²⁹ Herman, J. (1997), p. 105.

¹³⁰ Craig, S. (1992), pp. 68–69.

¹³¹ Masten, A.S., and Coatsworth, J.D. (1998), p. 213.

¹³² As Perry explains, traumatized children often “over-read (misinterpret) nonverbal cues (e.g., eye contact means threat, a friendly touch is interpreted as an antecedent to seduction and rape); interpretations that are accurate in the world they came from but now, hopefully, out of context. During development, these children spent so much time in a low-level state of fear . . . that they were focusing consistently on nonverbal cues.” Perry, B.D. (2002), p. 200.

¹³³ Craig, S. (1992), p. 68.

¹³⁴ Pynoos, R.S., et al. (1996), p. 344.

¹³⁵ Van der Kolk, B.A. (2005), p. 403.

¹³⁶ Pynoos, R.S., et al. (1996), p. 344.

¹³⁷ Ibid.

¹³⁸ Ibid. See also van der Kolk, B.A. Remarks at “Helping Traumatized Children Learn.” January 16, 2001.

¹³⁹ Pynoos, R.S., et al. (1996), p. 344, citing Pynoos, R.S., and Nader, K. (1993). “Issues in the Treatment of Post-Traumatic Stress in Children and Adolescents.” In J.P. Wilson and B. Raphael (Eds.), *International Handbook of Traumatic Stress Syndromes* (pp. 535–549). New York: Plenum Press.

¹⁴⁰ See Shonk, S.M., and Cicchetti, D. (2001), at note 22, *supra*.

Chapter 2

¹⁴¹ Masten, A.S., and Coatsworth, J.D. (1998), p. 215.

¹⁴² Ibid.

¹⁴³ Ibid.

¹⁴⁴ Cook, A., et al. (Eds.). (2003), p. 26. Kinniburgh, K.J., Blaustein, M., and Spinazzola, J. (2005). “Attachment, Self-Regulation, and Competency: A comprehensive intervention framework for children with complex trauma.” *Psychiatric Annals*, 35(5): 424–430. These authors developed ARC as a framework that can be applied across settings to address the needs of children with complex trauma. The white paper relied upon an earlier precursor to this article.

¹⁴⁵ Masten, A.S., and Coatsworth, J.D. (1998), p. 206.

¹⁴⁶ Boykin-McCarthy, J. (1999). "Emancipatory Learning: A study of teachers' perspective shifts regarding children of battered women." *Dissertation Abstracts International*, 60(09), 3325A (UMI No. 9945913). Boykin-McCarthy's findings indicate that when teachers understand better the personal and societal complexities of battering and recent trauma research explaining how some student behaviors are not resolved by traditional classroom management techniques, they can increase their comfort level, classroom skills, and sense of competence in working with students who are children of battered women.

¹⁴⁷ For teaching us about these and other accommodations that help children regulate their emotions, we owe much thanks to Jane Koomar, Ph.D., ORT/L of Occupational Therapy Associates in Watertown, MA.

¹⁴⁸ Beardall, N. (2004). "Creating a Peaceable School: Confronting Intolerance and Bullying." Newton, MA: Office of Curriculum and Instruction, Newton Public Schools, p. 2.

¹⁴⁹ Brooks, R. (1991). *The Self-Esteem Teacher*. Loveland, OH: Treehaus Communications, Inc. Brooks contends that "every person in this world possesses at least one small 'island of competence,' one area that is or has the potential to be a source of pride and achievement. This metaphor is not intended to be merely a fanciful image, but rather a symbol of respect and hope, a reminder that all children and adolescents have areas of strength. Those who are teaching and raising children have the responsibility to find and build upon these islands of competence so that they will soon become more prominent than the ocean of self-doubt" (p. 31).

¹⁵⁰ Van der Kolk, B.A. (1998), p. 391.

Appendix B

¹⁵¹ Van der Kolk, B.A. (2005), p. 404; citing Kiser, L.J., Heston, J., Millsap, P.A., and Pruitt, D.C. (1991). "Physical and Sexual Abuse in Childhood: Relationship with post-traumatic stress disorder." *Journal of the American Academy of Child and Adolescent Psychiatry*, 30(5): 776-783. Van der Kolk notes elsewhere that the consequences of childhood trauma "go well beyond the core definition of PTSD: how to trust people after you know how much they can hurt you, how to calm yourself down when you are upset, how to pay attention while faced with emotionally arousing situations, how to deal with bodily responses to upsetting events, and how to think positively about oneself when faced with adversity." Van der Kolk, B.A. (1998), p. 384. See also Streeck-Fischer, A., and van der Kolk, B.A. (2000).

¹⁵² Van der Kolk, B.A. (2005), p. 5.

¹⁵³ See, for example, Scheeringa, M.S., Peebles, C.D., Cook, C.A., and Zeanah, C.H. (2001). "Toward Establishing Procedural, Criterion, and Discriminant Validity for PTSD in Early Childhood." *Journal of the American Academy of Child and Adolescent Psychiatry*, 40(1): 52-60; and Scheeringa, M.S., Zeanah, C.H., Myers, L., and Putnam, F.W. (2003). "New Findings on Alternative Criteria for PTSD in Preschool Children." *Journal of the American Academy of Child and Adolescent Psychiatry*, 42(5): 561-570.

¹⁵⁴ Van der Kolk, B.A. (2005), p. 405.

¹⁵⁵ Ibid. According to van der Kolk, the developmental effects of trauma include: complex disruptions of affect regulation; disturbed attachment patterns; rapid behavioral regressions and shifts in emotional states; loss of autonomous strivings; aggressive behavior against self and others; failure to achieve developmental competencies; loss of bodily regulation in the areas of sleep, food, and self-care; altered schemas of the world; anticipatory behavior and traumatic expectations; multiple somatic problems, from gastrointestinal distress to headaches; apparent lack of awareness of danger and resulting self-endangering behaviors; self-hatred and self-blame; and chronic feelings of ineffectiveness.

¹⁵⁶ The official criteria a person must meet in order to qualify for a diagnosis of PTSD are as follows:

- a. The person has been exposed to a traumatic event in which both of the following were present: (1) the person experienced, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others; (2) the person's response involved intense fear, helplessness, or horror. Note: In children, this may be expressed instead by disorganized or agitated behavior.
- b. The traumatic event is persistently reexperienced.
- c. Persistent avoidance of stimuli associated with the trauma and numbing of general responsiveness (not present before the trauma).
- d. Persistent symptoms of increased arousal (not present before the trauma).
- e. Duration of the disturbance is more than one month.
- f. The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning. American Psychiatric Association. (1994). *Diagnostic and Statistical Manual of Mental Disorders, 4th Ed.* (DSM-IV). Washington, DC: American Psychiatric Association, pp. 427–429.

¹⁵⁷ Herman, J. (1997). See, in particular, Herman's discussion of "Attacks on the Body," pp. 108–110.

¹⁵⁸ Groves, B.M. (2002), p. 47.

¹⁵⁹ Pynoos, R.S., et al. (1996), p. 345. The authors caution that "we tend to speak of intrusive images as if they are merely reproductions of original photographic negatives of a gruesome scene. In doing so, we risk missing the experiential and clinical significance of these 'pictures in the child's mind.'" (p. 345).

¹⁶⁰ Ibid., pp. 341–342.

¹⁶¹ Carlson, B.E., et al. (1997), p. 277.

¹⁶² Ibid., p. 278.

Appendix C

¹⁶³ The entries in this table are credited to Harvey, M. (1996), pp. 7–8.

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Helping Traumatized Children Learn marks a major milestone in child advocacy. Based on evidence from brain research, child development, and actual classrooms, here is a road map for parents, schools, administrators, and policy makers that shows concrete and feasible steps for making schools the life raft for children who otherwise may be misunderstood and abandoned by the community.

— Martha L. Minow, Professor of Law, Harvard Law School

Helping Traumatized Children Learn opens up the conversation on how to best help the students who have been victims or witnesses of violence. Removing their roadblocks can give them the opportunity to be active and enthusiastic learners.

— Massachusetts State Representative Alice Wolf

Helping Traumatized Children Learn is a useful and timely report. [It] lists practical steps that educators can take to recognize signs of trauma and help children who are affected by it. The report encourages state and local officials, educators, community leaders, parents, and experts in prevention and treatment to work together for the benefit of all children. The Massachusetts Department of Education will continue to work in partnership with others to achieve these important goals.

— David P. Driscoll, Massachusetts Commissioner of Education

I endorse the recommendations in *Helping Traumatized Children Learn* and invite the Commonwealth's leaders to join this powerful effort to help all children, including those who have been exposed to family violence, reach their highest potentials.

— Tom Scott, Executive Director
Massachusetts Association of School Superintendents

Helping Traumatized Children Learn thoroughly documents the impact of the trauma of family violence on children's ability to learn and succeed in school. The report makes a strong case for increased resources for schools and support for teachers who work with this vulnerable population. These resources are an important investment in the future of children and in the future of our communities. Let's hope that legislators and policy makers invest in these resources.

— Betsy McAlister Groves, Director, Child Witness to Violence Project, Boston Medical Center;
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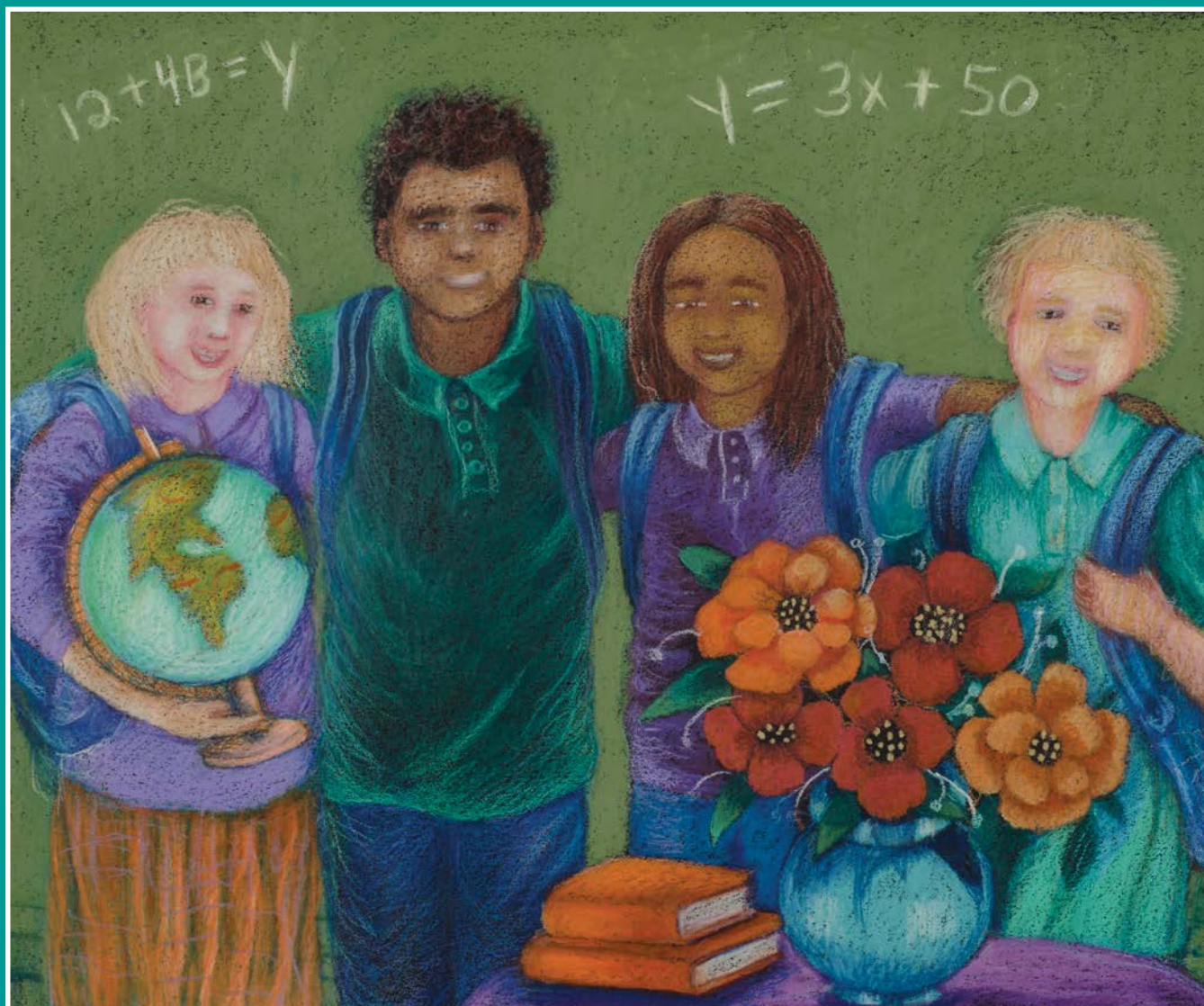


Helping Traumatized Children Learn

2

safe, supportive learning environments that benefit all children

Creating and Advocating for Trauma-Sensitive Schools



Trauma and Learning Policy Initiative

a partnership of Massachusetts Advocates for Children and Harvard Law School

The release of *Helping Traumatized Children Learn 2* represents an exciting next step in the evolution of the cultural movement to transform our school systems into safe, supportive learning environments for all children, including those who have experienced overwhelming adversity. Full of the wisdom of hard won experience and a flexible framework for change, this volume holds great promise for students, teachers, parents, and entire school systems to transform the historical effects of childhood adversity among students—truancy, expulsion, school failure, and rejection—into the promise of hope, healing, and academic success.

—Robert Anda, MD, MS, Adverse Childhood Experiences (ACE) Study Co-Founder and Principal Investigator, Co-Founder ACE Interface, Senior Science Consultant to the Center for Disease Control

Helping Traumatized Children Learn, Volume 2 is a must-read for school leaders. Volume 1 created awareness of trauma's impact and laid a foundation on which schools can build. Volume 2 is all about rolling up your sleeves and getting to work. It clearly defines what it means to be "Trauma Sensitive" and provides a clear path on how schools can get there.

—Ryan T. Powers, Principal, Mary E. Baker Elementary School, Brockton
Adjunct Professor, Lesley University

This book offers actionable policies and practices for creating safe and supportive learning environments in schools across the Commonwealth, ensuring that all students have the opportunity to reach their highest potential.

—Massachusetts Representative Alice Peisch
House Chair of the Joint Committee on Education

In my thirty-some years of working in teacher education, I would be hard pressed to think of a topic that has resonated more deeply with practitioners than the impact of trauma on learning. Readers of this book learn why a school-wide approach to trauma-sensitivity removes barriers to learning for all children. They are provided with a process of inquiry and reflection that addresses all of the key indicators of a trauma-sensitive school, while at the same time, valuing the unique features of each school's environment. Both volumes of *Helping Traumatized Children Learn* should be required reading for every teacher and educational administrator at the school, district, state, and federal level.

—Mary E. Curtis, Ph.D., Director, Center for Special Education, Lesley University

This is a timely and very much needed book. It provides clear, practical and research- and practice-informed guidance. It addresses three things that should be aligned, but often are not: addressing trauma school-wide, not just individually; monitoring the implementation of trauma-sensitive schools; and creating public policy to ensure that all students, including the many who have experienced traumatic events, succeed.

—David Osher, Ph.D., Vice President and AIR Institute Fellow, American Institutes for Research



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Creating and Advocating for Trauma-Sensitive Schools helps educators understand the causes of trauma and how it manifests itself in the school setting. More importantly, it provides a framework that educators can use to develop trauma sensitive schools, filling a need in the literature for a practitioners guide.

—Salvatore Terrasi, Ph.D., Director of Pupil Personnel Services, Brockton Public Schools
National Adjunct Faculty, Lesley University

I encourage all educators, school leaders and policymakers to examine the findings described in this book. We know that children cannot effectively learn if they are feeling threatened or scared or if underlying behavioral or emotional challenges are not acknowledged and addressed. Our students and schools deserve our help to meet this challenge. Frameworks like this one will enhance the capacity of schools to provide students with the services they deserve and will help to build supportive environments so that all students can thrive and succeed.

—Massachusetts State Senator Katherine Clark

This second volume from MAC shows us that trauma sensitivity is central to the process of creating the safe, healthy, and supportive learning environments that can improve education outcomes for all students. It provides much-needed guidance to policy makers about how to support schools in this effort. The authors articulate a way forward for educators and policy-makers to work together to provide safe and supportive schools where all children can learn. Let's get to work!

—Massachusetts State Representative Ruth Balser

The Trauma and Learning Policy Initiative in this book operationalizes the principles of the flexible framework for trauma-sensitive schools that was the focus of their first book. They do so with clear and detailed information and rich case vignettes that make these principles come alive. This is an inspiring and invaluable guide for school administrators, teachers, advocates and policy-makers.

—Betsy McAlister Groves, LICSW, Founder, Child Witness to Violence Project /Boston Medical Center, Lecturer, Harvard Graduate School of Education

As researchers and practitioners who work to understand and promote safe, supportive and inclusive school climates, we are thrilled to read and use this second volume. It is comprehensive but accessible, visionary but concrete. It helps us understand the systemic contours and roots of trauma—and the ways in which schools can improve the lives of traumatized children in a universal (school-wide) context. It offers guiding questions for planning, implementation, assessment and advocacy. We commend it to colleagues at the school, system and state levels.

—Jonathan Cohen, Ph.D., Founder and Director of the National School Climate Center
Steven Brion-Meisels, Ph.D., Senior NSCC consultant

A truly visionary document that provides concrete steps to galvanize momentum for creating “trauma sensitive schools” which translates to caring instruction and shows steps to build a critical mass of staff to embrace this approach. This is masterful in providing a thoughtful template that balances precision, flexibility and wisdom.

—Nancy Rappaport, MD, Associate Professor of Psychiatry, Harvard Medical School

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Creating and Advocating for Trauma-Sensitive Schools

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Trauma and Learning Policy Initiative



a partnership of

Massachusetts Advocates for Children

and **Harvard Law School**

MASSACHUSETTS ADVOCATES FOR CHILDREN

MISSION:

Massachusetts Advocates for Children's (MAC) mission is to be an independent and effective voice for children who face significant barriers to equal educational and life opportunities. MAC works to overcome these barriers by changing conditions for many children, while also helping one child at a time. For over 40 years, MAC has responded to the needs of children who are vulnerable because of race, poverty, disability, or limited English.

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Leadership and staff *share an understanding* of trauma's impacts on learning and the need for a school-wide approach | 18

The school *supports all students to feel safe* physically, socially, emotionally, and academically | 19

The school *addresses students' needs in holistic ways*, taking into account their relationships, self-regulation, academic competence, and physical and emotional well-being | 21

The school *explicitly connects students to the school community* and provides multiple opportunities to practice newly developing skills | 22

The school *embraces teamwork* and staff share responsibility for all students | 23

Leadership and staff *anticipate and adapt* to the ever-changing needs of students | 25

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Preface

Students who have had highly stressful experiences in their lives can experience difficulties taking advantage of what schools have to offer. Learning, remembering, trusting, or managing your own feelings and actions can be a painful challenge for a child who has experienced violence or other adversity. Yet, when adults are unaware of trauma's impacts, schools too often fail such children and even punish them while misreading their behavior as laziness, apathy, or intentional misbehavior. In safe learning environments, individual children can go from failing to succeeding and schools can support positive educational outcomes while reducing unnecessary suspensions and expulsions.

The Trauma and Learning Policy Initiative (TLPI) of Massachusetts Advocates for Children and Harvard Law School draws on research and deep experiences with children and schools, demonstrating that by viewing their academic challenges and behaviors through a “trauma lens,” educators can help children learn and thrive. By representing families in our Education Law Clinic, lawyers and law students have created opportunities to serve vulnerable children. And TLPI works directly with educators to create trauma-sensitive schools. In the course of this work, the perspectives of children, educators, and families are all crucial.

Starkly underscored by brain research showing measurable effects on individual children who have undergone traumatic experiences, advocates can work together with parents and teachers to create “trauma-sensitive” schools. “Why talk of trauma?” I asked Susan Cole and Michael Gregory, whose vision and ongoing work animate every part of this work. I was concerned that the word “trauma” can seem too medical, or too extreme to capture the powerful insights and attract the interest of many parents, teachers, lawyers, and reformers. They explained that it is fine if schools prefer to adopt other terms but we should not flinch from the word “trauma,” given the need to acknowledge and address the cascading risks of school failure experienced by children who grow up surrounded by violence and jeopardy.

So, the project launched eight years ago a first book on the subject. Volume 1 of *Helping Traumatized Children Learn* offered tools and proposed reforms to help all students learn. After a decade of work in this vein, the leaders of this effort now have lessons to share about successful advocacy that can help those who want to provide effective school experiences for children dealing with adversity. This second volume examines the time, support, and institutional space that educators need to act on insights about how trauma affects learning. Drawing on work in Massachusetts and elsewhere, this book demonstrates how a variety of education stakeholders can join together to build the supports necessary for schools to become safe havens for learning. Yet, the most informed and motivated educators cannot make changes alone if laws, policies, and funding streams stand in the way. Nor does it work simply to supply social and psychological services to individual students. That is both too inefficient and too partial to make sustainable differences.

A statewide coalition of parents, teachers, behavioral health providers and other community members can identify remedies, secure buy-in from policymakers, review outcomes of initial reforms, recalibrate efforts, and pursue the process further while building the kind of sustainable learning community that over time leads to systemic change. This volume offers the story of such efforts and possibilities and rich lessons to draw for the future. It shows how to advocate for and create trauma-sensitive schools that can be safe and engaging learning communities for all students. This work offers the concrete promise of learning and growth for children, families, educators and those who advocate on their behalf.

Martha L. Minow
Morgan and Helen Chu Dean and Professor
Harvard Law School

Foreword

Schools must be given the supports they need to address trauma's impact on learning. This is the message of *Helping Traumatized Children Learn, Volume 1: Supportive Environments for Children Traumatized by Family Violence (HTCL 1)*. Published in 2005, *HTCL 1* summarized research on trauma's impact on learning, behavior, and relationships at school and offered a Flexible Framework for weaving trauma sensitivity into all the activities of the school day. It proposed a policy agenda to support schools in this work. *HTCL 1*'s school-wide approach to trauma sensitivity struck a chord: today many educators and policymakers now recognize that addressing trauma's impact across the entire school is key to student success.

In the eight years since the publication of our first volume, the Trauma and Learning Policy Initiative (TLPI) team has been working directly with schools to understand more clearly what is involved in becoming trauma sensitive. The efforts of educators in these schools have taught us much about the teamwork, collaboration, flexibility, creativity, and deep understanding of the impact of trauma on learning needed for school-wide trauma sensitivity. We have seen students in trauma-sensitive schools benefit from greater academic achievement, improved behavior, and stronger relationships.

TLPI is a partnership between Massachusetts Advocates for Children and Harvard Law School. Through Harvard's Education Law Clinic, the TLPI team and its law students have represented more than 100 families. In each of these families, a student with a disability that qualified him or her for special education also had traumatic experiences which were playing a role in his or her struggles at school. We are grateful for what these families have taught us about how schools respond, both positively and negatively, to some of our most vulnerable students.

Our close collaboration with Lesley University has added much to TLPI's understanding of the professional development needed for whole-school trauma sensitivity. Lesley University uses *HTCL 1* as a text in graduate coursework on trauma-sensitive schools, where groups of colleagues within a school or district receive graduate credit in education while working together to make their own schools trauma sensitive. TLPI's education consultant and an author of this book serves as adjunct professor, mentoring instructors, designing curriculum, and teaching courses. Our partnership with Lesley has brought a wealth of learning from these educators to this publication.

We have been honored to participate along with experts across the state in the Behavioral Health and Public Schools Task Force, established by Massachusetts law to develop a statewide framework, based on the Flexible Framework, to create safe and supportive school environments with collaborative services. In addition, Massachusetts laws, regulations, and policies now require several important initiatives, including bullying prevention, truancy prevention, and others (detailed in Chapter 3) to be organized by the elements of the Framework to ensure they use a whole-school approach.

While the epicenter of activity continues to reside in Massachusetts, the years since the publication of *HTCL 1* have seen a number of cities and states launch their own movements for trauma-sensitive schools. Washington State, Wisconsin, West Virginia, and the San Francisco Unified School District have all undertaken efforts informed by Massachusetts' trauma-sensitive schools movement. This gradual but promising growth has occurred alongside increasing understanding within the federal government that the principles underlying trauma sensitivity are important elements of the public policy dialogue. United States Attorney General Eric Holder's Defending Childhood

Initiative (DCI), the Department of Education's Safe Supportive Learning Initiative and Safe Schools/Healthy Students program, and the Substance Abuse and Mental Health Services Administration's (SAMHSA) designation of Trauma and Justice as a strategic initiative, are some examples of the growing attention paid to the issue of trauma. While TLPI's advocacy efforts in the immediate future will remain largely (though not exclusively) centered in Massachusetts, these national developments invite us to contemplate advocacy strategies for elevating trauma sensitivity as a priority in the nation's education reform agenda.

This second volume of *HTCL, Creating and Advocating for Trauma-Sensitive Schools: Safe, Supportive School Environments That Benefit All Children*, is the natural outgrowth of all the work TLPI has done over the past eight years – representing highly vulnerable children, providing professional development and consultation to educators, helping to draft legislation, and building a growing coalition. The success of *HTCL 1* made this publication inevitable, for we had to begin to answer the next logical question: “Okay, so how do we create a trauma-sensitive school?” We hope this book provides schools with the tools to answer this question for themselves as well as guidance to policymakers to ensure schools receive the supports they need.

Jerry Mogul
Executive Director
Massachusetts Advocates for Children

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Our work has been immeasurably enriched by our long-standing partnership with Mary E. Curtis, Ph.D., Director of the Lesley University Center for Special Education. Under her direction, the Center jointly sponsored a ground-breaking conference in 2000 titled, *Helping Traumatized Children Learn*. Since that time we have co-sponsored with the Center two symposia on transforming teacher education to help educators meet the needs of traumatized students and two institutes on trauma and learning. Her leadership and our joint collaboration has led to three graduate courses on trauma and learning at Lesley University.

We cannot express enough gratitude to the educators and community leaders in Brockton, Massachusetts for their long-term commitment to creating their trauma-sensitive schools, and for sharing their professional wisdom over the last eight years. We are grateful for the leadership of Dr. Salvatore Terrasi who has worked tirelessly to support district-wide trauma sensitivity in Brockton.

We thank Dean Martha Minow and Harvard Law School for believing in our vision. We are grateful that HLS has partnered with MAC over the last ten years, deepening our ability to provide law students in the Education Law Clinic with the opportunity to represent some of our most vulnerable students and to play a direct role in furthering the systemic advocacy work required to create trauma-sensitive schools.

Finally, we thank Executive Director Jerry Mogul, the Board and staff of Massachusetts Advocates for Children, and MAC founder Hubie Jones. MAC continues to be a shining star in Massachusetts. Its creative strategies and visionary model of multi-strategic child advocacy underpins all our work, inspiring countless law students to become leaders in this field.

We are thankful for the trauma-sensitive learning community that has grown around our work. Please see appreciations at the end of this book for additional individuals to whom we are most grateful.

The Authors

November 14, 2013

Executive Summary

The goal of *Creating and Advocating for Trauma-Sensitive Schools* is to move beyond awareness of trauma's impacts on learning to help schools become trauma-sensitive learning environments that can improve educational outcomes for all students. An elementary principal who spoke to the Massachusetts Board of Elementary and Secondary Education described the benefits of school-wide trauma sensitivity for one of his students:

Darrel transferred to our school in fourth grade. We knew a bit, though not a lot, about his difficult life prior to coming to our school. His mother had fled with her children to a battered women's shelter, and Darrel had spent much of his time at his previous school either in the office or suspended. When he first came to us, he constantly pushed the limits, was noncompliant, and had great difficulty with transitions. What he didn't expect was that we had worked hard to understand the role of trauma in learning and to use this knowledge to change the culture and structure of our school. Darrel had no idea that we, unlike the adults in his other school, would not give up on him. We worked as a team with Darrel and his mother to understand his difficulties with trust and relationships, to help him regulate his emotions rather than just react to them, and to help him calm down so that he could learn and make friends. We made sure everyone understood how to respond to him. We referred his mom to community partners and made her a real team member. Fast forward to fifth grade. Darrel has not once been suspended this year and he seldom visits the office. He is achieving academically because he is in the classroom and available to learn. His success would not have been possible if the school-wide environment was not sensitive to his trauma-related needs and equipped to respond.¹

This book offers a Guide to a process for creating trauma-sensitive schools and a policy agenda to provide the support schools need to achieve this goal. Based on the experience of Darrel's school and other

This Guide is intended to be a living document that will grow and change as more schools become trauma sensitive and add their ideas.

pioneering schools in Massachusetts, the Guide is intended to be a living document that will grow and change as more schools become trauma sensitive and add their ideas. The policy agenda, honed through fifteen years of advocating for trauma-sensitive schools at all levels of policy in Massachusetts, calls for changes in laws, policies, and funding streams to support schools in this work. We

believe that school-wide trauma sensitivity can become a regular part of how schools are run if educators engage in the process of creating trauma-sensitive schools and join with students, parents, advocates, and many others to raise their voices to legislators and other policymakers. We have launched a companion online learning community for creating and advocating for trauma-sensitive schools, called *traumasensitiveschools.org*. This site offers resources to support schools in the use of the Guide and an opportunity to share ideas and best practices about whole-school trauma sensitivity. It also provides an opportunity to learn about and join in the campaign to advocate for the support schools need to become trauma-sensitive learning environments.

Since the 2005 publication of Volume 1 of *Helping Traumatized Children Learn*, many schools have shown the dramatic educational improvements trauma sensitivity can bring about for students like Darrel who have been exposed to traumatic events. These schools have made trauma sensitivity an essential aspect of high-quality instruction and a central part of their school-wide educational mission. In turn, students at trauma-sensitive schools have reaped the benefits of greater academic achievement, more time spent on learning, reduced disciplinary referrals, improved relationships with peers and adults, and more supportive teaching in the classroom.

Trauma-sensitive schools also benefit students who have not experienced traumatic events. *All* students benefit from safety and positive connections to school. An understanding of trauma's impact on learning can rally educators around their students' shared need for safety and connection to the school community. This calls for a whole-school approach that is inclusive of all, while recognizing that there are those who are especially vulnerable.

Darrel's principal ended his presentation to the Board of Education by describing the benefits of school-wide trauma sensitivity for all of his students:

Before we became engaged in this work of developing a trauma-sensitive school, we were not structured to support struggling students in a holistic way, nor did we have the knowledge base to help. All of that has begun to change because we understand trauma and use a whole-school approach. This is a long process, but as a school we are now proactive, where before we were reactive. We no longer just respond to students' challenges and behaviors punitively. Teachers are more aware and feel empowered to intervene. They realize that supporting students socially, emotionally, and behaviorally will only improve a child's ability to focus on academics.



It is critical that children feel safe and connected to others in all parts of the school, not just in one program or with one teacher.

The work to create trauma-sensitive schools is growing under many names across the country: the “CLEAR Initiative” (Collaborative Learning for Educational Achievement and Resilience)³ and “Compassionate Schools,”⁴ in Washington; “HEARTS” (Healthy Environments and Response to Trauma in Schools), in San Francisco;⁵ “Trauma-Sensitive Schools,” in Wisconsin;⁶ and others. In Massachusetts, we have the “Trauma-Sensitive Schools” and the “Safe and Supportive Schools” grant programs and are advocating for legislation titled, *An Act Relative to Safe and Supportive Schools*. Under this legislation, schools would develop whole-school action plans that set the conditions for trauma sensitivity by establishing safe and supportive schools. (See Chapter 3 for more details.) Irrespective of the name that is chosen, we all share the same goal: to put school-wide trauma sensitivity at the center of each school’s educational mission. We pledge to work with those committed to quality education to make this a reality.

More and more educators are recognizing that addressing trauma’s impact on learning creates an enormous opportunity to help students learn and be successful at school. However, while the desire to take advantage of this opportunity resonates with most education professionals, moving from awareness to action is challenging in today’s school environment. Educators often face institutional barriers that can get in the way. No single educator can adequately incorporate trauma sensitivity alone. Changing the culture of a school is a process that requires the commitment of the staff and leaders and support from policymakers. In the busy world of education, educators are often pulled in many directions, responding to ever-changing policies and laws that are sometimes conflicting or

fragmented. Rarely are schools given the time and support to engage in the dynamic process of culture change needed to become a trauma-sensitive school.

The education and policy agendas in this book propose to address these challenges. We have found that educators must be empowered to form dynamic, trauma-sensitive learning communities that will enable them to help all children feel safe and supported to learn throughout the school day, in all parts of the school. This requires a collaborative school-wide process in which leadership and staff identify priority needs for the students and families in their school and tailor trauma-sensitive solutions that fit with their unique culture and infrastructure.² Over time, school-wide trauma sensitivity can become fully integrated into the running of the school.

We hope this book will encourage schools to find their own pathways to school-wide trauma sensitivity. It is based on the accumulated wisdom of outstanding educators with whom we have worked, research from the fields of education and organizational change, the efforts of advocates, providers, and policymakers, and, of course, the experiences of students and their families. As more schools join this movement and share their experiences with policymakers, we will see laws, policies, and funding streams converge to place trauma sensitivity at the forefront of education reform.

The Foundation for Moving Forward

We begin by reviewing key points from Volume 1 of *Helping Traumatized Children Learn*. These ideas provide the foundation from which to move forward to take action on behalf of students. “Robert” is an eleventh-grade student who had been homeless and a witness to domestic violence. When his family sought advocacy to address his school challenges, Robert described his difficulties at school:

The teachers tell me I'm smart. They say I'm just not trying. I find myself staring out the window during class. Next thing I know, two weeks have passed and I have failed yet another geometry or biology test. I really try to listen to what the teacher is saying. Sometimes I can see her mouth moving but can't hear a thing. It is as if I am in a soundless chamber. They say I have potential but that I am slipping out of reach. I wish I could focus and soak in the material, but I just can't. I wish they understood how hard it is.⁷

When students walk through the school doors carrying the negative feelings and expectations that can result from overwhelming adversity, school can become yet another place where they feel fearful or threatened. The goal of the Trauma and Learning Policy Initiative is to help schools become safe havens for learning: places where all students, including those who are traumatized, can calm their fears, make positive connections with adults and peers, behave appropriately, and learn at their highest levels.

High rates of traumatic experiences in childhood

Robert is one of many students who come to school every day having experienced traumatic events that compromise their learning, behavior, and relationships. A turning point for many educators has been understanding just how common traumatic experiences are in the lives of children. The Adverse Childhood Experiences (ACE) study,⁸ published in 1998, found that extraordinary numbers of adults reported abuse and/or challenging family experiences during childhood. The study asked participants about their experiences in seven categories of childhood adversity: physical, sexual or psychological abuse; witnessing domestic violence; and living with a parent with mental illness, substance abuse, or involvement in criminal behavior. Half of the adults participating in the study had experiences in at least one of these categories as children. Further studies have expanded our

Readers of the first volume of *Helping Traumatized Children Learn* will note we have expanded our original focus on family violence to include multiple adverse experiences. Although there are differences in the way each traumatic event may affect a child, the fact is that all kinds of adversity have the potential to impede progress at school.

understanding of the prevalence of traumatic experiences in childhood.⁹ By identifying the large number of children who are chronically bullied, live with homelessness or in the proximity of pervasive community violence, are refugees from war-torn countries, are shuttled around in the foster care system, survive natural disasters, undergo multiple, invasive medical procedures, or live with a parent traumatized by combat, these studies have demonstrated that traumatic experiences are more pervasive than many educators currently recognize.¹⁰

Trauma impacts learning, behavior, and relationships at school

Overwhelming traumatic events can alter a child's world-view and even the architecture of his or her developing brain. Recent research in the areas of epigenetics and neurobiology has confirmed and expanded our understanding of the ways traumatic experiences can profoundly affect memory, language development, and writing.¹¹ This can interfere with a child's ability to master the basic subject matter that is the core of every school's curriculum. Indeed, trauma-related responses can become embedded in, and therefore encumber,

all aspects of the learning process. Moreover, children may respond fearfully to people and situations at school even if the traumatic events happened months or years earlier. And they may have difficulty with peer and/or adult relationships because they cannot trust that other students or teachers have their best interests at heart. The trauma response can also undermine a student's ability to self-regulate emotions, behavior, and attention, resulting in responses such as withdrawal, aggression, or inattentiveness.¹²

Experts explain that trauma is not the event itself, but rather a response to a highly stressful experience in which a person's ability to cope is dramatically undermined.

Experts explain that trauma is not the event itself, but rather a response to a highly stressful experience in which a person's ability to cope is dramatically undermined.¹³ Many factors influence how an individual child might respond to stressful events. The child's age and temperament, the nature of the experience, and the child's social context—family,

school, and community—all play a role. Because many factors influence individual reactions to stressful events, no two children will be affected by a similar event in exactly the same way. Recognizing and responding to trauma's impact at school is vital. With this understanding, educators can avoid viewing trauma-related behaviors as intentional or as stemming from a lack of motivation or laziness, which in turn can reduce the perceived need for punitive responses that often exacerbate the problem and retraumatize the child.

The Trauma Lens

After learning that so many children are affected by traumatic experiences and understanding the neurobiological impact trauma can have on learning, many educators experience an “aha” moment. It is a relief that researchers can finally explain what many administrators and teachers have been dealing with for years. These studies from public health experts, neurobiologists, and psychologists can lead to greater empathy and a shift in perception about what may underlie the challenges certain students face at school. This knowledge provides a new lens—what we call the Trauma Lens—through which students and their learning, behavior, and relationships can be seen and understood.



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A look through the Trauma Lens can also reveal systemic barriers that prevent educators from responding to students in new ways. For educators to overcome these barriers and put this understanding to use effectively, it is essential that the school-wide infrastructure—not just one program, classroom, or staff member—supports a shift in culture that sustains trauma-sensitive ways of thinking and acting.

The Trauma Lens clarifies the need for a whole-school approach

The nature of trauma is that it can cause feelings of disconnection from the school community that undermine students' success. Experts explain that a welcoming, supportive community can help children overcome these feelings and diminish the severity of the trauma response.¹⁴ As schools are communities for children, these findings reinforce what many educators and parents already

know implicitly—that a supportive school-wide environment can play a significant role in addressing the needs of students who have endured traumatic experiences.

It is critical that children feel safe and connected to others in all parts of the school, not just in one program or with one teacher. Trauma-sensitive individual services and programs in special and regular education will be very important. However, if students are to solidify their skills in developing relationships, in self-regulation, and in academic and nonacademic areas, and use these skills to participate fully in the school community, they need to practice and become fluent using them everywhere in the building, not only in one class or small group.¹⁵ Thus, an integrated and coordinated approach to service delivery is an essential part of a trauma-sensitive school.¹⁶

School staff will not always know if a given child's problems grow out of traumatic experiences. Nor is it appropriate or necessary to screen all children in an attempt to identify which ones have had traumatic experiences, further stigmatizing those who may already feel alienated and potentially causing more harm.¹⁷ Rather, the best approach is to make sure we provide trauma-sensitive learning environments for *all* children. In a school-wide trauma-sensitive culture, educators will gradually develop an awareness that traumatic experiences may be at the heart of a student's learning, behavior, or relationship difficulties. As this awareness grows into a deeper understanding, educators will see how a trauma-sensitive environment can help children who are struggling feel safe, connected to the school, and engaged in learning. And they will also see with greater clarity how a whole-school approach that values teamwork, coordination, and collaboration will enhance the school experience for all.

Moving to Action

Despite the best intentions, moving to action can be difficult. It is easy to lose patience with the students who need it most. Intellectual understanding and compassion may get lost in the heat of a trying moment or in the competing initiatives going on in school at any one time. And the understanding of an individual teacher is not nearly enough. Every classroom is part of a larger school environment that bombards students and staff with messages to meet legal and policy requirements that are often fragmented and structured to respond to a single pressing concern of the moment, rather than to achieve the best educational results. All of this can overwhelm the best intentions of educators, schools, and policymakers.

That is why whole-school trauma sensitivity requires more than an awareness of trauma's impact on learning. Everyone—administrators, educators, paraprofessionals, parents, custodians, bus drivers, lunch personnel—must be part of a school-wide change in understanding and response that is supported from the top down and the bottom up.

In recent years, a broad range of programs, and even whole-school approaches, have been developed to address a variety of discrete issues. Many good programs and services can be employed in the process of creating a trauma-sensitive school. However, no program by itself can make a school trauma sensitive, and overly prescriptive instructions cannot address the difficulties of making changes in a complex school ecosystem and culture. For programs and services to be helpful, they need to “fit” the school’s culture and support its capacity to tailor solutions to priorities identified by its educators.¹⁸ They need to foster the growth of a trauma-sensitive learning community.

Thus, we offer tools—not instructions—to equip schools with the ability to select their own trauma-sensitive approaches to meet the particular needs of their students and families. School-wide thinking and planning must grow from within rather than be imposed from outside. This allows schools to become trauma-sensitive learning communities that engage in the kind of open-ended discussion that can ignite a process of dynamic change. Laws must be structured to support this kind of thinking and planning. It begins not with easy answers, but with difficult questions about how a school best responds to all of its students, including those who have experienced adversity.



All children can learn in a trauma-sensitive school because they have positive connections to others and a sense of safety throughout the entire school.

Chapter Summaries

Chapter 1 – A Vision for a Trauma-Sensitive School

Although no two trauma-sensitive schools will be identical, a definition helps build a common vision and a consensus on how to meet the challenges. Chapter 1 offers this definition:

A trauma-sensitive school is one in which all students feel safe, welcomed, and supported and where addressing trauma's impact on learning on a school-wide basis is at the center of its educational mission. An ongoing, inquiry-based process allows for the necessary teamwork, coordination, creativity, and sharing of responsibility for all students.

All children can learn in a trauma-sensitive school because their positive connections to others are fostered and they experience a sense of safety throughout the entire school, allowing them to calm their emotions and behaviors so that they can engage appropriately with the curriculum and the school community.

Based on our work with schools, we have distilled six core attributes of a trauma-sensitive school, explained in detail in Chapter 1. Taken together, these attributes make up the vision upon which a trauma-sensitive school rests.

In a trauma-sensitive school, adults:

- **share an understanding** of how trauma impacts learning and why a school-wide approach is needed for creating a trauma-sensitive school
- **support all students to feel safe**—physically, socially, emotionally and academically
- **address students' needs in holistic ways**, taking into account their relationships, self-regulation, academic competence, and physical and emotional well-being

- **explicitly connect students to the school community**, providing them with multiple opportunities to practice newly developing skills
- **embrace teamwork** with a sense of a shared responsibility for every student
- **anticipate and adapt** to the ever-changing needs of students and the surrounding community

In this chapter, we offer a set of questions based on the above attributes of a trauma-sensitive school. Called the “Trauma-Sensitive Vision questions,” they are designed to be a tool schools can use to maintain the focus on trauma sensitivity in all their work.

In Volume 1 of *Helping Traumatized Children Learn*, we introduced the Flexible Framework to help schools weave trauma sensitivity into all the activities of the school day. The Flexible Framework allows the complexities of school infrastructure to be understood as a manageable list of six discrete but interrelated school operations: (1) leadership, (2) professional development, (3) access to resources and services, (4) academic and nonacademic strategies, (5) policies, procedures and protocols, and (6) collaboration with families.¹⁹ All of these operations are needed to work together to change the culture of a school. Chapter 1 re-introduces the Flexible Framework as a structure for organizing a school-wide trauma-sensitive Action Plan and offers a set of questions, derived from these six elements of school operations, called the “Flexible Framework questions.” These questions are designed as a second tool to keep the focus on the whole school as staff develop and implement their Action Plans.

Chapter 2 – Guide to Creating a Trauma-Sensitive School

In our work with schools, we have observed that becoming trauma sensitive requires not only a deep understanding of trauma’s impact on learning but also a spirit of inquiry that most often starts with a small but enthusiastic group of leaders and staff who learn together and can articulate their sense of urgency about why they feel trauma sensitivity will provide better educational outcomes for all students.

We have observed that becoming trauma sensitive requires not only a deep understanding of trauma's impact on learning but also a spirit of inquiry that most often starts with a small but enthusiastic group of leaders and staff who learn together and can articulate their sense of urgency about why they feel trauma sensitivity will provide better educational outcomes for all students.

With fully invested leadership, the urgency to take action can expand to an entire staff, which becomes dynamically involved in identifying priorities and then planning, implementing, and evaluating a school-wide trauma-sensitive Action Plan.

Chapter 2 is a Guide to a collaborative, inquiry-based process to help schools become trauma-sensitive learning communities that identify and address their priorities creatively and in cost-effective ways. The Trauma-Sensitive Vision and Flexible Framework questions are essential tools to help schools in this collaborative process of change. We offer this Guide to encourage more

schools to become whole-school trauma-sensitive environments, to support them in doing so, and to foster learning among schools and districts in Massachusetts and across the nation.

Chapter 3 – Advocating for Trauma-Sensitive Schools

Chapter 3 proposes how laws, policies, and funding streams need to change in ways that will empower schools to engage in this process. Good policies and good educational practice must go hand in hand if schools are to become trauma-sensitive learning environments. What works at the school level must inform laws and policies at the federal, state, and local levels. Through advocacy and increased dialogue, we seek to overcome institutional barriers and close the gap between holistic educational practice and policy. We make the following public policy recommendations:

1. All levels of government should articulate the clear, strong, and coordinated message that trauma-sensitive schools are a priority.
2. Laws, policies, and funding streams should support schools to create whole-school Action Plans that are organized according to the elements of school operations.

3. Professional development for educators, administrators, and allied professionals should provide opportunities to develop a shared understanding of trauma's impact on learning and build skills in using a whole-school, inquiry-based approach to creating trauma-sensitive schools.
4. Schools and outside agencies should collaborate to ensure that services are an integral part of trauma-sensitive whole-school environments and that they connect students to their school communities.
5. Schools and districts need adequate staffing to perform the administrative functions necessary for effective implementation.
6. Laws and policies should clarify that evidence-based approaches include those that encourage schools to engage in locally based, staff-driven evaluative inquiry.



A broad public-policy agenda is needed to advocate for laws, policies, and funding streams that enable schools to achieve the school-wide vision embodied in our definition: addressing trauma's impact on learning as a core part of the educational mission so that all students feel safe, welcomed, and supported.

Conclusion

We seek to foster and support the growing movement of schools and districts actively involved in creating school-wide trauma-sensitive learning environments that benefit *all* students. We write this book for educators so they can work in partnership with policymakers to secure the support they need to do this important work and for policymakers so they can understand what it takes to create a trauma-sensitive school. We look forward to the day when school-wide trauma sensitivity is moved out of the shadows to become part of daily educational practice. But everyone is needed —parents, students, administrators, educators, advocates, providers—to participate in advocating for laws, policies, and funding streams

Please visit our online learning community for creating and advocating for trauma-sensitive schools traumasensitiveschools.org.

that support schools to become trauma-sensitive learning communities. Trauma-sensitive schools can make an enormous difference for children. Working together, we can turn the direction of education reform toward whole-school trauma sensitivity. We invite everyone to join in this effort.

Chapter I

A Vision for a Trauma-Sensitive School



Each school will implement trauma sensitivity in its own unique way. However, a shared definition of what it means to be trauma-sensitive can bring educators, parents, and policymakers together around a common vision that can help them meet ongoing challenges. A trauma-sensitive school is one in which all students feel safe, welcomed, and supported and where addressing trauma's impact on learning on a school-wide basis is at the center of its educational mission. It is a place where an ongoing, inquiry-based process allows for the necessary teamwork, coordination, creativity, and sharing of responsibility for all students, and where continuous learning is for educators as well as students.

No single attribute of a trauma-sensitive school can be viewed as an isolated fragment; they are all interrelated, adding up to a whole that is greater than the sum of its parts. Together they define ways to empower schools to understand and realize a shared vision.

For schools to achieve trauma sensitivity, it is important to clarify this vision to show what trauma-sensitive ways of responding to students can look like at school. Based on our past eight years of work in schools, and with the input of our partners, we have distilled six distinct but interrelated attributes of a trauma-sensitive school that are described in the first section of this chapter. A set of questions based on these attributes serves as a tool to help keep the vision of trauma sensitivity in the foreground as educators carry out the multiple daily demands of the modern education

system. The attributes and associated questions help schools evaluate which efforts will lead the school toward the trauma-sensitive vision. Ultimately they help the school identify which efforts are successful, and which need more work, as they pursue the kind of change they are seeking.

Sustaining trauma-sensitive ways of thinking and acting will require a shift in the culture of a school, and the key elements of school

operations need to work together to support this shift. The second section of this chapter introduces the Flexible Framework for identifying how school operations can be brought into alignment to achieve the vision of trauma sensitivity. A second set of questions, based on these school operations, provides a tool schools can use to develop effective Action Plans that integrate trauma sensitivity into the daily school experience of its students, staff and families.

Attributes of a Trauma-Sensitive School

No single attribute of a trauma-sensitive school can be viewed as an isolated fragment; they are all interrelated, adding up to a whole that is greater than the sum of its parts. Together they define ways to empower schools to understand and realize a shared vision.

Leadership and staff share an understanding of trauma's impacts on learning and the need for a school-wide approach

Awareness is the critical first step in creating a trauma-sensitive school. All staff—educators, administrators, counselors, school nurses, cafeteria workers, custodians, bus drivers, athletic coaches, advisors to extracurricular activities, and paraprofessionals—should understand that adverse experiences in the lives of children are exceedingly common and that the impact of these traumatic experiences on child development can play a major role in the learning, behavioral, and relationship difficulties faced by many students. These difficulties can include perfectionism, withdrawal, aggression, and inattention, as well as lack of self-awareness, empathy, and self-regulation. They can also include problems with spoken and written language and executive functioning.

Educators in a trauma-sensitive school understand that one of the most effective ways to overcome the impacts of traumatic experiences is to make it possible for students to master the school's academic and social goals. Children often interpret lowered standards as a validation of their own sense of worthlessness, a self-image created by their experiences. For many children, however, their trauma-related challenges cannot be addressed separately from learning goals; their reactions become intertwined with the learning process itself, acting as

a barrier to academic success. Therefore, trauma sensitivity is critical to high quality instruction. Addressing trauma's impact on learning at school does not require specialized curricula or programming, although planning and supports for individual children who are struggling will continue to be very important. Rather, trauma-sensitive approaches must be infused into the curricula, the school- and district-wide philosophy, the way educators relate to children, and all the daily activities of the classroom and school.²⁰

The school supports all students to feel safe physically, socially, emotionally, and academically

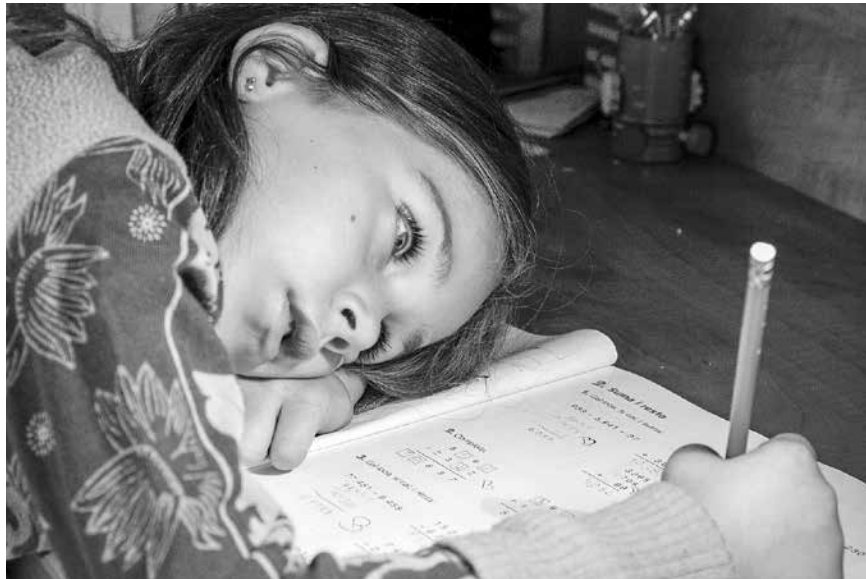
A child's traumatic response, and the associated difficulty in learning, is often rooted in real or perceived threats to his or her safety, undermining a fundamental sense of well-being. Therefore, it is important to ensure that students feel safe in the classroom, on the playground, in the hallway, in the cafeteria, on the bus, in the gym, and on the walk to and from school. Physical safety is clearly important, but so is social and emotional safety. Critically important as well is that children feel a sense of academic safety. That is, children need to feel safe enough to make mistakes as they



Children can feel unsafe for a host of reasons. They may bring with them to school traumatic effects from past experiences—some of which they may have been too young to remember—or have pressing fears related to what they are currently experiencing in school, such as bullying.

are learning, rather than cover up any gaps through distracting behavior or withdrawal. Educators in a trauma-sensitive school understand that helping students undertake what may feel like a risk, such as volunteering an answer to a math problem, can happen only in a classroom where every child knows that his or her contribution will be respected by adults and peers. And they recognize that students with seemingly unquenchable needs for attention may not respond to approaches that merely ignore the behavior because these students may in fact be looking for reassurance that they are safe.

Children can feel unsafe for a host of reasons. They may bring with them to school traumatic effects from past experiences—some of which they may have been too young to remember—or have pressing fears related to what they are currently experiencing in school, such as bullying. They may also have fears related to ongoing events outside of school—for example, an unsafe home or neighborhood—or be preoccupied with worry about the safety of a family member or friend, reinforcing the notion that their own security may be threatened. Structure and limits are essential to creating and maintaining a sense of safety for all students and staff at school, but that does not mean having rules that are followed



A student who appears lazy and not interested in completing work may actually be afraid to follow through out of fear of making mistakes. Approaches that address only the behaviors that appear on the surface often do not respond to a student's real needs.

Structure and limits are essential to creating and maintaining a sense of safety for all students and staff at school. With careful planning, all of the adults in the school can work together to provide a blanket of safety comprehensive enough to cover every space and every person in the school.

and enforced no matter what.²¹ We are referring to structure and limits that provide a sense of safety through predictable patterns and respectful relationships, with adults in charge who convey confidence—through tone of voice, demeanor, a calm presence during transitions, and in other subtle and overt ways—that they will maintain each student’s feeling of safety in the school. With careful planning, all of the adults in the school can work

together to provide a blanket of safety comprehensive enough to cover every space and every person in the school.

The school addresses students’ needs in holistic ways, taking into account their relationships, self-regulation, academic competence, and physical and emotional well-being

The impacts of traumatic experiences can be pervasive and take many forms, and a traumatized child’s presentation may mask, rather than reveal, his or her difficulties. For example, a middle school student who pushes adults away may in fact long for their help but be afraid of betrayal. A high school student who appears lazy and not interested in completing work may actually be afraid to follow through out of fear of making mistakes. Approaches that address only the behaviors that appear on the surface often do not respond to a student’s real needs. A broader, more holistic approach is required to understand the needs that underlie a student’s behavioral presentation and to provide supports and build skills that respond to those needs.

Educators maximize children’s opportunities to succeed at school, despite the adversities they may have endured, by bolstering them in four key domains: strong relationships with adults and peers; the ability to self-regulate behaviors, emotions, and attention; success in academic and nonacademic areas; and physical and emotional health and well-being.²²

In reality, skills in these four areas are inseparable; there is a complex and systemic interaction among them. Academic competence

is connected to self-regulation and fewer behavior problems; relationships help children modulate their emotions and foster success in both academics and self-regulation.²³ Physical and emotional health is the overall foundation for learning.

A trauma-sensitive school recognizes that these domains are inextricably linked and understands the critical role they play in helping students be successful. A trauma-sensitive school bolsters *all* children in these four areas, knowing that many of them will need a great deal of support in building these skills, which must be practiced in context, meaning in the classroom, the hallways, the lunchroom, and elsewhere. Applying this holistic perspective both at the school-wide level and on behalf of individual children requires time for educators to meet and brainstorm creative solutions that address student needs. Schools have found that this time can be integrated into existing planning blocks, not necessarily requiring yet another set of special meetings. The point is to be sure that a holistic approach based on these four core domains is part of how the school is run on a day-to-day basis and that children needing extra help developing these skills will receive that assistance.

The school *explicitly* connects students to the school community and provides multiple opportunities to practice newly developing skills

Helping children build skills addresses only part of what is needed to help them learn. The loss of a sense of safety caused by traumatic events can cause a child to feel disconnected from others. Typically, the child is looking to those at school to establish or restore feelings of security and connection with the school community. Too often we respond negatively to a child who is seeking attention or whose behavior is confusing or oppositional, when the child may be desperately in need of connection to peers and adults. We too easily discipline students for an inappropriate response to an adult, labeling it disrespect, rather than recognizing it as the student's halting or awkward effort to relate.²⁴ It is essential for staff to understand that all students have a need to engage in the school community, even those who may seem to be pushing us away.

Helping students make positive connections to other members of the school community, providing opportunities for them to use their newly developing skills in context, and supporting them as they become fluent in participating fully in the community are essential elements of a trauma-sensitive school. Equally important is creating a culture of acceptance and respect in this community of learners, focusing on building a school and classroom culture where everyone is seen as having something significant to offer and is encouraged and supported to do so.

A trauma-sensitive school makes deliberate efforts to engage parents and caregivers and help them connect to the school community in meaningful ways. As their parents become involved, students can begin to feel that they and their families are truly part of the life of the school community.

For many students, their sense of connection to school is enhanced when their parents feel welcomed and respected in the school community. A trauma-sensitive school makes deliberate efforts to engage parents and caregivers and help them connect to the school community in meaningful ways. As their parents become involved, students can begin to feel that they and their families are truly part of the school community.

The school embraces teamwork and staff share responsibility for all students

Expecting individual educators to address trauma's challenges alone and on a case-by-case basis, or to reinvent the wheel every time a new adversity presents itself, is not only inefficient, but it can cause educators to feel overwhelmed. A trauma-sensitive school moves away from the typical paradigm, in which classroom teachers have primary responsibility for their respective students, toward a paradigm based on shared responsibility, requiring teamwork and ongoing, effective communication throughout the school. In a trauma-sensitive school, educators make the switch from asking *What can I do to fix this child?* to *What can we do to support all children to help them feel safe and participate fully in our school community?*²⁵ Otherwise, the positive impacts one teacher might have made in his or her classroom can too easily be undone when a child gets in line for the bus, walks into a



In a trauma-sensitive school educators make the switch from asking “what can I do to fix this child?” to “what can we do as a community to support all children to help them feel safe and participate fully in our school community?”

chaotic hallway, or enters the lunchroom. Opportunities for adults to share effective strategies are lost. Trauma-sensitive schools help all staff—as well as mental health providers, mentors, and others from outside the school who work with staff and students—feel part of a strong and supportive professional community that shares responsibility for each and every child and works as a team to address the impact of trauma on learning.

Addressing the impacts of trauma takes the solidarity of a whole community. Acknowledging the harmful experiences many children endure can be unsettling; for some educators it can also evoke uncomfortable memories of adversities they experienced in their own childhoods. The human need for safety and security is so powerful that at times even the most caring adults may feel the urge to turn away from facing the impacts of trauma. If they raise the issue of trauma when discussing students’ needs, educators must trust that they will be supported by their colleagues and leaders. They must also feel confident that a structure will be in place to address a struggling student’s needs holistically and that their colleagues will join together in this difficult work.²⁶

By providing meaningful, confidential ways for parents and caregivers to share their knowledge of, and insight into, their children, educators can help them gain a sense of trust in the school.

This focus on teamwork extends to partnering with families. By providing meaningful, confidential ways for parents and caregivers to share their knowledge of, and insight into, their children, educators can help them gain a sense of trust in the school. As this trust deepens, it becomes possible for parents and teachers to discuss a child's strengths and interests, openly share concerns, and work together to address sensitive

issues that might be affecting a student's school performance. These issues may range from everyday ups and downs to more serious issues, such as medical issues, divorce, adoption, foster care, homelessness, or other losses. Students will benefit greatly from the consistent approaches that can be forged through the strong home-school partnerships that result from this teamwork.

Leadership and staff *anticipate and adapt* to the ever-changing needs of students

Research describes the endless number of experiences that can have traumatizing impacts on children. A whole community can be adversely affected by an episode of violence or other tragedy that may reverberate particularly strongly for students in the school. Sometimes a troubling event may occur within the school. On top of this, we know that children bring dramatically different experiences into school from year to year as the surrounding community changes due to economic pressures, immigration patterns, and other factors. Often these changes can result in large turnovers in the school population, even within the same school year. Likewise, there might be high levels of staff turnover from year to year, creating a sense of instability. When schools and classrooms are constantly confronted with changes, the equilibrium of the classroom or school can be upset.

Educators and administrators in a trauma-sensitive school do their best to adapt to such challenges flexibly and proactively so that the equilibrium of the school is maintained despite inevitable shifts and changes. They try to plan ahead for changes in staffing and policies. And taking the time to learn about changes in the local community can, in some cases, help them to anticipate new challenges before they arise.

Of course, many disruptions to a school's equilibrium are simply not predictable, and it is important to be aware that, whether expected or not, they may leave the staff extremely unsettled. A school can spend much time, resources, and energy feeling “thrown off.” A trauma-sensitive school is prepared for these reactions and views them as opportunities to stop and reflect on goals and successes, but then moves quickly ahead, making plans to accommodate any new needs or issues that have arisen.

Trauma-Sensitive Vision Questions

The Trauma-Sensitive Vision questions, based on the above attributes, are offered to encourage active reflection and thoughtful inquiry on ways to achieve the vision of a trauma-sensitive school. They serve as a touchstone or reminder to keep the vision in clear view as schools identify priorities and plan, implement, and evaluate their action plans. An example of using the Trauma-Sensitive Vision questions might be to ask,

How will addressing a given priority or taking a specific action:

- deepen our **shared understanding** of trauma's impacts on learning and the need for a school-wide approach?
- help the school effectively **support all students to feel safe**—physically, socially, emotionally, and academically?
- **address students' needs in holistic ways**, taking into account their relationships, self-regulation, academic competence, and physical and emotional well-being?
- **explicitly connect students to the school community** and provide them with multiple opportunities to practice newly developing skills throughout the school?
- support staff's capacity to **work together as a team** with a sense of shared responsibility for every student?
- help the school **anticipate and adapt** to the ever-changing needs of students and the surrounding community?

The Flexible Framework

Schools sometimes take on new initiatives with a sense of excitement that can keep them from taking the time to consider all the pieces that need to be in place and anticipate the institutional barriers that might hinder effective implementation. In order to support the culture change required to make progress toward the trauma-sensitive vision, it is important for schools to “cover the bases” and make sure that trauma sensitivity is infused into each aspect of the school. The Flexible Framework, which was first introduced in Volume 1 of *Helping Traumatized Children Learn*, is based on six familiar and important school operations that schools should keep in mind as they implement trauma sensitivity on a school-wide basis:

1. **Leadership** by school and district administrators to create the infrastructure and culture to promote trauma-sensitive school environments
2. **Professional development** and skill building for all school staff, including leaders, in areas that enhance the school’s capacity to create supportive school environments
3. **Access to resources and services**, such as mental health and other resources, that help students participate fully in the school community and help adults create a whole-school environment that engages all students
4. **Academic and nonacademic strategies** that enable all children to learn
5. **Policies, procedures, and protocols** that sustain the critical elements of a trauma-sensitive school
6. **Collaboration with families** that actively engages them in all aspects of their children’s education, helps them feel welcome at school, and understands the important roles they play²⁷

Each of the six school operations contained in the Flexible Framework has been thoroughly explicated elsewhere. Chapter 2 of the first volume of *Helping Traumatized Children Learn* contains a lengthy discussion of each element. The *Massachusetts Model Bullying Prevention and Intervention Plan* and the Framework in the *Final Report of the Behavioral Health and Public Schools Task Force* (both discussed in Chapter 3 of this volume) also contain many examples that are relevant to each operation.

Flexibility is key in addressing the role of trauma at school. While the six components of the Flexible Framework remain constant, the *content* of Action Plans will not look the same at any two schools. Each school has its own strengths and challenges. The idea is to ensure that every critical area of operations is taken into consideration when generating ideas, considering actions, and tailoring solutions that fit the school's own community and the prioritized needs of its students. Using the Flexible Framework helps avoid a situation in which staff are left wondering why sufficient professional development, connections to mental health services, or policies to cement new approaches into place were not included in an Action Plan, why the initiative did not withstand inevitable changes in leadership, or why many students and parents felt left out.

Flexible Framework Questions

The Flexible Framework questions help educators ensure that their Action Plans take into account all the important elements of school operations. The questions also help identify institutional barriers as well as strengths that may become relevant as the school works to achieve its intended goals. The Flexible Framework questions lead educators to inquire:

- What role does school and/or district **leadership** play in implementation?
- What **professional development** is necessary for implementation?
- What resources, supports, or **services** need to be in place for students, families, and/or staff?
- What classroom **strategies**—both **academic and nonacademic**—support implementation?

- What **policies, procedures, or protocols** do we need to review, revise, and/or develop?
- What do we need to do to ensure that **families** are active partners in helping with implementation?

Using the Trauma-Sensitive Vision Questions and Flexible Framework Questions

The Trauma-Sensitive Vision questions and the Flexible Framework questions, used together, are essential to the process of making whole-school trauma sensitivity an ongoing and familiar part of how the school is run. The two tools do not substitute for the process a school engages in to determine its own priorities and select the actions it will take to address them. Rather, their purpose is to assist the school, during the course of this process, to keep the focus on the whole-school vision while developing an Action Plan that infuses trauma sensitivity into the daily operations of the school.

The more often staff use the Trauma-Sensitive Vision questions and the Flexible Framework questions, the more it will become second nature to identify priorities that call for trauma-sensitive approaches and to plan and implement school-wide actions to address them. As

Before beginning Chapter 2, we suggest that you review the Flexible Framework on pages 47-76 in Volume I of *Helping Traumatized Children Learn*. Although this Framework should not be considered a set of solutions for a particular school, it is full of the accumulated experience and professional wisdom of numerous trauma-sensitive educators.

successes grow and understanding deepens, regular use of these tools will become an integral part of the school culture and begin to organize the thinking behind identifying priorities and solving problems. Based on the experiences of schools we have observed, the key to success is a willingness to engage in the kind of process described in the Guide in Chapter 2 that includes a large portion of the staff, harnesses their creativity and professional wisdom, and fosters excitement about working in interdisciplinary ways to address the needs of all children, including those who have faced adversity.

Chapter 2

Guide to Creating a Trauma-Sensitive School



Introduction

Since the publication of Volume 1 of *Helping Traumatized Children Learn*, many educators have asked us: *How can I make my school trauma-sensitive?* Until now, we have referred them to other educators and school systems that are putting trauma sensitivity into action. We continue to believe that whole-school trauma sensitivity will filter into education reform through this kind of sharing; our website is designed to assist in such exchanges. We now have enough on-the-ground experience to begin to refine what we have gleaned from working with and observing schools and districts in the process of implementing whole-school trauma sensitivity, and we have benefited from research on organizational and educational change. We thank the educators who carefully reviewed our drafts, provided vignettes, and shared their invaluable insights. Without them, we could not have created this Guide.

Core concepts in the Guide, including learning together, coalition building, identifying priorities, action-planning, and evaluation, are all part of what many well-run schools already do. What is different at trauma-sensitive schools is that the new awareness about trauma's impact on learning becomes a primary motivator for taking action. This is where the process begins—with an individual's or a small group's sense of urgency about the need for trauma-sensitive approaches. Through more learning and reflective conversations, this sense of urgency grows into a deeper awareness of the pervasive role trauma plays at school and how addressing it can improve students' educational accomplishments. From this foundational awareness, a small coalition can engage the entire staff in trauma-sensitive action-planning. The process described in this Guide empowers educators to look holistically at their school's infrastructure and gain greater clarity about the ways in which its school operations may be encouraging or hindering success. It describes a process for overcoming these barriers so that the school can address its priorities in trauma-sensitive ways. The goal of using this process is for schools to become trauma-sensitive learning communities where new ideas and expansive thinking are nurtured and where synergy and teamwork make it possible for complex issues to be explored.

Process for Creating a Trauma-Sensitive School



Chapter 2 is organized around four essential questions that stimulate the deep thinking and collaboration needed to empower a school staff to better address the unique needs of its own students and staff. Through the spirit of learning and inquiry engendered by these questions, as well as the Trauma-Sensitive Vision and Flexible Framework questions, a school can move along a clear trajectory toward trauma sensitivity.

Unlike some educational programs that emphasize fidelity to a pre-established template, the process we describe is fluid and embraces the unique circumstances of each school community. We invite readers to apply the underlying principles in a way that fits the context of their school and the needs of their students and staff. Other than the time for planning and discussion, the process described in the Guide does not require additional resources.

We hope that through participation in our online learning community, *traumasensitiveschools.org*, educators will add their own ideas to those included in this chapter. We hope this chapter will be changed

and enhanced as more and more educators create trauma-sensitive schools and then share their wisdom with us and with each other. This joint learning will also form the foundation for TLPI's other major focus, advocating for trauma-sensitive schools. Support from policymakers at the state and federal levels is critical to creating trauma-sensitive schools. Educators who lead their schools through the process described in this chapter will be able to inform the design of new laws and policies and advocate for their passage. Their perspectives will be crucial in building a broad movement to help all children, including those who have been traumatized, reach their educational potentials.

About the Vignettes

In this chapter, we share vignettes from schools that generously allowed us to observe them as they engaged in the inquiry-based process we describe in the Guide. The Lincoln School is used as an example throughout most of the chapter, allowing the reader to follow one school's experience throughout the whole process. A second school, the Roosevelt School, used a somewhat different approach from the Lincoln in the early stages of the process, so we share that as well. Both are actual schools, but these are not their real names. In addition, we include several other unnamed schools whose experiences are illustrative of key activities and concepts described in this Chapter. All of the schools are located in Massachusetts, include elementary and middle schools, and range from urban to rural.

Question 1

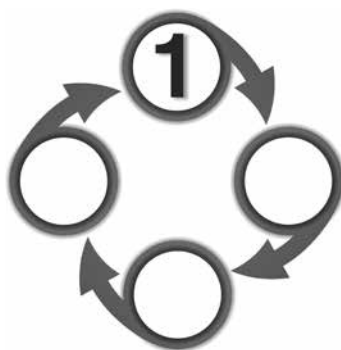
Why do we feel an urgency to become a Trauma-Sensitive School?

When staff approached me about becoming a trauma-sensitive school, I wanted to get a sense of how prevalent traumatic experiences might be among the students at our school. The school nurse, school psychologist, and I started by reviewing the records of students who were homeless or in foster care or otherwise had a known traumatic history. I was shocked when I realized how high the number of students was and stunned to see the overlap between these students and those who were functioning below grade level academically. While not all the children with traumatic histories were struggling, it was clear to me that adversity was a strong predictor of challenges in school and that we could not in good conscience ignore a plan for addressing the role of trauma in our school.

—The principal of the Roosevelt School,
a rural elementary school

Roadmap for Question 1

The effort to become trauma sensitive must be fueled by a strong sense of motivation. In this section, we describe steps for converting the urgency that individual staff members feel into a strong foundation for getting the whole staff invested. The goal is to form a small but growing coalition that includes school leaders and is able to articulate clearly why addressing the impacts of trauma on learning will help to achieve the staff's major priorities for the school and its students. Taking the steps outlined in Question 1 is critical preparation for later introducing trauma sensitivity to the whole staff in a thoughtful and effective way.



Articulating the Urgency

A sense of urgency about trauma sensitivity is the seed for making change. The first step is to articulate why trauma sensitivity is important for addressing the priorities in your school. In many schools, educators feel their most important priority is to increase academic achievement. In other schools, staff may be concerned that too many children are receiving punitive responses, such as suspensions, expulsions, and referrals to the office. Maybe staff are



A sense of urgency about trauma sensitivity is the seed for making change. The first step is to articulate why trauma sensitivity is important for addressing the priorities in your school. In many schools, educators feel their most important priority is to increase academic achievement.

frustrated in their efforts to connect with parents, even as they realize that helping parents feel welcomed at school will surely help their children succeed. Perhaps staff feel the need for better communication with agencies or would like to view children in a more holistic way.

Any of these priorities can be the catalyst for becoming trauma sensitive. In some schools, educators will see trauma sensitivity as the solution to a pressing problem. In others, trauma sensitivity will be the way to take what the school already does well and ensure that it is reaching *all* the students in the school. Still other schools will

discover the importance of trauma sensitivity as they seek to comply with new mandates, such as a requirement to adopt a bullying prevention plan. As long as staff feel a strong sense of motivation, all of these are legitimate sources for the urgency that is necessary to sustain the process described in this chapter.²⁸

An assistant principal in an urban middle school described the urgency that he felt about how school discipline policies were negatively

affecting students. He began to talk about this urgency with others and found that his concerns were shared:

I was becoming concerned about the number of suspensions we had in our school. I was seeing no decline in sight. It seemed that the more students we suspended the more we needed to suspend. I felt caught in a spiral of never-ending punitive responses to our students. In conversations at faculty meetings we realized we were often suspending students who were experiencing all kinds of adversity outside of school. We needed to learn strategies for addressing their behavior in a trauma-sensitive way.

When a sufficient number of leadership and staff make this type of connection between the priorities about which they feel strongly and trauma sensitivity, the motivation, or “driver,” for creating a trauma-sensitive school is in place. A concrete plan is not needed at this early stage; an Action Plan will come later. Right now, it is best to start by helping colleagues see the connection between trauma sensitivity and the positive changes they would like to see for the school’s students and staff. Such changes might include safer halls, more empathetic teachers, or improved discipline policies that recognize the reasons behind a student’s behavior. Perhaps staff want to focus on academic achievement, fewer dropouts, fewer disciplinary actions, fewer office referrals, better communication within the school and with outside agencies, better connections with parents, or more sensitivity to the needs of students.

Growing a Coalition through Shared Learning

Sharing readings and having discussions with small groups of like-minded colleagues about the prevalence of traumatic experiences, their impacts on learning, and the need for whole-school approaches can start to build a consensus that trauma sensitivity is a way to address the school’s priorities. These discussions lay the groundwork for growing an informal coalition of staff who share an interest in trauma sensitivity and hope to begin a process of change in the school.²⁹

Here are some ways schools have developed a coalition through learning together:

- As preparation for a full faculty discussion in February, the principal of the Roosevelt School gave all staff a copy of Volume 1 of *Helping Traumatized Children Learn* at the beginning of the school year. He also included excerpts from the publication in his weekly e-mail newsletter, slowly exposing staff to key concepts over the first six months of the school year.
- In one district, a group of eight staff, comprised of teachers, a school adjustment counselor, and a behavioral specialist, formed a study group that met weekly for a year to read about and discuss trauma's impact on learning. They created a PowerPoint presentation, "Caring Instruction: Teaching Children Whose Lives Are Trauma-filled," and showed it to staff in all schools across the district during the course of the following year.



Sharing readings and having discussions about the prevalence of traumatic experiences, their impacts on learning, and the need for whole-school approaches with small groups of like-minded colleagues can start to build a consensus that trauma sensitivity is a way to address the school's priorities.

Links to helpful readings and to research studies, including the ACE study, can be found as part of the online learning community at traumasensitiveschools.org

- The director of student support services in an urban district created an opportunity for leadership teams from all the elementary and middle schools to participate in district-wide professional development on the impacts of trauma on learning. Each school sent its assistant principal, school adjustment counselor, and instructional resource specialist to the presentation. The response was so enthusiastic that a second presentation was held for the principals of all the schools. At one elementary school, the Lincoln, both the principal and the assistant principal felt the material had particular relevance for their school, and they decided to provide a similar presentation for their whole staff.
- A middle school appointed the school counselor to become its resident expert on the impacts of trauma on learning. The counselor spent the summer reading about the subject, and then led a yearlong process of sharing that learning with others. She first provided a workshop to her student support colleagues, who then used what they learned to inform their discussions about individual students with teachers and paraprofessionals.

The Role of the Principal

Another essential component of building the coalition is ensuring that a school's leadership is invested.³⁰ We have seen groups work with great energy, without involvement from their leadership, and achieve short-term goals. However, sustainability and the capacity to shift the school's ecology require that the principal or headmaster make trauma sensitivity one of the school's priorities and participate as a key member of the coalition. The principal is needed to make sure all the actions related to trauma sensitivity are woven throughout the school and aligned with other ongoing initiatives, such as bullying prevention, dropout prevention, positive behavioral health, social-emotional learning, and others.

Where the efforts have begun without formal leadership, staff at many schools have worked to bring their principals on board by sharing materials from presentations they have attended or articles and books they have read and then engaging the principal in discussion. The sense of urgency to create a trauma-sensitive school can come from the bottom up or from the top down. But formal leadership must ultimately give permission for all staff in the school to be part of effecting change. Everyone's ideas, energy, and commitment are needed. Informal leadership will be essential in building this support. Teacher leaders and others who may not have formal leadership roles but who enjoy the trust and respect of their peers can engage additional staff by lending their credibility to the budding coalition.

The Role of Sounding Boards/Thinking Partners

School leaders have found it helpful to have a personal sounding board, or "thinking partner," to help them strategize. In some cases, the person in this role has been an outside consultant. Ideally, such a consultant should have a strong understanding of how to implement whole-school change and of trauma's impact on learning.

In some cases, fellow principals in the district have served as sounding boards for each other. At one school, a tight-knit, three-person leadership team within the same school became its own sounding board. When the sounding board is an insider, the person who takes

on this role must be able to transcend the everyday functioning and relationships at the school and bring a fresh set of eyes to the discussion.

A robust online learning community can provide opportunities for problem solving and feedback, but is best regarded as a supplement to, not a replacement for, the sounding board. Leaders are invited to join the online learning community at traumasensitiveschools.org to access the additional support and reflection that can be found in an interactive community.

Whether the sounding board is an outside consultant or someone from within the district, regular meetings should be built into the principal's schedule. These meetings provide a confidential opportunity for reflection, support, feedback, problem solving, brainstorming, and planning. They are an opportunity for the principal to step back and look at the big picture, addressing barriers or challenges that may have emerged. A good sounding

Addressing Reluctance

As with any new initiative, staff will embrace trauma sensitivity with varying degrees of enthusiasm. Some will immediately want to become involved, and others will observe for a while and then decide to participate. The steering committee should also anticipate that some staff members, hopefully only a few, will not support the initiative. They may voice objections like “I grew up with difficulty, and I made it fine, so these kids should be able to as well,” or “This sounds like we are going soft on discipline with these kids, and I don’t think that’s right.” Generally, as the initiative evolves, opposition decreases. Reluctant staff members tend to be won over as fellow educators report improvements in student progress, fewer disciplinary actions, and their own lowered stress levels. Nevertheless, leaders should remain attentive to the concerns of those who are reluctant.³²

board provides guidance and coaching by posing reflective questions, such as “How do you think it’s going?” and “Where do you want to take this now?” The principal needs to feel comfortable enough with the sounding board to answer these questions candidly. The sounding board can help principals keep the effort to become a trauma-sensitive school on the front burner.

The Role of the Steering Committee

As interest in trauma sensitivity starts to take root, the need arises for the focused attention of a leadership group or steering committee, led by the principal, to take on the many tasks that lie ahead.³¹ This steering committee functions much like a work group, closely collaborating with, and on behalf of, the entire school staff, strategizing, continually reporting back, soliciting input, and obtaining approval on the planning the group has undertaken.

Whatever title the steering committee chooses (some examples are Trauma Team, Trauma Resource Team, and Ecology Committee), it

ensures that planning and actions stay focused on becoming a trauma-sensitive school. The members of the steering committee serve as guardians of the overarching vision, making sure that it does not get lost in the nuts and bolts of implementation. The principal at the Roosevelt Elementary School described his school’s steering committee as follows:

A group of teachers who were enthusiastic and eager to get started formed a Trauma Resource Team, which I chaired. The team could see that, while there was great enthusiasm among a small group of educators, we needed to think creatively about how to get others to participate. We agreed as a committee to meet regularly

and use several strategies to introduce key concepts about trauma and its impact on learning to the rest of the staff.

The formation of the steering committee marks the transition from an informal, ad hoc coalition to a more formal working group. Among those whom the principal should include on the committee are staff members who have been participating in the shared learning and who have demonstrated a commitment to building a trauma-sensitive school. As the initiative progresses, the committee may decide to expand membership, perhaps by including a representative from each grade level or by issuing an open invitation.

District Support

Although many individual schools have successfully worked to become trauma sensitive, the best opportunity for sustained culture change comes when multiple schools become trauma sensitive with the support of their district. This allows them to learn and build capacity together.

One district organized meetings where principals met in groups to give each other feedback.³³ Another district adopted a district-wide vision and then used a school-by-school approach, helping one school get started while seeding the next. Efforts such as these build capacity across the district, strengthen motivation, and facilitate the free flow of information and ideas among schools. They minimize interruption when administrators and staff leave or transfer to other schools in the district. Even if the district has not yet made creating trauma-sensitive schools a priority, it is very helpful for a school to find at least one supporter at the district level. At a minimum, the school should inform someone in the central administration about its efforts to become trauma sensitive and keep this person updated on the progress of the initiative.

State Support

When the state becomes involved and makes clear at the highest leadership level that trauma-sensitive schools are necessary to bolster the learning of all children, the district and school levels have the imprimatur to put trauma sensitivity on the “front burner.” While we



Sharing learning with colleagues, growing a strong coalition, getting buy-in from formal and informal leaders, establishing a steering committee, and reaching out to the district for support should lay the groundwork for being able to answer the essential question that guides this first part of the process.

are certainly not suggesting that districts and schools wait for their state to develop capacity and provide support, the Trauma and Learning Policy Initiative believes that state and federal leadership in this area will be absolutely critical. The policy agenda in Chapter 3 calls for support at the state level to help schools and districts do this work.

Conclusion

Taking the steps described above—sharing learning with colleagues, growing a strong coalition, getting buy-in from formal and informal leaders, establishing a steering committee, reaching out to the district for support—should lay the groundwork for being able to answer the essential question that guides this first part of the process: *Why do we feel an urgency to become a trauma-sensitive school?* Articulating the answer, as the principal of the Roosevelt School did in the vignette that begins this section, will give shape and voice to the work and serve as the foundation for introducing the concept of trauma sensitivity to the whole staff. Our online community provides an opportunity for schools to document and share their answers to Question 1 with other schools that have decided to embark on the process of becoming trauma sensitive.

Question 2

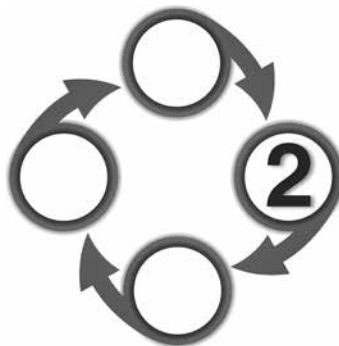
How do we know we are ready to create a Trauma-Sensitive Action Plan?

*We had dedicated teachers at our school who became masters in collecting and analyzing data and planning interventions to address the needs of each child. We had high expectations for each student, but we couldn't make gains in academic achievement: our achievement scores made us the lowest-performing school in our district. We did everything we could think of, but some missing piece was keeping us from making progress. My assistant principal and I attended presentations about trauma sensitivity that were held by our district. We were aware that our students dealt with much adversity—from gunshots to home invasions to homelessness and foster care. That so many students came to school every day, despite the challenges they faced, always amazed us. The district-wide presentations gave us a strong motivation to become a trauma-sensitive school. We knew we needed to go deeper—our teachers were very good at teaching, but there was something more we needed to do. We had our entire staff read *Helping Traumatized Children Learn* and participate in presentations and discussions on trauma's impact on learning, and they, too, started to realize that trauma sensitivity was the missing piece. Now that it made sense to everyone, we surveyed staff and had discussions to determine what our priorities for action would be.*

—The principal of the Lincoln School,
an urban elementary school

Roadmap for Question 2

In this section, we describe steps schools can take to expand the sense of urgency felt by a small but significant coalition to an entire staff that is ready to develop and implement a trauma-sensitive Action Plan. First, a school should provide opportunities for the whole staff to engage in shared learning about the prevalence and impact of trauma and what it means to become a trauma-sensitive school. The principal, with the help of the steering committee, must then assess whether a critical number of the staff feels a sense of urgency, has a shared understanding, and is committed to the vision of becoming a trauma-sensitive school. It is also important to assess whether staff has coalesced around some short-term, achievable priorities that will lead the school toward trauma sensitivity. If the staff is motivated and has clarified which priorities it would like to address, then the school is ready to go forward and develop a school-wide Action Plan.



Extending the Urgency through Shared Learning

Just as the initial coalition needed time to get its arms around new information about trauma and its impact on learning, the whole staff also needs time to learn together and develop a collective sense of urgency. We recommend a professional development presentation for the entire staff as one way to accomplish this goal. The presentation should cover the core concepts of trauma sensitivity: the prevalence of trauma; trauma's impact on learning, behaviors, and relationships; the need for a whole-school approach; and the attributes that define the vision of a trauma-sensitive school.

Schools should carefully consider the timing and format of a whole-school presentation, so as to maximize its effectiveness. The following examples illustrate two approaches to whole-school professional development:

- The Lincoln School held a formal presentation provided by an expert in creating trauma-sensitive schools. Recognizing the essential role played by each of the adults in her building, the principal asked all staff to attend the presentation. She arranged coverage for the custodian, the cafeteria workers, the nurse, and the secretary to participate along with teachers, student support staff, and paraprofessionals. At the next full staff meeting, the presentation was followed up with an in-depth discussion.
- At the Roosevelt School, the principal used a faculty meeting to have a full staff discussion. After having spent the first six months of the school year sharing information on the impacts of trauma on learning with staff through his weekly newsletter (see page 38), he held a full faculty meeting in February. At the meeting, the principal and members of the Trauma Resource Team led small groups in discussing vignettes from the first volume of *Helping Traumatized Children Learn*, exploring the similarities between the students described in the book and the students they had in their classrooms. The second part of

the meeting included more text-based discussions about trauma's impact on relationships, behavior, and academics and the need for a whole-school approach.

These examples demonstrate the benefits of deliberate planning and a creative format for getting buy-in from staff. Staff must be given time to learn and then to process their learning together.

Surveying the Staff

Irrespective of the format or timing of the presentation, it is crucial to elicit the staff's reaction to what has been presented. The principal at the Lincoln School developed a brief survey to gather this information. We have found this survey to be very helpful, and schools in Massachusetts have been using it regularly.

The survey is designed to be distributed at the conclusion of professional development for the entire staff. If the school uses a different approach, like a faculty meeting rather than a formal presentation as the principal at the Roosevelt School did, the steering committee will have to decide when it feels the major concepts have been covered, and distribute the survey at that time.

Staff Survey Questions

1. What are your reactions to the information you have received?
2. What ideas do you have about weaving trauma-sensitive approaches into the fabric of our school?
3. What challenges or barriers must we overcome in order to create a trauma-sensitive environment at our school?

The survey questions embody the new understanding of whole-school trauma-sensitivity that comes from looking through the Trauma Lens. Even in their simplicity they reveal helpful information. The staff's responses to the survey questions can indicate whether they are beginning to integrate this new understanding and whether they see

the need for trauma-sensitive ways of thinking and acting now that they know about trauma's impacts on learning. Responses can also show whether they understand the need for a whole-school approach to sustain these trauma-sensitive ways of thinking and acting. Together, these responses all shed light on the staff's readiness to move forward with action-planning.

Here are some of the staff's responses to the survey at the Lincoln School:

1. What are your reactions to the information you have received?

"The information about how trauma affects brain development will be very helpful in understanding students and the obstacles they face to achieve academically."

"The workshop was a reminder of all the different issues students are coming to school with. It really made me wonder what my students had been experiencing the night before. It also made me think about a couple of students who, I had noticed, had some behavior changes."

"After attending the workshop I can already see those specific behaviors in some of my students that I previously misunderstood."

"I learned that trauma impacts a child's academic performance. Many of the children cannot process information."

2. What ideas do you have about weaving trauma-sensitive approaches into the fabric of our school?

"We need to have a procedure for bringing up concerns to a team, and as a team to brainstorm strategies for success."

"All children should be able to feel free to form trusting relationships with adults and modulate their emotions. This means having all faculty members on the same page and being advocates for their students."

“I think adult support is extremely important, and sometimes students having issues need another safe place to go if they are not functioning appropriately in the classroom.”

“Try to look at each child with the thought of what may have happened before school to affect their behavior.”

3. What challenges or barriers must we overcome in order to create a trauma-sensitive environment at our school?

“Our curriculum can create ‘stress’ to keep on teaching when common sense says to stop and deal with a child’s problem. Also, we have more than one or two traumatized children in each classroom. Teachers can feel overwhelmed. We need consistent, on-going help from guidance.”

“Time is an issue. We don’t have enough time to be able to talk together about our individual students in a deep way to really understand them and to make sure that everyone who deals with them is on the same page.”

“We need to realize as a school that punitive responses will not help; they will not result in reducing inappropriate behaviors. We need to be able to teach students how to manage their behavior. Many of them need to build this skill to avoid being in trouble all the time.”

“One of the challenges that I perceive is our ability as a school staff to establish positive relationships with our parents. I think our students would feel more trust in us if they knew we were working more closely with their parents.”

Analyzing the Survey and “the Buzz”

After the survey is administered and collected, the principal and the steering committee should meet to review the survey responses. The survey responses, the “buzz” in the school, and

knowledge of the school community should give the committee enough data to make an initial assessment of the staff's readiness to move forward with action-planning. More specifically, the steering committee should use the information it has to look for evidence of two core aspects of readiness: whether a critical mass of the staff appears motivated to embrace the vision of a trauma-sensitive school, and whether there seems to be consensus among staff about the short-term priorities that the school can address by becoming trauma sensitive.

Do enough staff members share the urgency to become a trauma-sensitive school?

At the Lincoln School, the answers to the survey solidified the steering committee's view that staff had begun to embrace the vision of a trauma-sensitive school. Although staff was already aware of the multiple difficulties many of their students faced, many of the survey answers demonstrated a new recognition that traumatic experiences can impact learning: "I can already see those specific behaviors in some of my students that I previously misunderstood," and "I learned that trauma impacts a child's academic performance ... [m]any children cannot



A shared vision is necessary for any effort that hopes to result in whole-school change. Having a common vision sets the direction and motivation for staff to work toward the same end.

process information.” The answers also indicated motivation to work together as a team: “All faculty members [need to be] on the same page,” and “We don’t have enough time...to make sure that everyone who deals with [individual students] is on the same page.” The statement, “Our students would feel more trust in us if they knew we were working more closely with their parents,” reflected a deep understanding that relationships with parents help children feel safe at school. Taken as a whole, the survey responses echoed many of the attributes of a trauma-sensitive school. An interest in a whole-school approach was indicated by the statement, “We need to have a procedure for bringing up concerns to a team,” and by, “We need to realize as a school that punitive responses will not help.” The Lincoln School steering committee interpreted all of these responses as endorsements of the vision of a trauma-sensitive school described in Chapter 1. The responses demonstrated a willingness by staff to work together toward becoming a trauma-sensitive school.

Has staff coalesced around a set of short-term priorities that will help lead to trauma sensitivity?

It is important that staff drive the setting of priorities to ensure that there is buy-in. At this point, the steering committee’s job is to review the survey responses and see if they cluster into some obvious categories that suggest priorities the staff seems motivated to address. The second survey question—*What ideas do you have about weaving trauma-sensitive approaches into the fabric of our school?*—is particularly likely to generate priorities for action, but the other two questions are equally important sources of information. Challenges and barriers, the subject of the third question, are often priorities that have been framed in a different way.

The Lincoln School’s steering committee found that survey responses clustered around five general themes: *Helping students feel safe through better relationships with adults; improving mental health linkages inside and outside of school; forging better connections with parents; developing procedures for sharing information; and addressing the need for additional student support staff.* Discerning these themes is not an exact science but rather a matter of using the group’s wisdom to interpret the comments of their colleagues. Further, this interpretation should not be based exclusively on the survey

responses. The steering committee at the Lincoln School also factored in what it had learned through the informal conversations that had been taking place in the building since the whole-staff presentation occurred. They were able to use multiple sources of information to take the pulse of the staff. If it is hard for the steering committee to discern any themes or if it is not possible to see many overlaps in thinking, this may be a sign that the staff is not yet ready to identify a set of priorities and move forward to action-planning. Perhaps more opportunities for learning are necessary.

Arriving at Priorities through Whole-School Discussion

Once the steering committee analyzes the survey, the principal should convene a second school-wide meeting and facilitate a discussion among all staff. Through a deep and candid conversation about the themes identified by the steering committee, the principal should try to help the staff reach consensus on the set of priorities that will guide the action-planning process. Using the Trauma-Sensitive Vision questions on page 53, the staff should also consider how the priorities they have identified will help to make their school more trauma sensitive.

The discussion at the school-wide meeting should include an opportunity for the staff to give feedback about whether the categories the steering committee created are accurate reflections of the staff's thinking. At the Lincoln School, the principal sent staff a compilation of the anonymous survey responses before the meeting, along with the steering committee's list of themes, to give them time to review the themes and be prepared for the discussion. An open conversation about the themes helped everyone deepen their thinking and refine their ideas.

As the Lincoln School staff discussed the first theme—*helping students feel safe through better relationships with adults*—they realized that the wording did not fully capture what they hoped to address. Better connections to adults were surely important, but so were better relationships with peers, the need for smoother

transitions into the school day, and the need for a regular opportunity for teachers to “take everyone’s temperature” before diving into the lessons of the day. As staff spoke and shared concerns, a more comprehensive theme emerged—*helping students feel calm and safe to focus on learning as soon as they walk in the door*.

As the priorities are emerging, it is important to ensure that they will bring the school closer to the vision of a trauma-sensitive school. We suggest distributing the Trauma-Sensitive Vision questions as a handout or posting them in the room as a visual aid for guiding this discussion. At this time the purpose is not to answer each of the questions individually, but rather to remind staff in general terms of the attributes of a trauma-sensitive school as they consider their priorities.

Trauma-Sensitive Vision Questions

How will addressing this priority:

1. deepen our **shared understanding** of how trauma impacts learning and why a school-wide approach is needed for creating a trauma-sensitive school?
2. help the school effectively **support all students to feel safe**—physically, socially, emotionally, and academically?
3. **address students’ needs in holistic ways**, taking into account their relationships, self-regulation, academic competence, and physical and emotional well-being?
4. **explicitly connect students to the school community** and provide multiple opportunities for students to practice newly developing skills throughout the school?
5. support staff’s capacity to **work together as a team** with a sense of shared responsibility for every student?
6. help the school **anticipate and adapt** to the ever-changing needs of our students and the surrounding community?

Discussing the themes in this way, elaborating and deepening them where necessary, helped the staff coalesce around a set of concrete priorities for moving forward. The other four themes (*improving mental health linkages inside and outside of school; forging better connections with parents; developing procedures for sharing information; and addressing the need for additional student support staff*) were discussed as well, but the staff and steering committee did not feel the need to re-frame these. The steering committee left the meeting with the five themes staff had identified, charged with considering which one or ones would become the priority or priorities for the school's Action Plan.

Sometimes the discussion that emerges from using the Trauma Sensitive Vision questions reveals a need to help staff reframe themes or emerging priorities that seem to be counterproductive or *not* particularly trauma sensitive. For example, a common reaction to the whole-staff presentation is the notion that trauma sensitivity requires screening and identifying all children who have had traumatic experiences. In fact, this is not recommended and could be quite harmful. In addition to stigmatizing some children, this approach also reinforces the idea that trauma sensitivity is solely about applying interventions to *particular* children instead of creating a safe whole-school environment for *all* children. Rather than simply dismissing this kind of misconception, leadership can help lead staff through a process of reframing it. Asking about the *reasoning behind* it gives staff a chance to articulate the underlying "good intention." Perhaps there is a genuine concern among teaching staff that they lack adequate knowledge about students to meet their needs appropriately. Once this good intention is on the table, staff can have a deeper, more nuanced discussion about how to address the concern without stigmatizing students, compromising confidentiality, jeopardizing safety, or undermining the whole-school focus of the effort.³⁴

It is also not uncommon for some of the themes or priorities to emerge out of staff concerns that are initially stated in a negative way. For example, the survey question about barriers might result in a number of staff sharing the view that many parents in the school are not as involved as they could be. The principal at the Lincoln School employed an effective strategy, which was to reframe negative priorities in the form of a question. By asking, *How can we communicate better with parents and*

align with their needs and concerns?, a good leader can shift the discussion to a future-oriented focus on solutions.

Thinking Ahead to Assessment

Usually, these whole-staff discussions relating priorities to the attributes of a trauma-sensitive school are popping with descriptions of the kinds of observable changes in practices and behavior the school will ultimately want to track as it charts its progress toward the long-term vision of becoming a trauma-sensitive school. It is important to start writing down the observable changes in students and in the school culture that staff hope to see as a result of addressing their priorities. This will lay the groundwork for the steering committee to think about how to assess the results of its Action Plan down the road.

Connecting priorities to the vision of a trauma-sensitive school also serves as a litmus test for the principal and steering committee as they assess readiness for moving forward. One observer of the meeting in the Lincoln School described the palpable enthusiasm in the room as this conversation took place. By the end, staff were “chomping at the bit” to move forward with creating a trauma-sensitive Action Plan. If connecting priorities to the vision of trauma sensitivity does not generate this kind of enthusiasm, it may be that the staff is not ready to move forward, the right priorities have not been identified, or more learning is needed. If this is the case, the meeting will provide the principal and steering committee with food for thought as they regroup and consider next steps.

Conclusion

Taking time for everyone in the building to learn together and generating a whole-school discussion about the staff's priorities are crucial steps in helping the steering committee answer the question, *How do we know we are ready to create a trauma-sensitive Action Plan?* It is critical to get an honest answer to this question before moving forward. Are enough staff members committed to the vision of a trauma-sensitive school? Has the staff coalesced around priorities? Depending on the answers to the survey, some steering committees have found this to be the right time to stop and consider how best to address reluctance. Sometimes a school is just not quite ready to put the pieces in place. For schools that are ready, the steps outlined above should result in a growing urgency among staff and serve as an exciting launch for the steps ahead. Having a clear sense of the staff's priorities will help the steering committee move on to the next part of the process: generating an Action Plan that is directly responsive to those priorities.

Question 3

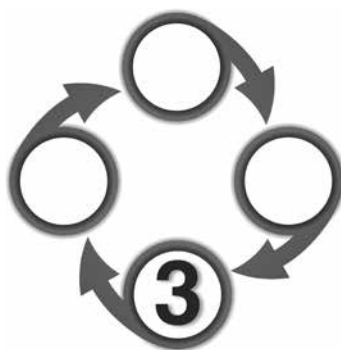
What actions will address staff priorities and help us become a Trauma-Sensitive School?

After the end-of-year meeting at our school, at which the whole staff coalesced around five priorities, our steering committee met during the summer. We narrowed down the list of five and selected as our first priority: helping students feel calm and safe to focus on learning as soon as they walk in the door. It was clear from the buzz during and after the meeting that staff felt deeply about taking on this priority. Part of the reason is that it offered a trauma-sensitive opportunity to focus us as a team on setting conditions for improved learning. We felt that other staff priorities could be addressed through an overarching focus on safety and connectedness at the start of the day. We also pondered whether we could reduce office referrals by addressing this priority. Securing more student support staff and knowing more about what might be going on for children without infringing on confidentiality were also important priorities, but we couldn't go in too many directions at once. We had to table these two issues for later. Once we agreed on the top priority, we began action-planning. I can tell you that the discussion was popping with excitement. Someone—and I honestly can't tell you who came up with this—suggested that we hold a morning gathering or meeting in each class at which students could connect with adults and with each other at the start of the day. We could teach social skills, integrate our student support staff, and more. We thought this would help children calm down and feel connected at the beginning of the day so they could spend more time on the learning process.

—The principal of the Lincoln School

Roadmap for Question 3

This question marks a crucial moment in the process of becoming a trauma-sensitive school. It is where all of the staff's thinking, ideas, and conversations finally get translated into a plan for concrete action. The steering committee needs to determine which of the priorities identified by staff should be addressed first. For each selected priority, the steering committee then brainstorms a set of actions that will address that priority and also help the school become more trauma sensitive. As the Action Plan takes shape, the steering committee will use the Trauma-Sensitive Vision and Flexible Framework questions to ensure the actions will lead to whole-school trauma-sensitivity. Finally, the committee develops a plan to assess the effectiveness of implementation. When the Action Plan is complete, it is presented to the whole staff for feedback. Then the school is ready to dive in and begin taking action.



Deciding Where to Start

It is likely that the whole-school discussion (pages 52-55) will generate several priorities. The steering committee begins action-planning by determining which of these priorities the school should address first. Even though the staff may feel that all of the priorities are critical, it is important to be realistic and choose one or two to start. Down the road, the staff or steering committee might decide it is time to return to the others as it develops future Action Plans.

In selecting initial priorities, the steering committee should consider which ones seem most pressing, achievable in the short term, and likely to lead the school furthest down the road toward trauma sensitivity.³⁵ The goal of this first Action Plan is to leverage the greatest amount of improvement for students while still ensuring that the staff will feel the satisfaction that comes from seeing short-term, concrete results. Using this process over time, schools will be able to address additional priorities through subsequent whole-school trauma-sensitive Action Plans.

Brainstorming Actions

The steering committee next needs to reach consensus on the key actions the school will take. The actions need to address each of the chosen priorities and also help the school move closer to realizing the vision of a trauma-sensitive school. Determining which actions will accomplish these dual goals requires the steering committee to

We offer the Flexible Framework in the first volume of *Helping Traumatized Children Learn* (see pages 47-76) as a compilation of ideas from educators and others working directly in schools. These ideas can stimulate the steering committee's thinking, but are not intended to take the place of brainstorming.

synthesize all of the ideas that have been sparked in previous discussions. It also calls on all of their creativity, professional wisdom, and intimate knowledge of students' needs and the school's strengths and challenges. It is difficult to delineate exactly how the conversation will proceed at any one school because this depends on the synergy that comes from a group of creative colleagues brainstorming together.³⁶ Although difficult, schools have found this to be one of the most exciting and energizing parts of the whole process.



At the Lincoln School, the steering committee chose to implement morning meetings as a vehicle for addressing the staff's priority of helping children transition calmly and feel connected at the beginning of the day.

At the Lincoln School, the steering committee chose to implement morning meetings as a vehicle for addressing the staff's priority of *helping children transition calmly and feel connected at the beginning of the day*. In addition to responding directly to a need identified by staff, morning meetings would also go a long way toward making the school trauma sensitive. Using the Trauma-Sensitive Vision questions at this point in the process can help clarify how the steering committee's proposed actions will move the school closer to the vision. The questions make clear that implementing morning meetings would establish a consistent and predictable start to the day and support students to build self-regulation and relationship skills, increasing their capacity to access the curriculum. They also highlight how planning for morning meetings would encourage teamwork and collaboration among staff.

Using the Flexible Framework to Develop an Action Plan

Once the steering committee has identified its major actions, answering the Flexible Framework questions (see page 61) will ensure that the Action Plan weaves trauma sensitivity throughout all of the school's core operations. The questions remind everyone that all the school operations are interconnected. As the steering committee considers these questions, it is important to think both about how each operation can potentially *support* implementation of the action and how it can potentially serve as an institutional *barrier* to implementation.

At the Lincoln School it seemed at first that implementing morning meetings would be relatively easy: the principal just needed to find some extra time in the morning schedule and instruct the teaching staff to hold the meetings. However, when the steering committee used the Flexible Framework questions to analyze this action in light of school operations, they identified several challenges that suggested the need for additional action steps:

Leadership: Because it was an underperforming school, the district required the Lincoln School to meet all “time on learning” standards in order to increase test scores. The principal would have to convince district leadership that morning meetings would help students build social-emotional skills while also improving their language arts skills. Further, she would try to make the case that helping students transition calmly first thing in the morning would increase their time on learning and make it more effective throughout the day. The principal would also have to make time in the schedule for educators to jointly plan the meetings so that teaching and learning goals would be consistent throughout the school. These planning meetings would also provide the opportunity to brainstorm solutions to challenges that might arise.

Professional Development: The steering committee recognized that teachers needed professional development to learn how to implement morning meetings effectively; however,

Flexible Framework Questions

- What role does school and/or district leadership play in implementation?
- What professional development is necessary for implementation?
- What resources, supports, or services need to be in place for students, families, and/or staff?
- What classroom strategies—both academic and nonacademic—support implementation?
- What policies, procedures, or protocols do we need to review, revise, and/or develop?
- What do we need to do to ensure that families are active partners in helping with implementation?

the school had no funding for such an effort. Fortunately, two teachers had previously been trained to implement morning meetings, and the steering committee asked them to provide in-house professional development. The committee asked the school psychologist and social worker to help skill-build with teachers and other staff, focusing on techniques for talking to students about their emotions. These techniques would help staff support students who might become dysregulated during the meetings (and at other times throughout the day).

Access to Resources and Services: The steering committee realized that some of the neediest—and most traumatized—students would have great difficulty sitting still and participating in circle discussions. This realization gave rise to the idea of having the school’s counselors and special educators circulate among classrooms during the meetings, both to provide explicit training in social skills and to support individual students who might be triggered by the discussions. This would require a review of staff schedules to ensure availability.

classroom, where it would be addressed at the conclusion of the morning meeting. Reducing time spent in the tardy-slip line would get children into the classroom more quickly, increasing their opportunity to learn social skills and to benefit from the calming morning routines embedded in the meetings. Having the teacher fill out the tardy slip would also provide an opportunity for the teacher to engage the student personally first thing in the morning.

Collaboration with Families: The steering committee decided that the school would send regular notices home to parents about the weekly objectives of the morning meeting. This would enable the school to share examples of the activities being used so parents could reinforce the skill-building at home, facilitating a consistent approach in responding to students. The committee decided to host a series of pancake breakfasts in the fall at which staff would introduce the morning activities. They also asked the student support staff to develop a parent education program about children's social and emotional development, including strategies for how school and home could work together to support each child's growth.

By analyzing all the aspects of school operations, the steering committee was able to foresee challenges that might arise in implementing the school's actions. This process sparked their creativity and inspired ideas—like instituting a school-wide word of the week—that had not initially occurred to them. Most importantly, it helped them brainstorm all the specific action steps that would be necessary for effective and sustainable whole-school implementation.

Using the Flexible Framework to Organize Action Steps

After the steering committee has used the Flexible Framework questions to analyze their proposed action, it will be a relatively straightforward task to create an Action Plan, organizing the action steps according to the six elements of the Framework. The Action Plan that resulted from the Lincoln School's analysis is on page 64.

The Lincoln School Action Plan

1. Leadership

- a. Clear with district the new procedure for handling tardy arrivals
- b. Clear with district the use of time for morning meetings
- c. Reorganize grade-level meetings to allow for periodic cross-grade brainstorming
- d. Set up a parent-teacher team to organize pancake breakfasts

2. Professional Development

- a. Invite the two staff members with training on how to run morning meeting to provide an in-service training
- b. Allocate professional development time to build staff skills in leading morning meeting activities, expanding the repertoire of relationship-building approaches to use with students, and facilitating peer-to-peer connections
- c. Survey staff to determine what other skills they feel they need training to develop

3. Access to Resources and Services

- a. Schedule student support staff and special education teachers to be present at morning meetings and for follow-up sessions with individual students if needed
- b. Schedule skill-sharing sessions among all student support staff and provide time for them to develop and offer training/consultation to teaching staff in areas where they have particular expertise

4. Academic and Nonacademic Strategies

- a. Explore curriculum-based opportunities to weave social-emotional learning into all academic and non-academic subjects
- b. Use morning meeting as a strategy to improve access to the curriculum
- c. Develop common language to be used school-wide to refer to social-emotional needs
- d. Consider group work in classroom to be learning opportunities for teaching and practicing social skills

5. Policies and Procedures

- a. Develop a new, classroom-based procedure for tardy arrivals, focused on a welcoming, rather than a punitive, approach
- b. Develop a problem-solving orientation to use with families of students who are chronically late to school

6. Collaboration with Families

- a. Share with families information about the morning meetings
- b. Develop a parent education program, which would provide opportunities for parents to learn more about supporting their children's social and emotional development and alternative ways to respond to their behavior
- c. Weekly communication with families about the social-emotional learning goals of the week, with some "Tips to Try at Home" to reinforce student learning and facilitate consistent approaches at home and school

Looking at the Action Plan through the Trauma Lens

After the steering committee develops an Action Plan with a whole-school focus, answering the Trauma-Sensitive Vision questions helps make sure the chosen actions will move the school closer to being trauma sensitive. Returning to the attributes of a trauma-sensitive school ensures that the plan is aligned with the long-term vision. This is important because it is easy to lose sight of the vision when the staff's energy turns to planning and implementing concrete steps.

Trauma-Sensitive Vision Questions

How will taking this action:

1. deepen our **shared understanding** of how trauma impacts learning and why a school-wide approach is needed for creating a trauma-sensitive school?
2. help the school effectively **support all students to feel safe**—physically, socially, emotionally, and academically?
3. **address students' needs in holistic ways**, taking into account their relationships, self-regulation, academic competence, and physical and emotional well-being?
4. **explicitly connect students to the school community** and provide multiple opportunities for students to practice newly developing skills throughout the school?
5. support staff's capacity to **work together as a team** with a sense of shared responsibility for every student?
6. help the school **anticipate and adapt** to the ever-changing needs of our students and the surrounding community?

The Lincoln School's use of the Trauma-Sensitive Vision questions resulted in this analysis:

Helping students feel calm first thing in the morning would help establish a school-wide feeling of safety. This would lay the foundation for a successful day of learning. Morning meeting would also provide a context for students to practice their newly developed skills. Further, it would support students in several areas:

- forming relationships with adults (through teachers handling the tardy issue with understanding) and peers (by teaching social skills)
- learning self-regulation (by teaching specific techniques for identifying and modulating emotions)
- fostering academic success (by helping students transition smoothly to school and be available to learn, and by using the word of the week and related school-wide reading/writing activities)

Finally, the coordination required to implement morning meetings consistently across the school and the use of a school-wide word of the week would provide opportunities for teamwork and collaboration among staff.

Planning for Assessment of the Action Plan

Once the steering committee has used the Flexible Framework and the Trauma-Sensitive Vision questions to review its Action Plan, the next step is to consider how to assess progress after the action steps have been implemented. The whole-staff discussions described in Question 2 (see pages 52-55) are really the start of planning for the assessment, as those conversations naturally generate ideas about the observable changes staff will want to see as their priorities are addressed.

The steering committee should think creatively about the kinds of data it will use to track progress. Traditional data that educators routinely collect will be important. For example, two quantitative measures the Lincoln School planned to look for were decreased numbers of office referrals during the first half of the day and a reduction in the number of students who were tardy. Just as important, though, were qualitative measures that included observations and anecdotes about student and staff behavior. The Lincoln School's steering committee predicted that the staff might see more students using the language and techniques taught in the morning meetings' social skills curriculum. This would be an observable indication that this learning was taking root throughout the school. Additionally, simple measures such as more community members saying good morning to one another and the overall sense of an improved mood in the school first thing in the morning were also identified as possible measures of success. These indirect measures are valuable data points in recognizing a shift in attitudes and values in the school.

As part of planning the assessment, the steering committee should brainstorm a list of all the data—quantitative and qualitative—that it anticipates using to gauge progress. It should be clear about *how* it intends to collect each type of data. Looking at office referrals might be as simple as running a report. A strategy for assessing the overall mood in the school will probably require more thought and planning. Finally, the committee should consider a timeline for *when* it will collect its data. In the Lincoln School, for example, when would it be reasonable to expect to see a decrease in tardiness? If a survey of some kind were going to measure the staff's satisfaction with the implementation of morning meetings, when would it first be given to staff, and at what intervals would it be repeated? All of these considerations will inform the school's assessment plan.

Of course, it is important that the assessment plan tracks how the action steps are moving the school toward increased trauma sensitivity. The Lincoln School did this by using the Trauma Lens to develop a set of assessment questions they could use to track their own progress toward becoming trauma sensitive:

1. Are we seeing evidence of student learning in the areas of self-regulation, relationship building, and academic success? What sort of evidence do we see?
2. Is staff sharing ideas and tips about running morning meetings (working together as a community)?
3. Are we successful in engaging parents' support of the morning meetings and of the skills we are teaching there? How do we know this?
4. Are there indications that students are feeling safer in school? What are they?

Sharing the Action Plan with the Whole School

Next, the Steering Committee shares the Action Plan, including a plan for assessing the school's progress, with all the faculty and staff. It is important to discuss the details of the Action Plan when all staff are present and to invite questions and feedback, have a full discussion of the points raised, and clarify or add additional ideas into the plan that the steering committee may not have considered. At the Lincoln School, the steering committee worked over the summer to develop the Action Plan, and it was shared at the first staff meeting of the school year.

Conclusion

Using the Flexible Framework and the Trauma-Sensitive Vision questions helps the steering committee answer: *What actions will address staff priorities and help us become trauma sensitive?* Taking the time to identify actions that accomplish *both* of these goals helps ensure that the long-term vision of trauma sensitivity remains a focus of action-planning *and* that staff's short-term priorities are addressed through whole-school implementation. It is important to remember that this first Action Plan can only begin the process of trauma sensitivity. Making the shift to a cohesive, trauma-sensitive ecology will require regular use of the Trauma-Sensitive Vision and Flexible Framework questions, as staff continuously uses the inquiry-based process to identify and address their own priorities.

We encourage schools to share their plans on traumasensitiveschools.org, so that others can benefit from their creative ideas.

The next section discusses how the steering committee can use its assessment plan to monitor progress toward the long-term vision. It also describes the reviewing, reflection, and renewal that will help the school sustain its efforts to become trauma sensitive.

Question 4

How do we know whether we are becoming a trauma-sensitive school?

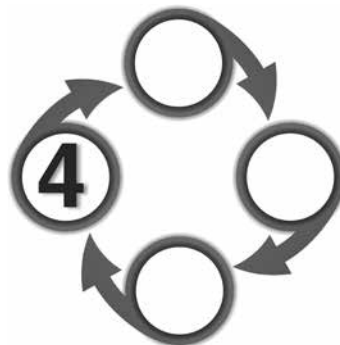
Teachers are acutely aware of which students in the school are regularly sent to the office. A member of our steering committee—in fact, the principal—overheard a conversation in the faculty lunchroom, where a teacher asked a colleague if her fourth-grade student, Jill, had moved, because she was no longer seen in the office. Jill’s teacher replied that Jill hadn’t moved, but explained why she hadn’t been in the office: “In the morning we have her checking in with the school adjustment counselor to help her feel settled and transition to school more smoothly. It’s made a tremendous difference in how she does throughout the day, and she has been much more available to learn. There are far fewer times when she needs to leave the room.” Hearing about this creative solution was a learning experience for those staff members who were present. Later, the story about Jill was shared at a faculty meeting, providing an opportunity for the whole staff to reflect and share this “lesson from practice.”

—The assistant principal of an urban elementary school

Roadmap for Question 4

What is noteworthy about this scenario is not only that the school had found a thoughtful solution to help a student spend more time on learning and less time in the principal's office, but also that the school recognized the value of using this small but important success as a learning moment to be shared with everyone. This scenario demonstrates the spirit of inquiry and learning that is characteristic of a trauma-sensitive school.

This section first focuses on measuring the effectiveness of the steering committee's Action Plan and then discusses ways to assess the broader culture change that should start to take place in the school. Accomplishing the goals of the Action Plan is only the first step in becoming a trauma-sensitive school. It is by repeatedly using the Flexible Framework and Trauma-Sensitive Vision questions to analyze and implement staff priorities that a school comes to internalize a way of thinking that is characteristic of whole-school trauma sensitivity. Using these two tools together allows this habit of thinking to infuse the culture and operations of the school. But how will the staff know that progress is taking place and that this transformation is starting to happen? Observing and documenting the culture change is the focus of this section.



An Ongoing, Dynamic Process

Assessing progress is a continuous process. It is important for the steering committee to maintain its schedule of regular meetings so that the Action Plan remains at the forefront of the school's agenda. Regular meetings also provide an opportunity for the plan to be tweaked and changed as challenges arise and new ideas emerge. In Question 3, we described how the staff at the Lincoln School continued to modify their Action Plan in an organic way as they went about implementing a morning meeting. Although the description may read as if the steering committee did everything at once, the alterations to the plan—like the addition of the word of the week—in fact emerged over time. An ongoing, dynamic culture of inquiry, learning, and innovation is the goal that the principal and steering committee aspire to create by using this process.

This dynamic culture must also be inclusive. While the steering committee is primarily responsible for developing the Action Plan and assessing its effectiveness, it is crucial that the rest of the staff be actively included in implementation. Having priorities that were identified by staff at the beginning helps ensure they will be motivated to participate in the ongoing effort. In addition to presenting the Action Plan (and its assessment plan) to the staff for feedback, some steering committees have also found it helpful to take fifteen or twenty minutes at each faculty meeting to update the whole staff on the progress of the plan, share outcomes as they become available, and solicit suggestions for improvements. When helpful and appropriate, the steering committee should also consider involving those outside the school—district staff, community agencies, and, most importantly, families—in discussions about implementation and assessment of the Action Plan.

Observable Measures of Progress

Throughout the ongoing assessment of the Action Plan and the school culture change that leads to trauma sensitivity, we encourage the steering committee to pay attention to the two types of measures that earlier informed the development of its assessment plan in Question 3.

The first of these is qualitative changes in the practices and behaviors of faculty, staff, and students. The vignette that starts this section reflected a number of qualitative changes: Jill was no longer experiencing the dysregulation that had made her a “frequent flyer” in the office, and teachers were sharing Jill’s success with each other, demonstrating their joint efforts to help *all* students in the school, not just those assigned to their specific classrooms.

At another school, the steering committee also began to notice similar important changes, as one of its members explained:

As we met to review the efforts at our school, we often shared our observations with each other. In one meeting, a teacher remarked that she had seen a fellow fifth-grade teacher, Hannah, outside at recess, teaching her kids to play soccer. This was a first; Hannah had always spent recess in the classroom while her paraprofessional took the kids outside. Another committee member said that Rick, a third-grade teacher, had volunteered to lead the “lunch bunch” social-skills group that day. This had also never happened before. If we didn’t identify the changes we were seeing through looking at specific adults and specific students, we wouldn’t have realized the full extent of the success of our efforts. And let’s face it—sometimes we might observe that a teacher, although trying really hard, is still responding to students in reactive ways. But we would also note, “There’s such an effort there. We can see the willingness. Maybe we can brainstorm some suggestions with her.”

The steering committee should attempt to record these anecdotes as they occur so that individual students and staff can be recognized for their positive contributions, and so that there is a concrete way to track these changes over time.

The second type of measure involves the outcome data that schools routinely collect, including both school-wide measures and measures of individual student success. This can include measures such as time on learning (e.g., better attendance, fewer tardys, and reduced office referrals); academic achievement (including state-, district-,

We invite educators to share their anecdotes on traumasensitiveschools.org so that others can be inspired by these seemingly small but, in fact, very meaningful successes.

and school-based measures of student growth and proficiency); and parent involvement (e.g., attendance at parent-teacher conferences and other school functions). Many schools have included outcomes related to reducing punitive approaches to discipline. An assistant principal in a middle school shared how his school tracked its numbers of disciplinary suspensions:

We took a twofold approach to reducing suspensions. First, we adopted trauma-sensitive approaches to decrease the behaviors that lead to suspension. This involved improving our communication system and devising a universal pass that students could request if they needed to take some time outside the classroom to calm down. We arranged with the school secretary that if a student came down to the office with the pass, she would have some simple task available for the student, giving him/her a chance to be “helpful/successful” and eventually be able to return to class. Second, we increased our use of alternatives to suspension whenever appropriate. This included meeting with the parent and the student in lieu of suspension, which built a “bank of good will” with parents that made them more likely to join with us in addressing student behavior issues. With these school-wide strategies, we dramatically reduced both the need to suspend and the frequency of decisions to suspend. During the first year after we implemented these trauma-sensitive changes, there were literally no suspensions or expulsions in the first three or four months, and for the remainder of the year the number was dramatically reduced from the previous year, when we had suspension numbers in the triple digits.

By sharing both types of outcome data—qualitative and quantitative—with the rest of the staff, the principal and the steering committee can help generate momentum and propel the school toward trauma sensitivity by marking the culture change as it happens. This can also be an antidote to the reluctance that some staff members may have shown prior to observing these positive changes. Celebrating big and small successes along the way not only keeps the staff motivated, but also

provides opportunities for ongoing learning. Of course, it is important to be honest and transparent with the staff and also share the challenges that arise in implementation.

Focusing the Assessment Process

While tracking observable measures of success, it is important to consider three questions.

Are we accomplishing the actions in our Action Plan?

The first and most basic question the steering committee needs to consider is whether all of the steps in the Action Plan have been or are being carried out. In the example from the Lincoln School, the committee had to make sure that morning meeting was instituted in all the classrooms. Some actions, such as getting district approval to move the tardy procedure to the classroom, might be one-time events that can be checked off when complete. Other actions, like implementing reading and writing activities based on the word of the week, are ongoing and more complex; assessing these actions may be more difficult. In either case, if the actions have not been accomplished, the committee has a list of specific steps in the Action Plan that it can review as it attempts to determine the cause and revise the plan accordingly.

At this point, returning to the Flexible Framework questions can be helpful to the steering committee. If, for example, it is proving difficult to get morning meeting off the ground, thinking through each of the core operations of the school can help identify what barriers are getting in the way and suggest potential solutions. Maybe there are glitches the steering committee did not anticipate when it went through the Framework questions as part of the action-planning process. Even if the action steps are being implemented effectively, it is still important to look back at the Framework questions so the steering committee can learn what it did well.

As the steering committee develops increased familiarity with using a whole-school approach, it may be helpful to use the following, more expanded, version of the Framework questions.

Expanded Flexible Framework Questions

How might each of the following components be serving as a support or a barrier to implementation?

1 What role does school and/or district leadership play in implementation?

Consider the following:

- actions by school and/or district leadership
- other initiatives already in place in the school
- supports for staff
- staffing arrangements

2. What professional development is necessary for implementation?

Consider the following:

- professional development topics for the full staff
- specialized topics for teachers and student support staff
- how the school's own experts and those in the community can help staff extend and reinforce the learning that begins in trainings and enhances skills through mentoring and consultation

3. What resources, supports, or services need to be in place for students, families, and/or staff?

Consider the following:

- the resources/services necessary for students, staff and/or families, including linguistically, culturally, and clinically appropriate services
- current collaborations with community providers, including ease of access and responsiveness, to determine which ones work well and which need to be reinforced/enhanced
- new services and collaborations that need to be built
- the barriers that currently exist to students' access to appropriate community services that support their school success
- procedures that support the frequent communication required for effective coordination between school-based and community-based behavioral health providers and teachers

4. What academic and nonacademic classroom strategies support implementation?

Consider the following:

- academic and nonacademic approaches being used in classrooms
- opportunities for student skill-building in the classroom and during unstructured parts of the day (lunch, recess, etc.)
- how to ensure that all educators throughout the building are consistently implementing and reinforcing the classroom approaches necessary to support implementation
- opportunities for enhancing the curriculum/classroom approaches already in place in the school

5. What policies, procedures or protocols do we need to review, revise, and/or develop?

Consider the following:

- a review of all policies, procedures, or protocols to determine which need to be adjusted, added, or deleted
- a close review and adjustment of policies related to confidential communication within the school or between the school and family
- a close review and adjustment of policies related to school discipline
- how to ensure that any changes to policies or procedures are adequately and accurately communicated to the entire school community

6. What do we need to do to ensure that families are active partners in helping with implementation?

Consider the following:

- what role families play in the school
- what information to share with families
- how to build on current family engagement efforts, including a review of the need to expand or revise these efforts
- how to ensure that the school is sensitive/responsive to particular cultural issues and needs, language barriers, etc.

These questions help ensure that all of the core school operations have been included in the Action Plan, and that their role as either a support or a barrier to school implementation has been addressed.

Are our actions addressing the staff's priorities in the ways we hypothesized?

Of course, it is possible that the actions have been fully implemented, but the data are not demonstrating what the steering committee had hoped to see. This second question asks the steering committee to look beyond the actions themselves and ensure they are having the intended effect on the staff's priorities. If not, perhaps the existing Action Plan needs to be adjusted in some way or actions that were not initially contemplated are needed.

Another school that, like the Lincoln School, chose to implement morning meetings proves to be a useful example here. When its steering committee met to review progress, both the anecdotal and



For many students, their sense of connection to school is enhanced when their parents feel welcomed and respected in the school community. A trauma-sensitive school makes deliberate efforts to engage parents and caregivers and help them connect to the school community in meaningful ways.

quantitative measures were very positive. While it appeared that students were feeling safer and calmer at the beginning of the day, the opposite was true in the lunchroom. Students continued to report incidents of bullying, and everyday it seemed there was some kind of outburst in the cafeteria. After some intensive brainstorming with other members of the staff using the Flexible Framework as a guide, the steering committee identified certain procedures that were being used in the lunchroom that undermined the strategies the morning meetings were employing in the classroom. Using the Framework, the steering committee identified the following problems: the cafeteria was a small space with only room for one line to funnel students in and out; the transition in and out of the lunchroom was too hurried and not enough time was being given to students to eat; the lunchroom staff was tense because they had to wash trays in time to be ready for the next shift of students and, as a result, they responded to student behaviors punitively. The committee worked to expand its priority so that a sense of safety and calm could happen, not only in the morning, but also at lunch time.

Even when the action seems to be right on target in addressing the identified priority, the Flexible Framework can help the steering committee focus on what led to success; this is important information for future efforts. For example, the steering committee at the Lincoln School identified professional development as a key component of the success of morning meeting: “We did a good job providing PD for everyone. All staff felt well-equipped to implement morning meeting effectively.”

Has our Action Plan moved us closer to becoming a trauma-sensitive school?

This question urges the steering committee to return once again to the long-term vision of trauma sensitivity. Taken together, have the staff priorities and the actions designed to address them helped the school become more trauma sensitive? After the steering committee has become familiar with using the Trauma-Sensitive Vision questions, they can transition to this expanded version to aid them in assessing if the Action Plan has begun to result in the desired culture shift.

Expanded Trauma-Sensitive Vision Questions

1. How have our actions deepened leadership's and staff's shared understanding of how trauma impacts learning, relationships, and behavior, and why a school wide-approach is needed?

Consider leadership's and staff's understanding of the following:

- trauma is prevalent among the student population
- trauma plays a major role in the difficulties student face in learning, behavioral, and relationship issues
- students need support to develop skills to overcome these difficulties and succeed in school
- the goal is not to identify specific students but rather to create a whole-school environment that will support all students
- all students want to succeed, and educators need to look for the good intentions that underlie challenging behaviors

2. How have our actions helped the school effectively support all students to feel safe—physically, socially, emotionally, and academically?

Consider whether the school environment is:

- experienced by students as a safe place, including
 - ◆ physical safety
 - ◆ social safety
 - ◆ emotional safety
 - ◆ academic safety
- organized in such a way that all students' needs for safety are met
- based on a structure that maintains the balance between consistent expectations of all community members with the flexibility of a caring learning environment
- characterized by predictable routines and respectful relationships

3. How have our actions helped us to address all students' needs in holistic ways?

Consider whether the school focuses on:

- helping students succeed by supporting them to develop skills in four key areas that are critical to learning:
 - ◆ relationships with adults and peers

- ◆ self-regulation of emotions, behaviors, and attention
- ◆ sense of competence from achieving in academic and nonacademic areas
- ◆ physical and emotional health and well-being
- avoiding “misunderstanding” students by recognizing the connection between a student’s presentation and his/her real needs

4. How have our actions helped us to explicitly connect all students to the school community and provide multiple opportunities for students to practice newly developing skills?

Consider whether the school focuses on:

- identifying ways to support students in making a positive connection to peers, adults, and activities
- helping individual students develop the specific skills they need to successfully make these connections
- collaborating with other staff to ensure a coordinated and comprehensive approach/plan for each student

5. How have our actions helped us to work together as a team with a sense of shared responsibility for all of our students?

Consider whether the school is a community of adults where:

- there is a structure and a culture in place that promote teamwork among educators
- staff share responsibility for all students and address together the impact of trauma on learning
- there is a process and a structure in place that can help staff figure out what to do when a child is struggling

6. How have our actions helped us anticipate and adapt to the ever-changing needs of our students and to impacts from the broader community?

Consider whether the school has in place:

- a process and structure to maintain equilibrium, help address changed circumstances, and recalibrate support as the needs of the school community shift

Moving beyond the First Action Plan

The school will know when it is time to consider identifying and addressing new priorities. At this point, the process begins anew. The steering committee can either return to priorities that were not addressed in the first Action Plan, or it can meet with staff to determine a revised set of priorities. The steering committee will develop a new Action Plan and continue with the process.

Conclusion: Becoming a Trauma-Sensitive School

As we have said, schools become trauma sensitive by engaging in an ongoing, iterative process of inquiry and learning using the Flexible Framework and the Trauma-Sensitive Vision questions. Whole-school trauma sensitivity is achieved by successfully accomplishing a first Action Plan, then a second one, then a third, and so on. In this concluding section, we share some of what we have learned from schools about important steps for extending the learning and the progress beyond the completion of the first Action Plan.

Continual Learning

Shared learning is ongoing in a trauma-sensitive school. Several schools have found that it makes sense to provide a formal refresher presentation on trauma sensitivity. Not only does this benefit new faculty and staff but it also reminds everyone of the prevalence and significant impact of traumatic experience on student learning, behavior, and relationships. We have seen it work well for staff to complete a slightly revised version of the post-presentation survey at the end of the refresher presentation. The benefits of the survey are twofold: the responses help the steering committee capture staff's newly developed thoughts and priorities, and it provides another opportunity for the staff to participate in reviewing the progress the school has been making.

Revised Staff Survey Questions

1. What are your reactions to hearing this information for a second time?
2. What new ideas do you have about continuing to weave trauma-sensitive approaches into the fabric of our school?
3. What challenges or barriers must we overcome to take the next steps in becoming a trauma-sensitive school?

Another very effective way to continue the learning is to become an active part of a learning community that extends beyond the walls of the school. Educators in other schools engaged in this process can be a source of inspiration and new ideas. This is one of the reasons many educators have told us that implementing trauma sensitivity across the entire district is the optimal approach. Sharing challenges and successes and creating linkages within a district can reinforce a school's efforts. However it is done, connecting with other educators accelerates the learning and provides an opportunity to share solutions to challenges.

Expecting the Unexpected

Schools and their surrounding communities are changing all the time. Anticipating and adapting to change is one of the core attributes of a trauma-sensitive school. There will be new students, new faculty, changes in administration, and the latest initiatives and mandates from policymakers. As the process of becoming trauma sensitive moves forward and evolves, the steering committee has to factor change into its planning. It must be open to outcome data—positive and negative—that it did not set out to observe, and it must be nimble and flexible in responding.

A Spiraling Process

Guided by using the Trauma-Sensitive Vision and Flexible Framework questions in tandem, a trauma-sensitive school continually reviews and adjusts its Action Plan and identifies and addresses new priorities. Ultimately, the school will develop a foundation of integrated learning and experience, leading to an ever-deepening understanding and more expansive actions; these, in turn, build momentum, propelling the school to further effective and sustainable actions. We can think of this as a spiral: the energy of continued forward progress fuels further growth and change, providing educators the opportunity to participate actively in building a safe and supportive school community.

The online learning community at traumasensitiveschools.org contains discussion forums that provide an opportunity to learn from and partner with schools in other districts and states.

Once the process of using the Flexible Framework and the Trauma-Sensitive Vision questions is embedded in the culture of the school, it essentially becomes “the way we do things around here.” As the school increasingly uses these tools, one might hear:

- concerns about a child’s sense of safety
- discussions at a child study meeting about assessing and addressing not only a student’s academic progress but also his or her relationships with adults and peers; self-regulation of emotions, behaviors, and attention; and physical health and well-being
- teachers talking about ways to enhance academic safety in their classrooms
- staff discussing how to move away from reactive approaches to behavior and toward more proactive, relational, and empathetic approaches

- educators partnering closely with parents so that parents feel safe to share their thoughts about why a child might be struggling
- staff exchanging ideas on how to reconnect students who are disengaged

These changes are just the beginning. By using the Flexible Framework and the Trauma-Sensitive Vision questions in the context of a process of change, a school can create a dynamic, trauma-sensitive learning community, one in which everyone feels part of a team, engages in reflection and inquiry, and works together to connect students and families to the school community. It is a proactive approach that makes it possible to look ahead and consider what needs to happen next and that values both informal and formal information to assess progress. A trauma-sensitive school will prepare all students—including those who have endured traumatic experiences—to become thoughtful and engaged members of the school community.

Chapter 3

Advocating for Trauma-Sensitive Schools



The long-term public policy goal is that each school will become a trauma-sensitive environment where students feel safe, welcomed, and supported and where addressing trauma's impact on learning is at the center of the educational mission.

Schools can become environments that enable all children, including those who have faced overwhelming adversity, to focus, behave appropriately, and learn. To achieve this important goal we need a broad public policy agenda that engages every level of the public education infrastructure: national, state, district, regional, and local. Educators need the education system to establish conditions in which whole-school trauma sensitivity can flourish. When policymakers organize laws and policies according to the basic operational functions of schools rather than the siloed concerns of particular initiatives or programs, they enable teachers and administrators to think and plan in whole-school ways. When they permit schools to engage in an inquiry-based process of teamwork, planning and self-reflection, they empower educators to create dynamic learning communities capable of tailoring effective local solutions to pressing educational problems. When the federal and state infrastructure shifts to support this kind of holistic educational practice, educators will be in the best position to translate the new understanding that comes from looking through the Trauma Lens into sustainable culture change in their schools.

This means that *advocating* for the laws, policies, and funding mechanisms necessary to support trauma-sensitive schools is an indispensable counterpart to educators' efforts to *create* individual trauma-sensitive schools at the building level. Furthermore, the same ideas that guide the transformation of individual schools can also guide our advocacy efforts—starting with urgency, building a coalition, securing buy-in from leadership, generating action plans, reviewing outcomes, recalibrating efforts, and cycling through the process again. The Trauma and Learning Policy Initiative (TLPI) pledges to continue its work at the forefront of these complementary and intertwined efforts, supporting both educators and policymakers as they strive to help traumatized children learn.

Trauma-sensitive schools, while *necessary* for the school success of children impacted by trauma, are also *beneficial* to many other students, whether or not they have had overwhelming life experiences. Every student will learn more, build better relationships with teachers and classmates, experience greater self-esteem, and become more engaged in the life of the school when he or she is surrounded by a safe and welcoming trauma-sensitive environment. We prioritize the following recommendations, which are intended to help policymakers establish the conditions that will enable educators to make trauma sensitivity part of the core educational mission of their schools—thereby improving the school success of countless students.

Policy Recommendations³⁷

I. All levels of government should articulate a clear, strong, coordinated message that trauma-sensitive schools are a priority.

Now is a critical time for leaders at the federal, state, and local levels to capitalize on the tremendous energy that exists for reforming public education and articulate a clear, strong message to the public that safe and supportive school environments are essential to learning and can increase the success of all students. The broad-based, interdisciplinary coalition necessary for changing public policy can start in many places—advocacy organizations, community groups, parents, students, educators, universities, state departments of education, legislatures, or foundations. And the urgency that focuses the coalition’s attention on trauma sensitivity can grow from many education priorities—achievement and accountability, exclusionary discipline, dropout prevention, or truancy reduction, to name a few. The critical piece is for those in leadership positions to join the coalition, however it may start, and to communicate the connection they see between the education priorities they care about and their sense of urgency for trauma sensitivity. Delivering such a message through executive proclamations, public endorsements, legislative findings, agency memoranda, letters to the editor, op-ed columns, and many other channels will raise awareness about

the impact of trauma on learning and help educators and the general public feel the sense of urgency that is the catalyst for trauma-sensitive schools.

2. Laws, policies, and funding streams should support schools to create whole-school Action Plans that are organized according to core school operations.

Policymakers increasingly ask schools to undertake multiple initiatives associated with creating safe, healthy, and welcoming environments. Important initiatives like social-emotional learning, positive behavioral supports, antibullying, and dropout prevention can become discrete silos, leaving schools to manage many obligations at once, which often results in fragmented implementation. Infusing reforms with a common structural foundation based on school operations will help solve this problem by allowing schools to *align the many initiatives* they are asked to implement. When laws and policies support schools and districts to engage in action-planning organized around their basic operational functions (as defined by the Flexible Framework), educators can identify the strikingly similar actions that cut across all of these initiatives, increasing the effectiveness and efficiency of their efforts. Each new initiative is then allowed to function as part of an integrated whole, rather than as just one more disconnected part. While Framework-based action-planning, on its own, does not require additional resources, existing federal and state funding streams on which many schools rely should also be structured to support a school's capacity to engage in a process like that described in the Guide in Chapter 2.

3. Professional development for educators, administrators, and allied professionals should provide opportunities to develop a shared understanding of trauma's impact on learning and build skills in using a whole-school inquiry-based approach to creating trauma-sensitive schools.

Raising awareness among all professionals who work in schools about the prevalence of traumatic experiences in childhood and the impacts these experiences can have on learning, classroom

behavior, and relationships is an important first step. However, creating trauma-sensitive schools also requires professional development that goes deeper and supports staff to build skills in inquiry-based teamwork, priority-setting, trauma-sensitive action-planning and school-wide implementation. We have worked with our partner Lesley University to convene two interdisciplinary symposia on teacher education, to host a series of day-long institutes, and to help design and pilot several courses on trauma and learning. This collaboration has taught us two important lessons: 1. professional development on trauma and learning is most effective when delivered at the *in-service* or *graduate* level, so that professionals have enough experience to put it to use, and 2. professional development is most likely to lead to whole-school change when *school- or district-based teams* participate in learning about trauma sensitivity together. Accordingly, Lesley now offers a series of graduate-level courses in trauma and learning designed for teams of educators from individual schools and districts. Whether professional development is provided by a credit-granting institution or incorporated into a school's or district's own in-service offerings, it should cover the topics discussed on pages 50–57 in Volume 1 of *Helping Traumatized Children Learn* and pages 7–10 of Appendix A in the *Final Report of the Massachusetts Behavioral Health and Public Schools Task Force* (both documents can be accessed by visiting traumasensitiveschools.org).

4. Schools and outside agencies should collaborate to ensure services are an integral part of trauma-sensitive whole-school environments and that they connect students to their school communities.

Trauma-sensitive schools simultaneously support students at three interrelated levels. First, they foster the learning and well-being of all students by weaving trauma-sensitive approaches throughout the whole school. Second, they intervene early with preventive supports and services when students begin to experience barriers to school success. Third, they provide intensive services and participate in coordinated care with other

agencies for the small number of students who demonstrate significant needs. In order to support students effectively at all three levels, schools need access to trauma-informed³⁸ and culturally, linguistically, and clinically appropriate services for those who need them. Whether these services are provided inside the school, perhaps as part of special education, or whether schools help students and families access these services in a community-based setting, a goal of the services should always be to help students build skills that will enable them to be successful at school. For both internally and externally available services, it is important that providers collaborate with classroom teachers and other school staff to provide multiple opportunities for students to practice these skills in context. The key is that services be delivered in a manner that better connects students to their school communities, rather than isolating them further.

5. Schools and districts need adequate staffing to perform the administrative functions necessary for effective implementation.

Becoming a trauma-sensitive school requires engaging families in the activities of the school, identifying professional development needs, mapping available resources, providing support to classroom staff, documenting outcome data, aligning trauma sensitivity with other key initiatives in the school, establishing relationships and partnerships with community agencies, and, under ideal circumstances, coordinating with district officials and other schools in the district. The principal and the steering committee will undertake or assist with many of these functions. However, our work in schools throughout Massachusetts and as part of a statewide task force (see page 93) has taught us that implementation is most effective when a senior-level administrator at the school and/or district level is assigned primary responsibility for these functions. While each school and district will operationalize this differently, there are several critical questions that should guide the planning of stakeholders and policymakers in all jurisdictions:³⁹

- Which of these functions can be performed by the principal and steering committee and which require additional support?
- Which administrative functions are appropriately allocated to the district level and which to the school level?
- What is an effective staffing level for carrying out these functions and what are the necessary professional qualifications?
- How should this position differ in different contexts: rural and urban districts, small and large districts, elementary schools and high schools?
- When is a new position required and when can these functions be carried out by reallocating responsibilities among existing positions?
- What are the implications for funding and what creative, cost-effective funding mechanisms can be developed?

6. Laws and policies should clarify that evidence-based approaches include those that encourage schools to engage in locally based staff-driven evaluative inquiry.

The current wave of education reform has prioritized evidence-based programs and approaches. Often, this gets translated to mean approaches grounded in quantitative data generated by empirical research studies that, where possible, employ a double-blind controlled-trial research design. The Guide in Chapter 2 encourages schools to track and record quantitative data, whether or not as part of an official research study. However, we also strongly recommend that laws and policies support schools to engage in a staff-driven, inquiry-based process that generates critical evidence for identifying and implementing locally tailored solutions to educational problems. Research on organizational change suggests that staff-defined data emerging from this kind of process can play a powerful role in driving

positive educational change at the local level. When educators are empowered to determine the kinds of outcome measures—both quantitative and qualitative—that will constitute meaningful sources of evidence for their decision making, they often feel a greater sense of investment in efforts to improve their schools. As laws and policies come to recognize and incentivize this kind of evidence-based approach, it is also important that they establish feedback loops through which the rich and highly contextualized data generated by local learning communities can be shared with those setting education policy at the highest levels.

Implementing the Recommendations in Massachusetts: *An Act Relative to Safe and Supportive Schools*

The recommendations above will already be familiar to many in Massachusetts. They very closely parallel—and in some instances echo almost verbatim—recommendations made by the state’s Behavioral Health and Public Schools Task Force. This interdisciplinary Task Force was established by the legislature in 2008, as part of the omnibus *Act Relative to Children’s Mental Health*, to help schools improve educational outcomes for children with behavioral health challenges.⁴⁰ To reach this goal, the Task Force was charged with developing a Behavioral Health and Public Schools Framework, based on the six elements of the Flexible Framework, to assist schools in creating safe and supportive environments with collaborative services. The Task Force was also instructed to develop and pilot an assessment tool based on the Framework and to make recommendations for improving the capacity of schools to implement the Framework. TLPI was grateful to be appointed to the Task Force by the Commissioner of Elementary and Secondary Education. The Task Force met for two-and-a-half years as it developed and piloted its Framework and Self-Assessment Tool in thirty-nine schools across the state. Its seminal Final Report to the governor and legislature in August 2011 (accessible on traumasensitiveschools.org) brought together the professional wisdom of contributors from many disciplines, from all levels of the education infrastructure, and from both inside and outside government.⁴¹ This policy agenda reiterates many of the Task Force’s recommendations because they were designed

to establish general conditions that would allow all of the many specific initiatives necessary for creating safe and supportive schools—including trauma sensitivity—to flourish in our state.

In 2013, *An Act Relative to Safe and Supportive Schools* was filed in Massachusetts. This legislation would implement the Task Force’s recommendations—and, by extension, most of the recommendations outlined above. The bill articulates in a set of legislative findings that “a safe and supportive learning environment is a necessary foundation for increasing academic achievement, enhancing healthy development, and improving educational outcomes for all children” (see policy recommendation 1, above). The law would establish and codify a Safe and Supportive Schools Framework—based on the six elements of the Behavioral Health and Public Schools Framework—designed to help schools align the many initiatives associated with creating safe and supportive schools, including trauma sensitivity (see policy recommendation 2). It would require all schools in the Commonwealth, starting in 2016, to create and implement action plans for becoming safe and supportive using an online self-assessment tool based on the Framework. (See policy recommendations 2 and 6.) The legislation instructs the Department of Elementary and Secondary Education (DESE) to create a Safe and Supportive Schools Grant Program that would fund exemplar schools (see policy recommendation 2). As of this writing, the legislation has not been enacted, but the Massachusetts legislature took a proactive step and, for FY2014, appropriated funds for DESE to create a Safe and Supportive Schools Grant Program (see page 100 for a description). The legislation also requires DESE to provide technical assistance to help schools use the online self-assessment tool and implement their Action Plans, and host regional conferences where the grantee schools can share their expertise (see policy recommendation 6). Finally, the law would create a state-level Safe and Supportive Schools Commission to assist DESE with statewide implementation, learn about successes and challenges on the ground, access data generated by use of the online self-assessment tool (see policy recommendation 6), and issue annual reports that include further recommendations to the legislature, particularly regarding statewide professional development needs (see policy recommendation 3), schools’ access to clinically, culturally, and linguistically appropriate

services (see policy recommendation 4), and mechanisms for addressing staffing requirements (see policy recommendation 5).

The legislation is intended to be very cost effective; the only provisions that would impact the state budget are the Safe and Supportive Schools Grant Program (for which the FY14 appropriation was \$200,000; see page 100), the regional conferences to be hosted by DESE, and DESE's staffing of the Safe and Supportive Schools Commission. Under the legislation, each school and district will develop its own Action Plan and will determine for itself whether to prioritize actions that require local expenditures. The goal is for Framework-based planning and assessment to become integral to the way schools operate, rather than to be a new program or add-on that costs more money and then goes away when there are budget cuts. If the Commission identifies common needs across the state as it learns about schools' and districts' efforts, it can include recommendations for additional funding in its annual reports to the legislature, which might result in new legislation or budgetary appropriations.

Why “Safe and Supportive” and not “Trauma-Sensitive” Schools?

In our view, the role of laws, policies, and funding streams is to establish the conditions that are necessary for trauma sensitivity to flourish. Our participation on the Behavioral Health and Public Schools Task Force taught us that the same legal and policy conditions necessary for trauma sensitivity are also necessary for a wide range of other important education reform initiatives: promotion of behavioral health, bullying prevention, dropout prevention, truancy reduction, social and emotional learning, positive approaches to discipline, and others. The Task Force conceptualized all of these initiatives, including trauma sensitivity, as essential components of creating “safe and supportive schools” and recommended using this term to bring all the initiatives together using the Flexible Framework elements.

The Safe and Supportive Schools bill, based on the Task Force's recommendations, attempts to set conditions that will lead to Framework-based whole-school action-planning in schools and districts

across the Commonwealth so that all of these initiatives can thrive. The law's requirement that schools complete an online self-assessment and develop Action Plans organized according to the basic operational functions in the Framework—and its establishment of an infrastructure of technical assistance, regional trainings, and a statewide commission all designed to support implementation—is intended to help educators build the skills necessary to engage in whole-school inquiry-based priority-setting and action-planning. The common Framework-based planning process embodied in the law will, over time, also help educators see structural overlaps among all the initiatives and identify synergies and efficiencies that make implementing initiatives easier and their efforts more effective for students. A statewide infrastructure that supports this kind of planning furthers TLPI's long-term public policy goal because it greatly facilitates any individual school's or district's efforts to become trauma sensitive and because it helps educators align trauma sensitivity with other initiatives that are important to them.

While it is appropriate and necessary for law to create this supportive infrastructure for schools, it is not possible for law to manufacture the particular sense of urgency about trauma sensitivity that is necessary to sustain any particular school's effort to become trauma sensitive. Educators must come to feel this sense of urgency on their own. Therefore, TLPI has not pursued legislation requiring all schools to become trauma sensitive and did not advocate to have the Trauma-Sensitive Vision questions incorporated into this pending legislation. Instead, we advocate for laws and policies to put conditions in place that will allow trauma sensitivity to flourish in those schools where educators do feel the sense of urgency and have decided to move forward.

Evolving Advocacy for the Flexible Framework

An Act Relative to Safe and Supportive Schools represents the culmination of many years of advocacy in Massachusetts. Individual schools have piloted the Flexible Framework. New laws and policies have been organized according to its six elements. Over time, more and more educators, policymakers, advocates, and parents have joined the growing consensus that whole-school approaches, organized around the six elements of school operations delineated in the Flexible Framework,

can support educators to transform their school cultures and enable all children to learn.

For those in other states who may be interested in pursuing a similar advocacy agenda, we share below the various laws and policies in Massachusetts that have incorporated the organizational structure of the Flexible Framework. These laws and policies were not mapped out ahead of time by design. Rather, each one represents a particular urgency that policymakers in our state were called upon to address at a given moment. Our role as advocates has been to offer the Framework as a tool to policymakers as they have tackled various education reform issues. Throughout this advocacy we have been particularly grateful for the leadership of our Department of Elementary and Secondary Education in raising awareness about and promoting the use of the Framework at both the state and local levels.

Each of the laws and policies described below has played an important role in helping Massachusetts become ready for a statewide requirement that schools develop Action Plans to create safe and supportive environments by using a common, overarching framework based on school operations. For such a requirement to be effective, stakeholders at all levels of the education system must be familiar with the Framework approach. A track record of concrete successes can demonstrate the value of the Framework. And a vocal interdisciplinary coalition will greatly increase the likelihood of passing laws. Mechanisms for elevating the voices of both parents and students are also critically important.⁴² Where such groundwork has been laid, legislation like An Act Relative to Safe and Supportive Schools can serve as a model for advocates and policymakers in other jurisdictions. (Links to each of these laws and policies can be found on traumasensitiveschools.org.)

“Trauma-Sensitive Schools” Grant Program

In 2004, the Massachusetts legislature enacted MGL c. 69, § 1N, which instructs the Department of Elementary and Secondary Education (DESE) to establish a grant program to assist school districts with “the development and establishment of in-school regular education programs and services to address within the regular education school program the

educational and psychosocial needs of children whose behavior interferes with learning, particularly those who are suffering from the traumatic effects of exposure to violence.”⁴³ DESE accordingly established the Safe and Supportive Learning Environments (SSLE) Grant Program, which has come to be known as the “Trauma-Sensitive Schools” Grant Program. At its height, individual schools received grants of up to \$25,000 per year to experiment with trauma-sensitive approaches.⁴⁴ The Flexible Framework was developed in conjunction with innovative grantee schools. TLPI then collaborated with the administrator of the grant program at DESE to adopt an evaluation tool for the grantees that was based on the six elements of the Flexible Framework.

Massachusetts Behavioral Health and Public Schools Task Force

In 2008, TLPI participated in the Children’s Mental Health Campaign, a coalition of organizations that successfully advocated for passage of an omnibus Act Relative to Children’s Mental Health.⁴⁵ TLPI participated in successful advocacy for a section of the law designed to help schools improve educational outcomes for children with behavioral health challenges. To reach this goal, as discussed above, the law established the Behavioral Health and Public Schools Task Force, which met for two-and-a-half years to develop and pilot the Behavioral Health and Public Schools Framework, based on the six elements of school operations contained in the Flexible Framework. It also developed and piloted a Framework-based Self-Assessment Tool schools can use to create a plan that will increase their capacity to address the educational needs faced by their students with behavioral health challenges. In August 2011, the Task Force issued its final report and recommendations to the governor and legislature.⁴⁶

Model Bullying Prevention and Intervention Plan

In 2010, the Massachusetts legislature passed a comprehensive antibullying statute that, among other things, required DESE to develop a model Bullying Prevention and Intervention Plan that school districts throughout the Commonwealth could use in developing their own local plans, also required by the law.⁴⁷ The law required that the model plan be organized according to the six school operations in the Behavioral Health and Public Schools Framework. DESE’s Model

Plan⁴⁸ has been used by many schools and districts as a blueprint for developing their own bullying prevention and intervention plans.

Guidance on Bullying Prevention and Special Education Students

The Massachusetts bullying prevention statute also contained provisions requiring the IEP Teams for students with autism spectrum disorders, students with disabilities impacting social skills development, and students whose disabilities make them vulnerable to bullying, teasing and harassment to incorporate into these children's IEPs strategies that help them avoid and respond to incidents of bullying.⁴⁹ In order to assist educators and parents with IEP development for these students, DESE collaborated with Massachusetts Advocates for Children, including TLPI, and other advocates to draft and publish a resource guide titled *Addressing the Needs of Students with Disabilities in the IEP and in School Bullying Prevention and Intervention Efforts*.⁵⁰ This resource guide is organized according to the six elements of the Framework and weaves together suggested strategies and considerations at both the *whole-school level* and the *individual student level* for families and educators completing the IEP process.

Guidelines for the Implementation of Social and Emotional Learning Curricula

The Massachusetts bullying prevention statute also required the Department of Elementary and Secondary Education to “publish guidelines for the implementation of social and emotional learning curricula in kindergarten to grade 12.” The law defined social and emotional learning as “the processes by which children acquire the knowledge, attitudes, and skills necessary to recognize and manage their emotions, demonstrate caring and concern for others, establish positive relationships, make responsible decisions, and constructively handle challenging social situations.”⁵¹ DESE used the Framework in organizing the guidelines.⁵²

Turnaround Schools Accountability Regulations

In 2010, as required by An Act Relative to the Achievement Gap, DESE promulgated new regulations governing the corrective action to be taken when schools are identified as underperforming according to

the requirements of the No Child Left Behind Act. These regulations require schools so identified to implement eleven essential elements of effective schools in order to improve their performance. In order to accomplish the element “addressing students’ social, emotional, and health needs,” schools are required to create safe school environments that reflect the Behavioral Health and Public Schools Framework, which again is based on the Flexible Framework.⁵³

Truancy Prevention Program Certification Process

For 2012, the Massachusetts legislature passed a comprehensive reform of the Commonwealth’s Child in Need of Services (CHINS) system. Among the law’s many provisions, it encouraged schools to establish truancy prevention programs that “evaluate the level of out-of-school support for students and families and address conditions that make students more likely to become truant.” It also required DESE “to adopt regulations establishing a truancy prevention program certification process” and required that the process be “consistent with the behavioral health and public schools framework developed pursuant to section 19 of chapter 321 of the acts of 2008.”⁵⁴ (As of this writing the regulations have not yet been promulgated.)

Safe and Supportive Schools Grant Program

In FY2014, the Massachusetts legislature approved a budget line item appropriating \$200,000 for DESE to establish a Safe and Supportive Schools Grant Program.⁵⁵ The budget line item requires that schools receiving funding through the program implement Action Plans based on the Framework and use the self-assessment tool developed by the Behavioral Health and Public Schools Task Force. The line item also requires that districts with grantee schools create plans to support the implementation of the school-based plans.

Boston Public Schools Code of Conduct

In 2013, Boston Public Schools revised its Code of Conduct⁵⁶ to emphasize the need for safe and supportive whole-school environments that help students build social and behavioral skills through preventive, positive approaches to discipline. The Code encourages schools to tailor local solutions by organizing their actions according to the six elements of the Framework.

Conclusion

TLPI's hope is that incorporating an organizational structure based on core school operations into state- and district-level education reforms will continue to lay the groundwork for an overarching Framework, based on school operations, that will help schools align the many initiatives necessary for creating safe and supportive schools. Ultimately, this will ensure that our primary constituency—children traumatized by exposure to violence and other adverse childhood experiences—have access to the trauma-sensitive schools they need in order to be successful despite the adversities they have encountered. At the same time, *all children*—whether or not they have endured traumatic experiences or need specialized services—will also be supported by these whole-school trauma-sensitive environments to focus, behave appropriately, and learn.

Conclusion

Noted education theorist Robert Elmore reminds us that “school reform must happen from the ‘inside out.’” New practices in classrooms will take hold when educators enthusiastically embrace them and then modify their school structures to accommodate these new ways of teaching.⁵⁷ Since the publication of *Helping Traumatized Children Learn*, Volume One, TLPI has learned from “early adopter” schools about how they do just that.

It has been our great joy to watch schools in Massachusetts experience the excitement that goes along with seeing the ways that trauma sensitivity can improve school success for their students. These schools have shown us how trauma-sensitive learning communities can overcome institutional barriers and improve learning, behavior, and relationships both for students who are traumatized and those who are not.

In our role as advocates we, too, have experienced the excitement and empowerment of creating a state-wide trauma-sensitive learning community. Working across disciplines with educators, parents, students, behavioral health providers, policymakers and policy advocates, gradually, over time, it has been natural and logical to advocate to modify laws, policies, and funding streams that allow for more holistic practice. We have seen how these changes in policy can accommodate new ways of trauma-sensitive thinking and acting in schools.

This Guide will grow and change as more schools use it and add their ideas and discoveries, and as policymakers join the learning community. The voice of students must be elevated. The issue of cultural competency with respect to trauma's impact at school must be explored and addressed. Working together, we can find ways to include students and strengthen cultural sensitivity. There will be additional issues that require our attention. As a learning community- online and off, we can expand our understanding of trauma's impacts on learning and advocate together for the change we know is necessary.

Appendix A:

H.3528 — An Act Relative to Safe and Supportive Schools,

WHEREAS, a paramount goal of the Commonwealth is to ensure that all children receive a high quality education that enables them to reach their full potential and become responsible citizens who positively contribute to their communities and the Commonwealth; and

WHEREAS, a safe and supportive learning environment is a necessary foundation for increasing academic achievement, enhancing healthy development, and improving educational outcomes for all children; and

WHEREAS, the Massachusetts Behavioral Health and Public Schools Task Force developed a framework and accompanying self-assessment tool that facilitates the creation of safe and supportive learning environments in schools;

THEREFORE, it shall be the policy of the Commonwealth to support and promote the statewide implementation of the safe and supportive schools framework in order to create safe, healthy and supportive learning environments in schools and districts across the Commonwealth.

SECTION 1. Chapter 69 of the General Laws, as amended by section 2 of chapter 240 of the acts of 2012, is hereby amended by adding after section 1O the following section:-

Section 1P. (a) As used in this section the following words shall, unless the context clearly requires otherwise, have the following meanings:--

“Behavioral health”, the social, emotional, mental and behavioral wellbeing of all students.

“Board”, the board of elementary and secondary education.

“Department”, the department of elementary and secondary education.

“Framework”, the safe and supportive schools framework established under subsection (b).

“Safe and supportive school environment”, a safe, positive, healthy and inclusive whole-school learning environment that (i) enables students to develop positive

relationships with adults and peers, regulate their emotions and behavior, achieve academic and non-academic success in school and maintain physical and psychological health and well-being; and (ii) integrates services and aligns initiatives that promote students' behavioral health, including social and emotional learning, bullying prevention, trauma sensitivity, dropout prevention, truancy reduction, children's mental health, the education of foster care and homeless youth, the inclusion of students with disabilities, positive behavioral approaches that reduce suspensions and expulsions and other similar initiatives.

"Self-assessment tool", the safe and supportive schools self-assessment tool established under subsection (b).

(b) The behavioral health and public schools framework developed under section 19 of chapter 321 of the acts of 2008 shall henceforth be known as the safe and supportive schools framework. The framework shall provide guidance and support to schools to help them create safe and supportive school environments that improve education outcomes for all students, and shall be organized according to central elements of school operations which shall include but not be limited to: (i) leadership; (ii) professional development; (iii) access to resources and services; (iv) academic and non-academic supports; (v) policies and protocols; and (vi) collaboration with families. Each school district and individual public school shall implement the safe and supportive schools framework in order to: (i) organize, integrate and sustain school and district-wide efforts to create safe and supportive school environments and (ii) coordinate and align student support initiatives.

The self-assessment tool developed by the behavioral health and public schools task force under section 19 of chapter 321 of the acts of 2008 shall henceforth be known as the safe and supportive schools self-assessment tool. The self-assessment tool shall be organized according to the elements of the framework and shall be used by schools to: (i) assess their capacity to create and sustain safe and supportive school environments for all students; (ii) identify areas where additional school-based action, efforts, guidance and support are needed in order to create and maintain safe and supportive school environments; and (iii) create action plans to address the areas of need identified by the assessment.

The board shall develop procedures for updating, improving or refining the safe and supportive schools framework and the safe and supportive schools self-assessment tool, in consultation with the safe and supportive schools commission established under subsection (f).

c) Each school shall develop and update an action plan to create and maintain a safe and supportive school environment for all students. The action plan shall be

developed by the school principal, in consultation with the school council established under section 59C of chapter 71, and shall be incorporated into the annual school improvement plan required under section 1I; provided, however, that the district superintendent may approve an alternative process and schedule for developing school action plans. Nothing in this section shall be construed as limiting the ability of the school principal to appoint a team for the purpose of developing the school's action plan; provided, however, that such team shall include a broad representation of the school and local community and the principal shall make every effort to include teachers and other school personnel, parents, students and representatives from community-based agencies and providers.

School action plans shall be designed to address the areas of need identified through the use of the self-assessment tool described in subsection (b), and shall include the following: (i) action steps and strategies for addressing the areas of need identified by the assessment; (ii) a timeline for implementing the action steps and strategies; (iii) outcome goals and indicators for evaluating the effectiveness of the initiatives and strategies set forth in the plan, which may include attendance and graduation rates, bullying incidences, number of student suspensions, expulsions and office referrals, truancy and tardiness rates, time spent on learning and other measures of school success; and (iv) a process and schedule for reviewing the plan annually and updating it at least once every 3 years.

(d) Each school district shall include in its 3 year district improvement plan required under section 1I a description of the steps the district will take to support the district-wide implementation of the safe and supportive schools framework and to facilitate regional coordination with behavioral health providers and other community organizations.

Each district shall publish on its website all school action plans created under subsection (c) for each school in the district.

(e) The department shall facilitate and oversee the statewide implementation of the safe and supportive schools framework. The department shall: (i) provide technical assistance to schools on using the self-assessment tool and developing school action plans, and to districts on coordinating with community service providers and developing strategies to facilitate the district-wide implementation of the framework; (ii) develop and disseminate model protocols and practices identified in the framework; (iii) establish a "Safe and Supportive Schools" grant program, subject to appropriation, wherein grantees shall pilot and share with other schools an effective process for developing and implementing school action plans; (iv) update its website to include the framework, the self-assessment tool, best practices and other information related to the implementation of the framework; (v) host regional trainings for schools and districts, subject to appropriation; and (vi) provide administrative support to the safe and supportive schools commission established

under subsection (f), subject to appropriation. Nothing in this section shall be construed as limiting the ability of the department to contract with individuals, external partners or other entities to support the functions established under this section; provided, however, that the department shall consider opportunities for education collaboratives or other regional service organizations to coordinate and disseminate training, technical assistance and information to school districts on the implementation of the framework.

(f) There shall be a safe and supportive schools commission to collaborate with and advise the department on the statewide implementation of the framework. The commission shall also support and provide feedback on the statewide implementation of the framework by the department. The commission shall consist of 18 members: 1 of whom shall be the commissioner of elementary and secondary education, or his designee, who shall serve as co-chair; 1 of whom shall be the secretary of education, or his designee; 1 of whom shall be a school superintendent appointed by the Massachusetts Association of School Superintendents; 1 of whom shall be a school committee member appointed by the Massachusetts Association of School Committees; 1 of whom shall be a school principal appointed jointly by the Massachusetts Secondary School Administrators' Association and the Massachusetts Elementary School Principals Association; 1 of whom shall be teacher appointed jointly by the Massachusetts Teachers Association and the American Federation of Teachers Massachusetts; 1 of whom shall be a director of special education or director of student support services appointed by the Massachusetts Administrators for Special Education; 1 of whom shall be an executive director of an education collaborative appointed by the Massachusetts Organization of Education Collaboratives; 1 of whom shall be a school psychologist appointed by the Massachusetts School Psychologists Association; 1 of whom shall be a school social worker appointed by the Massachusetts Chapter of the National Association of Social Workers; 1 of whom shall be a school adjustment counselor or guidance counselor appointed by the Massachusetts School Counselors Association; 1 of whom shall be a school nurse appointed by the Massachusetts School Nurse Organization; 1 of whom shall be an advocate with experience in education, behavioral health and the impact of trauma on learning appointed by Massachusetts Advocates for Children; 1 of whom shall be a representative of the Parent/Professional Advocacy League appointed by the Parent/Professional Advocacy League; 1 of whom shall be a student appointed by the Board of Elementary and Secondary Education Student Advisory Council; and 3 members to be appointed by the secretary of education: 1 of whom shall be a former member of the behavioral health and public schools task force who participated in the development and statewide evaluation of the self-assessment tool; 1 of whom shall be a former member of the behavioral health and public schools task force with experience implementing the framework; and 1 of whom shall be a representative from a community-based organization that provides services as part of the children's

behavioral health initiative and that provides mental health services in schools. The commission shall select a co-chair from among its appointees. In selecting commission appointees, priority shall be given to individuals who either were members of the behavioral health and public schools task force or who represent schools that have experience implementing the framework.

The commission shall: (i) investigate and make recommendations to the board on updating, improving and refining the framework and the self-assessment tool as appropriate; (ii) identify strategies for increasing schools' capacity to carry out the administrative functions identified by the behavioral health and public schools task force; (iii) propose steps for improving schools' access to clinically, culturally and linguistically appropriate services; (iv) identify and recommend evidenced-based training programs and professional development for school staff on addressing students' behavioral health and creating safe and supportive learning environments; (v) identify federal funding sources that can be leveraged to support the statewide implementation of the framework; (vi) develop recommendations on best practices for collaboration with families, including families of children with behavioral health needs; and (vii) examine and recommend model approaches for integrating school action plans, required under subsection (c), with school improvement plans and for using the framework to organize other school and district improvement processes.

The commission may collect and review data and feedback from schools as they complete the self-assessment tool and develop school action plans, and may convene stakeholders to facilitate solutions to challenges as they arise during the implementation process. The commission may request from the department such information and assistance as may be necessary to complete its work.

The commission shall consult with and solicit input from various persons and groups, including, but not limited to: (i) the office of the child advocate; (ii) the department of early education and care; (iii) the department of children and families; (iv) the department of mental health; (v) the department of public health; (vi) the department of youth services; (vii) the department of developmental services; and (viii) any other parties or entities the commission deems appropriate.

SECTION 2. Subsections (b) through (d), inclusive, of section 1P of chapter 69 of the General Laws shall be effective as of June 30, 2016.

SECTION 3. The department of elementary and secondary education shall begin providing technical assistance required under subsection (e) of section 1P of chapter 69 of the General Laws on or before September 1, 2014.

SECTION 4. The safe and supportive schools commission established under subsection (f) of section 1P of chapter 69 of the General Laws shall conduct its first meeting not more than 90 days after the effective date of this act, and shall

meet no less than 4 times annually. The commission shall prepare and submit an annual progress report concerning the commission's activities with appropriate recommendations, together with drafts of legislation necessary to carry out such recommendations, if any, on or before December 31 each year. The commission shall submit such annual report to the governor and the clerks of the senate and the house of representatives, who shall forward the same to the chairs of the joint committee on education, the chairs of the joint committee on mental health and substance abuse, the chairs of the joint committee on children, families and persons with disabilities, and the chairs of the house and senate committees on ways and means. The first 3 annual reports shall include recommendations regarding: (i) federal funding sources that can be leveraged to support the statewide implementation of the safe and supportive schools framework; (ii) training programs and professional development for school staff on creating safe and supportive learning environments; (iii) improving access to clinically, culturally and linguistically appropriate services; and (iv) addressing the administrative functions necessary to carry out the implementation of the safe and supportive schools framework. The commission shall continue to submit such annual reports through December 31, 2023, after which the commission shall be terminated.

Notes

Executive Summary

¹ These comments were provided as testimony to the Massachusetts Board of Elementary and Secondary Education on December 20, 2011, in Malden, MA. The testimony was offered in support of the recommendations of the Massachusetts Behavioral Health and Public Schools Task Force. The recommendations of the Task Force are discussed in detail in Chapter 3 (p. 93).

² This book relies on the experiences of numerous schools in Massachusetts. As we turned to organizational and educational change literature, we saw the theories of many outstanding scholars in action in these schools. Their theoretical work demonstrates why these schools were successful in creating trauma-sensitive environments and helped us understand what tools might be helpful in the process. The seminal work of Peter Senge on organizational change was highly instructive, particularly for the importance of creating what he calls learning organizations. Senge, P. (2006). *The Fifth Discipline: The Art and Practice of the Learning Organization*. New York: Doubleday. Senge defines learning organizations as “organizations where people continually expand their capacity to create the results they truly desire, where new and expansive patterns of thinking are nurtured, where collective aspiration is set free, and where people are continually learning how to learn together.” Ibid., p 3. Becoming a trauma-sensitive learning community forms the foundation upon which to create a school environment that can address the needs of students in trauma-sensitive ways. The work of Hallie Preskill and Rosalie Torres has fueled our understanding of how schools can concretize these ideas through an open-ended, inquiry-based approach that allows for local solutions and accountability. Preskill, H. and Torres, R.T. (1999). *Evaluative Inquiry for Learning in Organizations*. Thousand Oaks, CA: Sage. John Kotter also provides a succinct and thoughtful description of the process of organizational change. He describes the necessary urgency, the need for a guiding coalition, a vision, a way to overcome institutional obstacles, shorter wins, and the need to “anchor” new approaches in the culture. Kotter, J. (1996). *Leading Change*. Cambridge, MA: Harvard University Press, p 21. Turning to experts in education and psychology, Robert Pianta, writing about the role of psychologists in supporting relationships between educators and students, argues that if professionals are “armed with a solid informational and theoretical base, [they] can design (and evaluate) local solutions to local problems for individual and groups of children.” Pianta, R. (1999). *Enhancing Relationships between Children and Teachers*. Washington, D.C.: American Psychological Association, p.11. David Osher, a leader in the field of school improvement, has influenced our work by increasing our understanding of the ways that systems need to work together on behalf of students. See Osher, D.M. (2002). “Creating Comprehensive and Collaborative Systems.” *Journal of Child and Family Studies*, 11, 91-99. We have also benefited greatly from his central focus on the importance of school culture and ecology. Osher, D., Kendziora, K., Spier, E., and Garibaldi, M.L. (In Press). School influences on child and youth development. In Z. Sloboda & H. Petras (Eds.), *Advances in Prevention Science, Vol. 1: Defining prevention science*. New York: Springer. Richard Elmore has informed our work at the policy level. He states that policymakers and administrators should base their decisions on a clear understanding of what is needed by the “smallest unit—the classroom and school—and to let their organizational and policy decisions vary in response to the demands of work at that level.” Elmore, R.F. (2004). *School Reform from the Inside Out: Policy, Practice and Performance*. Cambridge, MA: Harvard Education Press, p. 5. Our policy agenda has evolved directly from the work in schools and classrooms and we will continue our efforts to ensure that schools are given the supports they need to do this work. Michael Fullan, an education system change expert, describes the necessary tri-level engagement (school and community, district, and state) to sustain new ways of educating students. We keep this in mind throughout all our work, as well as his admonition that the goal is not total alignment of these three levels, but rather fostering “mutual interaction and influence within and across these three levels.” Fullan, M. (2006). “Change Theory: A force for school improvement.” Victoria, BC: Centre for Strategic Education, p. 11.

³ Collaborative Learning for Educational Achievement and Resilience (CLEAR), a model for trauma-informed educational practice for Pre K-12 education, uses a Response to Intervention framework in a structured 2-3 year professional and systems development model. It has three primary objectives: linking social emotional learning and trauma knowledge in classroom practices, integration of community behavioral health partners in schools,

and development of policies and practices to support teacher trauma-informed practices. CLEAR employs an adaptation of the Attachment, Self-Regulation, and Competence (ARC) Framework as the common vocabulary for staff development and decision-making. For a description of the ARC Framework, see Kinniburgh, K.J., *infra* note 22. Community partners provide targeted trauma-specific interventions as educational supports for vulnerable students. For a description of the CLEAR program, see <http://extension.wsu.edu/ahcc/trauma/Pages/ComplexTrauma.aspx> (last visited on November 10, 2013).

4 The Compassionate Schools: The Heart of Teaching and Learning is an initiative sited in the Washington State Office of Superintendent of Public Instruction (OSPI). It provides training, guidance, referrals, and technical assistance to schools to create Compassionate Schools that benefit all students who attend but focus on students chronically exposed to stress and trauma in their lives. OSPI has developed a handbook which is a helpful resource. Wolpov, R., Johnson, M., Hertel, R., and Kincaid, S. (2009). *The Heart of Teaching and Learning: Compassion, Resiliency, and Academic Success*. Olympia, WA: Office of Superintendent of Public Instruction. For a description of this program, see <http://www.k12.wa.us/compassionateschools/> (last visited on November 10, 2013).

5 UCSF Healthy Environments and Response to Trauma in Schools (HEARTS), a program of Child and Adolescent Services, Psychiatry Department, University of California, San Francisco – San Francisco General Hospital, aims to promote school success for students who have experienced complex trauma by creating school environments that are more trauma-sensitive, safe, and supportive of their needs. The goal is to increase productive instructional time and school engagement by collaborating with San Francisco Unified School District to provide prevention and intervention at many levels of the school community: student, caregiver, school staff, school district, and policy. HEARTS takes a public health approach to addressing trauma in schools, and has found that more safe and supportive school environments benefit not only traumatized children and youth, but also those who work with these students, including school personnel and student peers. For a description of this program, see http://coe.ucsf.edu/coe/spotlight/ucsf_hearts.html (last visited on November 10, 2013).

6 The goal of the Wisconsin state trauma-sensitive schools initiative is to ensure that children impacted by traumatic experiences can learn and be successful. The effort focuses on helping schools create a culture that prioritizes safety, trust, choice, and collaboration. A multi-disciplinary work group organized by the Wisconsin Department of Public Instruction (DPI) came together to support schools in their journey to become more aware of the impact that trauma has on learning, behavior and development, and to foster school environments where all students can grow and learn. The work group has developed a “Trauma Tool Kit” that is posted on the DPI website and is available for any school to use. The Tool Kit is comprised of a slide presentation with detailed speaker notes to use in an in-service training, a resource guide for further readings, videos, and a trauma-sensitive school checklist (developed jointly by the Trauma and Learning Policy Initiative and Lesley University), along with other materials. The Wisconsin DPI and its work group partners have sponsored a variety of professional development events to spread the effort. To find these materials, as well as articles exploring how PBIS and RtI can be used in a trauma-sensitive school, see http://sppw.dpi.wi.gov/sppw_mhtrauma (last visited on November 9, 2013).

7 “Robert” (not his real name) made this statement when he and his mother received representation from the Education Law Clinic of Harvard Law School.

8 See Anda, R.F., Felitti, V.J., Bremner, J.D., Walker, J.D., Whitfield, C., Perry, B.D., Dube, S.R., and Giles, W.H. (2006). “The enduring effects of abuse and related adverse experiences in childhood: A convergence of evidence from neurobiology and epidemiology.” *European Archives of Psychiatry and Clinical Neuroscience*, 256(3): 174-86. For an updated review of ACE findings and a description of subsequent developments with the study, see Anda, R.F., Butchart, A., Felitti, V.J., and Brown, D.W. (2010). “Building a Framework for Global Surveillance of the Public Health Implications of Adverse Childhood Experiences.” *American Journal of Preventive Medicine*, 39(1): 93-98.

9 See Danese, A., Moffitt, T.E., Harrington, H., Milne, B.J., Polanczyk, G., Pariante, C.M., Poulton, R., and Caspi, A. (2009). “Adverse Childhood Experiences and Adult Risk Factors for Age-Related Disease: Depression, Inflammation, and Clustering of Metabolic Risk Markers.” *Archives of Pediatric and Adolescent Medicine*, 163(12): 1135-43.

10 See Tishelman, A.C., Haney, P., Greenwald O'Brien, J. and Blaustein, M. (2010). “A framework for school-based psychological evaluations: Utilizing a ‘trauma lens.’” *Journal of Child and Adolescent Trauma*, 3(4): 279-302.

See also Fairbank, J.A. (2008). "Epidemiology of Trauma and Trauma Related Disorders in Children and Youth." *PTSD Research Quarterly*, 19(1): 1-8.

11 For a helpful summary of how environmental influences can affect whether and how children's genes are expressed, see National Scientific Council on the Developing Child. (2010). *Early Experiences Can Alter Gene Expression and Affect Long-Term Development: Working Paper No. 10*. Cambridge, MA: Center on the Developing Child at Harvard University. A definitive review of recent research on the neurobiological consequences of child abuse and neglect has been completed by the Institute of Medicine and the National Research Council. See Petersen, A., Joseph, J., and Feit, M. (Eds.). (2013). *New Directions in Child Abuse and Neglect Research*. Washington, DC: National Academies Press.

12 A detailed summary of trauma's impact on academic performance, classroom behavior, and relationships can be found in Chapter 1 of the first volume of *Helping Traumatized Children Learn*. Cole, S., Greenwald O'Brien, J., Gadd, G., Ristuccia, J., Wallace, L., and Gregory, M. (2005). *Helping Traumatized Children Learn*. Boston, MA: Massachusetts Advocates for Children, pp. 21-41. This publication is available on www.traumasensitiveschools.org.

13 Terr, L.C. (1991). "Childhood Traumas: An Outline and Overview." *American Journal of Psychiatry*, 148(1): 10-20. For a detailed discussion of trauma as a reaction to stressful events, see Cole, S. et al., *supra* note 12, pp. 18-20.

14 In their definitive review of the research on child abuse and neglect, the Institute of Medicine and the National Research Council stated, "What [is] hopeful is the evidence that changing environments can change brain development, health, and behavioral outcomes." Petersen, A. et al., *supra* note 11, p. 4-37. David Osher and colleagues express similar hope, noting, "From the perspective of risk and protection, schools may function as a protective factor, creating a safe harbor, offering challenge and a sense of mission, fostering positive relationships...developing competencies...and providing students with access to social competencies." Osher, D. et al., *supra* note 2, p. 2. Mary Harvey, a psychologist and founder of the Victims of Violence Program, explains how the positive impact of community can mitigate the negative effects that can result from exposure to traumatic experiences. Schools, the communities in which children spend so much of their time, hold tremendous *potential* to become powerful factors in not only mitigating the negative impacts of exposure to traumatic experiences, but actually providing a community that is an "ecological fit." Dr. Harvey states that the "construct of '[ecological] fit' refers to the quality and helpfulness of the relationship existing between the individual and his or her social context. Interventions that achieve ecological fit are those that enhance the environment-person relationship—i.e., that reduce isolation, foster social competence, support positive coping, and promote belongingness in relevant social contexts." Harvey, M.R. (1996). "An Ecological View of Psychological Trauma and Trauma Recovery." *Journal of Traumatic Stress*, (9)1: 3-23; 7. See also Harvey, M.R. (2007). "Towards an Ecological Understanding of Resilience in Trauma Survivors: Implications for Theory, Research, and Practice." *Journal of Aggression, Maltreatment & Trauma*, 14(1/2): 9-32.

15 Most children who experience traumatic events will not require special education, although abused children are "more likely to have below average achievement scores, poor work habits, and 2.5 times more likely to fail a grade." Cole, S. et al., *supra* note 12, p. 40 (citing Shonk, S.M. and Cicchetti, D. (2001). "Maltreatment, Competency Deficits, and Risk for Academic and Behavioral Maladjustment." *Developmental Psychology*, 37(1): 3-17). Trauma should not be viewed as a new disability category and it is important to use a school-wide or a universal approach that crosses regular and special education.

16 The work of Howard Adelman and Linda Taylor of the UCLA School Mental Health Project (<http://smhp.psych.ucla.edu/>) has been foundational in articulating the need for mental health services that are integrated into the fabric of schools. We agree with their assertion that, although "schools are not in the mental health business[,]...[a]ccomplishing their mission requires that [they] play comprehensive and effective roles in dealing with the broad range of psychosocial and mental health concerns that affect learning." Adelman, H.S. & Taylor, L. (2012). "Addressing trauma and other barriers to learning and teaching: Developing a comprehensive system of intervention." In E. Rossen and R. Hull (Eds.), *Supporting and Educating Traumatized Students: A Guide for School-Based Professionals* (pp. 265-86, 265). New York: Oxford University Press. They propose an "integrated framework" for conceptualizing how mental health services can fit into a broader comprehensive effort by schools to address barriers to learning. Taylor, L. and Adelman, H.S. (2004). "Advancing mental health in schools: Guiding frameworks and strategic approaches." In K. Robinson (Ed.), *Advances in school-based mental health* (pp. 2-1 to 2-23). Kingston, NJ: Creative Research Institute. There is a growing chorus of

researchers and practitioners who advocate for this kind of integrated approach; see, for example, Atkins, M.S., Hoagwood, K.E., Kutash, K., and Seidman, E. (2010). "Toward the Integration of Education and Mental Health in Schools." *Administration and Policy in Mental Health*, 37: 40-7; O'Connell, M.E., Boat, T., and Warner, K.E. (Eds.). (2009). *Prevention of Mental, Emotional and Behavioral Disorders among Young People: Progress and Possibilities*. Washington, D.C.: National Academies Press; Kutash, K., Duchnowski, A.J., and Lynn, N. (2006). *School-Based Mental Health: An Empirical Guide for Decision-Makers*. Tampa: University of South Florida; and Nastasi, B.K. (2004). "Meeting the Challenges of the Future: Integrating Public Health and Public Education for Mental Health Promotion." *Journal of Educational and Psychological Consultation*, 15(3&4): 295-312.

17 Tishelman et al., *supra* note 10, p. 284, describe the potential negative repercussions of screening, including embarrassing or shaming a child or family and creating further difficulties (e.g., concerns about involvement with child protection, safety, or potential criminal or immigration proceedings). Moreover, it is difficult to ensure that disseminating a child's trauma history is handled with appropriate care and responsiveness at a school and many experts feel that children who speak with their teachers about their experiences often later feel regret and withdraw from these much needed relationships. The Institute of Medicine and the National Research Council also discuss several possible pitfalls associated with screening for mental health issues at school, and many of their same concerns also apply to screening for traumatic experiences. See O'Connell et al., *supra* note 16, pp. 229-31. By noting these cautions, we do not mean to diminish the obligation of teachers to report any incidents of child abuse, but rather to warn against probing into the details of a child's trauma history. When students disclose an experience to an educator, it is very important to make appropriate referrals, understanding that addressing the educational consequences of traumatic experiences does not depend on having full information about particularities of the traumatic experience.

18 W. Norton Grubb has cautioned that "under pressure to improve ... as quickly as possible," many schools "have adopted limited strategies and random interventions." Grubb, W.N. (2012). "Narrowing the Multiple Achievement Gaps in the United States: Eight Goals for the Long Haul." In T.B. Timar and J. Maxwell-Jolly (Eds.), *Narrowing the Achievement Gap: Perspectives and Strategies for Challenging Times* (pp. 57-76; 65). Cambridge, MA: Harvard Education Press. *Ibid.* He uses the term "programitis" to refer to this "strategy of adopting relatively self-contained interventions" that are ultimately ineffective because they "leave the core of a school intact." *Ibid.* He urges schools to avoid becoming "'Christmas tree schools' ... with bright shiny baubles or 'enrichment' programs hanging from a trunk and branches that are thoroughly rotten." *Ibid.* Linda Nathan, a national expert on urban education, echoes this same skepticism: "while 'sloganeering' each year about a different initiative might provide focus and boost scores for the short term, it doesn't necessarily create a community where everyone—teachers, students, administrators, and parents—feels a sense of ownership in developing students' intellectual potential." Nathan, L.F., *infra* note 34, p. 5. In order for a school to use externally developed programs effectively and stay away from the pitfalls Grubb and Nathan describe, it is important that any such programs "fit" appropriately with the context of the school's own environment and culture. Edison Trickett has described the appropriate interface between externally developed interventions and local community contexts in a wide variety of system change efforts, including education reform: "An ecological ... perspective on community intervention ... focuses on how interventions are *coupled with the host settings*, how factors in the community or setting context affect the relevance, fidelity, and impact of such interventions, and how, through collaborative relationships, local practices can be better understood and built upon as a community resource. In so doing, the concept of intervention is broadened from a focus on specific programs or activities to a more systemic perspective ... inclusive of both the requirements of the intervention *and the culture, resources, and hopes of the organizations or communities involved*." Trickett, E.J. (2009). "Community Psychology: Individuals and Interventions in Community Context." *Annual Review of Psychology*, 60: 395-419; 413 (emphasis added).

19 Readers of *Helping Traumatized Children Learn, Volume 1* will note that a sixth element has been added to the Flexible Framework since the original writing—collaboration with families—and Academic Instruction and Nonacademic Strategies have been fused together into one element. At the time of the first edition, families were not an explicit part of the framework because we felt that families should be a part of each piece. Cole, S. et al., *supra* note 12, p. 47. However, schools have found that families often get left out of the work unless they are explicitly considered.

Chapter I

20 Approaches to trauma sensitivity do not require specific programs, but rather embedding approaches throughout the district's curriculum. Cole, S. et al., *supra* note 12, pp. 47-76. For many helpful strategies, see Craig, S.E. (2008). *Reaching and Teaching Children Who Hurt: Strategies for Your Classroom*. Baltimore: Brookes Publishing. Additionally, the Washington Office of Superintendent of Public Instruction has published its own handbook, *supra* note 4, with additional approaches.

21 Behavior plans for traumatized students that are based solely on providing external consequences for observable behaviors are often ineffective. Susan Craig has noted traumatized children's "resistance to behavior management techniques that assume an understanding of cause and effect." Craig, S. (1992). "The Educational Needs of Children Living in Violence." *Phi Delta Kappan*, 74: 67-71, 68. Relatedly, according to Bruce Perry, "The threatened child is not thinking (nor should she think) about months from now. This has profound implications for understanding the cognition of the traumatized child. Immediate reward is most reinforcing. Delayed gratification is impossible. Consequences of behavior become almost inconceivable to the threatened child." Perry, B. (2002). "Neurodevelopmental Impact of Violence in Childhood." In D.H. Schetky and E.P. Benedek (Eds.), *Principles and Practice of Child and Adolescent Forensic Psychiatry* (pp. 191-203, 200). Washington, D.C.: American Psychiatric Publishing.

22 The use of these four domains (caring relationships with adults and peers, self-regulation of emotions and behaviors, success in academic and non academic areas, and physical health and wellbeing) as the organizing structure for bolstering success at both the school-wide and individual child levels is an intellectual contribution of an interdisciplinary group of experts convened by TLPI. These conclusions are based on the work of Masten, A. and Coatsworth, J.D. (1998). "The Development of Competence in Favorable and Unfavorable Environments." *American Psychologist*, 53(2): 205-220; and Kinniburgh, K.J., Blaustein, M., Spinazzola, J., and van der Kolk, B. (2005). "Attachment, Self-Regulation, and Competency: A Comprehensive intervention framework for children with complex trauma." *Psychiatric Annals*, 35(5): 424-430. They are also based on numerous studies demonstrating the educational benefits associated with bolstering each of these areas for children. On the importance of caring relationships at school, see for example Connell, J. and Klein, A. (2006). "First Things First: A framework for successful secondary school reform." *New Directions for Youth Development*, 111: 53-66, 55 (stating that "[a]ll major school reform strategies share the hypothesis that better relationships between adults and students contribute to improved educational outcomes for students"). On the importance of helping children master self-regulation of emotions and behaviors, see for example Saxe, G.N., Ellis, B.H., and Kaplow, J.B. (2007). *Collaborative Treatment of Traumatized Children and Teens: The Trauma Systems Therapy Approach*. New York: Guilford Press (reviewing literature on the importance of self-regulation skills and calling upon all adults to help children gain competence in this area). On the connection between health and academic success, see for example, California Department of Education. (2005). *Getting Results: Developing Safe and Healthy Kids Update 5: Student Health, Supportive Schools, and Academic Success*. Sacramento, CA (citing Furstenberg, F.D. et al. (1999). *Managing to make it: Urban families and adolescent success*. Chicago: University of Chicago Press [finding that students have better grades and attendance when their health needs are met]). These four domains have also been proposed as an organizing structure for a more expansive way to conduct psychological evaluations of students with traumatic histories. See Tishelman et al., *supra* note 10.

23 A meta-analysis of 213 school-based, universal SEL programs involving 270,034 kindergarten through high school students found an average increase of 11 percentile points in achievement test scores among students receiving quality instruction in social emotional learning (SEL) from their classroom teachers. Durlak, J., Weissberg, R., Dymnicki, A., Taylor, R., and Schellinger, K. (2011). "The Impact of Enhancing Students' Social and Emotional Learning: A Meta-Analysis of School-Based Universal Interventions," *Child Development*, 82(1): 405-432.

24 In working with schools and on behalf of individual students, a tension can sometimes exist between behavioral and relational approaches to address student behavior. As already described above, students exposed to traumatic experiences can have particular difficulty establishing trust in relationships, and may require additional support to bolster their relationship skills and connect them to the school community. Some of the behaviors they may display stem from this lack of security in relationships. Aspects of whole-school positive behavioral interventions, such as clarifying expectations, focusing on a safe and predictable learning environment, and providing consistent positive

feedback to students will be very helpful to set a positive context. However, within that context, the preferred approach with individual students is a relational approach, building on the connection between the teacher or school counselor and the student. An educator who is proactive about forming relationships with students early in the year will be able to check-in with students on a frequent basis and ensure that the student feels the teacher's positive regard. This positive regard and strong connection can form the basis for helping students articulate and cope with their feelings in the moment, for modeling how strong emotions can be effectively managed, and for engaging students in processing what has happened. Ensuring that the student feels the teacher's positive regard throughout this process is essential. However, behavioral approaches, such as planned ignoring, placing children in time-out rooms disconnected from the school community, suspending students from school—all of which intentionally withhold the opportunity to connect—may exacerbate a student's underlying fears of rejection and deprive the student of a much desired opportunity for connection. David Osher and his colleagues state succinctly that, "Behavioral approaches alone will not develop supportive relationships between and among students and adults." Osher, D., Sprague, J., Weissberg, R. P., Axelrod, J., Keenan, S., Kendziora, K., & Zins, J. E. (2008). "A Comprehensive Approach to Promoting Social, Emotional, and Academic Growth in Contemporary Schools." In A. Thomas & J. Grimes (Eds.), *Best Practices in School Psychology V, Vol. 4*. Bethesda, MD: National Association of School Psychologists, p. 6 (citing Bear, G.G. (In press). "School-wide approaches to behavior problems." In B. Doll and J.A. Cummings (Eds.), *Transforming school mental health services: Population-based approaches to promoting the competency and wellness of children*. Thousand Oaks, CA: Corwin Press). An excellent resource for developing behavior plans and contracts that avoid these pitfalls by merging a deep clinical understanding and best practices for students within a behavioral construct is Minahan, J. and Rappaport, N. (2012). *The Behavior Code: A Practical Guide to Understanding and Teaching the Most Challenging Students*. Cambridge, MA: Harvard Education Press.

25 This shift from "I" to "we" represents what Fritjof Capra describes as a shift from "mechanistic" thinking (which focuses on parts) to "holistic" or "ecological" thinking (which focuses on the whole). Capra argues that this shift in thinking is necessary to understand the complex relationships that characterize a school community. Capra, F. (1994). *From the Parts to the Whole: Systems Thinking in Education and Ecology*. Berkeley, CA: Center for Ecoliteracy.

26 Judith Herman articulates the need for teamwork among those engaged in "creating a protected space" that can support individuals who have experienced traumatic events. She calls this work "an act of solidarity." Herman, J. (1997). *Trauma and Recovery*. New York: Basic Books, p. 247.

27 See note 19, *supra*.

Chapter 2

28 Preskill and Torres identify and describe five possible "beginnings" for initiating an evaluative inquiry process in a learning organization: the "problem" beginning; the "change" beginning; the "opportunity" beginning; the "strength" beginning; and the "new direction" beginning. Preskill, H. and Torres, R.T., *supra* note 2, p. 72-4.

29 Kotter explains that a guiding coalition is always essential in the "early stages of any effort to restructure, reengineer or retool a set of strategies." Kotter, J., *supra* note 2, p. 52. In building the coalition, it is important to remember that, while shared learning is critical, this learning must ultimately be translated into a series of actions that use trauma sensitivity to improve outcomes for students. Michael Fullan warns that professional learning communities are excellent groundwork for change but they should not be viewed as the end point; learning together, while very important will not in and of itself change the culture of the school. Fullan, M., *supra* note 2, p. 6.

30 John Kotter states that the coalition should have enough key players to avoid the blocking of progress by those who are not participating. The members of the coalition should have positive reputations so their pronouncements will be taken seriously, and the coalition should be comprised of enough proven leaders to be able to drive the change process. Kotter states that management and leadership skills are both needed: the "former keeps the whole process under control, while the latter drives change." Kotter, J., *supra* note 2, p. 57.

31 Although some principals may delegate day-to-day facilitation of the committee's work to an assistant principal, it is important that the principal retain ultimate responsibility for the decisions and direction of the committee.

32 There may be personal reasons underlying a staff person's reluctance. One of these may be feeling worn out from their work addressing the needs of students who are traumatized. This is often referred to as "secondary trauma." Alternatively, a staff member might be reactive due to their own personal and/or family experiences. Understanding these reasons will help the principal and steering committee exhibit patience and compassion toward those who are demonstrating reluctance.

33 Michael Fullan explains: "[W]hen principals interact across schools in this way they become almost as concerned about the success of other schools in their network as their own school." Fullan, M., supra note 2, p. 10.

34 Linda Nathan describes the process of using deeper questions to reframe a difficult issue as part of a process of school change. She provides an example of how the staff at her urban school, where she was principal, remained frustrated over not getting homework back from students until the question was re-framed by asking "what is the purpose of homework?" When everyone agreed the purpose was to give students practice, the staff rallied around the successful solution of setting up homework opportunities during the day. Nathan, L.F. (2009). *The Hardest Questions Aren't on the Test: Lessons from an Innovative Urban School*. Boston: Beacon Press, p. 9.

35 Peter Senge describes the search for the leverage point, defining it as "small, well-focused actions [that] can sometimes produce enduring improvements, if they're in the right place." Senge, P., supra note 2, pp. 63-65.

36 We like to refer to this discussion as the "black box" conversation, where all the best thinking comes together in a dynamic way, but it is hard to delineate how the conversation proceeds or exactly how or when resulting ideas and solutions are generated. Theorists have applied the term "emergent behavior" to this kind of complex group-based problem solving. For example, Robert Goldstone and colleagues describe how "self-organized collectives of people create emergent group-level patterns that are rarely understood or intended by any individual." Goldstone, R.L., Roberts, M.E., and Gureckis, T.M. (2008). "Emergent Processes in Group Behavior." *Current Directions in Psychological Science*, 17(1): 10-15; 10. Peter Miller also describes this phenomenon: "Whenever you have a multitude of individuals interacting with one another, there often comes a moment when disorder gives way to order and something new emerges: a pattern, a decision, a structure, or a change in direction." Miller, P. (2010). *The Smart Swarm: How understanding flocks, schools, and colonies can make us better at communicating, decision making, and getting things done*. New York: Avery, p. 29.

Chapter 3

37 Many of the recommendations outlined here are based on recommendations contained in the Final Report of the Massachusetts Behavioral Health and Public Schools Task Force, discussed in greater detail on page 93.

38 The federal Department of Health and Human Service's Substance Abuse and Mental Health Services Administration (SAMHSA) defines trauma-informed care in the following way: "A definition of trauma-informed approach incorporates three key elements: (1) *realizing* the prevalence of trauma; (2) *recognizing* how trauma affects all individuals involved with the program, organization, or system, including its own workforce; and (3) *responding* by putting this knowledge into practice." See www.samhsa.gov/traumajustice/traumadefinition/approach.aspx (last visited Oct. 23, 2013).

39 These questions are adapted from Behavioral Health and Public Schools Task Force. (2011). *Creating Safe, Healthy, and Supportive Learning Environments to Increase the Success of all Students*. Malden, MA: Massachusetts Department of Elementary and Secondary Education (available at www.doe.mass.edu/research/reports/0811behavioralhealth.pdf) (last visited Oct. 23, 2013). This report is also accessible on traumasensitiveschools.org.

40 "Behavioral health challenges" is a broad term that includes exposure to traumatic events, mental health, substance abuse, bullying, truancy, risk of dropping out, etc.

41 See Behavioral Health and Public Schools Task Force, supra note 39.

42 In Massachusetts, the Parent Professional Advocacy League (PPAL) has played a central role in mentoring both parents and students to share their personal stories in the public policy arena. The Boston Student Advisory Council (BSAC) has been a channel for students in the Boston Public Schools to participate in the public debate

surrounding both district and state policies. These organizations have been particularly effective because they invest time and energy coaching constituents in how to use their experiences to inform policymakers in a way that balances the power of personal testimony with caution about the vulnerability and loss of privacy that can result from public self-disclosure.

43 MGL c. 69, Sec. 1N (b) (available at <https://malegislature.gov/Laws/GeneralLaws/PartI/TitleXII/Chapter69/Section1n>) (last visited Nov. 11, 2013).

44 The Massachusetts Department of Elementary and Secondary Education maintains a section of its website devoted to trauma-sensitive schools and to the Safe and Supportive Learning Environments grant program. See www.doe.mass.edu/tss/ (last visited Oct. 23, 2013).

45 See Section 19 of Chapter 321 of the Acts and Resolves of 2008 (available at <https://malegislature.gov/Laws/SessionLaws/Acts/2008/Chapter321>) (last visited Oct. 23, 2013). This law is also accessible on traumasensitiveschools.org.

46 See Behavioral Health and Public Schools Task Force, *supra* note 39. This report is also accessible on traumasensitiveschools.org.

47 See Chapter 92 of the Massachusetts Acts and Resolves of 2010 (available at <https://malegislature.gov/Laws/SessionLaws/Acts/2010/Chapter92>) (last visited Oct. 23, 2013).

48 See Massachusetts Department of Elementary and Secondary Education. (2010). *Model Bullying Prevention and Intervention Plan*. Malden, MA (available at www.doe.mass.edu/bullying/BPIP.pdf) (last visited Oct. 23, 2013). The Massachusetts Department of Elementary and Secondary Education also maintains a section of its website devoted to bullying prevention and intervention. See www.doe.mass.edu/bullying/ (last visited Oct. 23, 2013). The Model Plan is also accessible on traumasensitiveschools.org.

49 See Sections 7 and 8 of Chapter 92 of the Massachusetts Acts and Resolves of 2010 (available at <https://malegislature.gov/Laws/SessionLaws/Acts/2010/Chapter92>) (last visited Oct. 23, 2013).

50 See Massachusetts Department of Elementary and Secondary Education. (2010). *Addressing the Needs of Students with Disabilities in the IEP and in School Bullying Prevention and Intervention Efforts*. Malden, MA (available at www.doe.mass.edu/bullying/considerations-bully.html) (last visited Oct. 23, 2013). This Guidance is also accessible on traumasensitiveschools.org.

51 See Section 16 of Chapter 92 of the Massachusetts Acts and Resolves of 2010 (available at <https://malegislature.gov/Laws/SessionLaws/Acts/2010/Chapter92>) (last visited Oct. 23, 2013).

52 See Massachusetts Department of Elementary and Secondary Education. (2011). *Guidelines for Implementation of Social and Emotional Learning Curricula K-12*. Malden, MA (available at www.doe.mass.edu/bullying/SELguide.pdf) (last visited Oct. 23, 2013). These Guidelines are also accessible at traumasensitiveschools.org.

53 See 603 C.M.R. 2.03 (4)(b)(9) (available at www.doe.mass.edu/lawsregs/603cmr2.html?section=03) (last visited Oct. 23, 2013).

54 See MGL c. 69 § 1O (available at <https://malegislature.gov/Laws/GeneralLaws/PartI/TitleXII/Chapter69/Section1O>) (last visited Oct. 23, 2013).

55 See Line Item 7061-9612 of Chapter 38 of the Massachusetts Acts of 2013 (available at <https://malegislature.gov/Budget/FinalBudget/2014>) (last visited Oct. 23, 2013).

56 See Boston Public Schools. (2013). *Code of Conduct*. Boston, MA (available at bostonpublicschools.org/files/2013-09-05_code_of_conduct_final.pdf) (last visited Oct. 23, 2013).

Conclusion

57 Elmore, R.F., *supra* note 2, pp. 3-4.

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NCTSN

The National Child
Traumatic Stress Network

Child Trauma Toolkit for Educators



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Child Trauma Toolkit for Educators

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Established by Congress in 2000, the National Child Traumatic Stress Network (NCTSN) is a unique collaboration of academic and community-based service centers whose mission is to raise the standard of care and increase access to services for traumatized children and their families across the United States. Combining knowledge of child development, expertise in the full range of child traumatic experiences, and attention to cultural perspectives, the NCTSN serves as a national resource for developing and disseminating evidence-based interventions, trauma-informed services, and public and professional education.

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FACT: One out of every 4 children attending school has been exposed to a traumatic event that can affect learning and/or behavior.

FACT: Trauma can impact school performance.

- Lower GPA
- Higher rate of school absences
- Increased drop-out
- More suspensions and expulsions
- Decreased reading ability

FACT: Trauma can impair learning.

Single exposure to traumatic events may cause jumpiness, intrusive thoughts, interrupted sleep and nightmares, anger and moodiness, and/or social withdrawal—any of which can interfere with concentration and memory.

Chronic exposure to traumatic events, especially during a child's early years, can:

- Adversely affect attention, memory, and cognition
- Reduce a child's ability to focus, organize, and process information
- Interfere with effective problem solving and/or planning
- Result in overwhelming feelings of frustration and anxiety

FACT: Traumatized children may experience physical and emotional distress.

- Physical symptoms like headaches and stomachaches
- Poor control of emotions
- Inconsistent academic performance
- Unpredictable and/or impulsive behavior
- Over or under-reacting to bells, physical contact, doors slamming, sirens, lighting, sudden movements
- Intense reactions to reminders of their traumatic event:
 - Thinking others are violating their personal space, i.e., "What are you looking at?"
 - Blowing up when being corrected or told what to do by an authority figure
 - Fighting when criticized or teased by others
 - Resisting transition and/or change

FACT: You can help a child who has been traumatized.

- Follow your school's reporting procedures if you suspect abuse
- Work with the child's caregiver(s) to share and address school problems
- Refer to community resources when a child shows signs of being unable to cope with traumatic stress
- Share Trauma Facts for Educators with other teachers and school personnel

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What can be done at school to help a traumatized child?

- Maintain usual routines. A return to “normalcy” will communicate the message that the child is safe and life will go on.
- Give children choices. Often traumatic events involve loss of control and/or chaos, so you can help children feel safe by providing them with some choices or control when appropriate.
- Increase the level of support and encouragement given to the traumatized child. Designate an adult who can provide additional support if needed.
- Set clear, firm limits for inappropriate behavior and develop logical—rather than punitive—consequences.
- Recognize that behavioral problems may be transient and related to trauma. Remember that even the most disruptive behaviors can be driven by trauma-related anxiety.
- Provide a safe place for the child to talk about what happened. Set aside a designated time and place for sharing to help the child know it is okay to talk about what happened.
- Give simple and realistic answers to the child’s questions about traumatic events. Clarify distortions and misconceptions. If it isn’t an appropriate time, be sure to give the child a time and place to talk and ask questions.
- Be sensitive to the cues in the environment that may cause a reaction in the traumatized child. For example, victims of natural storm-related disasters might react very badly to threatening weather or storm warnings. Children may increase problem behaviors near an anniversary of a traumatic event.
- Anticipate difficult times and provide additional support. Many kinds of situations may be reminders. If you are able to identify reminders, you can help by preparing the child for the situation. For instance, for the child who doesn’t like being alone, provide a partner to accompany him or her to the restroom.
- Warn children if you will be doing something out of the ordinary, such as turning off the lights or making a sudden loud noise.
- Be aware of other children’s reactions to the traumatized child and to the information they share. Protect the traumatized child from peers’ curiosity and protect classmates from the details of a child’s trauma.
- Understand that children cope by re-enacting trauma through play or through their interactions with others. Resist their efforts to draw you into a negative repetition of the trauma. For instance, some children will provoke teachers in order to replay abusive situations at home.
- Although not all children have religious beliefs, be attentive if the child experiences severe feelings of anger, guilt, shame, or punishment attributed to a higher power. Do not engage in theological discussion. Rather, refer the child to appropriate support.

- While a traumatized child might not meet eligibility criteria for special education, consider making accommodations and modifications to academic work for a short time, even including these in a 504 plan. You might:
 - Shorten assignments
 - Allow additional time to complete assignments
 - Give permission to leave class to go to a designated adult (such as a counselor or school nurse) if feelings become overwhelming
 - Provide additional support for organizing and remembering assignments

When should a referral be made for additional help for a traumatized child?

When reactions are severe (such as intense hopelessness or fear) or go on for a long time (more than one month) and interfere with a child's functioning, give referrals for additional help. As severity can be difficult to determine—with some children becoming avoidant or appearing to be fine (e.g., a child who performs well academically no matter what)—don't feel you have to be certain before making a referral. Let a mental health professional evaluate the likelihood that the child could benefit from some type of intervention.

When to seek self care?

Seek support and consultation routinely for yourself in order to prevent “compassion fatigue,” also referred to as “secondary traumatic stress.” Be aware that you can develop compassion fatigue from exposure to trauma through the children with whom you work.



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There are children in your preschool who have experienced trauma.

Consider Ricky. Ricky, a three-year-old boy, cries inconsolably when his mother drops him off at school in the morning. His teachers thought his crying would stop when he became more comfortable in the classroom; however, he continues to cry every day and does not interact with his teachers or play with his peers. Ricky also has a speech delay and gets very upset when the other students are loud or when his daily routine is interrupted. One day the teacher asked Ricky to talk about his drawing, and he said, “Daddy hurt mommy.” Ricky’s mother was later observed to have a black eye and bruises that were consistent with assault.

Another example is Alexa. Alexa, a four-year-old girl, has been kicked out of two other preschools and is about to be expelled from her current school. She curses at teachers, hits, kicks, and scratches other students, and bangs her head on the table when she is frustrated. Alexa’s behaviors are most difficult when transitioning from one activity to another. When the teacher meets with Alexa’s father, the father reports that Alexa’s mother uses drugs, that Alexa has seen her mother arrested by the police, and that Alexa’s mother often does not come home at night.

What do these children have in common? They have both been exposed to trauma, defined as *an experience that threatens life or may cause physical injury and is so powerful and dangerous that it overwhelms the preschool child’s capacity to regulate emotions*. Generally, traumatic events evoke feelings of extreme fear and helplessness. Reactions to traumatic events are determined by the subjective experience of the child, which could be impacted by developmental and cultural factors. What is extremely traumatic for one child may be less so for another.

Some traumatic experiences occur once in a lifetime, others are ongoing. Many children have experienced multiple traumas, and for too many children, trauma is a chronic part of their lives. (For examples, see sidebar, at right.)

Some children show signs of stress in the first few weeks after a trauma, but return to their usual state of physical and emotional health. Even children who do not exhibit serious symptoms may experience some degree of emotional distress, which may continue or even deepen over a long period of time. Children who have experienced traumatic events may experience problems that impair their day-to-day functioning.

Children who have experienced traumatic events may have behavioral problems, or their suffering may not be apparent at all.

It is important to be aware of both the children who act out and the quiet children who don’t appear to have behavioral problems. These children often “fly beneath the radar” and do not get help. In any situation where there is a possibility of abuse, as in the cases above, you may be legally required to report the information to social services or law enforcement.

Be alert to the possibility of misdiagnosis due to the many presentations of trauma-related anxiety. For instance, many behaviors seen in children who have experienced trauma are nearly identical to those of children with developmental delays, ADHD and other mental health conditions. Without recognition of the possibility that a child is experiencing childhood traumatic stress, adults may develop a treatment plan that does not fully address the specific needs of that child with regard to trauma.

Situations that can be traumatic:

- Physical or sexual abuse
- Abandonment
- Neglect
- The death or loss of a loved one
- Life-threatening illness in a caregiver
- Witnessing domestic violence
- Automobile accidents or other serious accidents
- Bullying
- Life-threatening health situations and/or painful medical procedures
- Witnessing or experiencing community violence (e.g., shootings, stabbings, robbery, or fighting at home, in the neighborhood, or at school)
- Witnessing police activity or having a close relative incarcerated
- Life-threatening natural disasters
- Acts or threats of terrorism (viewed in person or on television)
- Living in chronically chaotic environments in which housing and financial resources are not consistently available

What you might observe in Preschool children:

Remember, young children do not always have the words to tell you what has happened to them or how they feel. Behavior is a better gauge and sudden changes in behavior can be a sign of trauma exposure.

- Separation anxiety or clinginess towards teachers or primary caregivers
- Regression in previously mastered stages of development (e.g., baby talk or bedwetting/toileting accidents)
- Lack of developmental progress (e.g., not progressing at same level as peers)
- Re-creating the traumatic event (e.g., repeatedly talking about, “playing” out, or drawing the event)
- Difficulty at naptime or bedtime (e.g., avoiding sleep, waking up, or nightmares)
- Increased somatic complaints (e.g., headaches, stomachaches, overreacting to minor bumps and bruises)
- Changes in behavior (e.g., appetite, unexplained absences, angry outbursts, decreased attention, withdrawal)
- Over- or under-reacting to physical contact, bright lighting, sudden movements, or loud sounds (e.g., bells, slamming doors, or sirens)
- Increased distress (unusually whiny, irritable, moody)
- Anxiety, fear, and worry about safety of self and others
- Worry about recurrence of the traumatic event
- New fears (e.g., fear of the dark, animals, or monsters)
- Statements and questions about death and dying

Some children, if given support, will recover within a few weeks or months from the fear and anxiety caused by a traumatic experience. However, some children will need more help over a longer period of time in order to heal and may need continuing support from family, teachers, or mental health professionals. Anniversaries of the events or media reports may act as reminders to the child, causing a recurrence of symptoms, feelings, and behaviors.

Mental health counseling that has been demonstrated to be effective in helping children deal with traumatic stress reactions typically includes the following elements:

- Helping children and caregivers reestablish a safe environment and a sense of safety
- Helping parents and children return to normal routines
- An opportunity to talk about and make sense of the traumatic experience in a safe, accepting environment
- Explaining the trauma and answering questions in an honest but simple and age-appropriate manner
- Teaching techniques for dealing with overwhelming emotional reactions
- Helping the child verbalize feelings rather than engage in inappropriate behavior
- Involving primary caregivers in the healing process
- Connecting caregivers to resources to address their needs—young children’s level of distress often mirrors their caregiver’s level of distress

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There are students in your school who have experienced trauma.

Consider Amy. Her teacher brought the third grader, who had been a model student, to the school nurse, complaining that she was not paying attention or completing her work. Quiet and withdrawn in the nurse's office, Amy eventually said, "May I tell you something?" She then proceeded to talk about seeing her cat hit and killed by a car. She was both sad and frightened, couldn't make sense out of what had happened, and was having nightmares.

Another example is John. He is constantly in trouble at school, and appears to have significant problems grasping fourth grade material. His mother describes the violence that is pervasive in both their home and neighborhood. She reports that John has witnessed his father repeatedly beating her, and has been a victim himself of his father's rages. During first grade he was placed in foster care. John has also seen gun violence in his neighborhood.

What do these two very different individuals have in common? They have both been exposed to trauma, *defined as an experience that threatens life or physical integrity and that overwhelms an individual's capacity to cope*. Generally, traumatic events evoke feelings of extreme fear and helplessness. Reactions to traumatic events are determined by the subjective experience of the child, which could be impacted by developmental and cultural factors. What is extremely traumatic for one student may be less so for another.

Students who have experienced traumatic events may have behavioral or academic problems, or their suffering may not be apparent at all.

Some students show signs of stress in the first few weeks after a trauma, but return to their usual state of physical and emotional health. **Even a child who does not exhibit serious symptoms may experience some degree of emotional distress, and for some children this distress may continue or even deepen over a long period of time.**

Some traumatic experiences occur once in a lifetime, others are ongoing. Many children have experienced multiple traumas, and for too many children trauma is a chronic part of their lives. Students who have experienced traumatic events may experience problems that impair their day-to-day functioning.

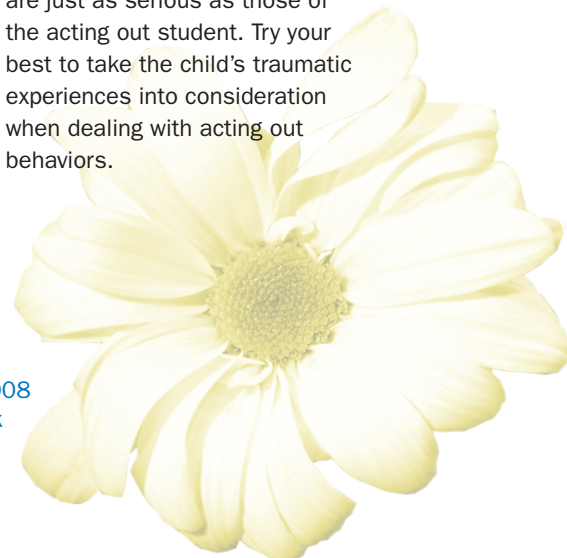
Situations that can be traumatic:

- Physical or sexual abuse
- Abandonment, betrayal of trust (such as abuse by a caregiver), or neglect
- The death or loss of a loved one
- Life-threatening illness in a caregiver
- Witnessing domestic violence
- Automobile accidents or other serious accidents
- Bullying
- Life-threatening health situations and/or painful medical procedures
- Witnessing or experiencing community violence (e.g., drive by shooting, fight at school, robbery)
- Witnessing police activity or having a close relative incarcerated
- Life-threatening natural disasters
- Acts or threats of terrorism

Be alert to the behavior of the students who have experienced one or more of these events.

Be aware of both the children who act out AND the quiet children who don't appear to have behavioral problems.

These students often "fly beneath the radar" and do not get help. They may have symptoms of avoidance and depression that are just as serious as those of the acting out student. Try your best to take the child's traumatic experiences into consideration when dealing with acting out behaviors.



What you might observe in Elementary School students:

- Anxiety, fear, and worry about safety of self and others (more clingy with teacher or parent)
- Worry about recurrence of violence
- Increased distress (unusually whiny, irritable, moody)
- Changes in behavior:
 - Increase in activity level
 - Decreased attention and/or concentration
 - Withdrawal from others or activities
 - Angry outbursts and/or aggression
 - Absenteeism
- Distrust of others, affecting how children interact with both adults and peers
- A change in ability to interpret and respond appropriately to social cues
- Increased somatic complaints (e.g., headaches, stomachaches, overreaction to minor bumps and bruises)
- Changes in school performance
- Recreating the event (e.g., repeatedly talking about, “playing” out, or drawing the event)
- Over- or under-reacting to bells, physical contact, doors slamming, sirens, lighting, sudden movements
- Statements and questions about death and dying
- Difficulty with authority, redirection, or criticism
- Re-experiencing the trauma (e.g., nightmares or disturbing memories during the day)
- Hyperarousal (e.g., sleep disturbance, tendency to be easily startled)
- Avoidance behaviors (e.g., resisting going to places that remind them of the event)
- Emotional numbing (e.g., seeming to have no feeling about the event)

Some children, if given support, will recover within a few weeks or months from the fear and anxiety caused by a traumatic experience. However, some children need more help over a longer period of time in order to heal, and may need continuing support from family, teachers, or mental health professionals. Anniversaries of the event or media reports may act as reminders to the child, causing a recurrence of symptoms, feelings, and behaviors.

Mental health counseling that has been demonstrated to be effective in helping children deal with traumatic stress reactions typically includes the following elements:

- Education about the impact of trauma
- Helping children and caregivers re-establish a sense of safety
- Techniques for dealing with overwhelming emotional reactions
- An opportunity to talk about and make sense of the traumatic experience in a safe, accepting environment
- Involvement, when possible, of primary caregivers in the healing process

There are students in your school who have experienced trauma.

Consider Joy. Her teacher brought the sixth grader to the school nurse because she was complaining of a stomachache. The teacher was concerned about Joy's complaint and explained to the nurse that, while Joy had always been an enthusiastic and hardworking student, recently she had not been paying attention or completing her work. In the nurse's office, Joy was quiet and withdrawn, but eventually admitted that she had witnessed a girl being beaten by another student the previous day. She was sad, frightened, and afraid for her safety.

Another example is Trent. He is constantly getting into fights at school and appears to have significant problems understanding and completing his work. Trent was removed from his home in third grade and placed with his paternal grandmother. When contacted by the teacher about his problems in school, his grandmother explains that prior to coming to live with her, Trent lived in a community ridden with gang violence. His father was part of a gang and Trent used to see gun battles among gang members in his neighborhood. The grandmother also admits that Trent's father was very aggressive and may have physically abused Trent when he was younger.

What do these two very different individuals have in common? They have both been exposed to trauma, defined as *an experience that threatens life or physical integrity and that overwhelms an individual's capacity to cope*. Generally, traumatic events evoke feelings of extreme fear and helplessness. Reactions to traumatic events are determined by the subjective experience of the child, which could be impacted by developmental and cultural factors. What is extremely traumatic for one student may be less so for another.

Some students show signs of stress in the first few weeks after a trauma, but return to their usual state of physical and emotional health. Even a child who does not exhibit serious symptoms may experience some degree of emotional distress, and for some children this distress may continue or even deepen over a long period of time.

Some traumatic experiences occur once in a lifetime, others are ongoing. Many children have experienced multiple traumas, and for too many children trauma is a chronic part of their lives. Students who have experienced traumatic events may experience problems that impair their day-to-day functioning.

Students who have experienced traumatic events may have behavioral or academic problems or their suffering may not be apparent at all.

Situations that can be traumatic:

- Physical or sexual abuse
- Abandonment, betrayal of trust (such as abuse by a caregiver), or neglect
- The death or loss of a loved one
- Life-threatening illness in a caregiver
- Witnessing domestic violence
- Automobile accidents or other serious accidents
- Bullying
- Life-threatening health situations and/or painful medical procedures
- Witnessing or experiencing community violence (e.g., drive-by shooting, fight at school, robbery)
- Witnessing police activity or having a close relative incarcerated
- Life-threatening natural disasters
- Acts or threats of terrorism

Be alert to the behavior of students who have experienced one or more of these events. **Be aware of both the children who act out AND the quiet children who don't appear to have behavioral problems. These students often "fly beneath the radar" and do not get help.** They may have symptoms of avoidance and depression that are just as serious as those of the acting out student. Try your best to take the child's traumatic experiences into consideration when dealing with acting out behaviors.

What you might observe in Middle School students:

- Anxiety, fear, and worry about safety of self and others
- Worry about recurrence or consequences of violence
- Changes in behavior:
 - Decreased attention and/or concentration
 - Increase in activity level
 - Change in academic performance
 - Irritability with friends, teachers, events
 - Angry outbursts and/or aggression
 - Withdrawal from others or activities
 - Absenteeism
- Increased somatic complaints (e.g., headaches, stomachaches, chest pains)
- Discomfort with feelings (such as troubling thoughts of revenge)
- Repeated discussion of event and focus on specific details of what happened
- Over- or under-reacting to bells, physical contact, doors slamming, sirens, lighting, sudden movements
- Re-experiencing the trauma (e.g., nightmares or disturbing memories during the day)
- Hyperarousal (e.g., sleep disturbance, tendency to be easily startled)
- Avoidance behaviors (e.g., resisting going to places that remind them of the event)
- Emotional numbing (e.g., seeming to have no feeling about the event)



Some children, if given support, will recover within a few weeks or months from the fear and anxiety caused by a traumatic experience. However, some children need more help over a longer period of time in order to heal, and may need continuing support from family, teachers, or mental health professionals. Anniversaries of the event or media reports may act as reminders to the child, causing a recurrence of symptoms, feelings, and behaviors.

Mental health counseling that has been demonstrated to be effective in helping children deal with traumatic stress reactions typically includes the following elements:

- Education about the impact of trauma
- Helping children and caregivers re-establish a sense of safety
- Techniques for dealing with overwhelming emotional reactions
- An opportunity to talk about and make sense of the traumatic experience in a safe, accepting environment
- Involvement, when possible, of primary caregivers in the healing process

This project was funded by the Substance Abuse and Mental Health Services Administration (SAMHSA), US Department of Health and Human Services (HHS). The views, policies, and opinions expressed are those of the authors and do not necessarily reflect those of SAMHSA or HHS.

There are students in your school who have experienced trauma.

Consider Nicole. Her teacher noticed that the tenth grader, who had previously been a very outgoing and popular student, suddenly appeared quiet, withdrawn, and “spaced out” during class. When the teacher approached her after class, Nicole reluctantly admitted that she had been forced to have sex on a date the previous week. She was very embarrassed about the experience and had not told anyone because she felt guilty and was afraid of what would happen.

Another example is Daniel. Daniel has become increasingly aggressive and confrontational in school. He talks throughout classtime and has difficulty staying “on task.” When approached by the teacher, his mother describes the constant neighborhood violence that Daniel is exposed to. He has witnessed a gun battle among gang members in the neighborhood and his mother suspects that he is in a gang. She is worried that he may be using drugs and alcohol. The mother also admits that during fifth grade, Daniel was placed in foster care due to physical abuse by his father and constant domestic violence in the home.

What do these two very different individuals have in common? They have both been exposed to trauma, defined as *an experience that threatens life or physical integrity and that overwhelms an individual's capacity to cope*. Generally traumatic events evoke feelings of extreme fear and helplessness. Reactions to traumatic events are determined by the subjective experience of the adolescent, which could be impacted by developmental and cultural factors. What is extremely traumatic for one student may be less so for another.

Some students show signs of stress in the first few weeks after a trauma, but return to their usual state of physical and emotional health. Even an adolescent who does not exhibit serious symptoms may experience some degree of emotional distress, and for some adolescents this distress may continue or even deepen over a long period of time. Some traumatic experiences occur once in a lifetime, others are ongoing. Many adolescents have experienced multiple traumas, and for too many adolescents trauma is a chronic part of their lives. Students who have experienced traumatic events may experience problems that impair their day-to-day functioning.

Be alert to the behavior of students who have experienced one of these events. **Be aware of both the adolescents who act out AND the quiet adolescents who don't appear to have behavioral problems.** These students often “fly beneath the radar” and do not get help. They may have symptoms of avoidance and depression that are just as serious as those of the acting out student. Try your best to take the adolescent's traumatic experiences into consideration when dealing with acting out behaviors.

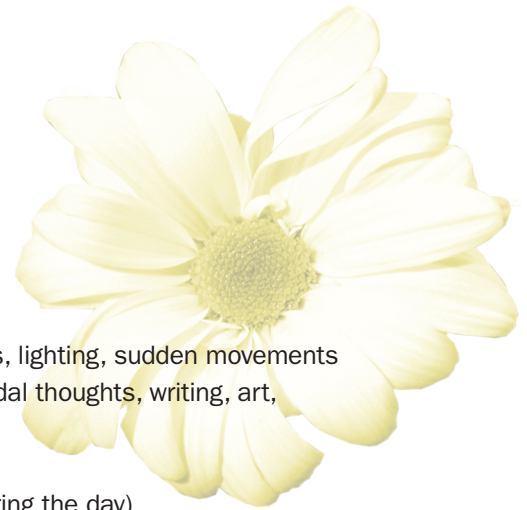
Situations that can be traumatic:

- Physical or sexual abuse
- Abandonment, betrayal of trust (such as abuse by a caregiver), or neglect
- The death or loss of a loved one
- Life-threatening illness in a caregiver
- Witnessing domestic violence
- Automobile accidents or other serious accidents
- Bullying
- Life-threatening health situations and/or painful medical procedures
- Witnessing or experiencing community violence (e.g., drive-by shooting, fight at school, robbery)
- Witnessing police activity or having a close relative incarcerated
- Life-threatening natural disasters
- Acts or threats of terrorism

What you might observe in High School students:

- Anxiety, fear, and worry about safety of self and others
- Worry about recurrence or consequences of violence
- Changes in behavior:
 - Withdrawal from others or activities
 - Irritability with friends, teachers, events
 - Angry outbursts and/or aggression
 - Change in academic performance
 - Decreased attention and/or concentration
 - Increase in activity level
 - Absenteeism
 - Increase in impulsivity, risk-taking behavior
- Discomfort with feelings (such as troubling thoughts of revenge)
- Increased risk for substance abuse
- Discussion of events and reviewing of details
- Negative impact on issues of trust and perceptions of others
- Over- or under-reacting to bells, physical contact, doors slamming, sirens, lighting, sudden movements
- Repetitive thoughts and comments about death or dying (including suicidal thoughts, writing, art, or notebook covers about violent or morbid topics, internet searches)
- Heightened difficulty with authority, redirection, or criticism
- Re-experiencing the trauma (e.g., nightmares or disturbing memories during the day)
- Hyperarousal (e.g., sleep disturbance, tendency to be easily startled)
- Avoidance behaviors (e.g., resisting going to places that remind them of the event)
- Emotional numbing (e.g., seeming to have no feeling about the event)

Students who have experienced traumatic events may have behavioral or academic problems, or their suffering may not be apparent at all.



Some adolescents, if given support, will recover within a few weeks or months from the fear and anxiety caused by a traumatic experience. However, some adolescents need more help over a longer period of time in order to heal and may need continuing support from family, teachers, or mental health professionals. Anniversaries of the event or media reports may act as reminders to the adolescent, causing a recurrence of symptoms, feelings, and behaviors.

Mental health counseling that has been demonstrated to be effective in helping adolescents deal with traumatic stress reactions typically includes the following elements:

- Education about the impact of trauma
- Helping adolescents and caregivers re-establish a sense of safety
- Techniques for dealing with overwhelming emotional reactions
- An opportunity to talk about and make sense of the traumatic experience in a safe, accepting environment
- Involvement, when possible, of primary caregivers in the healing process

This project was funded by the Substance Abuse and Mental Health Services Administration (SAMHSA), US Department of Health and Human Services (HHS). The views, policies, and opinions expressed are those of the authors and do not necessarily reflect those of SAMHSA or HHS.

This information sheet summarizes material found in the “In-Depth General Information Guide to Childhood Traumatic Grief” and “In-Depth Information on Childhood Traumatic Grief for School Personnel,” available at www.NCTSN.org.

Childhood traumatic grief is a condition that some children develop after the death of a close friend or family member. Children who develop childhood traumatic grief reactions experience the cause of that death as horrifying or terrifying, whether the death was unexpected or due to natural causes. Even if the manner of death is not objectively sudden, shocking, or frightening to others, children who perceive the death this way may develop childhood traumatic grief.

For some children and adolescents, responses to traumatic events can have a profound effect on the way they see themselves and their world. They may experience important and long-lasting changes in their ability to trust others, their sense of personal safety, their effectiveness in navigating life challenges, and their belief that there is justice or fairness in life.

It's important to keep in mind that many children who encounter a shocking or horrific death of another person will recover naturally and not develop ongoing difficulties, while other children may experience such difficulties. Every child is different in his or her reactions to a traumatic loss.

Identifying Traumatic Grief in Students

Children at different developmental levels may react differently to a loved one's traumatic death. But there are some common signs and symptoms of traumatic grief that children might show at school. Teachers may observe the following in the student:

- Being overly preoccupied with how the loved one died
- Reliving or re-enacting the traumatic death through play, activities, and/or artwork
- Showing signs of emotional and/or behavioral distress when reminded of the loss
- Attempting to avoid physical reminders of the traumatic death, such as activities, places, or people related to the death
- Withdrawing from important aspects of their environment
- Showing signs of emotional constriction or “numbing”
- Being excessively jumpy or being easily startled
- Showing signs of a lack of purpose and meaning to one's life

How School Personnel Can Help a Student with Traumatic Grief

Inform others and coordinate services

Inform school administration and school counselors/psychologists about your concerns regarding the student. Your school district or state may have specific policies or laws about dealing with emotional issues with children. If you feel a student could benefit from the help of a mental health professional, work within your school's guidelines and with your administration to suggest a referral.

Answer a child's questions

Let the child know that you are available to talk about the death if he or she wants to. When talking to these children, accept their feelings (even anger), listen carefully, and remind them that it is normal to experience emotional and behavioral difficulties following the death of a loved one. Do not force a child to talk about the death if he or she doesn't want to. This may be more harmful than helpful for the child.

Create a supportive school environment

Maintain normal school routines as much as possible. A child with traumatic grief can feel that life is chaotic and out of his or her control. It's beneficial for the child to have a predictable class schedule and format. The child may also need extra reassurance and explanation if there is a change. Staff should look for opportunities to help classmates who are struggling with how best to help and understand a student with traumatic grief.

Raise the awareness of school staff and personnel

Teachers and school staff may misinterpret changes in children's behaviors and school performance when they are experiencing childhood traumatic grief. Although it is always a priority to protect and respect a child's privacy, whenever possible it may be helpful to work with school staff who have contact with the child to make sure they know that the child has suffered a loss and may be experiencing difficulties or changes in school performance as a result. In this way, the school staff can work together to ensure that children get the support and understanding they need.

Modify teaching strategies

Balance normal school expectations with flexibility. You might avoid or postpone large tests or projects that require extensive energy and concentration for a while following the death. Be sensitive when the student is experiencing difficult times—for example, on the anniversary of a death—so that you can be supportive and perhaps rearrange or modify class assignments or work. Use teaching strategies that promote concentration, retention, and recall and that increase a sense of predictability, control, and performance.

Support families

Build a relationship of trust with the student's family. On a personal level, be reliable, friendly, consistently caring, and predictable in your actions. Keep your word, and never betray the family's trust. It can be helpful for the school or district to designate a liaison who can coordinate the relationship among teachers, the principal, the guidance counselor, other appropriate school personnel, the family, and the child.

Make referrals

Consider referral to a mental health professional. Traumatic grief can be very difficult to resolve, and professional help is often needed. If possible, the student and him or her family should be referred to a professional who has considerable experience in working with children and adolescents and with the issues of grief and trauma.

For more information

Additional information about childhood traumatic grief and where to turn for help is available from the National Child Traumatic Stress Network at (310) 235-2633 and (919) 682-1552 or at www.NCTSN.org.

“There is a cost to caring.” - Charles Figley

Trauma takes a toll on children, families, schools, and communities. Trauma can also take a toll on school professionals. **Any educator who works directly with traumatized children and adolescents is vulnerable to the effects of trauma**—referred to as *compassion fatigue* or *secondary traumatic stress*—being physically, mentally, or emotionally worn out, or feeling overwhelmed by students’ traumas. The best way to deal with compassion fatigue is early recognition.

TIPS FOR EDUCATORS:

- 1. Be aware of the signs.** Educators with compassion fatigue may exhibit some of the following signs:
 - Increased irritability or impatience with students
 - Difficulty planning classroom activities and lessons
 - Decreased concentration
 - Denying that traumatic events impact students or feeling numb or detached
 - Intense feelings and intrusive thoughts, that don’t lessen over time, about a student’s trauma
 - Dreams about students’ traumas
- 2. Don’t go it alone.** Anyone who knows about stories of trauma needs to guard against isolation. While respecting the confidentiality of your students, get support by working in teams, talking to others in your school, and asking for support from administrators or colleagues.
- 3. Recognize compassion fatigue as an occupational hazard.** When an educator approaches students with an open heart and a listening ear, *compassion fatigue* can develop. All too often educators judge themselves as weak or incompetent for having strong reactions to a student’s trauma. Compassion fatigue is not a sign of weakness or incompetence; rather, it is the cost of caring.
- 4. Seek help with your own traumas.** Any adult helping children with trauma, who also has his or her own unresolved traumatic experiences, is more at risk for compassion fatigue.
- 5. If you see signs in yourself, talk to a professional.** If you are experiencing signs of compassion fatigue for more than two to three weeks, seek counseling with a professional who is knowledgeable about trauma.
- 6. Attend to self care.** Guard against your work becoming the only activity that defines who you are. Keep perspective by spending time with children and adolescents who are not experiencing traumatic stress. Take care of yourself by eating well and exercising, engaging in fun activities, taking a break during the workday, finding time to self-reflect, allowing yourself to cry, and finding things to laugh about.

Resource: Figley, C.R. (1995). *Compassion fatigue: Coping with secondary traumatic stress disorder in those who treat the traumatized*. New York: Brunner/Mazel, Inc.

What is Child Traumatic Stress?

Child traumatic stress is when children and adolescents are exposed to traumatic events or traumatic situations, and when this exposure overwhelms their ability to cope.

When children have been exposed to situations where they feared for their lives, believed they could have been injured, witnessed violence, or tragically lost a loved one, they may show signs of traumatic stress. The impact on any given child depends partly on the objective danger, partly on his or her subjective reaction to the events, and partly on his or her age and developmental level.



If your child is experiencing traumatic stress you might notice the following signs:

- Difficulty sleeping and nightmares
- Refusing to go to school
- Lack of appetite
- Bed-wetting or other regression in behavior
- Interference with developmental milestones
- Anger
- Getting into fights at school or fighting more with siblings
- Difficulty paying attention to teachers at school and to parents at home
- Avoidance of scary situations
- Withdrawal from friends or activities
- Nervousness or jumpiness
- Intrusive memories of what happened
- Play that includes recreating the event

What is the best way to treat child traumatic stress?

There are effective ways to treat child traumatic stress.

Many treatments include cognitive behavioral principles:

- Education about the impact of trauma
- Helping children and their parents establish or re-establish a sense of safety
- Techniques for dealing with overwhelming emotional reactions
- An opportunity to talk about the traumatic experience in a safe, accepting environment
- Involvement, when possible, of primary caregivers in the healing process

For more information see the NCTSN website: www.nctsn.org.

What can I do for my child at home?

Parents never want their child to go through trauma or suffer its after effects.

Having someone you can talk to about your own feelings will help you to better help your child.

Follow these steps to help your child at home:

1. Learn about the common reactions that children have to traumatic events.
2. Consult a qualified mental health professional if your child's distress continues for several weeks. Ask your child's school for an appropriate referral.
3. Assure your child of his or her safety at home and at school. Talk with him or her about what you've done to make him or her safe at home and what the school is doing to keep students safe.
4. Reassure your child that he or she is not responsible. Children may blame themselves for events, even those completely out of their control.
5. Allow your child to express his or her fears and fantasies verbally or through play. That is a normal part of the recovery process.
6. Maintain regular home and school routines to support the process of recovery, but make sure your child continues going to school and stays in school.
7. Be patient. **There is no correct timetable for healing. Some children will recover quickly. Other children recover more slowly.** Try not to push him or her to "just get over it," and let him or her know that he or she should not feel guilty or bad about any of his or her feelings.



How can I make sure my child receives help at school?

If your child is staying home from school, depressed, angry, acting out in class, having difficulty concentrating, not completing homework, or failing tests, there are several ways to get help at school. Talk with your child's school counselor, social worker, or psychologist. Usually, these professionals understand child traumatic stress and should be able to assist you to obtain help.

Ask at school about services through Federal legislation including:

1. Special Education—the Individuals with Disabilities Education Act (IDEA) which, in some schools, includes trauma services; and
2. Section 504—which protects people from discrimination based on disabilities and may include provisions for services that will help your child in the classroom.

Check with your school's psychologist, school counselor, principal, or special education director for information about whether your child might be eligible for help with trauma under IDEA.

The good news is that there are services that can help your child get better. Knowing who to ask and where to look is the first step.

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What Is Childhood Traumatic Grief?

This brief information guide to Childhood Traumatic Grief summarizes some of the material from the “In-Depth General Information Guide to Childhood Traumatic Grief,” which can be found at www.NCTSN.org.

- Childhood traumatic grief is a condition that some children develop after the death of a close friend or family member.
- Children with childhood traumatic grief experience the cause of that death as horrifying or terrifying, whether the death was sudden and unexpected or due to natural causes.
- The distinguishing feature of childhood traumatic grief is that trauma symptoms interfere with the child’s ability to work through the typical bereavement process.
- In this condition, even happy thoughts and memories of the deceased person remind children of the traumatic way in which they perceive the death of the person close to them.
- The child may have intrusive memories about the death that are shown by nightmares, feeling guilty, self-blame, or thoughts about the horrible way the person died.
- These children may show signs of avoidance and numbing such as withdrawal, acting as if they are not upset, and avoiding reminders of the person, the way the person died, or the event that led to the death.
- They may show physical or emotional symptoms of increased arousal such as irritability, anger, trouble sleeping, decreased concentration, drop in grades, stomachaches, headaches, increased vigilance, and fears about safety for themselves or others.
- These symptoms may be more or less common at different developmental stages.
- Left unresolved, this condition could lead to more serious difficulties over time.
- Not all children who lose a loved one in traumatic circumstances develop childhood traumatic grief; many experience normal grief reactions.

What Is Normal Grief?

In both normal childhood grief (also called uncomplicated bereavement) and childhood traumatic grief, children typically feel very sad and may have sleep problems, loss of appetite, and decreased interest in family and friends.

In both normal and traumatic grief, they may develop temporary physical complaints or they may regress, returning to behaviors they had previously outgrown, like bed-wetting, thumb-sucking, or clinging to parents.

Both groups of children may be irritable or withdrawn, have trouble concentrating, and be preoccupied with death.

Children experiencing normal grief reactions engage in activities that help them adapt to life.

Through the normal grief process children are typically able to:

- Accept the reality and permanence of the death
- Experience and cope with painful reactions to the death, such as sadness, anger, resentment, confusion, and guilt
- Adjust to changes in their lives and identities that result from the death

- Develop new relationships or deepen existing relationships to help them cope with the difficulties and loneliness that may have resulted from the death
- Invest in new relationships and life-affirming activities as a means of moving forward without the person being physically present
- Maintain a continuing, appropriate attachment to the person who died through such activities as reminiscing, remembering, and memorializing
- Make meaning of the death, a process that can include coming to an understanding of why the person died
- Continue through the normal developmental stages of childhood and adolescence

What Additional Challenges Increase the Risk of Childhood Traumatic Grief? (Secondary Adversities)

Some evidence suggests that bereaved children who experience additional challenges related to the death—called secondary adversities—or who are already facing difficult life circumstances, are at risk for experiencing traumatic grief. For example, a child who must move after the death of a father must contend with both the absence of a parent and disruption of a social network. A child who witnessed the murder of her mother may face an array of severe additional adversities, such as participation in legal proceedings and facing intrusive questions from peers. Children whose lives are already very complicated and filled with challenges and adversities may be particularly susceptible to developing traumatic grief reactions.

What to Do for Childhood Traumatic Grief

Children with childhood traumatic grief often try to avoid talking about the deceased person or their feelings about the death, but talking about it may be important for resolving trauma symptoms that are interfering with the child's ability to grieve. If symptoms similar to those listed on this sheet persist, professional help may be needed. The professional should have experience in working with children and adolescents and specifically with issues of grief and trauma. Treatment itself should address both the trauma of the death and grief symptoms. Effective treatments are available, and children can return to their normal functioning. If you do not know where to turn, talking to your child's pediatrician or a mental health professional may be an important first step. They should be able to provide you with a referral to a mental health professional who specializes in working with children and adolescents experiencing traumatic grief reactions. Additional information is available from the National Child Traumatic Stress Network at (310) 235-2633 and (919) 682-1552 or www.NCTSN.org.

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SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach

Prepared by

SAMHSA's Trauma and Justice Strategic Initiative
July 2014



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Introduction

Trauma is a widespread, harmful and costly public health problem. It occurs as a result of violence, abuse, neglect, loss, disaster, war and other emotionally harmful experiences. Trauma has no boundaries with regard to age, gender, socioeconomic status, race, ethnicity, geography or sexual orientation. It is an almost universal experience of people with mental and substance use disorders. The need to address trauma is increasingly viewed as an important component of effective behavioral health service delivery. Additionally, it has become evident that addressing trauma requires a multi-pronged, multi-agency public health approach inclusive of public education and awareness, prevention and early identification, and effective trauma-specific assessment and treatment. ***In order to maximize the impact of these efforts, they need to be provided in an organizational or community context that is trauma-informed, that is, based on the knowledge and understanding of trauma and its far-reaching implications.***

The need to address trauma is increasingly viewed as an important component of effective behavioral health service delivery.

The effects of traumatic events place a heavy burden on individuals, families and communities and create challenges for public institutions and service systems. Although many people who experience a traumatic event will go on with their lives without lasting negative effects, others will have more difficulty and experience traumatic stress reactions. Emerging research has documented the relationships among exposure to traumatic events, impaired neurodevelopmental and immune systems responses and subsequent health risk behaviors resulting in chronic physical or behavioral health disorders.^{1,2,3,4,5} Research has also indicated that with appropriate

supports and intervention, people can overcome traumatic experiences.^{6,7,8,9} However, most people go without these services and supports. Unaddressed trauma significantly increases the risk of mental and substance use disorders and chronic physical diseases.^{1,10,11}

With appropriate supports and intervention, people can overcome traumatic experiences.

Individuals with experiences of trauma are found in multiple service sectors, not just in behavioral health. Studies of people in the juvenile and criminal justice system reveal high rates of mental and substance use disorders and personal histories of trauma.^{12,13} Children and families in the child welfare system similarly experience high rates of trauma and associated behavioral health problems.^{5,14} Young people bring their experiences of trauma into the school systems, often interfering with their school success. And many patients in primary care similarly have significant trauma histories which has an impact on their health and their responsiveness to health interventions.^{15,16,17}

In addition, the public institutions and service systems that are intended to provide services and supports to individuals are often themselves trauma-inducing. The use of coercive practices, such as seclusion and restraints, in the behavioral health system; the abrupt removal of a child from an abusing family in the child welfare system; the use of invasive procedures in the medical system; the harsh disciplinary practices in educational/school systems; or intimidating practices in the criminal justice system can be re-traumatizing for individuals who already enter these systems with significant histories of trauma. These program or system practices and policies often interfere with achieving the desired outcomes in these systems.

Thus, the pervasive and harmful impact of traumatic events on individuals, families and communities and the unintended but similarly widespread re-traumatizing of individuals within our public institutions and service systems, makes it necessary to rethink doing “business as usual.” In public institutions and service systems, there is increasing recognition that many of the individuals have extensive histories of trauma that, left unaddressed, can get in the way of achieving good health and well-being. For example, a child who suffers from maltreatment or neglect in the home may not be able to concentrate on school work and be successful in school; a woman victimized by domestic violence may have trouble performing in the work setting; a jail inmate repeatedly exposed to violence on the street may have difficulty refraining from retaliatory violence and re-offending; a sexually abused homeless youth may engage in self-injury and high risk behaviors to cope with the effects of sexual abuse; and, a veteran may use substances to mask the traumatic memories of combat. The experiences of these individuals are compelling and, unfortunately, all too common. Yet, until recently, gaining a better understanding of how to address the trauma

experienced by these individuals and how to mitigate the re-traumatizing effect of many of our public institutions and service settings was not an integral part of the work of these systems. Now, however, there is an increasing focus on the impact of trauma and how service systems may help to resolve or exacerbate trauma-related issues. These systems are beginning to revisit how they conduct their “business” under the framework of a trauma-informed approach.

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Purpose and Approach: Developing a Framework for Trauma and a Trauma-Informed Approach

PURPOSE

The purpose of this paper is to develop a working concept of trauma and a trauma-informed approach and to develop a shared understanding of these concepts that would be acceptable and appropriate across an array of service systems and stakeholder groups. SAMHSA puts forth a framework for the behavioral health specialty sectors, that can be adapted to other sectors such as child welfare, education, criminal and juvenile justice, primary health care, the military and other settings that have the potential to ease or exacerbate an individual’s capacity to cope with traumatic experiences. In fact, many people with behavioral health problems receive treatment and services in these non-specialty behavioral health systems. SAMHSA intends this

framework be relevant to its federal partners and their state and local system counterparts and to practitioners, researchers, and trauma survivors, families and communities. The desired goal is to build a framework that helps systems “talk” to each other, to understand better the connections between trauma and behavioral health issues, and to guide systems to become trauma-informed.

APPROACH

SAMHSA approached this task by integrating three significant threads of work: trauma focused research work; practice-generated knowledge about trauma interventions; and the lessons articulated by survivors

of traumatic experiences who have had involvement in multiple service sectors. It was expected that this blending of the research, practice and survivor knowledge would generate a framework for improving the capacity of our service systems and public institutions to better address the trauma-related issues of their constituents.

To begin this work, SAMHSA conducted an environmental scan of trauma definitions and models of trauma informed care. SAMHSA convened a group of national experts who had done extensive work in this area. This included trauma survivors who had been recipients of care in multiple service system; practitioners from an array of fields, who had experience in trauma treatment; researchers whose work focused on trauma and the development of trauma-specific interventions; and policymakers in the field of behavioral health.

From this meeting, SAMHSA developed a working document summarizing the discussions among these experts. The document was then vetted among federal agencies that conduct work in the field of trauma. Simultaneously, it was placed on a SAMHSA website for public comment. Federal agency experts provided rich comments and suggestions; the public comment site drew just over 2,000 respondents and 20,000 comments or endorsements of others' comments. SAMHSA reviewed all of these comments, made revisions to the document and developed the framework and guidance presented in this paper.

The key questions addressed in this paper are:

- **What do we mean by trauma?**
- **What do we mean by a trauma-informed approach?**
- **What are the key principles of a trauma-informed approach?**
- **What is the suggested guidance for implementing a trauma-informed approach?**
- **How do we understand trauma in the context of community?**

SAMHSA's approach to this task has been an attempt to integrate knowledge developed through research and clinical practice with the voices of trauma survivors. This also included experts funded through SAMHSA's trauma-focused grants and initiatives, such as SAMHSA's National Child Traumatic Stress Initiative, SAMHSA's National Center for Trauma Informed Care, and data and lessons learned from other grant programs that did not have a primary focus on trauma but included significant attention to trauma, such as SAMHSA's: Jail Diversion Trauma Recovery grant program; Children's Mental Health Initiative; Women, Children and Family Substance Abuse Treatment Program; and Offender Reentry and Adult Treatment Drug Court Programs.

Background: Trauma — Where We Are and How We Got Here

The concept of traumatic stress emerged in the field of mental health at least four decades ago. Over the last 20 years, SAMHSA has been a leader in recognizing the need to address trauma as a fundamental obligation for public mental health and substance abuse service delivery and has supported the development and promulgation of trauma-informed systems of care. In 1994, SAMHSA convened the Dare to Vision Conference, an event designed to bring trauma to the foreground and the first national conference in which women trauma survivors talked about their experiences and ways in which standard practices in hospitals re-traumatized and often, triggered memories of previous abuse. In 1998, SAMHSA funded the Women, Co-Occurring Disorders and Violence Study to generate knowledge on the development and evaluation of integrated services approaches for women with co-occurring mental and substance use disorders who also had histories of physical and or sexual abuse. In 2001, SAMHSA funded the National Child Traumatic Stress Initiative to increase understanding of child trauma and develop effective interventions for children exposed to different types of traumatic events.

The American Psychiatric Association (APA) played an important role in defining trauma. Diagnostic criteria for traumatic stress disorders have been debated through several iterations of the Diagnostic and Statistical Manual of Mental Disorders (DSM) with a new category of Trauma- and Stressor-Related Disorders, across the life-span, included in the recently released DSM-V (APA, 2013). Measures and inventories of trauma exposure, with both clinical and research applications, have proliferated since the 1970's.^{18,19,20,21} National trauma research and practice centers have conducted significant work in the past few decades, further refining the concept of trauma, and developing effective trauma assessments and treatments.^{22,23,24,25} With the advances in neuroscience, a biopsychosocial approach to traumatic experiences has begun to delineate the mechanisms in which neurobiology, psychological processes, and social attachment interact and contribute to mental and substance use disorders across the life-span.^{3,25}

Simultaneously, an emerging trauma survivors movement has provided another perspective on the understanding of traumatic experiences. Trauma survivors, that is, people with lived experience of trauma, have powerfully and systematically documented their paths to recovery.²⁶ Traumatic experiences complicate a child's or an adult's capacity to make sense of their lives and to create meaningful consistent relationships in their families and communities.

Trauma survivors have powerfully and systematically documented their paths to recovery.

The convergence of the trauma survivor's perspective with research and clinical work has underscored the central role of traumatic experiences in the lives of people with mental and substance use conditions. The connection between trauma and these conditions offers a potential explanatory model for what has happened to individuals, both children and adults, who come to the attention of the behavioral health and other service systems.^{25,27}

People with traumatic experiences, however, do not show up only in behavioral health systems. Responses to these experiences often manifest in behaviors or conditions that result in involvement with the child welfare and the criminal and juvenile justice system or in difficulties in the education, employment or primary care system. Recently, there has also been a focus on individuals in the military and increasing rates of posttraumatic stress disorders.^{28,29,30,31}

With the growing understanding of the pervasiveness of traumatic experience and responses, a growing number of clinical interventions for trauma responses have been developed. Federal research agencies, academic institutions and practice-research partnerships have generated empirically-supported interventions. In SAMHSA's National Registry of Evidence-based Programs and Practices (NREPP) alone there are over 15 interventions focusing on the treatment or screening for trauma.

These interventions have been integrated into the behavioral health treatment care delivery system; however, from the voice of trauma survivors, it has become clear that these clinical interventions are not enough. Building on lessons learned from SAMHSA's Women, Co-Occurring Disorders and Violence Study; SAMHSA's National Child Traumatic Stress Network; and SAMHSA's National Center for Trauma-Informed Care and Alternatives to Seclusion and Restraints, among other developments in the field, it became clear that the organizational climate and conditions in which services are provided played a significant role in maximizing the outcomes of interventions and contributing to the healing and recovery of the people being served. SAMHSA's National Center for Trauma-Informed Care has continued to advance this effort, starting first in the behavioral health sector, but increasingly responding to technical assistance requests for organizational change in the criminal justice, education, and primary care sectors.

FEDERAL, STATE AND LOCAL LEVEL TRAUMA-FOCUSED ACTIVITIES

The increased understanding of the pervasiveness of trauma and its connections to physical and behavioral health and well-being, have propelled a growing number of organizations and service systems to explore ways to make their services more responsive to people who have experienced trauma. This has been happening in state and local systems and federal agencies.

States are elevating a focus on trauma. For example, Oregon Health Authority is looking at different types of trauma across the age span and different population groups. Maine's "Thrive Initiative" incorporates a

trauma-informed care focus in their children's systems of care. New York is introducing a trauma-informed initiative in the juvenile justice system. Missouri is exploring a trauma-informed approach for their adult mental health system. In Massachusetts, the Child Trauma Project is focused on taking trauma-informed care statewide in child welfare practice. In Connecticut the Child Health and Development Institute with the state Department of Children and Families is building a trauma-informed system of care throughout the state through policy and workforce development. SAMHSA has supported the further development of trauma-informed approaches through its Mental Health Transformation Grant program directed to State and local governments.

Increasing examples of local level efforts are being documented. For example, the City of Tarpon Springs in Florida has taken significant steps in becoming a trauma-informed community. The city made it its mission to promote a widespread awareness of the costly effects of personal adversity upon the wellbeing of the community. The Family Policy Council in Washington State convened groups to focus on the impact of adverse childhood experiences on the health and well-being of its local communities and tribal communities. Philadelphia held a summit to further its understanding of the impact of trauma and violence on the psychological and physical health of its communities.

SAMHSA continues its support of grant programs that specifically address trauma.

At the federal level, SAMHSA continues its support of grant programs that specifically address trauma and technical assistance centers that focus on prevention, treatment and recovery from trauma.

Other federal agencies have increased their focus on trauma. The Administration on Children Youth and Families (ACYF) has focused on the complex trauma of children in the child welfare system and how screening and assessing for severity of trauma and linkage with trauma treatments can contribute to improved well-being for these youth. In a joint effort among ACYF, SAMHSA and the Centers for Medicare and Medicaid Services (CMS), the three agencies developed and issued through the CMS State Directors' mechanism, a letter to all State Child Welfare Administrators, Mental Health Commissioners, Single State Agency Directors for Substance Abuse and State Medicaid Directors discussing trauma, its impact on children, screening, assessment and treatment interventions and strategies for paying for such care. The Office of Juvenile Justice and Delinquency Prevention has specific recommendations to address trauma in their Children Exposed to Violence Initiative. The Office of Women's Health has developed a curriculum to train providers in

primary care on how to address trauma issues in health care for women. The Department of Labor is examining trauma and the workplace through a federal interagency workgroup. The Department of Defense is honing in on prevention of sexual violence and trauma in the military.

As multiple federal agencies representing varied sectors have recognized the impact of traumatic experiences on the children, adults, and families they serve, they have requested collaboration with SAMHSA in addressing these issues. The widespread recognition of the impact of trauma and the burgeoning interest in developing capacity to respond through trauma-informed approaches compelled SAMHSA to revisit its conceptual framework and approach to trauma, as well as its applicability not only to behavioral health but also to other related fields.

SAMHSA's Concept of Trauma

Decades of work in the field of trauma have generated multiple definitions of trauma. Combing through this work, SAMHSA developed an inventory of trauma definitions and recognized that there were subtle nuances and differences in these definitions.

Desiring a concept that could be shared among its constituencies — practitioners, researchers, and trauma survivors, SAMHSA turned to its expert panel to help craft a concept that would be relevant to public health agencies and service systems. SAMHSA aims to provide a viable framework that can be used to support people receiving services, communities, and stakeholders in the work they do. A review of the existing definitions and discussions of the expert panel generated the following concept:

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.

THE THREE “E’S” OF TRAUMA: EVENT(S), EXPERIENCE OF EVENT(S), AND EFFECT

Events and circumstances may include the actual or extreme threat of physical or psychological harm (i.e. natural disasters, violence, etc.) or severe, life-threatening neglect for a child that imperils healthy development. These events and circumstances may occur as a single occurrence or repeatedly over time. This element of SAMHSA’s concept of trauma is represented in the fifth version of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), which requires all conditions classified as “trauma and stressor-related disorders” to include exposure to a traumatic or stressful event as a diagnostic criterion.

The individual’s **experience** of these events or circumstances helps to determine whether it is a traumatic event. A particular event may be experienced as traumatic for one individual and not for another (e.g., a child removed from an abusive home experiences this differently than their sibling; one refugee may experience fleeing one’s country differently from another refugee; one military veteran may experience deployment to a war zone as traumatic while another veteran is not similarly affected). How the individual labels, assigns meaning to, and is disrupted physically and psychologically by an event will contribute to whether or not it is experienced as traumatic. Traumatic events by their very nature set up a power differential where one entity (whether an individual, an event, or a force of nature) has power over another. They elicit a profound question of “why me?” The individual’s experience of these events or circumstances is shaped in the context of this powerlessness and questioning. Feelings of humiliation, guilt, shame, betrayal, or silencing often shape the experience of the event. When a person experiences physical or sexual abuse, it is often accompanied by a sense of humiliation, which can lead the person to feel as though they are bad or dirty, leading to a sense of self blame, shame and guilt. In cases of war or natural disasters, those who survived the traumatic event may blame themselves for surviving when others did not. Abuse by a trusted caregiver frequently gives rise to feelings of betrayal,

shattering a person’s trust and leaving them feeling alone. Often, abuse of children and domestic violence are accompanied by threats that lead to silencing and fear of reaching out for help.

How the event is experienced may be linked to a range of factors including the individual’s cultural beliefs (e.g., the subjugation of women and the experience of domestic violence), availability of social supports (e.g., whether isolated or embedded in a supportive family or community structure), or to the developmental stage of the individual (i.e., an individual may understand and experience events differently at age five, fifteen, or fifty).¹

The long-lasting adverse **effects** of the event are a critical component of trauma. These adverse effects may occur immediately or may have a delayed onset. The duration of the effects can be short to long term. In some situations, the individual may not recognize the connection between the traumatic events and the effects. Examples of adverse effects include an individual’s inability to cope with the normal stresses and strains of daily living; to trust and benefit from relationships; to manage cognitive processes, such as memory, attention, thinking; to regulate behavior; or to control the expression of emotions. In addition to these more visible effects, there may be an altering of one’s neurobiological make-up and ongoing health and well-being. Advances in neuroscience and an increased understanding of the interaction of neurobiological and environmental factors have documented the effects of such threatening events.^{1,3} Traumatic effects, which may range from hyper-vigilance or a constant state of arousal, to numbing or avoidance, can eventually wear a person down, physically, mentally, and emotionally. Survivors of trauma have also highlighted the impact of these events on spiritual beliefs and the capacity to make meaning of these experiences.

SAMHSA's Trauma-Informed Approach: Key Assumptions and Principles

Trauma researchers, practitioners and survivors have recognized that the understanding of trauma and trauma-specific interventions is not sufficient to optimize outcomes for trauma survivors nor to influence how service systems conduct their business.

The context in which trauma is addressed or treatments deployed contributes to the outcomes for the trauma survivors, the people receiving services, and the individuals staffing the systems. Referred to variably as “trauma-informed care” or “trauma-informed approach” this framework is regarded as essential to the context of care.^{22,32,33} SAMHSA's concept of a trauma-informed approach is grounded in a set of four assumptions and six key principles.

A program, organization, or system that is trauma-informed 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; and responds by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively resist re-traumatization.

A trauma informed approach is distinct from trauma-specific services or trauma systems. A trauma informed approach is inclusive of trauma-specific interventions, whether assessment, treatment or recovery supports, yet it also incorporates key trauma principles into the organizational culture.

Referred to variably as “trauma-informed care” or “trauma-informed approach” this framework is regarded as essential to the context of care.

THE FOUR “R’S: KEY ASSUMPTIONS IN A TRAUMA-INFORMED APPROACH

In a trauma-informed approach, all people at all levels of the organization or system have a basic **realization** about trauma and understand how trauma can affect families, groups, organizations, and communities as well as individuals. People's experience and behavior are understood in the context of coping strategies designed to survive adversity and overwhelming circumstances, whether these occurred in the past (i.e., a client dealing with prior child abuse), whether they are currently manifesting (i.e., a staff member living with domestic violence in the home), or whether they are related to the emotional distress that results in hearing about the firsthand experiences of another (i.e., secondary traumatic stress experienced by a direct care professional). There is an understanding that trauma plays a role in mental and substance use disorders and should be systematically addressed in prevention, treatment, and recovery settings. Similarly, there is a realization that trauma is not confined to the behavioral health specialty service sector, but is integral to other systems (e.g., child welfare, criminal justice, primary health care, peer-run and community organizations) and is often a barrier to effective outcomes in those systems as well.

People in the organization or system are also able to **recognize** the signs of trauma. These signs may be gender, age, or setting-specific and may be manifest by individuals seeking or providing services in these settings. Trauma screening and assessment assist in the recognition of trauma, as do workforce development, employee assistance, and supervision practices.

The program, organization, or system **responds** by applying the principles of a trauma-informed approach to all areas of functioning. The program, organization, or system integrates an understanding that the experience of traumatic events impacts all people involved, whether directly or indirectly. Staff in every part of the organization, from the person who greets clients at the door to the executives and the governance board, have changed their language, behaviors and policies to take into consideration the experiences of trauma among children and adult users of the services and among staff providing the services. This is accomplished through staff training, a budget that supports this ongoing training, and leadership that realizes the role of trauma in the lives of their staff and the people they serve. The organization has practitioners trained in evidence-based trauma practices. Policies of the organization, such as mission statements, staff handbooks and manuals promote a culture based on beliefs about resilience, recovery, and healing from trauma. For instance, the agency's mission may include an intentional statement on the organization's commitment to promote trauma recovery; agency policies demonstrate a commitment to incorporating perspectives of people served through the establishment of client advisory boards or inclusion of people who have received services on the agency's board of directors; or agency training includes resources for mentoring supervisors on helping staff address secondary traumatic stress. The organization is committed to providing a physically and psychologically safe environment. Leadership ensures that staff work in an environment that promotes trust, fairness and transparency. The program's, organization's, or system's response involves a universal precautions approach in which one expects the presence of trauma in lives of individuals being served, ensuring not to replicate it.

A trauma-informed approach seeks to **resist re-traumatization** of clients as well as staff. Organizations often inadvertently create stressful or toxic environments that interfere with the recovery of clients, the well-being of staff and the fulfillment of the organizational mission.²⁷ Staff who work within a trauma-informed environment are taught to recognize how organizational practices may

trigger painful memories and re-traumatize clients with trauma histories. For example, they recognize that using restraints on a person who has been sexually abused or placing a child who has been neglected and abandoned in a seclusion room may be re-traumatizing and interfere with healing and recovery.

SIX KEY PRINCIPLES OF A TRAUMA-INFORMED APPROACH

A trauma-informed approach reflects adherence to six key principles rather than a prescribed set of practices or procedures. These principles may be generalizable across multiple types of settings, although terminology and application may be setting- or sector-specific.

SIX KEY PRINCIPLES OF A TRAUMA-INFORMED APPROACH

1. Safety
2. Trustworthiness and Transparency
3. Peer Support
4. Collaboration and Mutuality
5. Empowerment, Voice and Choice
6. Cultural, Historical, and Gender Issues

From SAMHSA's perspective, it is critical to promote the linkage to recovery and resilience for those individuals and families impacted by trauma. Consistent with SAMHSA's definition of recovery, services and supports that are trauma-informed build on the best evidence available and consumer and family engagement, empowerment, and collaboration.

The six key principles fundamental to a trauma-informed approach include:^{24,36}

1. Safety: Throughout the organization, staff and the people they serve, whether children or adults, feel physically and psychologically safe; the physical setting is safe and interpersonal interactions promote a sense of safety. Understanding safety as defined by those served is a high priority.

2. Trustworthiness and Transparency:

Organizational operations and decisions are conducted with transparency with the goal of building and maintaining trust with clients and family members, among staff, and others involved in the organization.

3. Peer Support: Peer support and mutual self-help are key vehicles for establishing safety and hope, building trust, enhancing collaboration, and utilizing their stories and lived experience to promote recovery and healing. The term “Peers” refers to individuals with lived experiences of trauma, or in the case of children this may be family members of children who have experienced traumatic events and are key caregivers in their recovery. Peers have also been referred to as “trauma survivors.”

4. Collaboration and Mutuality: Importance is placed on partnering and the leveling of power differences between staff and clients and among organizational staff from clerical and housekeeping personnel, to professional staff to administrators, demonstrating that healing happens in relationships and in the meaningful sharing of power and decision-making. The organization recognizes that everyone has a role to play in a trauma-informed approach. As one expert stated: “one does not have to be a therapist to be therapeutic.”¹²

5. Empowerment, Voice and Choice: Throughout the organization and among the clients served, individuals’ strengths and experiences are recognized and built upon. The organization fosters a belief in the primacy of the people served, in resilience, and in the ability of individuals, organizations, and communities to heal and promote recovery from trauma. The organization understands that the experience of trauma may be a unifying aspect in the lives of those who run the organization, who provide the services, and/or who come to the organization for assistance and support. As such, operations, workforce development and services are organized to foster empowerment for staff and clients alike. Organizations understand the importance of power differentials and ways in which clients, historically, have been diminished in voice and choice and are often recipients of coercive treatment. Clients are supported in shared decision-making, choice, and goal setting to determine the plan of action they need to heal and move forward. They are supported in cultivating self-advocacy skills. Staff are facilitators of recovery rather than controllers of recovery.³⁴ Staff are empowered to do their work as well as possible by adequate organizational support. This is a parallel process as staff need to feel safe, as much as people receiving services.

6. Cultural, Historical, and Gender Issues:

The organization actively moves past cultural stereotypes and biases (e.g. based on race, ethnicity, sexual orientation, age, religion, gender-identity, geography, etc.); offers access to gender responsive services; leverages the healing value of traditional cultural connections; incorporates policies, protocols, and processes that are responsive to the racial, ethnic and cultural needs of individuals served; and recognizes and addresses historical trauma.

Guidance for Implementing a Trauma-Informed Approach

Developing a trauma-informed approach requires change at multiple levels of an organization and systematic alignment with the six key principles described above. The guidance provided here builds upon the work of Harris and Fallot and in conjunction with the key principles, provides a starting point for developing an organizational trauma-informed approach.²⁰ While it is recognized that not all public institutions and service sectors attend to trauma as an aspect of how they conduct business, understanding the role of trauma and a trauma-informed approach may help them meet their goals and objectives. Organizations, across service-sectors and systems, are encouraged to examine how a trauma-informed approach will benefit all stakeholders; to conduct a trauma-informed organizational assessment and change process; and to involve clients and staff at all levels in the organizational development process.

The guidance for implementing a trauma-informed approach is presented in the ten domains described below. This is not provided as a “checklist” or a prescriptive step-by-step process. These are the domains of organizational change that have appeared both in the organizational change management literature and among models for establishing trauma-informed care.^{35,36,37,38} What makes it unique to establishing a trauma-informed organizational approach is the cross-walk with the key principles and trauma-specific content.

TEN IMPLEMENTATION DOMAINS

1. Governance and Leadership
2. Policy
3. Physical Environment
4. Engagement and Involvement
5. Cross Sector Collaboration
6. Screening, Assessment, Treatment Services
7. Training and Workforce Development
8. Progress Monitoring and Quality Assurance
9. Financing
10. Evaluation

GOVERNANCE AND LEADERSHIP: The leadership and governance of the organization support and invest in implementing and sustaining a trauma-informed approach; there is an identified point of responsibility within the organization to lead and oversee this work; and there is inclusion of the peer voice. A champion of this approach is often needed to initiate a system change process.

POLICY: There are written policies and protocols establishing a trauma-informed approach as an essential part of the organizational mission. Organizational procedures and cross agency protocols, including working with community-based agencies, reflect trauma-informed principles. This approach must be “hard-wired” into practices and procedures of the organization, not solely relying on training workshops or a well-intentioned leader.

PHYSICAL ENVIRONMENT OF THE

ORGANIZATION: The organization ensures that the physical environment promotes a sense of safety and collaboration. Staff working in the organization and individuals being served must experience the setting as safe, inviting, and not a risk to their physical or psychological safety. The physical setting also supports the collaborative aspect of a trauma informed approach through openness, transparency, and shared spaces.

ENGAGEMENT AND INVOLVEMENT OF PEOPLE IN RECOVERY, TRAUMA SURVIVORS, PEOPLE RECEIVING SERVICES, AND FAMILY MEMBERS

RECEIVING SERVICES: These groups have significant involvement, voice, and meaningful choice at all levels and in all areas of organizational functioning (e.g., program design, implementation, service delivery, quality assurance, cultural competence, access to trauma-informed peer support, workforce development, and evaluation.) This is a key value and aspect of a trauma-informed approach that differentiates it from the usual approaches to services and care.

CROSS SECTOR COLLABORATION: Collaboration across sectors is built on a shared understanding of trauma and principles of a trauma-informed approach. While a trauma focus may not be the stated mission of various service sectors, understanding how awareness of trauma can help or hinder achievement of an organization’s mission is a critical aspect of building collaborations. People with significant trauma histories often present with a complexity of needs, crossing various service sectors. Even if a mental health clinician is trauma-informed, a referral to a trauma-insensitive program could then undermine the progress of the individual.

SCREENING, ASSESSMENT, AND TREATMENT

SERVICES: Practitioners use and are trained in interventions based on the best available empirical evidence and science, are culturally appropriate, and reflect principles of a trauma-informed approach. Trauma screening and assessment are an essential part of the work. Trauma-specific interventions are acceptable, effective, and available for individuals and families seeking services. When trauma-specific services are not available within the organization, there is a trusted, effective referral system in place that facilitates connecting individuals with appropriate trauma treatment.

TRAINING AND WORKFORCE DEVELOPMENT:

On-going training on trauma and peer-support are essential. The organization’s human resource system incorporates trauma-informed principles in hiring, supervision, staff evaluation; procedures are in place to support staff with trauma histories and/or those experiencing significant secondary traumatic stress or vicarious trauma, resulting from exposure to and working with individuals with complex trauma.

PROGRESS MONITORING AND QUALITY

ASSURANCE: There is ongoing assessment, tracking, and monitoring of trauma-informed principles and effective use of evidence-based trauma specific screening, assessments and treatment.

FINANCING: Financing structures are designed to support a trauma-informed approach which includes resources for: staff training on trauma, key principles of a trauma-informed approach; development of appropriate and safe facilities; establishment of peer-support; provision of evidence-supported trauma screening, assessment, treatment, and recovery supports; and development of trauma-informed cross-agency collaborations.

EVALUATION: Measures and evaluation designs used to evaluate service or program implementation and effectiveness reflect an understanding of trauma and appropriate trauma-oriented research instruments.

To further guide implementation, the chart on the next page provides sample questions in each of the ten domains to stimulate change-focused discussion. The questions address examples of the work to be done in any particular domain yet also reflect the six

key principles of a trauma-informed approach. Many of these questions and concepts were adapted from the work of Fallot and Harris, Henry, Black-Pond, Richardson, & Vandervort, Hummer and Dollard, and Penney and Cave.^{39, 40, 41,42}

While the language in the chart may seem more familiar to behavioral health settings, organizations across systems are encouraged to adapt the sample questions to best fit the needs of the agency, staff, and individuals being served. For example, a juvenile justice agency may want to ask how it would incorporate the principle of safety when examining its physical environment. A primary care setting may explore how it can use empowerment, voice, and choice when developing policies and procedures to provide trauma-informed services (e.g. explaining step by step a potentially invasive procedure to a patient at an OBGYN office).

SAMPLE QUESTIONS TO CONSIDER WHEN IMPLEMENTING A TRAUMA-INFORMED APPROACH

KEY PRINCIPLES					
Safety	Trustworthiness and Transparency	Peer Support	Collaboration and Mutuality	Empowerment, Voice, and Choice	Cultural, Historical, and Gender Issues
10 IMPLEMENTATION DOMAINS					
Governance and Leadership	<ul style="list-style-type: none"> • How does agency leadership communicate its support and guidance for implementing a trauma-informed approach? • How do the agency's mission statement and/or written policies and procedures include a commitment to providing trauma-informed services and supports? • How do leadership and governance structures demonstrate support for the voice and participation of people using their services who have trauma histories? 				
Policy	<ul style="list-style-type: none"> • How do the agency's written policies and procedures include a focus on trauma and issues of safety and confidentiality? • How do the agency's written policies and procedures recognize the pervasiveness of trauma in the lives of people using services, and express a commitment to reducing re-traumatization and promoting well-being and recovery? • How do the agency's staffing policies demonstrate a commitment to staff training on providing services and supports that are culturally relevant and trauma-informed as part of staff orientation and in-service training? • How do human resources policies attend to the impact of working with people who have experienced trauma? • What policies and procedures are in place for including trauma survivors/people receiving services and peer supports in meaningful and significant roles in agency planning, governance, policy-making, services, and evaluation? 				

SAMPLE QUESTIONS TO CONSIDER WHEN IMPLEMENTING A TRAUMA-INFORMED APPROACH (continued)

10 IMPLEMENTATION DOMAINS <i>continued</i>	
Physical Environment	<ul style="list-style-type: none"> • How does the physical environment promote a sense of safety, calming, and de-escalation for clients and staff? • In what ways do staff members recognize and address aspects of the physical environment that may be re-traumatizing, and work with people on developing strategies to deal with this? • How has the agency provided space that both staff and people receiving services can use to practice self-care? • How has the agency developed mechanisms to address gender-related physical and emotional safety concerns (e.g., gender-specific spaces and activities).
Engagement and Involvement	<ul style="list-style-type: none"> • How do people with lived experience have the opportunity to provide feedback to the organization on quality improvement processes for better engagement and services? • How do staff members keep people fully informed of rules, procedures, activities, and schedules, while being mindful that people who are frightened or overwhelmed may have a difficulty processing information? • How is transparency and trust among staff and clients promoted? • What strategies are used to reduce the sense of power differentials among staff and clients? • How do staff members help people to identify strategies that contribute to feeling comforted and empowered?
Cross Sector Collaboration	<ul style="list-style-type: none"> • Is there a system of communication in place with other partner agencies working with the individual receiving services for making trauma-informed decisions? • Are collaborative partners trauma-informed? • How does the organization identify community providers and referral agencies that have experience delivering evidence-based trauma services? • What mechanisms are in place to promote cross-sector training on trauma and trauma-informed approaches?
Screening, Assessment, Treatment Services	<ul style="list-style-type: none"> • Is an individual's own definition of emotional safety included in treatment plans? • Is timely trauma-informed screening and assessment available and accessible to individuals receiving services? • Does the organization have the capacity to provide trauma-specific treatment or refer to appropriate trauma-specific services? • How are peer supports integrated into the service delivery approach? • How does the agency address gender-based needs in the context of trauma screening, assessment, and treatment? For instance, are gender-specific trauma services and supports available for both men and women? • Do staff members talk with people about the range of trauma reactions and work to minimize feelings of fear or shame and to increase self-understanding? • How are these trauma-specific practices incorporated into the organization's ongoing operations?

SAMPLE QUESTIONS TO CONSIDER WHEN IMPLEMENTING A TRAUMA-INFORMED APPROACH

(continued)

10 IMPLEMENTATION DOMAINS <i>continued</i>	
Training and Workforce Development	<ul style="list-style-type: none"> • How does the agency address the emotional stress that can arise when working with individuals who have had traumatic experiences? • How does the agency support training and workforce development for staff to understand and increase their trauma knowledge and interventions? • How does the organization ensure that all staff (direct care, supervisors, front desk and reception, support staff, housekeeping and maintenance) receive basic training on trauma, its impact, and strategies for trauma-informed approaches across the agency and across personnel functions? • How does workforce development/staff training address the ways identity, culture, community, and oppression can affect a person's experience of trauma, access to supports and resources, and opportunities for safety? • How does on-going workforce development/staff training provide staff supports in developing the knowledge and skills to work sensitively and effectively with trauma survivors. • What types of training and resources are provided to staff and supervisors on incorporating trauma-informed practice and supervision in their work? • What workforce development strategies are in place to assist staff in working with peer supports and recognizing the value of peer support as integral to the organization's workforce?
Progress Monitoring and Quality Assurance	<ul style="list-style-type: none"> • Is there a system in place that monitors the agency's progress in being trauma-informed? • Does the agency solicit feedback from both staff and individuals receiving services? • What strategies and processes does the agency use to evaluate whether staff members feel safe and valued at the agency? • How does the agency incorporate attention to culture and trauma in agency operations and quality improvement processes? • What mechanisms are in place for information collected to be incorporated into the agency's quality assurance processes and how well do those mechanisms address creating accessible, culturally relevant, trauma-informed services and supports?
Financing	<ul style="list-style-type: none"> • How does the agency's budget include funding support for ongoing training on trauma and trauma-informed approaches for leadership and staff development? • What funding exists for cross-sector training on trauma and trauma-informed approaches? • What funding exists for peer specialists? • How does the budget support provision of a safe physical environment?
Evaluation	<ul style="list-style-type: none"> • How does the agency conduct a trauma-informed organizational assessment or have measures or indicators that show their level of trauma-informed approach? • How does the perspective of people who have experienced trauma inform the agency performance beyond consumer satisfaction survey? • What processes are in place to solicit feedback from people who use services and ensure anonymity and confidentiality? • What measures or indicators are used to assess the organizational progress in becoming trauma-informed?

Next Steps: Trauma in the Context of Community

Delving into the work on community trauma is beyond the scope of this document and will be done in the next phase of this work. However, recognizing that many individuals cope with their trauma in the safe or not-so safe space of their communities, it is important to know how communities can support or impede the healing process.

Trauma does not occur in a vacuum. Individual trauma occurs in a context of community, whether the community is defined geographically as in neighborhoods; virtually as in a shared identity, ethnicity, or experience; or organizationally, as in a place of work, learning, or worship. How a community responds to individual trauma sets the foundation for the impact of the traumatic event, experience, and effect. Communities that provide a context of understanding and self-determination may facilitate the healing and recovery process for the individual. Alternatively, communities that avoid, overlook, or misunderstand the impact of trauma may often be re-traumatizing and interfere with the healing process. Individuals can be re-traumatized by the very people whose intent is to be helpful. This is one way to understand trauma in the context of a community.

A second and equally important perspective on trauma and communities is the understanding that communities as a whole can also experience trauma. Just as with the trauma of an individual or family, a community may be subjected to a community-threatening event, have a shared experience of the event, and have an adverse, prolonged effect. Whether the result of a natural disaster (e.g., a flood, a hurricane or an earthquake) or an event or circumstances inflicted by one group on another (e.g., usurping homelands, forced relocation, servitude, or mass incarceration, ongoing exposure to violence in the community), the resulting trauma is often transmitted from one generation to the next in a pattern often referred to as historical, community, or intergenerational trauma.

Communities can collectively react to trauma in ways that are very similar to the ways in which individuals respond. They can become hyper-vigilant, fearful, or they can be re-traumatized, triggered by circumstances resembling earlier trauma. Trauma can be built into cultural norms and passed from generation to generation. Communities are often profoundly shaped by their trauma histories. Making sense of the trauma experience and telling the story of what happened using the language and framework of the community is an important step toward healing community trauma.

Many people who experience trauma readily overcome it and continue on with their lives; some become stronger and more resilient; for others, the trauma is overwhelming and their lives get derailed. Some may get help in formal support systems; however, the vast majority will not. The manner in which individuals and families can mobilize the resources and support of their communities and the degree to which the community has the capacity, knowledge, and skills to understand and respond to the adverse effects of trauma has significant implications for the well-being of the people in their community.

Conclusion

As the concept of a trauma-informed approach has become a central focus in multiple service sectors, SAMHSA desires to promote a shared understanding of this concept. The working definitions, key principles, and guidance presented in this document represent a beginning step toward clarifying the meaning of this concept. This document builds upon the extensive work of researchers, practitioners, policymakers, and people with lived experience in the field. A standard, unified working concept will serve to advance the understanding of trauma and a trauma-informed approach for public institutions and service sectors.

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Research Summaries

Creating Trauma-Sensitive Schools: Supportive Policies and Practices for Learning

Children and adolescents in the U.S. experience high rates of stress and adversity from a wide variety of sources. These include physical, emotional, and sexual abuse; neglect; exposure to community violence; bullying; natural disasters; poverty; homelessness; immigration; and parental issues such as domestic violence, incarceration, death, mental illness, involvement in substance abuse, and military deployments. Such experiences undermine students' ability to learn, form relationships, and manage their feelings and behavior and place them at increased risk for trauma and a range of negative academic, social, emotional, and occupational outcomes (Rossen & Hull, 2013). Thus, there is increasing awareness of the need to create *trauma-sensitive schools*.

Trauma-sensitive schools have the potential to increase positive outcomes among *all* students, regardless of trauma history. This is important given that not all students who experience adverse childhood experiences will go on to suffer symptoms of trauma. Designed to be safe and attuned to the needs of students, families, the community, and school staff, trauma-sensitive schools support the academic competence of students, provide tools to support students and staff in managing emotional and behavioral challenges, and support teachers and other staff in negotiating difficult situations (Blaustein, 2013).

Adverse childhood experiences and trauma negatively impact a significant proportion of the school-aged population. Yet many educators and other professionals are still unaware of these children's complex needs and how to meet them during the school day (APA Presidential Task Force on PTSD and Trauma in Children and Adolescents, 2008; Rossen & Hull, 2013). Although some argue that such efforts are secondary to the goal of educating children, the increasing recognition of the impact of stress, adversity, and trauma on learning has brought a sense of urgency to the creation of trauma-sensitive schools (Cole, Eisner, Gregory, & Ristuccia, 2013).

SCOPE OF THE PROBLEM

The list of potentially trauma-inducing issues that impact children and adolescents is very long, precluding a full presentation of prevalence rates in this document.

- *Child abuse and neglect:* There are more than 3 million referrals involving 6 million children each year for child abuse and neglect in the U.S. (Institute of Medicine and the National Research Council, 2014). An estimated 679,000 children were victims of abuse and neglect in fiscal year 2013 (U.S. Department of Health and Human Services, 2015).
- *Exposure to violence:* Nearly 61% of youth younger than age 17 report having been exposed to violence in the past year (Finkelhor, Turner, Ormrod, & Hamby, 2009; Sickmund, & Puzzanchera, 2014). Students ages 12–18 were victims of 749,200 serious violent crimes and simple assaults in 2012, and

7% of students in grades 9–12 reported being threatened or injured with a weapon, such as a gun, knife, or club, on school property in 2011 (Robers, Kemp, Rathbun, & Morgan, 2014).

- *Bullying*: During the 2009–10 school year, 23% of public schools reported that bullying occurred among students on a daily or weekly basis (Robers et al., 2014).
- *Natural disasters*: Nearly 14% of U.S. children aged 2–17 report having been exposed to a disaster in their lifetime, and more than 4% report having experienced a disaster in the past year (Becker-Blease, Turner, & Finkelhor, 2010).
- *Homelessness, poverty, and food insecurity*: More than 1.6 million American children, one in 45, are homeless during the course of each year (National Center on Family Homelessness, 2011). During the 2008-09 academic year, schools across the U.S. identified 956,914 students who were homeless, a 41% increase over two years (National Center for Homeless Education, 2010). In 2013, 21% of school-age children were living in poverty (Kena et al., 2015). More than one in five U.S. children is food insecure (ETS Center for Research on Human Capital and Education, 2013).
- *Immigration*: In 2013, there were 7,255,000 U.S. children under age 18 who are foreign-born or who have at least one foreign-born parent, in which neither resident parent is a U.S. citizen (Kids Count Data Center, 2015). The number of unaccompanied children entering the U.S. grew dramatically from 6,000 in 2011 to an estimated 60,000 in 2014 (U.S. Department of Health and Human Services, Administration for Children and Families, Office of Refugee Resettlement, n.d.).
- *Parental issues*: Approximately 8.3 million children in the U.S. have parents under correctional supervision (prison, jail, parole, or probation), and nearly half of those children are in or approaching adolescence (Correctional Association of New York, 2009). There were 700,000 children with at least one military parent deployed to a war zone in 2007 (American Psychological Association Presidential Task Force on Military Deployment Services for Youth, Families, and Service Members, 2007).

CONSEQUENCES

An abundance of empirical evidence reveals that childhood traumatic experiences can chronically and extensively alter social, psychological, cognitive, and biological development (Cook et al., 2005). Here are a few of the many empirical findings:

- Childhood traumatic experiences can produce negative changes in the structure and function of the brain that are pervasive and lasting (Anda et al., 2006; Lupien, McEwen, Gunnar, & Heim, 2009; Teicher et al., 2003).
- Childhood traumatic experiences have the power to undermine child and adolescent development in myriad areas that threaten academic success: communication skills, coherent sense of self, coping skills, peer and adult relationships, the ability to attend to classroom tasks and instructions, organizing and remembering information, and grasping cause-and-effect relationships (Briggs-Gowan, Carter, & Ford, 2011; Cole et al., 2005; De Bellis, Woolley, & Hooper, 2013; Goodman, Miller, & West-Olatunji, 2012; Madrid, Grant, Reilly, & Redlener, 2006; Williams, 2007).
- Adverse childhood experiences increase a child's risk for a range of health problems as an adolescent and adult, including alcohol and substance abuse, depression, intimate partner violence, multiple sexual partners, suicidality, unintended pregnancy, and adolescent pregnancy (Centers for Disease Control and Prevention, 2014).

- Negative health outcomes for children and adolescents are a function of the amount and degree of exposure to stress and adversity, with the risk for negative outcomes increasing with each cumulative adverse experience (Felitti et al., 1998).

ASSESSMENT

Although adversity and trauma are pervasive among students, service providers regularly attempt to address the symptoms rather than the source of distress (Cooper et al., 2007). Several screening measures have become available to examine exposure to adverse childhood experiences, and the National Child Traumatic Stress Network (n.d.) has compiled a compendium of standardized measures for use in assessing complex trauma. However, it is important to note that not all individuals experiencing adversity or stress develop trauma, and assessing the development of trauma symptoms poses several challenges.

- A single psychiatric diagnosis does not exist that can account for the cluster of symptoms that research has shown occurs frequently in children exposed to trauma (D’Andrea, Ford, Stobach, Spinazolla, & van der Kolk, 2012).
- There are few psychometrically sound diagnostic instruments for directly assessing trauma in children, and those that are available do not appropriately consider children’s developmental levels (Hawkins & Radcliffe, 2006; Strand, Pasquale, & Sarmiento, 2011).
- Assessment is often accomplished using parent questionnaires, and research indicates that parents may be less aware of their child’s symptoms of internalizing disorders, such as anxiety and depression (Teagle, 2002), and those of their older children, since their symptoms may become less overt and occur in settings outside of the home (Achenbach, Dumenci, & Rescoria, 2002).
- Only 16% of adolescents develop PTSD after exposure to adverse experiences. Rates also ranged from 8% among boys experiencing non-interpersonal adversity to 33% of girls experiencing interpersonal adversity (Alisic et al., 2014).

INTERVENTIONS

Trauma-informed care is based on these core principles: creating a sense of safety; practicing trustworthiness and transparency; employing collaboration and mutuality; practicing empowerment; fostering voice and choice; and recognizing cultural, historical, and gender issues (Substance Abuse and Mental Health Services Administration, 2014). School-based programs and approaches have been developed to address the impact of childhood traumatic experiences by reducing emotional and behavioral problems and fostering resilience. For programs that involve screening for trauma, students are selected for participation via four major avenues: referrals from school-employed mental health professionals or teachers, nomination by parents, targeted screening at school, and general screening at school (Jaycox, Morse, Tanielian, & Stein, 2006). Given the complex and varied presentation of trauma symptoms, however, no single intervention is appropriate for all children and adolescents. Although many have not yet been evaluated, some have demonstrated positive results and many are based on evidence-based techniques (Jaycox et al., 2006).

- Empirical studies have demonstrated the positive impact of trauma-focused cognitive behavioral therapy (TF-CBT) to help children, adolescents, and their caregivers overcome trauma-related difficulties. Findings consistently demonstrate its effectiveness in reducing symptoms of posttraumatic

stress disorder, symptoms of depression, and behavioral difficulties (Child Welfare Information Gateway, 2012).

- An evaluation of trauma-sensitive practices in high school yielded evidence that it significantly increases student resilience overall and on each of its component dimensions: supportive relations, problem solving, and optimism. Grades were uniformly higher among 70% of students whose resilience scores had increased, irrespective of initial trauma levels (Longhi, 2015).
- The Attachment, Self-Regulation, and Competency (ARC) model for addressing the impact of trauma experiences is grounded in child development theory and empirical knowledge about the effects of trauma. It emphasizes intervening with the child-in-context and the creation of effective and sustainable outcomes through systemic change (Blaustein & Kinniburgh, 2010; Kinniburgh, Blaustein, & Spinazzola, 2005).
- The Head Start Trauma Smart program is used in Head Start classrooms to decrease the stress of chronic trauma, foster social and cognitive development, and create a trauma-informed culture for young children, parents, and staff. An evaluation revealed statistically significant improvements in the ability to pay attention, externalizing behaviors, internalizing behavior, and oppositional defiance (Holmes et al., 2014).

SCHOOL-BASED MENTAL HEALTH SUPPORTS

Research has shown that social support, resilience, and hope are important in helping children successfully cope with the mental and behavioral challenges that often accompany exposure to trauma (Hines, 2015). To ensure the academic success of these students, it is necessary for schools to address their health and emotional well-being. Specific school-based interventions are most effective when they are implemented within the context of integrated and coordinated mental and behavioral health services for all students (Adelman & Taylor, 2013; Huang et al., 2005). Involvement of specialized instructional support personnel, such as school psychologists, school counselors, and school social workers, is critical given that few pre-service teacher preparation programs include components to help educators develop the skills and coping strategies needed to detect and teach traumatized students (Wong, 2008). School-based mental health supports take a variety of forms:

- Interventions using positive behavior supports have been shown to improve academic performance and decrease behavior problems (Caldarella, Shatzer, Gray, Young, & Young, 2011; Luiselli, Putnam, Handler, & Feinberg, 2005; Waasdorp, Bradshaw, & Leaf, 2012).
- Students who participate in school-based social and emotional learning programs show significant improvement in grades and standardized test scores, social and emotional skills, caring attitudes, and positive social behaviors, and a decline in disruptive behavior and emotional distress (Bierman et al., 2010; Durlak, Weissberg, Dymnicki, Taylor, & Schellinger, 2011).
- Interventions that foster students' engagement in school have been shown to reduce high school dropout (Reschly & Christenson, 2006) and improve academic performance (Battistich, Schaps, & Wilson, 2004; Catalano, Haggerty, Oesterle, Fleming, & Hawkins, 2004).
- Interventions that foster strong and supportive relationships with teachers help students to feel more safe and secure in school, feel more competent, make more positive connections with peers, and achieve greater academic success (Hamre & Pianta, 2006).

SCHOOL POLICIES

Policies to support trauma-informed care are relatively new, but emerging rapidly within some organizations. Several areas are ripe for policy development, including the need to develop practice standards and collect evidence of the impact of interventions (Yatchmenoff, 2015). Yet, schools that have already implemented comprehensive school safety policies and practices are already naturally trauma sensitive to some degree. Multitiered systems of supports, positive school climates, and well-trained staff contribute to positive outcomes for students while fostering trauma-sensitive environments. For some schools, even small steps can produce significant progress toward the creation of trauma-sensitive learning environments. Broad consensus is emerging regarding which policies support the creation of trauma-sensitive schools, such as the following:

- The ecologies of trauma-sensitive schools have these interrelated characteristics: 1) Staff understand trauma's impact on learning and the need for a school-wide approach; 2) the school helps students feel safe (physically, socially, emotionally, and academically); 3) the school addresses students' needs in holistic ways that take into account their relationships, self-regulation, academic competence, and physical and emotional well-being; 4) the school connects students to the school community and provides them with multiple opportunities to practice newly developing skills; 5) staff work as a team and share responsibility for all students; and 6) staff anticipate and adapt to students' ever-changing needs (Cole et al., 2013).
- Effective discipline policies can be especially important in counteracting the effects of trauma (Ristuccia, 2013). Zero tolerance policies, in particular, have been shown to be ineffective and even counter-productive in terms of supporting appropriate behavior and increasing student engagement in school (American Psychological Association Zero Tolerance Task Force, 2008). Supportive approaches to discipline involving fair and consistent enforcement efforts and the availability of caring adults are more effective, while avoiding the negative consequences of punitive approaches (Gregory et al., 2010).
- Interventions based on positive behavior supports have been shown to decrease behavior problems and improve academic performance (Caldarella et al., 2011; Waasdorp, Bradshaw, & Leaf, 2012).
- School codes of conduct should promote positive student behaviors and include graduated systems of developmentally appropriate responses to student misconduct that hold students responsible for their actions. Examples include making sure interventions are culturally appropriate, engaging students in efforts to improve the code of conduct, making use of restitution, employing cooling off periods, and ensuring that students continue to receive quality instruction when they are removed from the classroom for disciplinary reasons (Morgan, Salomon, Plotkin, & Cohen, 2014).

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AN INITIAL GUIDE TO

LEVERAGING THE POWER OF SOCIAL AND EMOTIONAL LEARNING

→ AS YOU PREPARE TO
REOPEN AND RENEW
YOUR SCHOOL COMMUNITY

“

IT IS POSSIBLE TO PREPARE
FOR THE FUTURE WITHOUT
KNOWING WHAT IT WILL BE.
THE PRIMARY WAY TO PREPARE
FOR THE UNKNOWN IS TO
ATTEND TO THE QUALITY OF
OUR RELATIONSHIPS, TO HOW
WELL WE KNOW AND TRUST
ONE ANOTHER.

”

MARGARET WHEATLEY | 2004

INTRODUCTION

While much uncertainty surrounds how and when school will reopen, we know that social and emotional learning (SEL) will be critical to re-engaging students, supporting adults, rebuilding relationships, and creating a foundation for academic learning. This unprecedented shift to a new type of learning experience may have a lasting and profound impact on young people's academic, social, emotional, and life outcomes. School leaders will need to bring together administrators, teachers, school staff, families, youth, and community partners to co-create supportive learning environments where all students and adults can enhance their social and emotional competencies, feel a sense of belonging, heal, and thrive.

About This Initial Guide

In this guide, CASEL shares a framework with actionable recommendations to help school leadership teams plan for the SEL needs of all students and adults during the upcoming transition into summer and the beginning of the new school year. While this guidance is written for school leadership teams, [states](#) and [districts](#) will play critical roles in ensuring schools have the resources, support, and guidance needed to carry out these actions.

This guide positions SEL as a critical underpinning to the success of overall transition planning, recognizing school leaders have multiple other considerations for reopening schools, including academics, operations, access to technology, and physical health.

CASEL is also working with many collaborators to produce comprehensive guidance, scheduled for release in late June, with additional recommendations, resources, and tools to help school leaders support and sustain SEL throughout and beyond the pandemic.



Educators in this moment of transition have an opportunity to reflect, innovate, and build on evidence-based practices in schools across the country. The COVID-19 pandemic has underscored SEL as an essential part of high-quality education—highlighting our relationships, resiliency, and collective problem-solving as fundamental to teaching and learning. While nearly everyone has faced disruption, we must acknowledge the complex, varying ways individuals have experienced these months. The pandemic has exposed and exacerbated [existing inequities](#) in education and emphasized the need for learning environments that welcome and support all students, including those who were not equitably served before COVID-19. In the process of reopening schools, SEL provides an opportunity to elevate student voice and agency, support educator SEL and well-being, deepen partnerships with families, broaden our definition of what learning is and where it takes place, and contribute to more inclusive and equitable learning environments.

[CASEL defines SEL](#) as the process through which children and adults understand and manage emotions, set and achieve positive goals, feel and show empathy for others, establish and maintain positive relationships, and make responsible decisions. [Decades of research, practice, and policy](#) have demonstrated the effectiveness of SEL in supporting students' academic and long-term success. By systemically integrating SEL across classrooms, schools, homes, and communities, adults and students work together to develop and apply five core competencies of self-awareness, self-management, social awareness, and responsible decision-making. These competencies are needed generally throughout our lives and particularly in this moment to manage our own stressors, anxieties, and joy; understand how the pandemic is influencing others (often in inequitable ways); and build relationships and make decisions that best support our communities.

We recognize that schools are at different stages within their SEL journey. Whether just beginning or deepening systemic SEL implementation, schools can build on their existing strengths to develop a transition plan that supports SEL for students and adults. The guidance below is organized around four critical actions, which are adapted from what [we have learned](#) about systemic SEL in collaboration with researchers and practitioners:

- 1** Take time to build partnerships, deepen your understanding, and plan for SEL.
- 2** Design opportunities for adults to connect, heal, and cultivate their own SEL competencies and capacities.
- 3** Create emotionally and physically safe, supportive, and engaging learning environments that promote all students' social and emotional development.
- 4** Use data as an opportunity to deepen relationships and continuously improve support for students, families, and staff.



Schools will face many challenges—from how to manage logistical and technological obstacles to how to accelerate [academic learning](#). To tackle these important issues, schools will need to simultaneously tend to the social and emotional needs of both children and adults. By prioritizing SEL and the needs and concerns of all students and families, leaders can begin to cultivate the healing, empathy, resiliency, and collective resolve needed to navigate the transition ahead and more effectively continue the work of teaching and learning.

- **Communicate widely and consistently that SEL is foundational to the holistic success of your school community.** If needed, build your own [foundational understanding of SEL](#) research and practices. Use newsletters, social media, and meetings with staff, families, students, and community partners to share how social and emotional competencies and supportive environments can support children and adults through this transition and the new ways of learning that may occur in schools.
- **Elevate the voices and perspectives of students, families, educators, and other adults to develop responsive transition plans.** Use formal and informal ways to identify their hopes and concerns about transition while communicating the school's desire to incorporate their perspectives into decision-making. For example, provide individual outreach when possible, call or [survey students](#) and families, or hold focus groups with staff and key community partners. When reaching out to families and students, use home languages and inclusive strategies for those who have limited access to technology. Also consider alternative ways to reach all families, such as through churches, social service agencies, neighborhood groups, social media, and other community connections.

Put it Into Practice

Learn From Families, Students, and Community Partners

The sample questions below can be used as a starting point for phone/video conferences or written surveys that engage stakeholders in sharing their perspectives.

- What has your experience been like since school has been closed?
- What is on your mind as you think about next school year? What are your biggest hopes or worries?
- What has our school done well during the past months, and what could we have done better?
- How might you like to contribute as we prepare to transition to a new school year?
- What will help you learn this upcoming year?
- What can we do to make school feel even more like a community that cares for you?

- **Examine where SEL efforts have been impactful and where more support is needed.** Review whether the strategies taken during school closures to promote SEL have been effective in supporting and engaging students. Find out which students and families have received individual outreach from staff, who has engaged in distance learning, and what barriers have prevented others from engaging. Identify which staff have felt comfortable with SEL distance learning strategies and those who may require additional support. Also pay attention to individual needs that will impact the ability to return to school. Have staff, students, or their families experienced a loss of a loved one, housing or employment instability, or other circumstances that may require support? It may be helpful to connect with local service agencies and community partners to help identify these needs and provide additional support.



- **Build a broad coalition to integrate SEL and academic supports into transition plans, and create and maintain a caring, safe, and supportive environment for all students and adults.** You may want to form a transition team with representation from administration, teachers and support staff, families, students, and community partners. This plan should be based on needs identified by members of the school community and build on the school's current strengths, such as existing SEL programs and positive relationships between staff and students. Also include strategies for continually partnering with families and re-engaging the most vulnerable students.

Put it Into Practice

Embedding SEL Throughout Your Transition Plan

Use this quick checklist to think through practical ways your school can integrate SEL into transition plans. The rest of this brief provides additional guidance for the strategies listed below.

- ☐ **Two-Way Communication:** Are we staying in close contact with school staff, students, families, and community partners—both to [share new information](#) and address concerns, and to receive ongoing input and feedback into transition plans?
- ☐ **Staff Community-Building:** Have we set aside time for staff to reconnect, process their emotions and experiences, reflect on what they have learned and [how they are applying social and emotional competencies](#), and collaborate on ways to support students' SEL throughout in-person or distance learning?
- ☐ **Staff Professional Learning:** Have we prepared professional learning that staff will need to promote students' SEL, build strong relationships and create supportive learning environments in person and during distance learning, and support students who may be [grieving](#) or have experienced [trauma](#)?
- ☐ **Supportive Learning Environment:** Have we planned that all classes (whether in-person or distance learning) will devote time to [building community](#), reflecting on experiences, and listening to students' ideas and concerns?
- ☐ **Promoting Student Social and Emotional Competencies:** Have we identified ways that all teachers help students enhance and practice competencies through distance learning and in-person settings, either through existing programs, regular class meetings, group and individual check-ins, or instructional practices that allow for reflection, discussion, and collaboration?
- ☐ **Student Support:** Do we have plans in place and have we partnered with families and community agencies to proactively identify, provide, and monitor additional supports to students who are struggling socially, emotionally, behaviorally, or academically?



Design opportunities for adults to connect, heal, and cultivate their own SEL competencies and capacities.

Transition plans need to attune to the social and emotional needs of all the adults responsible for supporting students' learning and development. The stress and well-being of [teachers](#), [principals](#), and [staff](#) are not new concerns, but the disruptions caused by COVID-19 have added to educators' anxiety, worry, and stress. In a [survey](#) by CASEL and the Yale Center for Emotional Intelligence in late March, thousands of teachers described their most frequent emotions during COVID-19 as anxious, fearful, worried, overwhelmed, and sad. They cited the stress of adapting to virtual classrooms and working from home while caring for their loved ones. By creating time, space, and [working conditions](#) that help adults feel connected, empowered, supported, and valued, school leaders can help cultivate adults' SEL and overall well-being.

- Allow space for connection, listening, and healing among all leaders and staff in the school building.** This may include carving out time during existing virtual or in-person meetings for staff to process and share their [feelings](#), engage in [community-building activities](#), reflect on how they can use their own [social and emotional competencies](#) to support one another and their students, and create individual plans for ongoing [self-care](#).
- Capture this moment to identify new opportunities.** Engage staff in reflecting on what they've learned from the past few months and [how this experience will shape the coming years](#). Provide time for staff to discuss with one another: How have disruptions to class and school revealed strengths in ourselves and students? What are some new ways to facilitate learning? Where may there be disengagement and inequity? How can we better partner with families? Offer ongoing opportunities for staff to collaborate on ideas for how to use this learning to inform a collective path forward.
- Provide professional learning to build educators' capacity to support students' SEL.** This includes professional learning that helps staff build relationships and integrate SEL into in-person and distance learning, create equitable learning environments, identify signs of trauma and mental health concerns, and support grieving students. Free online offerings may provide a starting point over the summer that connects to a longer-term professional learning plan during the school year.
- Maximize staff members' abilities to connect with students, families, and community partners.** For example, consider how staff or community partners can coordinate to check in regularly with a small groups of students and families; how counselors, social workers, school psychologists, and nurses can connect with students and families before schools reopen and during blended or distance learning; and how school staff can better align with community partners in supporting adults and students.
- Ensure access to mental health and trauma supports for adults.** Some adults in the building may be struggling with mental health issues, trauma, [secondary traumatic stress](#), or "[compassion fatigue](#)." Look for [signs](#) that adults might need more support and [identify available resources](#). You can use the [SAMHSA mental health services locator](#) to search for resources in your community.



Related Resources

Free Online Professional Learning for Educators

Self-care and resiliency

- [CASEL Cares Webinar: Strategies for Being Your Best 'SEL'f](#)
- [CASEL Cares Webinar: How Mindfulness Can Help](#)

Educator strategies that promote students' SEL and supportive learning environments

- [Creating Opportunities Through Relationships](#)
- [Sanford Inspire Online Learning Portal on SEL and Engaging Instruction](#)
- [Friday Institute's Social and Emotional Learning for Educators](#)
- [Teaching Complex Current Events and Supporting Student Well-being \(Facing History and Ourselves\)](#)
- [National Equity Project's Recorded Webinars on Equity in the Classroom, Implicit Bias, and Structuralized Racism](#)
- [Incorporating SEL into Classroom Instruction \(Tennessee Department of Education\)](#)
- [Social and Emotional Learning in Washington State Schools: Building Foundations and Strategies Module](#)

Supporting students with grief and trauma

- [Supporting Grieving Students \(National Center for School Crisis and Bereavement\)](#)
- [Building Trauma-Sensitive Schools \(National Center for Safe and Supportive Learning Environments\)](#)



A large body of research demonstrates the effectiveness of evidence-based SEL programs and practices to support [students' academic and long-term success](#). The disruption during the pandemic has further highlighted the importance of social and emotional competencies to help students cope with challenges, manage stress, practice empathy, create social bonds across distance, make healthy decisions, take collective action, and [manage loss and grief](#). These situations elevate the role of supportive adults and family-school partnerships in creating conditions that help students develop their academic, social, and emotional competencies to navigate daily interactions and challenges, including modified schedules and new learning experiences.

Put it Into Practice

Addressing Students' Developmental Needs During Transition

Students go through many transitions from early childhood to young adulthood, such as the annual return from [summer break](#) or the transition from [middle to high school](#). What happens during these transitions, and the degree to which students' [developmental needs](#) are met, influence their social and emotional competencies and long-term success. To help students with the important transition into this coming school year, identify ways to meet their developmental needs. For example:

- **In early childhood programs:** Provide young children with simple strategies for exploring, [discussing](#), and regulating their emotions. [Read alouds](#) offer an easy way to prompt conversations about how big changes make them feel.
- **In elementary school:** Support students in developing relationship-building and conflict-resolution skills by helping them co-create [shared agreements](#) for their new class or distance learning environment.
- **In middle school:** Offer [adolescents](#) an opportunity to reconnect and create a sense of closure from the previous school year, such as by writing letters to their former classmates or teachers, or discussing with peers how the last few months will impact their perspectives as they enter a new grade.
- **In high school:** Provide older students with a way to reflect on and [document their experience](#) and what they've learned about themselves during the pandemic, either through [journal writing](#), artwork, music, or other creative outlets.

For more practices, review the [SEL Providers Council](#) website.

- **Intentionally build structures that promote supportive adult-student relationships and a sense of belonging.**

Ensure every student has at least [one caring adult](#) at the school who checks in regularly with them and whom they can reach out to. Also examine daily schedules or class assignments to create greater opportunities for meaningful teacher-student relationships. Examples include minimizing the number of transitions between teachers and classrooms (e.g., through team teaching in elementary/middle schools or block scheduling high schools), creating or extending time in homeroom or advisory classes, and “looping” students with the same teachers and peers from the previous year. If distance learning continues, identify routines to maintain or deepen connections virtually or over the phone, such as through smaller group meetings or individual check-ins. Recognizing that new structures will most likely be in place, create consistent routines and procedures that allow for flexibility as much as possible. Predictable structures promote a sense of safety that helps students, especially those who have experienced trauma or struggle behaviorally, regulate emotions and take on new challenges and developmental tasks.



- **Weave in opportunities for students to practice and reflect upon social and emotional competencies throughout the day.** Identify developmentally appropriate [SEL competencies and standards](#), which may be available through your state or district, that students and adults can work on together to support the transition, such as stress-management, communication and listening skills, collaboration, and help-providing and help-seeking behaviors. Continue any existing [evidence-based SEL programs](#) or identify simple strategies that educators can use right away, such as “[SEL Kernels](#),” classroom community meetings, or small mentoring groups that can be used in person, during blended and distance learning, and at home to help develop those competencies. [Academic instruction](#) can provide additional opportunities to practice SEL through reflection, interaction, cross-age peer tutoring, leading discussions, brain breaks, and other [intentional practices](#). Also consider creative ways to promote the SEL benefits of less-structured social times, such as recess and lunch, even when some levels of physical distancing may be necessary.
- **Engage students in developmentally appropriate [conversations](#) and [lessons](#) to discuss past, current, and future impacts of the pandemic on themselves, their families, their communities, and the broader world.** This can include distinguishing facts from misinformation, as well as opportunities for students to suggest strategies for their school or community to prevent the future spread of disease and address other needs in their community. [Support teachers](#) in facilitating conversations and lessons to discuss the [impact](#), [history](#), and [ways to respond](#) to biased or stigmatizing comments and behaviors related to the disease.
- **Collaborate with families and community partners to align on strategies for supporting students’ SEL at home and during extended learning.** Invite family members to join the school SEL team, help identify SEL [programs and practices](#) that can be used in classrooms or at home, participate in school or classroom SEL activities, and share information about what kinds of supports their students need. Also work to align SEL efforts with key community partners that provide opportunities for students to build caring adult relationships and engage in activities that motivate them, such as [out-of school time programs](#), [sports](#), and other [extracurricular activities](#).
- **Identify support for students who are struggling.** While not all students have the same experiences, some students may have experienced grief, anxiety, or [trauma](#) that may shape how they engage academically, socially, emotionally, or behaviorally. [Support your staff](#) in proactively identifying and meeting the needs of students who may be struggling. Work with family and community partners to create a comprehensive plan, which may include providing [additional mental health](#) and [trauma](#) supports, or connections to food, shelter, technology, transportation, or other resources. Monitor the response to ensure needs are met.



During this time of rapid innovation and quick action, an ongoing continuous improvement process will help ensure that efforts meet the needs of all students, including those from historically marginalized groups. This includes collecting and reflecting on data that elevates the perspectives of students and families, identifying and addressing inequities and challenges, and building upon successes to continuously improve the support to students, families, and staff.

- **Engage staff, students, and families in sharing ongoing feedback and partnering on continuous improvement.** This may take the form of [existing](#) or [new school climate surveys](#), focus groups, phone calls, or other creative strategies. Consider what form of collecting feedback will be most inclusive of all families and students, and whether families and students can help design survey questions or lead focus groups. Feedback questions may include asking about the level of social and emotional support students receive from teachers, staff, or peers; support that staff receive from leadership; student, staff and family needs during distance or blended learning; student and staff emotions throughout the school/work day; and how well staff are communicating with families. After gathering feedback data, continue the conversation through individual or small-group interviews to help contextualize responses and better interpret results. Consider sharing this data with staff, students, and families and involving them in data reflection and problem-solving.
- **Support educators in reflecting on data around their own instructional practices and classroom climate, especially when trying out new strategies or modes of teaching.** This summer and fall, teachers will continue to take on new technologies, adjust to shifting work environments, address student concerns, and much more. They will need supportive leaders who create a culture of continuous improvement. Help teachers collect feedback from students and reflect on their own practices by providing non-evaluative coaching and concrete [strategies for improvement](#).

Put it Into Practice

Teacher Self-Assessment: SEL Through Distance Learning

Use the checklist below to help teachers self-assess strengths and areas to develop as they promote SEL through distance learning and at-home assignments.

For All Ages

- ☐ I am reaching out to students individually and communicating that I value their contributions.
- ☐ I follow up with students on topics that are important to them to show them they are known and cared for.
- ☐ I facilitate virtual class meetings, collaborative classroom websites or forums, or other community-building activities to cultivate a culture of personal connection and belonging.
- ☐ Learning activities and projects link to students' lived experiences, frames of reference, and issues that are important to them.
- ☐ Learning activities activate students' self- and social awareness by asking them to identify feelings, reflect on their experiences, and talk through topics with family members or peers.
- ☐ Learning activities affirm students' diverse identities and cultures, and students have opportunities to share and learn about each other's lives.

[>> continued to the next page](#)



Especially for Upper Elementary and Secondary Students

- ☐ I coordinate learning activities in which students are able to engage in small-group discussions, cooperate, and problem-solve with peers.
- ☐ Assignments include open-ended questions to surface student thinking and probe students to elaborate on their responses.
- ☐ After completing a project, students reflect on what made their work successful or challenging and make a plan for improvement.
- ☐ I regularly request and receive feedback from students about how distance learning is going and how it could be improved.

- **Collect and act on data around students who are disengaged or chronically absent.** One of the most critical tasks during the transition to the new school year will be supporting every student, particularly those whose needs were not fully met before COVID-19. For students who have not regularly attended classes, develop a plan that addresses the root causes of their absences and leverages family and community partners to double-down on individual outreach and relationship-building. This may include revising existing policies and practices that may have inequitable or detrimental impact on students, such as punitive or exclusionary discipline practices that can contribute to [student disengagement](#) or [retraumatize students](#).

Put it Into Practice

Examining Transition Data With an Equity Lens

Regularly review data on progress with an eye toward how decisions during the transition impact equity and outcomes. You may want to review data such as:

- Student, family, and staff interviews or surveys (their responses as well as data on who hasn't responded)
- Outreach to families—who has and hasn't been successfully contacted by school staff, who has and hasn't accessed available supports such as meal assistance, technology distribution, etc.
- Student attendance, participation, and completion with at-home learning

Also disaggregate these data by subgroups, such as by race, socioeconomic status, language learner, immigration status, LGBTQ identity, or any other subgroups.

Use a [data reflection protocol](#) or consider the following questions as your team learns from this data:

- What do you see in the data, including any differences/disparities between groups, that may indicate inequities in school transition processes and supports?
- What additional information could help you interpret this data? Consider whose voices and experiences are not represented and any biases or blind spots that might exist as you interpret the data. Often, gaining additional student perspectives can help make sense of the data.
- What does the data suggest about how well social and emotional supports are meeting the needs of all students, families, and staff during this transition?
- How can we make changes or innovate to better meet needs, ensure equitable resources and support, and monitor the impact of the transition on student outcomes?



CONCLUSION

The coming months will mark continued transitions for everyone in school communities as they prepare for an academic year that offers new types of relationships, learning, and operations. The transition may bring excitement, anxiety, concern, and other complex emotions as students wonder what the return to classrooms will look like, anticipate reconnecting with peers and teachers, and look forward to engaging in person in supportive learning environments. This moment will also call upon educators to intentionally and relentlessly foster [emotional and physical](#) safety and a sense of belonging throughout their school community.

High-quality SEL implementation provides students and adults an opportunity to continue cultivating critical skills—such as empathy and compassion, self-regulation, stress management, communication, collaboration—that they will need not only to manage their experiences during the pandemic, but also to be caring, contributing members of their communities. SEL can also help educators reflect on how this experience has shaped our understanding of what and how we teach in schools, as well as the conditions that fully and equitably support student learning.

With the possibility of intermittent closures or other changes in the coming years, the adjustment back to school is most likely a long-term process that will require a sustained approach for ensuring that all students, families, and staff have the relationships, resources, and support they need to thrive. We encourage school leaders, with the support of states and districts, to plan for immediate needs while also beginning to consider how to sustain the focus on SEL over the long-term.

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2015

CASEL GUIDE

Effective Social and Emotional Learning Programs

Middle and High School Edition





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CASEL

Collaborative for Academic, Social, and Emotional Learning

CASEL is dedicated to advancing the science and practice of school-based social and emotional learning (SEL). CASEL's mission is to help make social and emotional learning an integral part of education from preschool through high school.

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Executive Summary

About This Guide

Evidence-based programs designed to promote positive outcomes and prevent problem behavior in students are increasingly being used in educational settings. They have evolved out of different traditions including education, public health, psychology, prevention science, positive youth development, character education, and social and emotional learning (SEL). The *2015 CASEL Guide: Effective Social and Emotional Learning Programs—Middle and High School Edition* identifies school-based programs that have been evaluated with middle and high school students and that promote students' social and emotional competence.

The *2015 CASEL Guide* applies a systematic framework for assessing the quality of SEL programs. Specifically, the *Guide* identifies and rates well-designed, evidence-based SEL programs with potential for broad dissemination to schools across the United States. The main purpose of the *Guide* is to give educators information for selecting and implementing SEL programs in their districts and schools. The *Guide* also describes the significant advances the SEL field has made in the past decade, establishes new definitions of SEL at the secondary level, provides suggestions for future research and practice in SEL, and describes innovative approaches to educational practice (e.g., programs that promote mindful awareness) that may also contribute to students' social and emotional development.

This *Guide* is primarily an electronic document that resides on CASEL's website. This format allows it to be revised and updated continually. Our intention is to make the CASEL reviews as accessible, timely, and user-friendly as possible. Following the release of the *Middle and High School Edition* we will be accepting nominations for new preschool and elementary programs to be added to the *2013 Guide*, which will be updated and released in a comprehensive *Guide* that covers grades Pre-K-12.

The Importance of Social and Emotional Learning (SEL)

Social and emotional learning (SEL) is the process through which children and adults acquire and effectively apply the knowledge, attitudes, and skills necessary to understand and manage emotions, set and achieve positive goals, feel and show empathy for others, establish and maintain positive relationships, and make responsible decisions. Social and emotional skills are critical to being a good student, citizen, and worker, and many risky behaviors (e.g., drug use, violence, bullying, and dropping out) can be prevented or reduced when multiyear, integrated efforts are used to develop students' social and emotional skills.

The past 20 years have witnessed an explosion of interest in this important developmental domain (Durlak, Domitrovich, Weissberg, & Gullotta, 2015). Research reviews have appeared documenting the value of SEL programs (Durlak, Weissberg, Dymnicki, Taylor, & Schellinger, 2011; Sklad, Diekstra, De Ritter, & Ben, 2012). Schools, families,



and communities are increasingly recognizing the importance of promoting the social and emotional competence of youth in order to facilitate both academic and life success (Bridgeland, Bruce, & Hariharan, 2013; Merrell & Gueldner, 2010). A growing body of research has documented the factors that contribute to the effective implementation of SEL programs. Many of the highest-quality program developers have taken this research into account in designing their programs and their professional development models. Also, federal, state, and local policies are beginning to reflect the increasing interest in SEL and its importance for the healthy development of young people.

The Collaborative for Academic, Social, and Emotional Learning (CASEL) is a worldwide leader in advancing SEL science, evidence-based practice, and policy. CASEL believes that effective SEL programming begins in preschool and continues through high school and envisions a time when every school in the nation will provide evidence-based SEL programming to all students at all levels.

CASEL has identified five interrelated sets of cognitive, affective, and behavioral competencies. The five competency clusters are:

- Self-awareness
- Self-management
- Social awareness
- Relationship skills
- Responsible decision-making

Social and emotional competence is a fundamental element of academic success. Although research suggests that course completion and grades in middle school are the strongest predictors of high school performance and graduation (Farrington et al., 2012), there is increasing evidence that social and emotional competence is critical to academic engagement and long-term academic achievement (Durlak et al., 2011). Several recent publications on college and career readiness, deeper learning, and 21st-century skills cite social and emotional competencies, often called “noncognitive skills,” as fundamental to students’ level of engagement in middle and high school, their post-secondary performance and completion, and their workplace success (ACT, 2014; National Research Council, 2012).

SEL programs are one of the most successful interventions to promote the positive development of students. Research findings from hundreds of controlled studies indicate that SEL programming improves students’ academic achievement and positive social behavior while reducing their conduct problems and emotional distress (Durlak et al., 2011; Sklad et al., 2012). Longitudinal studies have shown that increased social and emotional competence is related to reductions in a variety of problem behaviors including aggression, delinquency, substance use, and dropout (Aspy, Oman, Veseley, McLeroy, Rodine, & Marshall, 2004; Bradshaw, Rodgers, Ghandour, & Garbarino, 2009; Moffitt et al., 2011).

SEL Programs for Middle and High Schools

Although many worthwhile SEL programs are currently available, to be



included in the *2015 CASEL Guide* and designated as the highest level of quality (i.e., *SElect*), programs had to meet the following design, implementation, and evaluation criteria:

- Be **well-designed** school-based programs that intentionally and comprehensively promote students' development across the CASEL five competency clusters, provide opportunities for practice, and are offered over multiple years.
- Deliver high-quality **training and other implementation supports**, including initial training and ongoing support to ensure sound implementation.
- Show **evidence of effectiveness** with at least one carefully conducted evaluation using a comparison group and pre- and post-test measurement and demonstrating a positive impact on a student behavioral outcome.

The *2015 CASEL Guide* provides information on nine *SElect* programs. It also reviews five programs designated as *complementary* and one *promising* program. Six of the *SElect* programs target youth in middle school (grades 6-8), and five are designed to be used with high school students (grades 9-12). The programs in the *Guide* vary in the approach they take to promoting students' social and emotional learning, but all positively impact students.

The *CASEL Guide* summarizes objective information about the charac-

teristics of nationally available programs in a clear, easy-to-read "consumer report" format. The program characteristics in the review are important for high-quality programming. They include the grade range that each program targets and the settings (classroom, school, family, community) in which the program promotes and reinforces the target skills. The *Guide* also provides information about professional development and implementation support and details about the findings of the programs' evaluation studies.

CASEL believes that using high-quality evidence-based programs is critically important in fostering students' social and emotional development. Although all of the CASEL programs meet basic effectiveness criteria and *SElect* programs meet a more rigorous standard, the outcomes of the programs vary. Most demonstrated impacts on students' behavior, with outcomes such as positive social behavior and the reduction of conduct problems. Several also showed positive impacts on students' academic performance, particularly those that integrate SEL instruction into academic content. A few programs showed effects on emotional distress.

CASEL endorses the use of evidence-based SEL programs in the context of systemic schoolwide and districtwide approaches (Devaney et al., 2006; Meyers, Gil, Cross, Keister, Domitrovich, & Weissberg, 2015). This starts with choosing the SEL program that best matches the goals of the school or district with regard to its desired outcomes. A section of this *Guide* offers a step-by-step process for how to make a successful selection. Beyond choosing and effectively implementing the cho-



sen SEL program, a systemic approach to SEL programming entails integrating SEL across school activities, both in and outside of the classroom, and even reaching into the community. The quality of program implementation is also a function of how prepared schools are when they adopt an SEL program, the extent to which all staff members are involved in that decision, and whether or not there is real commitment to training and implementation support. When districts and schools support high-quality program implementation, the impact of SEL programs is significantly strengthened (Durlak et al., 2011).

In addition to specific SElect, Complementary, and Promising programs, this *Guide* describes a variety of other innovative SEL-related approaches for the secondary level. We anticipate that over time many of these programs will develop the necessary research base for inclusion in this *Guide*. If your district or school is just beginning to explore SEL, the *Guide* will help you and your colleagues in your planning and selection of strong, evidence-based social and emotional learning programs that serve your students' needs. If you are seeking to deepen SEL practices you have already begun, the *Guide* will help you reflect on and augment your efforts.

Introduction

Definition of Social and Emotional Learning (SEL)

Social and emotional learning (SEL) is the process through which children and adults acquire and effectively apply the knowledge, attitudes, and skills necessary to understand and manage emotions, set and achieve positive goals, feel and show empathy for others, establish and maintain positive relationships, and make responsible decisions.

Social and emotional skills are critical to being a good student, citizen, and worker, and many risky behaviors (e.g., drug use, violence, bullying and dropping out) can be prevented or reduced when multiyear, integrated efforts are used to develop students' social and emotional skills. As shown in Figure 1, this is best done through multiple environments in which student learning takes place: (1) effective classroom curriculum and instruction, (2) a school climate, policies, and practices that promote student engagement in positive activities in and out of the classroom, and (3) broad family and community involvement in program planning, implementation, and evaluation.

SEL programming is based on the understanding that the best learning emerges in the context of supportive relationships that make learning

challenging, engaging, and meaningful. Effective SEL programming begins in preschool and continues through high school.

CASEL has identified five interrelated sets of cognitive, affective, and behavioral competencies. The definitions of the five competency clusters for students are:

Figure 1



Self-awareness: The ability to accurately *recognize* one's emotions and thoughts and their influence on behavior. This includes accurately assessing one's strengths and limitations and possessing a well-grounded sense of confidence and optimism.

Self-management: The ability to *regulate* one's emotions, thoughts, and behaviors effectively in different situations. This includes managing stress, controlling impulses, motivating oneself, and setting and working toward achieving personal and academic goals.

sonal and academic goals.

Social awareness: The ability to *take the perspective of and empathize* with others from diverse backgrounds and cultures, to understand social and ethical norms for behavior, and to recognize family, school, and community resources and supports.



Relationship skills: The ability to *establish and maintain healthy and rewarding relationships* with diverse individuals and groups. This includes communicating clearly, listening actively, cooperating, resisting inappropriate social pressure, negotiating conflict constructively, and seeking and offering help when needed.

Responsible decision-making: The ability to *make constructive and respectful choices* about personal behavior and social interactions based on consideration of ethical standards, safety concerns, social norms, the realistic evaluation of consequences of various actions, and the well-being of self and others.

The five CASEL competencies reflect intrapersonal and interpersonal domains (National Research Council, 2012). *Self-awareness* and *self-management* are consistent with the intrapersonal domain whereas *social awareness* and *relationship skills* represent dimensions within the interpersonal domain. *Responsible decision-making* is both an individual and social process and therefore represents both domains.

The Importance of SEL for Secondary Students

Recognition of the unique needs of students aged 10-15 began with the advent of the “middle school movement” and continues today (Association for Middle Level Education, 2010). Current best practice guidelines for education at the middle-school level recognize the di-

verse developmental needs of this age group and the importance of promoting both academic and personal development, including social and emotional competence. The importance of SEL for high school is also growing in light of its link to college and career readiness and dropout prevention.



The knowledge, skills, and attitudes within the CASEL five competency clusters are especially relevant during adolescence because youth at this stage are going through rapid physical, emotional, and cognitive changes. These changes create unique opportunities for social and emotional skill development. Adolescents also engage in more risky behavior than younger students and face a variety of challenging situations, including increased independence, peer pressure, and exposure to social media.

Longitudinal studies have shown that increased social and emotional competence is related to reductions in a variety of problem behaviors including aggression, delinquency, substance use, and dropout (Durlak et al., 2011; Sklad et al., 2012; National Research Council, 2012; ACT, 2014).

Learning Environments that Support SEL

Middle schools and high schools can be viewed as systems with multiple levels that influence students’ social and emotional development

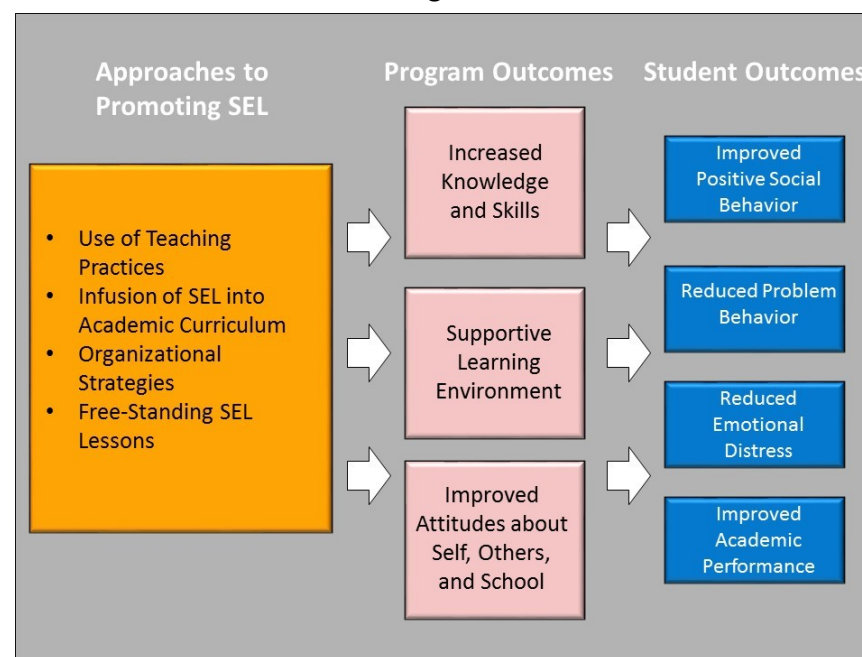
(Eccles & Roeser, 2011; Roeser, Eccles, & Sameroff, 2000). These levels are shown in Figure 1 on page 5. At the classroom level the quality of teacher-student interactions is one of the most important predictors of student academic performance and adjustment (Hamre & Pianta, 2007; Mashburn & Pianta, 2006). Students who report feeling listened to by teachers, involved in decisions that affect their lives, provided with opportunities to exert autonomy, and accepted by peers are more motivated and perform better in school than those who lack these positive experiences. Interpersonal and organizational factors at the school level also influence students' academic performance and adjustment, in part through their effect on school climate (National School Climate Council, 2007). The quality of the relationships students have with teachers and peers, the clarity and consistency of school rules, and the physical safety of the school are important dimensions of school climate. Students who perceive a positive climate in their school demonstrate higher levels of social competence and report fewer personal problems. Positive school climate in middle and high school is associated with academic achievement, decreased absenteeism, and lower rates of suspension (Thapa et al., 2013). Leadership practices and organizational structures also influence the climate of a school, thereby indirectly influencing student outcomes. In schools characterized by supportive relationships, common goals and norms, and a sense of collaboration, students perform better academically and have fewer behavior problems (Bryk & Schneider, 2002).

Approaches to Promoting SEL

As shown in Figure 2, schools can help students develop social and

emotional competence through several types of approaches. These include (1) infusing SEL in teaching practices to create a learning environment supportive of SEL, (2) infusing SEL instruction into an academic curriculum, (3) creating policies and organizational structures that support students' social and emotional development, and (4) directly teaching SEL skills in free-standing lessons. These approaches are not mutually exclusive. At the middle and high school level SEL programming can happen in the context of regular curriculum and instruction activities, but it can also take place through activities such as health promotion and character education, or through prevention efforts such as those that target violence, substance use, or dropout.

Figure 2





Research on SEL implementation suggests that the most effective strategies include four elements represented by the acronym SAFE: (1) *Sequenced*—connected and coordinated activities to foster skills development; (2) *Active*—active forms of learning to help students master new skills; (3) *Focused*—containing a component that emphasizes developing social and emotional skills; and (4) *Explicit*—targeting specific social and emotional skills (Durlak et al., 2010, 2011).

Interactions with adults and peers are essential for promoting students' social and emotional competence and can take place in multiple settings throughout the school. Research suggests that school-based strategies designed to promote student SEL yield the most successful outcomes when they are embedded into the day-to-day curriculum and connected with other school activities (Greenberg et al., 2003). This is especially important given the fact that in middle and high school students make multiple transitions between classrooms each day. As students acquire knowledge or learn new skills, it is important that they have opportunities to practice and apply the skills in everyday situations and be recognized for using them across a variety of settings. The importance of practice for skill mastery and the influence of adults and peers outside the school on students' development is a reason to coordinate classroom and school efforts with those in family and community settings. Regardless of the

approach, many SEL programs incorporate schoolwide, i.e., systemic, practices that are designed to promote more positive and supportive relationships among teachers, students, and families and/or practices that facilitate integration and support to extend the impact of social and emotional learning programs beyond the classroom.

Adopting an evidence-based SEL program is not enough to ensure positive outcomes. The success of a program depends on high-quality imple-

Adopting an evidence-based SEL program is not enough to ensure positive outcomes. The success of a program depends on high-quality implementation. Poor program implementation can undermine a program's success and its impact on student outcomes.

mentation. Poor program implementation can undermine a program's success and its impact on student outcomes. Initial training is an important strategy associated with high levels of implementation, but research has also demonstrated that ongoing support beyond an initial training (e.g., coaching, follow-up training) enhances both the quality of teaching and student performance. Schoolwide factors also influence the implementation of evidence-based programs. When schools support

high-quality program implementation, the impact of evidence-based programs is strengthened (Durlak et al., 2011). Research suggests that administrators can support the effective implementation of SEL programs by setting high expectations and allocating resources for programming. School leaders who model the use of SEL language and practices and endorse the use of SEL practices throughout the school building create a climate in the building that supports SEL.



Outcomes Associated with SEL Programming

Depending on the nature of the approach, SEL programs can lead to three types of program outcomes: (1) promoting knowledge or skills related to the five competency clusters, (2) creating positive learning environments that are safe, caring, engaging, and participatory, and (3) improving student attitudes and beliefs about self, others, and school. Changes in these individual and contextual factors promote improvements in positive social behaviors and peer relationships, reductions in conduct problems, reductions in emotional distress, and improvements in academic performance (Durlak et al., 2011; Durlak et al., 2015; Fleming et al., 2005; Greenberg et al., 2003; Zins et al., 2004).

Research supports this conceptual model and the positive impact SEL can have on school climate, including a host of academic, social, and emotional benefits for students. Durlak, Weissberg et al.'s meta-analysis of 213 rigorous studies of SEL in schools demonstrated that students receiving quality SEL instruction had:

- **Better academic performance:** achievement scores an average of 11 percentile points higher than students who did not receive SEL instruction.
- **Improved attitudes and behaviors:** greater motivation to learn, deeper commitment to school, increased time devoted to schoolwork, and better classroom behavior.
- **Fewer negative behaviors:** decreased disruptive class behavior, noncompliance, aggression, delinquent acts, and disciplinary referrals.

- **Reduced emotional distress:** fewer reports of student depression, anxiety, stress, and social withdrawal.

Programs that include free-standing SEL lessons are often based on the assumption that improvements in knowledge and skills promote positive behavior changes. Programs that focus primarily on changing some aspect of the classroom or school learning environment to improve student outcomes may be more likely to cultivate attitudes rather than skills. Unfortunately, few studies measure all of these factors, and very few have gathered empirical evidence to determine how their impacts were achieved. For this reason, Figure 2 includes arrows linking all of the approaches to all three of the program targets and the student outcomes.

History of CASEL Program Reviews

CASEL shared its first review of SEL programs in 2003 with the publication of *Safe and Sound: An Educational Leader's Guide to Evidence-Based Social and Emotional Learning (SEL) Programs* (CASEL, 2003). In addition to demonstrating how SEL programs contribute to the mission of our nation's schools, the publication summarized the status of outcome research on SEL programs and provided educators with practical information on the features of different programs that could help them select a program both relevant and suited to their particular needs. *Safe and Sound* presented information on 80 different programs and was the most comprehensive research and practical survey of SEL programs available at the time.

CASEL updated its review of evidence-based programs when it re-



leased the *2013 CASEL Guide: Effective Social and Emotional Learning Programs—Preschool and Elementary School Edition*. The *2013 Guide* was more developmentally oriented than *Safe and Sound* in focusing on the preschool and elementary grades. It also reflected several advances in the field of SEL. These included a growing evidence base of effective interventions in early childhood; the development of new approaches to fostering academic, social, and emotional learning; and increased interest in going beyond classroom-based implementation of a single SEL program to coordinated, systemic schoolwide and districtwide SEL programming. This *2015 Guide* is a companion to the *2013 Guide*. It provides information

similar to the *2013 Guide* but for programs that target students in middle and high school.

In *Safe and Sound* CASEL identified “SElect” programs that met rigorous evaluation and design criteria including comprehensive coverage of the five CASEL SEL competency clusters and positive impacts on student behavioral outcomes. The *2013 CASEL Guide* continued this practice and featured SElect programs only. The *2015 Guide: Effective Social and Emotional Learning Programs—Middle and High School Edition* creates three categories of programs: *SElect*, *Complementary*, and *Promising*.



Inclusion Criteria & Review Process

To be included in the *2015 Guide* programs have to be universal, that is for use with all students, and be conducted in regular secondary education settings. They must be designed for students in middle or high school (between grades 6 and 12) and be delivered during the school day. Programs are also required to have written documentation of their approach to promoting students' social and emotional development and provide a sufficient level of detail in order to ensure the consistency and quality of program delivery.

SElect Programs

To be designated as SElect, programs have to meet criteria with respect to their (a) overall design, (b) implementation, and (c) research evaluations of program impact described below. These criteria were derived from empirical research and CASEL's model of systemic SEL.

- A program's design must: (a) intentionally and comprehensively promote students' development across the five social and emotional competency clusters, (b) engage students in their own social and emotional development by promoting awareness (e.g., through discussion or reflection) and providing opportunities for practice, and (c) offer programming over multiple years. In terms of implementation, a program must offer training and ongoing support to interested schools or districts.

- In terms of evaluation impact, we require at least one carefully conducted evaluation that (a) includes a comparison group, (b) is based on pre- and post-test measurement, and (c) demonstrates a positive impact on a student behavioral outcome reflected by statistically significant main effects ($p < .05$) between the treatment and comparison groups when controlling for outcome at pretest. Analytic methods must be described with sufficient clarity and not include any serious threats to validity. If a qualifying evaluation includes a program effect that favors the comparison group, then the program is ineligible to be categorized as SElect.

SElect programs are summarized in the tables included in this *Guide*. For each one we have included a program description page in the online version of the *Guide*.

Complementary Programs

Not all SEL programs offer comprehensive programming, but many are aligned with CASEL's conceptual model of SEL. These evidence-based programs include effective strategies and can play an important role in a school's SEL efforts, but they may not be comprehensive enough to serve as the primary SEL program. We classified these programs as "complementary," and we recommend that they be used in combination with other evidence-based programs to create a comprehensive approach.



Complementary programs meet our research criteria, but by definition they do not meet all of the design criteria. A program might be designated complementary for two main reasons:

- If the program does not provide broad coverage of all five competency clusters (e.g., focusing primarily on one cluster or focusing on the personal or social domain only).
- If the program is designed to be implemented in a single school year and does not provide sequenced programming across multiple years.

Programs that teach social and emotional skills in a narrow way (i.e., in the context of one topic such as dating violence or smoking prevention, or without adequate generalization) were excluded.

Promising Programs

Some programs are well-designed and provide comprehensive SEL programming but for various reasons lack adequate research evidence of their effectiveness.

By definition, promising programs meet our design criteria but do not meet the full research criteria. A program might be classified as promising:

- If a qualifying evaluation shows a positive impact favoring the intervention group on a nonbehavioral outcome such as attitudes (e.g., feelings of connectedness to school) or a specific so-

cial or emotional skill (e.g., emotion recognition or decision-making).

- If a qualifying evaluation includes a significant outcome that favors the comparison group on an outcome that is substantively important to the program's theory but the program has an additional qualifying evaluation with an independent sample that demonstrates positive effects.
- If a qualifying evaluation includes a significant outcome that favors the comparison group on an outcome that is substantively important to the program's theory but the program does not have an additional evaluation, then the program is excluded.

Promising programs are eligible to become SElect once an additional study with an independent sample finds effects favoring the intervention group on the same outcome that was previously found to favor the comparison group. *Complementary* and *Promising* programs do not appear in the rating tables but do have program description pages in the online version of this *Guide*.

The Review Process

Search and Call for Programs. In preparation for developing the 2015 *Guide*, CASEL cast a broad net and issued a national call for nominations of programs at the middle and high school level. A diverse set of programs from the fields of education, public health, psychology, and prevention science were nominated. At the same time, CASEL conduct-

ed a systematic search of national databases and published reviews to identify school-based programs and approaches for middle and high school populations (i.e., grades 6-12). This process identified 380 programs.

Evaluation Review. We developed a detailed evaluation coding system to review up to two reports the program developer identified as their program’s “strongest” evaluation(s) based on criteria we defined. At this stage of the review process 130 programs submitted materials and 90 met our screening criteria. Evaluations were independently reviewed by a team of highly experienced research psychologists and methodologists who then met to resolve discrepancies and come to consensus regarding ratings of the programs’ evidence of effectiveness.



Design Review. We worked with practitioners, developmental and educational psychologists, and experts in research and practice to develop an understanding of high-quality education in SEL at the secondary level. Based on the theoretical framework we developed, we created a questionnaire for program providers that asked them to classify and describe their intervention components across classroom and other school settings as well as in family and community domains. For programs that met the full evaluation review and that appeared to meet design criteria based on the questionnaire, we then conducted a full review of each program’s design. Program ma-

terials including manuals, student materials, and other resources were reviewed independently by two highly experienced reviewers. The two reviewers then met to reconcile any discrepancies in their ratings and to complete a final consensus summary form for each program. At the end of the process the program providers were given an opportunity to review the setting categories that were identified for each program. When they felt there were gaps or omissions, they were asked to provide additional materials documenting their program’s content and practices.

Professional Development and Implementation Supports. The review process also involved an assessment of professional development available to support the implementation of the program. Telephone interviews (typically one hour) that followed a standard protocol were conducted with program representatives.

Rating Framework and Table Description

Three sets of tables in this *Guide* present information about the program design features, training and additional implementation supports, and evidence of effectiveness for each SElect program. Additional detail about each program is also available on a separate program description page included in the online version of the *Guide*.

The middle and high school tables are presented separately. Place-

ment on a table was based on whether a program demonstrated positive effects for middle or high school students. Because of this, programs could be listed on both tables. Further, although some programs included in this *Guide* also provide programming for pre-school and elementary students, the current review was limited to the materials used with students at middle and high school.

Each table uses a standard set of symbols to present information and ratings. A check mark (✓) indicates whether some elements are present in the program or not. Other elements are rated on a four-point scale in which an empty circle (○) indicates the element is not present. A quarter circle (◑) indicates minimal coverage of that particular element. A half circle (◐) indicates adequate coverage. And a full circle (●) indicates that the element can be found extensively in the program. Programs are presented in alphabetical order.

Program Design Tables

The program design tables provide information about five topics: (1) the grade range covered by the program, (2) the grades at which the program has documented an impact, (3) the approach used by the program to promote student SEL (categories are not mutually exclusive), (4) the total number of lessons in the program (only relevant to programs that include free-standing SEL lessons), and (5) the extent to which the program includes strategies that promote student SEL in the classroom, school, family, and community settings. Additional details about the design of each program are provided in the program description page in the online version of this *Guide*.

Implementation Support Tables

The implementation support table presents information about four topics: (1) the program training model, (2) the format of the training, (3) the technical assistance and additional supports offered by the program, and (4) whether the program provides a “train the trainer” option.

Evidence of Effectiveness Tables

The evidence of effectiveness tables describe and compare details (including outcomes) of evaluations that met our inclusion criteria for each of the programs and that were coded for this review. Within these tables review findings are presented at two levels: (1) the *Program Level*, i.e., a summary of the evaluation findings from all studies that met our inclusion criteria, and (2) the *Evaluation Level*, i.e., characteristics of each individual evaluation.

The program level of the evidence of effectiveness table presents a summary of findings from each program’s qualifying evaluations. Review findings at the program level are presented in three sections: (1) program and evaluation information, (2) study design, and (3) outcomes demonstrating effects. The evaluation level of the evidence of effectiveness tables presents a snapshot of each qualifying evaluation that supported the effectiveness of a program. Review findings at this level are organized into nine columns: (1) *citation*, (2) *study design*, (3) *grades evaluated*, (4) *geographic location*, (5) *race/ethnicity*, (6) *study sample size*, (7) *% reduced lunch*, (8) *post-test effects*, (9) *follow-up effects*.

Program Design Table Elements

Grade Range Covered. This column lists the full range of grade levels the program targets at the middle and high school level.

Grades Evaluated. This column specifies the grade levels of all students included in the program’s qualifying evaluation(s).

Approaches to Promoting SEL. This element contains four columns that represent different approaches to promoting SEL. The first three approaches infuse SEL throughout classroom teaching or the broader school environment. The fourth approach involves the use of free-standing lessons. Some programs use more than one approach and may have checks in multiple columns. For this element programs were rated according to whether the particular method was used prominently.

- **Infused in teaching practices.** A program received a check in this column if it focuses on training teachers to use at least two of the four categories of teaching practices included in the classroom setting level. These include specific instructional practices, pedagogies, and classroom management techniques that create a positive classroom climate that supports SEL or teaching practices that promote the generalization of SEL skills by students in applied settings. These teaching practices are designed to engage students



actively in learning while also supporting students’ social and emotional development.

- **Organizational.** Programs received a check in this column if their approach to SEL significantly reorganizes policies and organizational structures (e.g., leadership teams, advisories, schedules)

throughout the school. This approach is equivalent to a school reform model and often requires a strong commitment on the part of schools and a high level of initial and ongoing professional development to be implemented with quality.

- **Free-standing SEL lessons.** Programs received a check in this column if they included directly teaching SEL skills in free-standing lessons. The content of these lessons typically focuses on skills that can be broadly applied to a variety of situations such as making friends, working cooperatively with others, coping with stress, making decisions about potentially risky behaviors, and resolving interpersonal conflicts.

Number of SEL Lessons. For programs that use (and received a check mark for) free-standing SEL lessons (described above under Approaches to Promoting SEL), this column presents the total number of free-standing lessons across the available years of the program.



Settings that Promote and Extend SEL

Classroom. The rating in this column reflects the extent to which each program contains specific strategies that introduce and/or support SEL in the classroom setting including: *classroom-based lessons* that provide direct instruction and practice in SEL; *instructional practices* that create a learning environment that promotes student SEL; *teaching practices to promote positive relationships with and among students*; *shared classroom agreements* that involve all students developing norms or behavioral guidelines to create a positive and orderly classroom experience; *guidelines for how to create SEL lessons* that directly support teachers in developing SEL lessons on their own; *classroom management procedures and strategies* aimed at promoting responsible decision-making and intrinsic motivation to behave respectfully in the classroom. A program that includes free-standing SEL lessons is eligible to receive credit for *SEL generalization* if it provides suggestions for ways in which teachers can reinforce social and emotional development by taking advantage of “teachable moments” beyond the SEL lesson in other curriculum areas.

School. The rating in this column reflects the extent to which programs provide structures and strategies to extend the program throughout the school, including *systemic support for SEL* such as structures to support SEL implementation and *strategies for building a schoolwide sense of community*; *advisory structures*; *systemic integration of SEL and instruction*, which involves embedding program content or practices across multiple subject areas; *cross-age or cross-subjects peer mentoring* to enhance students’ sense of connec-

tion to school and to provide academic support; *student support strategies* for working with students at the Tier 2 and Tier 3 level (as described in the Response to Intervention framework).

Family. The rating in this column reflects the extent to which programs have strategies for extending SEL to the family, including: *a family program component* with a manual for leading sessions with parents, or parent self-directed material, such as media; *separate resources for parents*, (e.g., about teens’ developmental needs); *suggestions for how to involve parents in supporting student homework* or actual homework assignments that require parental involvement; *strategies for communicating with families* about their children; and *explicit strategies for engaging parents actively in the life of the school*, such as enhancing general school-home communication, as well as encouraging families to come to the school.

Community. The rating in this column reflects the extent to which a program works to promote SEL in students through connections to and *involvement with the broader community*, including suggestions for creating a community advisory board; involving stakeholders in various roles (e.g., arranging outside visitors, soliciting financial support); and connecting students to individuals in the community who are willing to share their expertise or provide students with real-world experiences. *Service-learning* is an important way programs involve students in the community, and in making positive contributions.

Service-learning. Programs with this component implement service-



learning to varying degrees. These range from community-based volunteer work to having guidelines on how to connect SEL skills to real-life applications in service projects. At the highest level service-learning is integrated with academics through academic field work that also contributes to the greater good (e.g., active investigators, applying research tools, and standards of presentation used by professionals in the field).

Implementation Support Table Elements

Recommended Training Model. In this column we describe the program’s recommended training model, including information about the total number of days and the length of time required for training. Program providers were encouraged to identify the model that is comprehensive and best conveys all their practices and content even if this is not the most widely adopted model. In many cases this model is not as rigorous as what was used in the evaluation studies that qualified for this review.

Format. This element contains three columns that reflect how the recommended training is offered. Programs are given a check for three different options: (1) *onsite in person*, led by a trainer from the program who comes to the school or district; (2) *onsite virtual*, in which the training is offered at the school or district but involves some form of live interactive webcast/Skyping over the Internet or pre-programmed structured videos accessed through the program’s website with special access included in the purchase of the program; (3) *offsite*, in which school personnel travel to an offsite location (e.g., regional training offered to multiple schools/districts or at

the headquarters of the program, a conference at a remote location that also includes a range of trainings, or a conference where the program offers its training as a pre- or post-conference activity). The format options are not mutually exclusive.

Technical Assistance and Implementation Supports. This element describes four major types of technical assistance and other supports that have been shown in research to promote high-quality implementation and sustainability over time.

Administrator support. A check in this column indicates that a component of the recommended training model is designed specifically for school/district administrators and leaders to support them in implementing the program within their school or district.

Coaching. A check in this column refers to a type of feedback provided to teachers and/or administrators by a “coach” who is an expert in implementation, often a staff member or consultant to the program developer. Depending on the program, coaching might involve live or video-based observation of teaching, group discussion of implementation problems, and phone or Web-based consultation on either a regular or as-needed basis.

Professional learning community (PLC). A check in this column indicates that the program provides guidelines or materials to support groups of teachers, staff, and/or administrators/district leaders to meet independently to discuss and problem-solve, learn and share

new skills, and/or network for the purposes of enhancing and sustaining high-quality implementation.

Fidelity measures. A check in this column indicates that the program includes any type of measure (rating scales, observer-based observations, self-report questionnaires, checklists) designed to assess and monitor program implementation.

Train the trainer. A check in this column refers to whether the program provides training for a teacher or designated SEL district educator/mentor designed to teach not only the program content but also how to train others. In turn, this individual becomes the designated school/district “trainer” who then trains the school’s/district’s teachers and administrators.



Evidence of Effectiveness Table Elements

Program Level

Study Demographics. This element includes two columns that summarize information about the participants across the evaluation(s) that qualified for this review. The *grades evaluated* column reports the grade levels of all students included in the program’s qualifying evaluation(s). The *race/ethnicity* column reports the race/ethnicity of the students represented in the program’s qualifying evaluation(s) (listed in alphabetical order). Grade level and race/ethnicity groups listed in this table represented at least 10% of the analytic sample (i.e., sample used for analysis).

Study Design. This element presents the methodological design of the evaluation(s) that met our inclusion criteria. It is composed of two columns: *randomized controlled trials (RCT)*, meaning schools, classrooms, or students were randomly assigned either to receive the program or to be in a group that did not receive the program (a high standard in research), and *quasi-experimental (QE)*, meaning assign-

ment to the program and the comparison conditions was not random. The total number of each type of evaluation that met criteria for this review is listed in parentheses next to the checkmark.

Outcomes Demonstrating Effects. This element includes six columns. For each program we specify the types of outcomes documented in the qualifying evaluation(s), indicated by a check

mark in the respective outcome column. The six categories are *improved academic performance*, *improved positive social behavior*, *reduced problem behaviors*, *reduced emotional distress*, *improved SEL skills and attitudes*, and *improved teaching practices*. Although impact on teaching practices is included as an outcome category in this table, programs were also required to show impact on at least one of the other five student outcomes to be included as a SElect program in this *Guide*.

Evaluation Level

Citation. We provide a citation for each evaluation that supported the effectiveness of the program.



Study Design. We specify whether an evaluation was coded as an RCT or QE, based on the method of group assignment and methodological rigor of the study.

Grades Evaluated. The grade levels of the students who participated in the evaluation and were shown to experience positive effects of the program are reported in this column only if the grade level comprised at least 10% of an evaluation’s analytic sample (i.e., sample used for analysis).

Geographic Location. This column reflects whether the evaluation sample was described as “urban,” “suburban,” “rural,” or any combination of the three. An evaluation was coded for a particular geographic location if at least 10% of the students in its analytic sample reported living in that location type.

Race/Ethnicity Evaluated. A race/ethnicity group is listed in this column only if at least 10% of an evaluation’s analytic sample report-

ed this as their race/ethnicity. Categories are listed in alphabetical order.

Study Sample Size. We indicate the number of students/participants in the analytic sample for a given evaluation.

% Reduced Lunch. We indicate the percent of an evaluation’s analytic sample that qualified for free or reduced lunch, according to federal criteria at the time the study was conducted since many school-based evaluations use this indicator as a proxy for economic disadvantage.

Post-test Effects. We list the categories of outcomes that were shown to be significantly and positively impacted by a program at post-test.

Follow-up Effects. We list the categories of outcomes that were shown to be significantly and positively impacted by a program, as indicated by an assessment conducted after a period of time in which participants did not receive the program and that followed post-test assessment.



Selecting an SEL Program

When school and district planning teams oversee the careful selection and effective implementation of evidence-based social and emotional learning programs, the students they serve benefit socially, emotionally, and academically. This section describes guidelines and steps SEL teams can follow to ensure they ultimately adopt the best programs for their particular school community.

To begin, three key principles support the effective selection, implementation, impact, and sustainability of evidence-based SEL programs.

Principle 1: School and district teams—rather than an individual—should engage diverse stakeholders in the program adoption process to identify shared priorities.

Principle 2: Implementing evidence-based SEL programs within systemic, ongoing district and school planning, programming, and evaluation leads to better practice and more positive outcomes for students.

Principle 3: It is critical to consider local contextual factors (e.g., student characteristics, programs already in place) when using the *CASEL*

Guide and gathering additional information in order to make the most effective decisions about which programs to implement.

Some schools may prefer to develop their own approach to SEL, rather

than adopting one of the evidence-based SElect programs identified in this *Guide*. We believe it is better to start from a foundation that is evidence-based. A SElect program can serve as a base from which to coordinate school-wide SEL, school-family partnerships, and community programming. The benefits of using programs that embody years of scientific program development, evaluation, and evidence are worth the effort.

Within the context of the three principles above, we have organized the following steps for selecting an evidence-

based program based on research and practice.

Step 1: Use the SElect tables to identify program candidates.

Step 2: Review the program descriptions of each of the possible candidates you identify to narrow your search.

If you want to use a program that has free-standing lessons for SEL, it will be necessary to identify a few times per week when this can happen. If instead your staff wants to develop greater expertise in providing pedagogies that develop SEL, you will want to pay particular attention to programs that infuse SEL in teaching practices.



Step 3: Gather additional information about your top program candidates.

Step 4: Assess the cultural sensitivity and linguistic responsiveness of the program.

Step 5: Contact and visit schools using the program(s) you are considering.

Step 6: Completing the selection process and beyond.

Step 1. Use the SElect tables to identify program candidates.

The 2015 *Guide* presents SElect middle school and high school programs separately. Review the ratings on the three tables (“Program Design” “Implementation Support,” and “Evidence of Effectiveness”) that correspond to the grade levels for which you want to select a program. The online version of this *Guide* provides a link at the top right of each table to learn more about what the ratings mean and how to interpret them.

As you scan the list of programs, look first to see if you recognize any programs that are already being implemented in your school or district. If the program your school or district is using is a SElect program, well-received by your school community, and beneficial for students, you will be ahead of the game. On the other hand, many schools or districts currently implement programs that CASEL has not identified as SElect. If this is the case in your school or district, it’s a cause for reflection but not necessarily for concern. We have also identified complementary programs that can help support a broad plan for SEL. A program you are familiar with may not be listed as SElect or Complementary for a variety of reasons. One possibility is that we have not yet reviewed it.

If your school or district has programs that are not on either list, we recommend several courses of action. First, align your program to the CASEL SElect criteria so you have a better sense of whether it appears to be well-designed, offers adequate training and support, and provides evidence of its impact and effectiveness. Second, contact the program provider to get a direct report on the extent to which the program meets our criteria. Third, please contact CASEL to inform us about the program. We will continually update the *Guide*, and we want to be sure we are reviewing all the programs schools may be thinking about.

When using the program design table, here are some considerations to guide your discussions and decisions about program adoption:

Grade range covered. Some teams will prefer to select programs that cover every grade level their school serves so the school community aligns around a unified framework and set of activities. Other teams may believe they already have certain grades covered effectively. In these instances it will be important to determine how newly adopted programs can best be coordinated with programs that are already in place.

Approaches to promote SEL. If you want to use a program that has free-standing lessons for SEL, it will be necessary to identify a few times per week when this can happen. If instead your staff wants to develop greater expertise in providing pedagogies that develop SEL, you will want to pay particular attention to programs that infuse SEL in teaching practices. Other schools and school systems may have

curriculum areas where SEL could be integrated. If so, you will want to look for programs that are infused in an academic curriculum. Finally, if you want to infuse SEL systemically, you will want to pay careful attention to programs that provide structures and guidance for doing that.

Number of SEL lessons. Programs that provide free-standing lessons assume that schools can devote a certain amount of class time to the process. If your school is looking for a program that provides free-standing instruction in SEL, we encourage teams to review some programs that require fewer versus more lessons to gain a sense of how different models operate.

Settings (that promote and reinforce SEL). SEL is more powerful when it is reinforced across all the settings where students spend their time. Schools and districts wishing to implement systemic SEL programming may choose to adopt programs that provide guidance and strategies for classroomwide, schoolwide, and family programming. Other teams may prefer to begin with a more narrowly focused classroom program.

When using the implementation support table, here are some factors to consider as your team reviews program.

Recommended training model. Consider whether the recommended

training model would provide your teachers and staff with sufficient training and support, and whether it is feasible.

Format. Given the context of your school or district, consider whether the available formats for training would meet your needs. If not, you may want to discuss with program providers whether they have other ways of accommodating your school or district.



Technical assistance and implementation supports. Does each program you are considering provide administrative supports, ongoing coaching, and opportunities to participate in professional learning communities? Does each program provide tools for monitoring implementation that are specifically aligned with the program and that will allow you to collect information to enhance the quality of

implementation?

Train the trainer. In terms of ultimately sustaining the approach to SEL you choose to adopt, you may be interested in knowing whether the program offers a train the trainer model.

As you look at the evidence of effectiveness table, consider the following:

Study demographics. When judging the strength of the research base



for particular programs, consider whether they have been evaluated with samples that are similar to the students in your school. Research has indicated that SEL programs do not seem to have better effects for some student subgroups over others (Durlak et al., 2011). If you are considering a program and the populations evaluated do not match your student population, it may still be worth considering.

Study design. Randomized controlled trials (RCTs) are generally more rigorous than quasi-experimental designs. It is likely that programs with more studies and more RCTs have stronger research foundations.

Outcomes demonstrating effects. Many SElect programs at the secondary level have documented beneficial effects on students' problem behaviors. Assessments of program effects on academic performance, positive social behavior, or emotional distress are less common. Many programs also show effects on SEL skills and attitudes. You may also be interested in knowing that a program was shown to have effects on teaching practices. Yet most program evaluations do not systematically collect data across all of these domains. If a program does not report gains in a particular area, it may be that their evaluation did not examine that area.

Step 2. Review program descriptions to narrow your search.

Use the program descriptions (in the online version of this *Guide*) to learn more about the specific programs that interest you. These descriptions provide detailed information about each program including the full range of grade levels for which the program is designed and the skills the program

teaches. The summaries include an overview of each program followed by a grid with the findings in Tables 1 to 6. Also included in the online version of this *Guide* is a link to the program's own website, where you will be able to find additional information.

Because social and emotional competence is ultimately dependent on one's culture, the cultural relevance of SEL programs is an important factor to consider. Although all the programs we reviewed made efforts to respect different cultures, we note in the program description if a program made specific efforts to adapt to particular cultural contexts, or if there is content within the program to help teachers implement or adapt activities based on the cultures or linguistic needs of their students.

Based on your review of the descriptions of the top candidates, you should narrow your search to three or four programs you will explore more deeply.

Step 3. Gather additional information about your top program candidates.

Once your team has settled on three or four programs that appear to meet your needs and support the goals of your SEL plan, you will need to explore these programs more deeply and gather information related to your particular situation. Consider contacting the program provider at this point. Key issues to discuss include program costs, training and other implementation supports such as on-site coaching and consultation, available guidance and tools for monitoring implementation and



evaluating student outcomes, and the extent to which the program is culturally and linguistically appropriate for your student population. Following are questions you may want to ask in exploring each of these issues.

Program costs. Some programs separate costs for training and costs for materials. Others combine these costs. Costs will also depend on unique circumstances in your district, such as whether the district has the capacity to support training of trainers and how much training in SEL your staff has already experienced. Questions to determine what the cost would be in your school or district include:

- What is the cost of standard program materials? Are there recurring costs? Are there ways to save on costs?
- What is the cost of training in our situation? Are there ways of saving on the cost of training?
- Is there training for trainers or training for coaches? If so, what is the cost?
- What are the differences in cost based on location of training?

Training and support for implementation. Initial training in implementing a particular SEL program is essential. Ongoing training and support is highly desirable. Questions to ask with regard to training include:

- How much training will our staff need? How much time is required? Who should attend the training?
- Are there any prerequisites for participating in training?

- Does the training include opportunities to practice using classroom materials and receive feedback? To develop a plan with colleagues for implementing the program? To use strategies such as morning meetings to establish a supportive classroom learning environment?
- After the initial staff development workshop and a period of implementation, does the program offer on-site consultation to schools to observe teachers using the program and offer feedback, facilitate group discussions about the program, and/or facilitate teachers coaching one another?

Continuing evaluation of the program. A process for regularly evaluating the program's impact on students should be in place from the beginning. Question to ask include:

- Does the program provide school districts with on-site assistance in designing an evaluation to determine the program's impact on students?
- Does the program provide on-site assistance in collecting and analyzing evaluation data?
- Does the program provide assistance in interpreting evaluation data and making appropriate recommendations?

Review materials. No program should be adopted without a careful review of the materials. Most of the SEL program providers will allow schools to preview materials free of charge and will send sample lessons. Questions to ask include:

- Are program materials available for review?

- How long can we keep the materials if we receive them in the mail?
- Is there a cost for review materials?
- How much of the program and its materials can be viewed directly on the program developer's website?

Information about others who have experience with the program.

Interacting with other districts and schools that have experience with the program, preferably in person, is highly desirable. Many programs will provide potential adopters with a list of schools or districts in their region that have used the program. Ideally the schools or districts you contact will be similar to your own in terms of size and student population and located close enough so you can visit and observe the program being implemented. Questions to ask include:

- Can colleagues who are using the program be contacted directly?
- Is it possible to see the program in action?

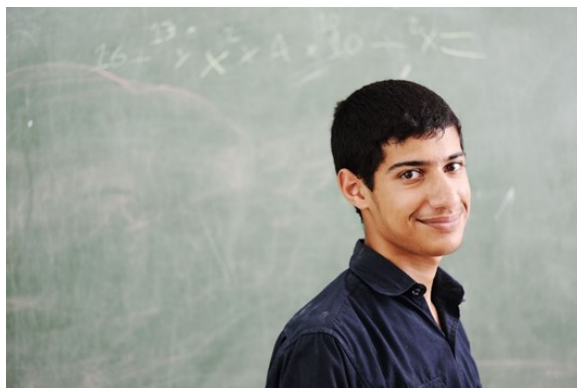
Step 4. Assess the cultural sensitivity and linguistic responsiveness of the program.

Research in social and emotional learning, and in child and adolescent development more broadly, has consistently found that young people learn best when education is relevant and appropriate to their cultural and linguistic context. The same is true with regard to materials and programming for families and caregivers. This creates

special challenges when selecting programs, since many schools are multicultural, with unique combinations of different cultures and with different levels of acculturation.

In our review of SEL programs we have paid careful attention to whether and how programs have made adjustments for different cultural con-

texts. For example, when programs indicate that they are designed for use with particular ethnic/cultural groups, or if they suggest how content or activities can be adapted for use with different groups, we note this in our comments in the program description (in the online version of this *Guide*). As part of our review of evaluations we note which geographic and ethnic/cultural groups were represented in the study samples for each program.



Your colleagues, parents, and students are the experts on the cultures and languages represented in your school or district. Questions you will want to ask related to a program's cultural and linguistic appropriateness include:

- How does the program ensure that the language, content, and activities are appropriate for the kind of community where participating schools are located?
- Has the program been evaluated with populations similar to the one in our school?
- Are there program evaluations that might provide additional infor-



mation about the cultural and linguistic appropriateness of this program for different groups of students?

- Are there schools using the program in communities similar to ours in terms of culture and languages? Can the program provider identify contacts in those schools?

To further help you select a program that meets your community's needs, we also recommend:

- As you identify possible candidates from the CASEL SElect list, consider our comments about cultural and linguistic sensitivity in the descriptions of each program's design, when available. In addition, review the evaluation table to determine whether programs have been evaluated in settings with a similar population to the one in your school.
- Think about the community where your school is located. What cultures and ethnicities are represented among the students and their families? What languages are spoken by families served by your school? How will you make decisions about SEL programs in a way that honors and celebrates different cultures and contexts in which your students live and learn? Who are the people in your school community who can help you in this process?
- Assemble a subcommittee or team made up of parents, faculty, and community stakeholders who represent the cultural perspectives in your community. Ask them to help you review and explore programs you are considering.

Social and emotional learning can serve as an organizing principle for coordinating all of a school's academic, youth development, and prevention activities.

Step 5. Contact and visit schools using the program.

To complete the selection process, contact and visit one or more schools using the programs you are considering. Speak with teachers and others who have experience with the program. Observe how the program works in action. Most pro-

grams can identify individuals or schools for a visit. At a minimum, and if distance and travel are problems, try to arrange extended telephone interviews with others who have used the program. If you are able to arrange visits, prepare carefully with a set of questions and discussion topics. With all the information you gather, your team will be well-equipped to complete the selection of a SElect program to support your SEL plan.

Step 6: Completing the selection process and beyond.

Once you have selected a program, there's work to do to ensure the program is well-implemented. As part of planning, you will need to develop strategies for supporting implementation. Your committee should explore at least three kinds of on-site support: observation and feedback to teachers by program staff, meetings where teachers can discuss challenges and successes with colleagues who are more experienced with the program, and peer coaching by experienced teachers. Your school may also want to consider relatively new approaches to professional



development such as incorporating the program into the school's daily routines. Teachers might be given time to meet with one another and reflect on how things are going. Ideally, you will be able to use self-assessment tools provided by the program that can assist with this type of reflection.

Your team should also develop a plan for monitoring progress and impact by using implementation and student outcome data. Although there is strong evidence suggesting SEL programs can improve students' behavior and academic performance, it is always important to monitor a program's effects in each local context. Meeting regularly to discuss and identify challenges to overcome and successes to celebrate should be an important priority.

Once you have selected the program, you will also need to develop a plan for first-year implementation. It may make sense to start with a modest effort and build on solid success. For example, you might decide to pilot a program in one school, or in several grades in several schools. You will also need to develop strategies for supporting implementation. Going forward it will be important to continue to evaluate

and assess whether the selected program is well-received and also achieves its goals in promoting SEL in students.

Systemic SEL

CASEL advocates the use of evidence-based SEL programs within the context of a systemic approach at both the school and district level. Based on strong scientific evidence about the impact of social and emotional factors on students' academic learning and school success, CASEL believes that developing the capacity to support high-quality, evidence-based SEL must be an essential part of districts' improvement efforts.

Social and emotional learning can serve as an organizing principle for coordinating all of a school's academic, youth development, and prevention activities. It provides a common language and coordinating framework for communicating not just about SEL but about a wide range of programs and teaching approaches that schools normally provide. When systemic social, emotional, and academic learning becomes the overarching framework for a school or district, the result is an organization whose integrated programming activities are greater than the sum of its parts.



Conclusions & Future Directions

SEL-related Approaches

Several current innovative perspectives on educational practice are aligned with SEL or create opportunities for SEL.

College and Career Readiness. The transition to high school is an important developmental milestone of adolescence. Although efforts to promote college and career readiness begin in the middle grades, they are prominent at the high school level, where the pressures to increase high school graduation levels, rates of post-secondary education completion, and workplace readiness are greater. Several recent publications on college and career readiness, deeper learning, and 21st-century skills cite social and emotional skills as central to success (ACT, 2014; National Research Council, 2012). An emerging educational trend is the movement toward restructuring high schools into career and interest-themed “academies.” These smaller learning communities allow students to get to know their teachers and peers as individuals and help them feel more connected to the school. The academy structure increases student motivation because it aligns learning with students’ personal interests. This approach can create meaningful learning experiences that provide students with technical knowledge and that teach them the academic and social-emotional skills they need to be successful in college, career, and life. Career

academies often create active links to businesses in the community, and this has been an effective way to facilitate genuine school-community partnerships.

Mindfulness. A growing movement in education today is to promote mindful or contemplative awareness in students as well as teachers.

Mindfulness has been defined as “...a way of paying attention that is intentional, trained on the present moment, and maintained with an attitude of non-judgment (Kabat-Zinn, 1994 as cited in Broderick & Metz, p. 37). School-based programs that promote mindful awareness in students often include yoga, breathing, brief meditations, and other strategies designed to help students focus attention and regulate emotions. The research on universal contemplative education programs to support students’ mindful awareness is at an early stage (Greenberg & Harris, 2011), although there is some preliminary evidence suggesting that school-based approaches to promote mindful awareness in students may have promise. Nevertheless, important research questions are as yet unanswered, including (1) the developmental appropriateness of strategies at different ages, (2) the needed intensity and duration necessary to improve student functioning, and (3) whether there is a lasting effect at least one or two years following these interventions. Given the early state of progress of research and practice in this area and the fact that the skills

These smaller learning communities allow students to get to know their teachers and peers as individuals and help them feel more connected to the school.

and attitudes promoted through mindful awareness practices are not currently included in the definition of the CASEL five competency clusters, these programs are best seen as supplements to SEL programs that may have the potential to facilitate SEL.

In the process of conducting our review, four programs (.b, Kripalu Yoga, Learning to Breathe, and Transformative Life Skills) designed to promote mindful awareness met CASEL’s re-search criteria.

Student-Centered Practices. A recent trend in education to improve a range of academic outcomes including achievement, graduation, and college and career readiness is the use of student-centered practices. Several of the SElect high school programs included in this *Guide* include student-centered practices. This approach is appropriate for all students but is considered essential to address the opportunity gap created by No Child Left Behind for students of color living in under-resourced communities (Darling-Hammond, Friedlaender, & Snyder, 2014; Friedlaender, Burns, Lewis-Charp, Cook-Harvey, & Darling-Hammond, 2014). Student-centered practices include rich and relevant curricula, teaching that promotes deeper learning, authentic assessments that inform practice, and personalized learning that includes instructional supports (Darling-Hammond et al., 2014). Given the fact that human relationships are at the core of student-centered practices, they have



the potential to create more positive classroom and school climates that facilitate SEL. Both career academies and “small schools” use student-centered practices to personalize education and support students’ needs. The small school approach to secondary school reform involves restructuring large schools, often high schools, into smaller schools in an effort to increase students’ feeling of connectedness to school and the staff’s ability to meet the individual needs of students (Allen & Steinberg, 2005). The research regarding the effectiveness of this approach is mixed, but results of a recent evaluation are positive (Bloom & Unterman, 2012).

Early Warning Systems. Longitudinal studies have shown that social and emotional competence is related to reductions in a variety of problem behaviors including aggression, delinquency, and substance use. Many different risk behaviors (e.g., drug use, violence, bullying, and dropout) can be prevented or reduced when interventions promote students’ social and emotional development. Schools are developing early warning systems based on this research. When identifying potential indicators, it is important to consider students who are resilient and thrive developmentally despite being exposed to risk factors. Social-emotional competence is relevant to individual resilience. Assessments of student social and emotional competence may offer a positive indicator that has the potential to create more balanced systems to identify whether students are on track to graduate or at risk for dropout.

Technology. Since the advent of the Internet, the use of online learning has been expanding rapidly, and the trend toward using this technology is growing in K-12 school systems. Empirical studies of this educational approach are limited. Findings from meta-analyses on the effectiveness of online learning practices suggest that outcomes for online education and face-to-face education are comparable (Cavanaugh 2001; Bernard et al., 2004). This research has implications for SEL that may be enhanced by the wise use of technology. For example, the Internet can deliver up-to-date and accurate communication to a worldwide audience and thus help in the dissemination and adoption of SEL programs. Webinars can bring various stakeholders together and foster the development of coalitions among like-minded groups that can drive powerful grass-roots initiatives. Interactive video conferencing has the potential to reduce the cost of implementation training and delivering ongoing support. Indeed, several of the SElect programs included in this *Guide* incorporate some use of online training. Schools are using Web-based software to collect ongoing data about student functioning or program implementation with the goal of providing feedback for continuous improvement. Computer-based applications and the use of smartphones can support real-time assessments that can aid in both implementation and program evaluation efforts. As new technological innovations appear, so will ideas about how they can be used most effectively in SEL programming.



Summary of Lessons Learned

Research on SEL has made significant advances in the past decade, and, as this *Guide* demonstrates, there is a growing evidence base for SEL programming at the middle and high school levels. However, more work is needed to ensure districts and schools will be able to implement the most effective programs. This is particularly true at the secondary level. Below we summarize important findings from this 2015 CASEL *Guide* regarding the research, design, and implementation supports of the SElect programs and the implications of these findings for future research and practice with adolescents.

Study Design. Using strong evidence-based programs is critically important in fostering students' social and emotional development. Although this *Guide* includes data from both quasi-experimental studies and randomized controlled trials (RCTs), findings from RCTs are generally considered more reliable because their design is more rigorous. At the middle school level five of the six SElect programs were evaluated with at least one RCT. At the high school level three out of five were evaluated using that design. It is important for programs to demonstrate positive effects in more than one study with an independent sample. Only a small number of the SElect programs have replications (five out of nine programs). The outcomes across these studies were generally consistent with one another, which lends confidence to the validity of the findings.



One goal for the future is that SElect programs not only have multiple evaluations, but that these evaluations be conducted by independent research teams. Another way to improve the SEL program evidence base is to have more studies follow participants over time and demonstrate the sustainability of their impacts. Only two of the SElect programs showed positive program effects at a time after post-test. Educational researchers interested in noncognitive factors have noted that longitudinal research is important to determine how skills in nonacademic domains are related to academic performance (Farrington et al., 2012).

Assessment of Outcomes. Across the SElect programs many evaluations demonstrated beneficial effects on students. These included improvements in social and emotional competence, reductions in problem behavior, and improved academic performance. Interestingly, the positive effects of SElect programs on academic performance were most evident at the high school level, where all five programs showed positive effects on this outcome. At the middle school level only two of the six programs documented this effect. Given the current climate of accountability in educational settings and the priorities of federal funding agencies, researchers should assess academic outcomes in future evaluations of SEL programs. Overall the program outcomes at the middle school level were more diverse than those at the high school level. Several of the programs impacted several of the four behavior domains at the middle school level, whereas at the high school level only one of the SElect programs had a positive impact on a non-academic outcome.

Student Populations. For some SElect programs the grade levels of the sample in the evaluation studies were not representative of the full grade range of students covered by the program. In the future researchers should take this into consideration when designing studies and making choices about which students should participate.

SEL Approaches. SEL programs at the elementary level have traditionally used free-standing SEL lessons to teach social and emotional skills explicitly. In terms of SElect programs, this approach was still practiced at the middle school level, with four out of the six programs taking this approach, but only one of the SElect programs at the high school level utilized this method. Although the use of free-standing lessons requires time in the academic schedule, structures like advisories provide an ideal setting in which to embed SEL program content. An important contribution of this review and the resulting *Guide* has been to expand perspectives on evidence-based approaches that promote SEL. One common SEL approach at both developmental levels was to use specific teaching practices to create classroom environments that foster social and emotional learning. Another is to integrate SEL instruction into an academic subject. This approach was found at both the middle and high school level, and in all cases programs that took this approach also placed a heavy emphasis on teaching practices. At the high school level three programs focused exclusively on teaching practices without any curricular content. One important focus of future research should be to investigate the unique contribution of each of the different SEL approaches to improving student outcomes and whether it is possible to have stronger impacts when multiple approaches are used together (Domitrovich et al., 2009).



Systemic SEL. Social and emotional learning is more powerful when it is reinforced in all the contexts that affect young people’s learning and development (Greenberg et al., 2003). It was common for SElect programs at the middle and high school levels to include strategies at the classroom and school level but less common for programs to include family components or programming that linked students to the community. Future research should clarify the independent and combined effects of classroom, schoolwide, and family- and community-oriented SEL programming.

Implementation Quality. The quality of SEL program implementation is greatly influenced by how prepared schools are when they adopt an SEL program, the process through which programs are chosen, and the extent to which all staff members are involved in that decision. Once a program is adopted, training and ongoing support become the critical factors for program success because of the impact these factors have on the quality of program implementation. All programs in the *Guide* had to provide training and ongoing support. Interestingly, all but one of the SElect programs provide coaching to practitioners and seven have some materials or structures to support the creation of a professional learning community. Several of the programs (six out of nine) offer specific training to members of the school administration to support implementation by school staff, and all but one of the programs provide some measures of program fidelity that practitioners could use to monitor implementation. Although we know much more now about effective implementation procedures than we did a decade ago, more research is needed to provide schools with the information and tools to implement evidence-

based programs successfully. Cost-effective and efficient models of professional development and program evaluations are also needed in order to validate that they produce student outcomes as strong as those that use intensive models of support (Durlak et al., 2015).

The Future of Social and Emotional Learning

Social and emotional learning facilitates students’ intrapersonal, interpersonal, and cognitive skills and prepares them to meet the challenges they will inevitably face in today’s world. As a result of the expanding research base, SEL should now be considered a scientifically established, practical method that can improve the social, emotional, and academic performance of middle and high school students throughout the country. It deserves a prominent place in the education of all children.

In the earlier days of SEL, programs were usually started in only a few schools to test their impact. Knowing, as we do now, that several different types of SEL initiatives can be successful on a small-scale basis, we need information on how SEL programming can be incorporated systemically on a districtwide basis to offer comprehensive services simultaneously to multiple schools and student bodies. Our hope and expectation is that CASEL’s Collaborating Districts Initiative, currently operating in eight large urban school districts across the country, along with similar efforts elsewhere, will yield useful information on how to take SEL programming successfully to scale.

On the policy front, several state boards of education have developed preschool to grade 12 learning standards related to SEL that may even-



tually become part of everyday educational practice (Dusenbury et al., 2011). These standards should motivate more schools to integrate social and emotional learning into practice. At the federal level opportunities to promote SEL nationwide are offered by the pending Academic, Social, and Emotional Learning Act of 2015 and in the reauthorization of the Elementary and Secondary Education Act.

Our hope is that researchers and educators will work closely together to advance evidence-based SEL practice. Each has much to offer the other. For example, researchers can continue to clarify the short- and long-term benefits of SEL programs, reasons why programs produce their desired outcomes, and the parameters associated with

maximum program impact for different student populations. At the same time, school staff who administer programs and consultants who offer implementation supports can discover ways to adapt programs effectively for different situations and identify training methods that are most helpful to practitioners. These developments should, in turn, shape better research studies.

The current status of school-based SEL programming is bright. If recent developments in research, practice, and policy are any indication, the future is even brighter. We at CASEL will continue to stay informed about the central SEL issues in the context of shifting education priorities and actively communicate our findings.



Effective SEL Programs for Middle School

Program Design: The program design tables provide information about five topics: (1) the grade range covered by the program, (2) the grades at which the program has documented an impact, (3) the approach used by the program to promote student SEL (categories are not mutually exclusive), (4) the total number of lessons in the program (only relevant to programs that include free-standing SEL lessons), and (5) the extent to which the program included strategies that promote student SEL in the classroom, school, family, and community settings. Additional details about the design of each program are provided in the program description pages in the online version of this *Guide*.

Table 1. Program Design for Middle School

Program Name	Grade Range Covered	Grades Evaluated	Approaches to Promote SEL				Number of SEL Lessons	Settings			
			Teaching Practices	In Academic Curriculum	Organizational	Free-Standing SEL Lessons		Classroom	School	Family	Community
Expeditionary Learning	6 th -12 th	6 th - 8 th	√	√ Language Arts	√		N/A	●	●	●	●
Facing History and Ourselves	6 th -12 th	7 th - 10 th	√	√ Social Studies			N/A	●	●	◐	◐
Lions Quest, Skills for Adolescence	6 th - 8 th	6 th , 7 th				√	108	◐	◐	●	●
Responding in Peaceful and Positive Ways	6 th - 8 th	6 th				√	48	◐	○	○	○
<i>Second Step: Student Success Through Prevention for Middle School</i>	6 th - 8 th	6 th				√	40	◐	◐	◐	○
Student Success Skills	6 th – 12 th	7 th , 9 th , 10 th	√			√	8	●	◐	◐	○



Effective SEL Programs for Middle School

Implementation Support: The implementation support tables present information about four topics: (1) the program training model, (2) the format of the training, (3) the technical assistance and additional supports offered by the program, and (4) whether the program provides a “train the trainer” option.

Table 2. Implementation Support for Middle School

Program Name	Recommended Training Model	Format			Technical Assistance & Impl. Supports				Train the Trainer
		Onsite in-person	Onsite Virtual	Off-site	Admin. Support	Coaching	PLC	Fidelity Measures	
Expeditionary Learning	Schoolwide focus: 2-3 summer weeks plus total of 30-40 days onsite and same offsite.	√		√	√	√	√	√	
Facing History and Ourselves	2-5 days	√	√	√		√	√	√	
Lions Quest, Skills for Adolescence	days	√		√	√	√	√		√
Responding in Peaceful and Positive Ways	3 days	√		√		√			√
<i>Second Step: Student Success Through Prevention</i> for Middle School	4 modules -- 30-60 min /each.		√		√		√	√	
Student Success Skills	1 day	√		√		√		√	√



Effective SEL Programs for Middle School

Evidence of Effectiveness. The evidence of effectiveness tables describe and compare details of evaluations that met our inclusion criteria for each of the programs and that were coded for this review. Within these tables review findings are presented at two levels: (1) the Program Level, i.e., a summary of the evaluation findings from all studies that met our inclusion criteria, and (2) the Evaluation Level, i.e., characteristics of each individual evaluation. At both levels details are provided regarding the participants and the outcomes demonstrating program effects (e.g., student behavior, students' academic performance, and teacher behavior).

Go to the next page to view Table 3: Evidence of Effectiveness for Middle School.



Program Name & Citation	Study Design	Study Demographics					Outcomes Demonstrating Effects						Follow-Up Effects
		Grades Evaluated	Geographic Location	Race/ Ethnicity	Study Sample Size	% Reduced Lunch	Improved Academic Performance	Improved Positive Soc. Behavior	Reduced Problem Behaviors	Reduced Emotional Distress	Improved SEL Skills & Attitudes	Improved Teaching Practices	
Expeditionary Learning													
Nichols-Barrer & Haimson (2013)	QE	6 th -8 th	Urban	Black, Hispanic	3016	71%	√						None
Facing History and Ourselves													
Domitrovich, C.E., Syvertsen, A., Cleveland, M., Moore, J.E., Jacobson, L., Harris, A., Glenn, J., & Greenberg, M.T. (2014)	RCT	7 th , 8 th	Urban Pennsylvania	Black, Hispanic, Multi-Racial	496	Not Reported		√	√		√		None
Lions Quest, Skills for Adolescence													
Eisen, M., Zellman, G. L., & Murray, D. M. (2003)	RCT	7th	Urban, Suburban	Black, Hispanic	5610	Not Reported			√		√		Reduced Problem Behaviors, Improved SEL Skills & Attitudes (91 Weeks)
Malmin, G. (2007)	QE	6th, 7th	Urban, Rural	Not reported	716	Not Reported					√		None
Responding In Peaceful and Positive Ways													
Farrell, A. D., Meyer, A. L., & White, K. S. (2001)	RCT	6th	Richmond, Virginia	Black	474	Not Reported			√				None
Farrell, A. D., Valois, R. F., & Meyer, A. L. (2002)	QE	6th	Rural Florida	Hispanic, White	161	Not Reported			√				None
Farrell, A. D., Valois, R. F., Meyer, A. L., & Tidwell, R. P. (2003)	QE	6th, 7th	Rural Florida	Black, Hispanic, White	1340	65.4%			√		√		Reduced Emotional Distress (4 months)
Second Step: Student Success Through Prevention for Middle School													
Espelage, D. L., Low, S., Polanin, J. R., & Brown, E. C. (2013)	RCT	6th	Illinois, Kansas	Black, Hispanic, Multi-Racial, White	3616	74.1%			√				None
Student Success Skills													
Lemberger, M. E., Selig, J. P., Bowers, H., & Rogers, J. E. (2015)	RCT	7th	Rural	Hispanic, White	193	81%	√				√		None



Effective SEL Programs for High School

Program Design: The program design tables provide information about five topics: (1) the grade range covered by the program, (2) the grades at which the program has documented an impact, (3) the approach used by the program to promote student SEL (categories are not mutually exclusive), (4) the total number of lessons in the program (only relevant to programs that include free-standing SEL lessons), and (5) the extent to which the program included strategies that promote student SEL in the classroom, school, family, and community settings. Additional details about the design of each program are provided in the program description pages in the online version of this *Guide*.

Table 4. Program Design for High School

Program Name	Grade Range Covered	Grades Evaluated	Approaches to Promote SEL				Number of SEL Lessons	Settings			
			Teaching Practices	In Academic Curriculum	Organizational	Free-Standing SEL Lessons		Classroom	School	Family	Community
Consistency Management & Cooperative Discipline®	6 th -12 th	9 th	√				N/A				
Facing History and Ourselves	6 th -12 th	7 th - 10 th	√	√ Social Studies			N/A				
Project Based Learning by Buck Institute for Education	6 th -12 th	12 th	√				N/A				
Reading Apprenticeship	6 th -12 th	9 th , 11 th	√	√ Reading, Social Studies, Science			N/A				
Student Success Skills	6 th – 12 th	7 th , 9 th , 10 th	√			√	8				



Effective SEL Programs for High School

Implementation Support: The implementation support tables present information about four topics: (1) the program training model, (2) the format of the training, (3) the technical assistance and additional supports offered by the program, and (4) whether the program provides a “train the trainer” option.

Table 5. Implementation Support for High School

Program Name	Recommended Training Model	Format			Technical Assistance & Impl. Supports				Train the Trainer
		Onsite in-person	Onsite Virtual	Off-site	Admin. Support	Coaching	PLC	Fidelity Measures	
Consistency Management & Cooperative Discipline®	1 summer day plus six 90-min workshops over academic year.	√			√	√	√	√	√
Facing History and Ourselves	2-5 days	√	√	√		√	√	√	
Project Based Learning by Buck Institute for Education	Core package: 3 days plus 2 f/u coaching days.	√	√	√	√	√	√	√	√
Reading Apprenticeship	7-10 days over 12-14 months.	√		√	√	√	√	√	
Student Success Skills	1 day	√		√		√		√	√



Effective SEL Programs for High School

Evidence of Effectiveness. The evidence of effectiveness tables describe and compare details of evaluations that met our inclusion criteria for each of the programs and that were coded for this review. Within these tables review findings are presented at two levels: (1) the Program Level, i.e., a summary of the evaluation findings from all studies that met our inclusion criteria, and (2) the Evaluation Level, i.e., characteristics of each individual evaluation. At both levels details are provided regarding the participants and the outcomes demonstrating program effects (e.g., student behavior, students' academic performance, and teacher behavior).

Go to the next page to view Table 6: Evidence of Effectiveness for High School.



Program Name & Citation	Study Design	Study Demographics					Outcomes Demonstrating Effects						Follow-Up Effects
		Grades Evaluated	Geographic Location	Race/ Ethnicity	Study Sample Size	% Reduced Lunch	Improved Academic Performance	Improved Positive Soc. Behavior	Reduced Problem Behaviors	Reduced Emotional Distress	Improved SEL Skills & Attitudes	Improved Teaching Practices	
Project Based Learning by Buck Institute for Education													
Finkelstein, N., Hanson, T., Huang, C., Hirschman, B., and Huang, M. (2010)	RCT	12 th	Rural, Urban	Hispanic, White	3752	39%	√						None
Consistency Management & Cooperative Discipline®													
Freiberg, J. H., Husinec, C. A., Rubino, C., Johnson, J., Borders, K., Williams, L., & Alexander, R. (2011)	QE	9 th	Urban	Black, Hispanic	344	85.6%	√						None
Facing History and Ourselves													
Barr, D.J., Boulay, B., Selman, R.L., McCormick, R., Lowenstein, E., Gamse, B., Fine, M., and Leonard, M.B. (2015)	RCT	9 th , 10 th	Urban	Asian, Black, Hispanic, White	1371	Not Reported	√				√	√	None
Reading Apprenticeship													
Greenleaf, C., Hanson, T., Herman, J., Litman, C., Rosen, R., Schneider, S., & Silver, D. (2011)	RCT	11th	California, Arizona	Hispanic, Other, White	47 classrooms	Not Reported	√					√	None
Somers, M. A., Corrin, W., Sepanik, S., Salinger, T., Levin, J., and Zmach, C. (2010)	QE	9th	Urban	Black, Hispanic, White	5595	67%	√		√				None
Student Success Skills													
Urbina, I. (2011)	QE	9 th , 10 th	Not Reported	Hispanic	352	Not Reported	√						None



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Conflict of Interest Statement

Dr. Domitrovich is the co-developer of the Preschool PATHS programs, and in her previous position as a research associate at the Prevention Research Center at Penn State University she conducted a randomized controlled trial of the Facing History program that met criteria to be included in this Guide. Given these conflicts, Dr. Domitrovich is not involved in directly reviewing any of the program evaluations or materials for programs under review.



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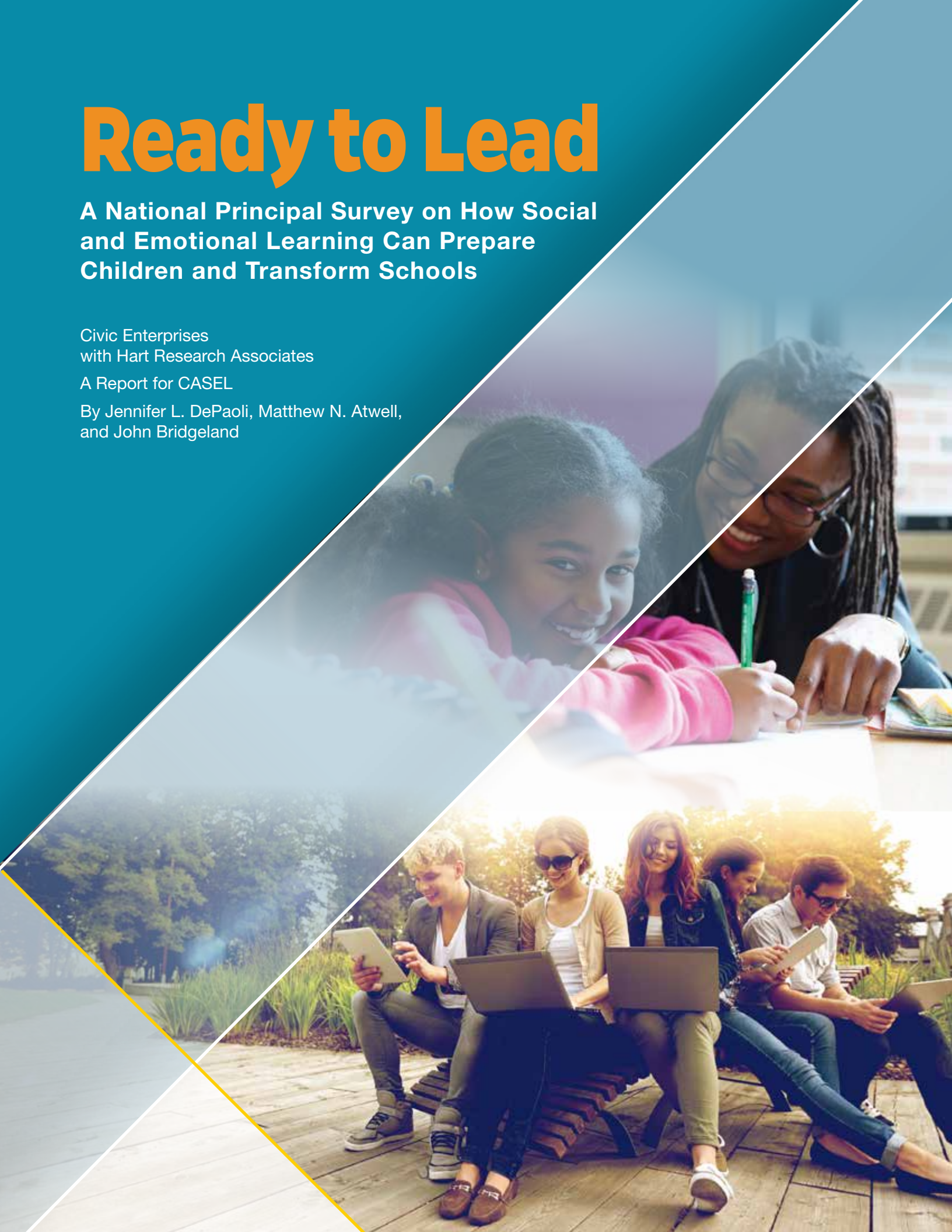
Ready to Lead

**A National Principal Survey on How Social
and Emotional Learning Can Prepare
Children and Transform Schools**

Civic Enterprises
with Hart Research Associates

A Report for CASEL

By Jennifer L. DePaoli, Matthew N. Atwell,
and John Bridgeland



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Executive Summary

The central message of this report is that principals across the United States understand how fundamental social and emotional learning (SEL) is to the development of students and their success in and out of school, but they need more guidance, training, and support to make solid and effective school-wide implementation a reality. Principals understand that SEL competencies are teachable, believe they should be developed in all students, and know that young people equipped with SEL skills will become better students now and better adults in the future. In today's environment of increasingly demanding jobs and the fraying of American communities, nothing could be more important than to foster, teach, and promote the competencies of self-awareness, self-management, social awareness, relationship skills, and responsible decision-making. Some call it empathy, discipline, character, collaborative problem solving, or other names – but regardless of the name, they are the attitudes and skills that provide the glue of a functioning society, robust economy, and vibrant democracy.

Most principals see how SEL boosts student academic achievement, but they want more evidence of those impacts to strengthen the case for action. Although support among principals for embedding SEL in the culture and classrooms of schools is high, implementation varies widely across schools with about one in three principals implementing it school-wide, and only one in four meeting benchmarks for high-quality implementation. Encouragingly, when principals and teachers attempting to implement SEL are well supported by their district leadership, they have better outcomes, and when state policymakers back district leaders, the results are even more pronounced.

These and other findings come from a nationally representative survey of 884 Pre-K to 12 public school principals and interviews with 16 superintendents and 10 district-level research and evaluation specialists representing diverse school districts and with varying levels of experience in implementing SEL programming. Despite representing different grade spans, student populations, and geographic areas, the administrators in this report see the potential in social and emotional learning and provide key insights into the factors that can either slow SEL implementation at the school and district levels or help it grow and flourish. This strong support for SEL among our nation's principals builds on similar levels of support from teachers across the United States, as reported in the 2013 report, *The Missing Piece*. While our educational leaders and practitioners see the value of SEL, they need support, resources, and tools to help them fully implement systemic SEL initiatives that can improve students' SEL knowledge, skills, and attitudes, as well as their college, career, and life readiness.

Survey Findings

Findings from the principal survey are presented in four major areas: (1) Attitudes about SEL, (2) SEL implementation, (3) The path to increased SEL, and (4) Assessing SEL. This report combines these findings with SEL research from the past two decades to offer an understanding of how SEL is perceived by school and district leaders and where we stand in terms of systemic, school-wide implementation and assessment. The results are supported by findings from the 2013 teacher survey, as well as case studies from school districts implementing social and emotional learning district-wide. Together, these insights and key findings helped produce recommendations to bring forth greater evidence and assessments and strategically advance systemic SEL in schools nationwide through enhanced research, training, and evaluation.

Survey Findings 1 Attitudes about SEL

Among principals and district administrators, there is a high level of commitment to developing all students' social and emotional competencies and a belief in the potential benefits that will follow from doing so.

Principals Understand, Value, and Are Committed to Developing SEL Skills

Principals strongly endorse social and emotional learning (see definition below), and most (83 percent) consider it to be very important for schools to promote the development of these competencies in their students. Almost all principals believe that SEL is teachable in school (99 percent) and are committed to developing their students' social and emotional skills (95 percent).

Principals Believe SEL Should Be Taught to ALL Students

Nearly all principals (98 percent) believe students from all types of backgrounds – both affluent and poor – would benefit from learning social and emotional skills in schools, and this belief holds true for a large majority of principals, regardless of whether they lead high- or low-poverty schools.

Principals Believe in SEL's Benefits, but Are Less Convinced of Its Impact on Academic Achievement

Nearly all principals believe that an increased focus on social and emotional learning would have a somewhat major or very major benefit on promoting a positive school climate (99 percent), helping students become good citizens as adults (98 percent), improving relationships between students and their teachers (98 percent), and decreasing bullying (96 percent). Similarly, most principals say that an increased focus on developing SEL skills would help prepare students for the workforce (98 percent) and believe it would have a positive impact on students moving successfully through K-12 and graduating from high school (97 percent). Principals also believe SEL can have a major benefit on students' academic achievement in their coursework (97 percent) and preparing students to get to and through college (97 percent).

These results show that principals see clear benefits of placing a larger focus on SEL, but it should be noted that fewer are fully convinced of a large-scale benefit on academics. Most principals (83 percent) see the largest benefits of SEL as improving school climate, citizenship, and relationships; 78 percent believe a greater focus on SEL would have a very major benefit on students becoming good citizens

What is SEL?

For the purposes of this report, SEL is defined as the process through which people acquire and effectively apply the knowledge, attitudes, and skills necessary to understand and manage emotions, set and achieve positive goals, feel and show empathy for others, establish and maintain positive relationships, and make responsible decisions. SEL focuses on knowledge, attitudes, and skills in five competency areas: self-awareness, self-management, social awareness, relationship skills, and responsible decision-making.

as adults, while approximately three in four say there would be a very major benefit on relationships between teachers and students (77 percent) and relationships among students (74 percent). However, while virtually all principals believe there would be at least a somewhat major benefit on students' academic achievement and preparation for college (both 97 percent as noted above), there is a clear drop off in those that believe these benefits will be very major (61 percent and 58 percent, respectively). Superintendents and research and evaluation specialists reinforced the need to better communicate research findings regarding SEL's benefits, especially on raising academic achievement.

Principals Believe SEL Can Positively Affect Students' In-School Experience

Nearly all principals believe it is definitely or probably true that teaching SEL skills in school will improve student behavior and reduce the need for discipline referrals (97 percent, including 56 percent definitely true) and help students take more responsibility for their own learning and development (97 percent, including 51 percent definitely true). They also feel it will either definitely or probably make learning more engaging and enjoyable for students (95 percent, including 46 percent definitely true). While most

principals are inclined overall to believe SEL will improve students' academic achievement (93 percent say this is definitely or probably true), less than half are entirely convinced of its effects on academic performance (40 percent definitely true) and improving student attendance (40 percent definitely true).

Survey Findings 2 SEL Implementation

Many principals have the recognition and understanding of the importance of developing students' social and emotional competencies, but implementation of SEL programming – especially at a systemic level – has a long way to go.

Support for SEL is High, but Implementation Varies Greatly

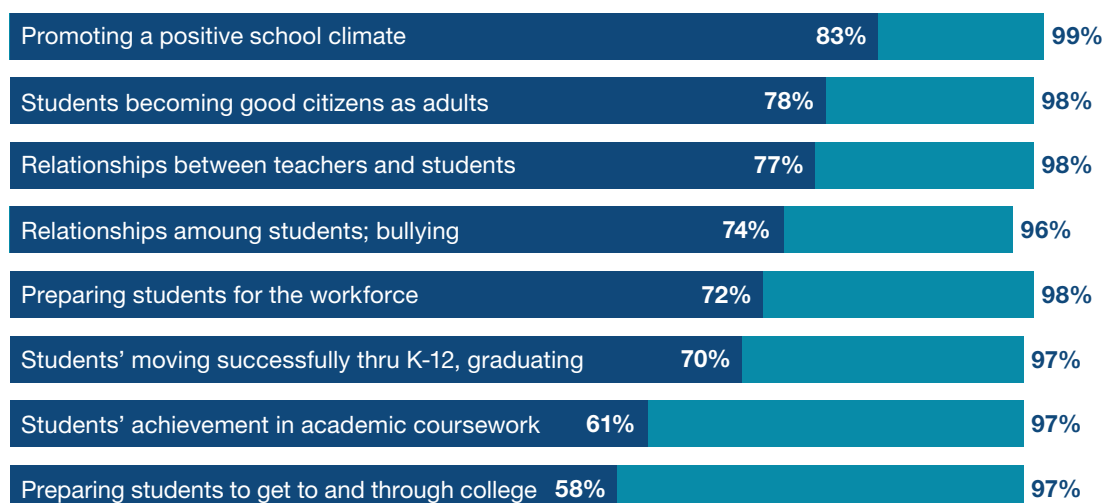
A little more than one-third of principals (35 percent) reported having a plan for teaching SEL and were currently systematically implementing it school-wide, while just slightly more (38 percent) have a plan for SEL that has been partially implemented. School-wide implementation was more likely to be reported by elementary school principals (41 percent vs 31 percent in middle school and 25 percent in high school) and those in urban schools (41 percent vs

■ Most principals are convinced that SEL improves school climate, citizenship, and relationships; a small majority expect academic gains.

■ Very Major Benefit ■ Somewhat Major Benefit

Proportions saying increased focus on social and emotional would have a major benefit on:

Total very/somewhat major benefit



32 percent in suburban and 31 percent small town/rural). Almost 70 percent of principals said they expect all teachers in their school to teach students social and emotional skills, though the percentage of principals who reported that this is fully realized in their school, either through integration into the academic curriculum or a separate curriculum, is much lower (25 percent).

Few Schools Fully Meet SEL Implementation Benchmarks

CASEL has developed a set of benchmarks to help guide school-wide SEL implementation, from developing a clear vision statement to creating long-term plans for student support, professional development, program evaluation, and developmentally-appropriate learning standards. When principals were asked if their school was meeting those benchmarks, few were. Just 25 percent of principals could be considered high implementers of SEL based on the benchmarks, while 39 percent are moderate SEL implementers and 36 percent low SEL implementers. In school districts where district leaders place a high level of emphasis on SEL, principals are more likely to score high on SEL implementation.

District Leadership Plays a Large Role in Driving SEL

A large majority of principals (72 percent) said their school district places a fair amount or a great deal

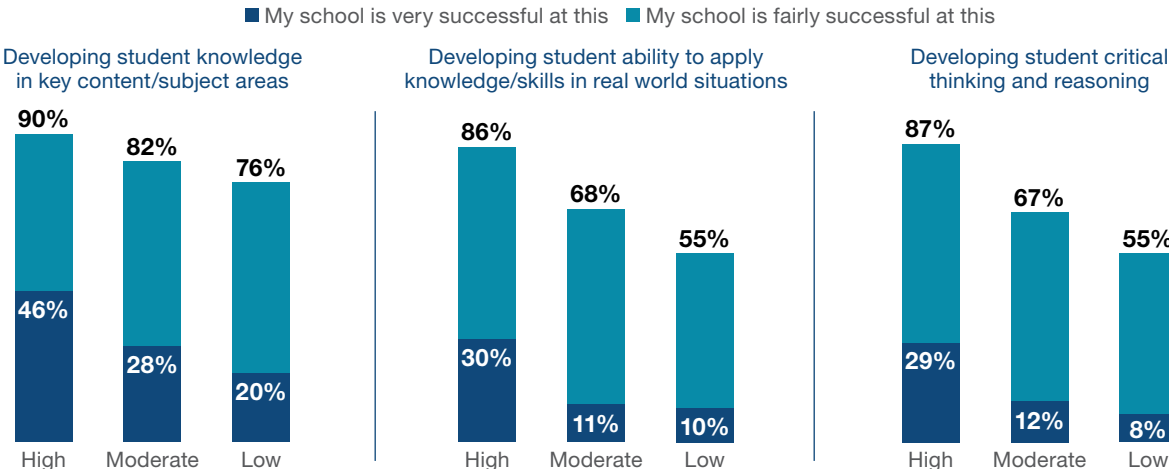
of emphasis on developing students' SEL skills, but only 40 percent reported that their district leadership requires all schools to have a clear plan for teaching social and emotional skills. Principals were far more likely to report having a plan for SEL and systematic implementation in school districts where central office leadership places a great deal of emphasis on teaching SEL than in those where emphasis from district leaders is less. Superintendents bolstered these findings, saying that when district leaders are invested in SEL, buy-in is greater and systemic implementation is more extensive.

Schools that are Systemically Implementing SEL Involve More People, See More Success

Most principals said they involve teachers in developing students' SEL skills, but those in schools reporting high implementation of SEL are more likely to involve a more diverse group of in- and out-of-school stakeholders. In a self-report of how their schools are faring at developing students' social and emotional competencies, 23 percent say they are very successful, while 48 percent say their efforts are fairly successful. High-implementing principals report greater overall success at developing students' SEL skills than either moderate- or low-implementing principals. Principals considered high SEL implementers also report greater academic success and are more likely to believe SEL can improve school climate and students' in-school experience.

Schools that are systematically implementing SEL also see more academic success.

Evaluation of School's Success in Selected Areas, by Schools' Level of SEL Implementation



Survey Findings 3

The Path to Increased SEL

School and district leaders are receptive to a greater emphasis on social and emotional learning, but they still see several barriers to full implementation. They also identify strategies, including increased training, that can enhance implementation of effective SEL programming.

Principals Want More SEL Training for Teachers, Access to Research-Based Strategies

Sixty percent of principals pointed to a lack of teacher training to support students' social and emotional development as a big challenge, and less than half (45 percent) feel that teachers in their schools are either very or fairly prepared to successfully teach SEL. When asked to choose from a list provided, what would help ensure schools are successful at developing students' social and emotional skills, more than half of principals (54 percent) chose additional professional development for teachers. Sharing research-based strategies about effective ways to promote students' social and emotional skills also scored high (44 percent of principals).

High Implementers of SEL are More Likely to Report Better Trained Teachers

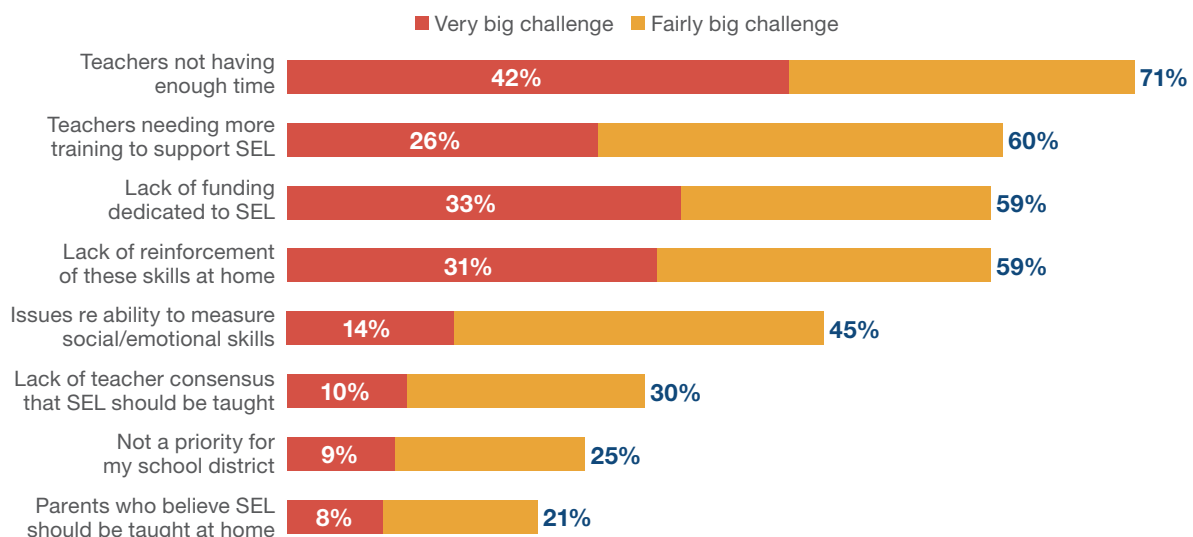
A key takeaway is that in districts that emphasize SEL and score high on SEL implementation, higher numbers of principals report that their teachers are able to successfully teach SEL. Seventy-eight percent of principals who said their district places a great deal of emphasis on SEL said that their teachers are well prepared to teach social and emotional skills, compared to just 21 percent of principals where emphasis on SEL is minimal. Similarly, 80 percent of high-implementing principals – opposed to just 15 percent of low-implementing principals – report that their teachers are prepared to successfully teach SEL.

Lack of Time, Funding Also Seen as Barriers

Nearly three-quarters of principals (71 percent) say that teachers “not having enough time” is a big challenge in implementing the teaching of social and emotional skills. A majority of principals also cited a lack of funding dedicated to SEL as a barrier to implementation.

■ Lack of teacher time is the biggest barrier to increasing SEL; teacher training and funding also need to be addressed.

How big a challenge is this in trying to implement teaching SEL in your school?



Survey Findings 4

Assessing SEL

Although school and district administrators are optimistic about measuring SEL skills and using the data that could come from it, many are unfamiliar with available measurement tools and how they and their staff can use them to guide planning and practice.

Most Principals Believe SEL Skills Can Be Accurately Measured and Assessed

Most principals (71 percent) believe it is definitely or probably true that students' development and acquisition of SEL skills can be accurately measured and assessed. More than half of principals (58 percent) believe social and emotional learning should be part of students' annual assessments.

Few Administrators are Familiar with Current SEL Assessments, Understand What Measures Count in Assessing SEL

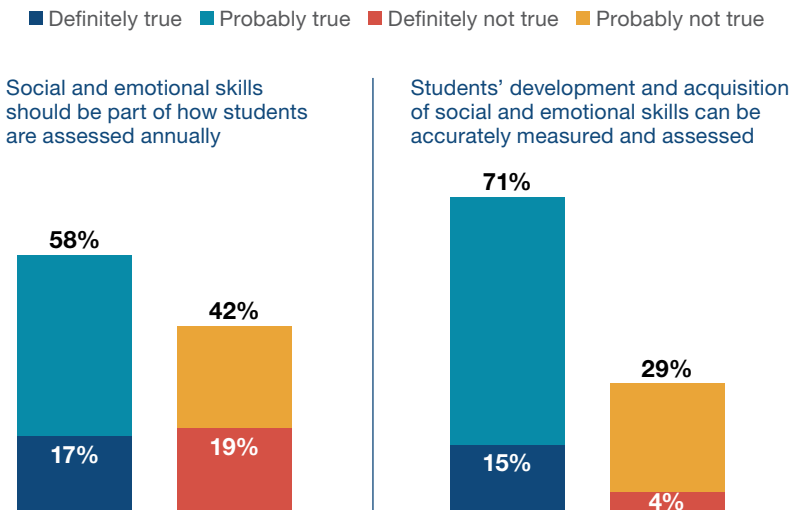
Only 17 percent of principals are very or fairly familiar with current assessments for measuring students' SEL skills, but as with other aspects of SEL, high-implementing principals report greater familiarity with SEL assessments. Principals' knowledge of

assessment is correlated with their level of implementation. When asked about current methods schools are using to assess students' SEL skills, most principals and superintendents pointed to behavioral observations and analyzing disciplinary records. Variation in understanding what counts as a measure of SEL competencies also exists in research and evaluation specialists, who would presumably have the greatest understanding of assessing SEL.

Few Principals are Assessing All Students' SEL Development

Only a quarter of principals (24 percent) are currently assessing all students' development of social and emotional skills. In high-implementing schools, however, the percentage assessing all students jumps up to 48 percent, indicating that schools that are focused on systemic implementation are more likely to see value in measuring the development of all students' SEL competencies. Forty-two percent of principals report assessing only some students (based on criteria other than age or grade level), while 23 percent say they do not assess their students' social and emotional skills at all.

■ Principals are optimistic that social and emotional skills can be assessed, but are not entirely convinced.





More Useful Assessments, Greater Training in Using SEL Data Needed

Of the 77 percent of principals who are currently using SEL assessments, less than 40 percent said the assessments are very or fairly useful. Principals who report assessing all students are more likely than those who are assessing only some students to find their current assessment tools useful. Principals also see a great need for increased teacher training in using SEL assessment data. Sixteen percent of principals think their teachers have either a great deal or fair amount of knowledge on using SEL assessment data to improve instruction, compared to 61 percent who say their teachers have little to no knowledge.

Principals See Many Uses for SEL Data; Hold Mixed Views on SEL Accountability

Given the assumption of access to valid and reliable SEL assessment data, principals see a number of important uses for it, including identifying students needing intervention (86 percent), evaluating SEL program effectiveness (79 percent), sharing the data with parents (73 percent), and improving teacher instruction (72 percent). When asked specifically about accountability purposes, less than half (49 percent) agreed that teachers should be held accountable for developing students' SEL skills, and

only a small percentage were strongly in favor (13 percent). Even fewer principals (44 percent) believe schools should be held accountable for improving students' SEL skills.

Principals Support Inclusion of SEL in State Education Standards

School leaders feel much more positively about the inclusion of social and emotional competencies in their state standards. Nearly three-quarters of principals (73 percent) say they believe the development of SEL skills should be explicitly stated in state education standards.

Recommendations

Based on our survey findings and the SEL evidence base, we recommend the following to help advance SEL implementation:

Sustain Social, Emotional, and Academic Development through High-Impact Levers

Enhance the “will” – Prioritize policies and funding to support SEL

To help schools advance social and emotional learning and systemize SEL at all levels of practice and policy, federal and state policymakers, as well as grantmakers in education, will need to prioritize policies and funding for SEL training, implementation, and assessment. Funding considerations should include resources, technical assistance, evaluation, and the creation of learning networks between districts and states. Funding streams for increased research will also be critical for expanding knowledge and creating lines for SEL advocacy. Policy action should include advancing new federal policies to promote SEL and allotting resources toward its growth in both Pre-K to 12 and higher education, in addition to adopting state SEL standards.

Support state student learning standards

State SEL standards can provide a vision for what school and district social and emotional learning programs should accomplish and developmental benchmarks to inform teachers and principals of what students should be working toward in every grade. State SEL standards can also serve as guidance for institutes of higher education by providing the groundwork for integrating SEL into pre-service

teacher training programs. Unlike academic standards, which have served as a basis for high-stakes accountability systems, SEL standards should be used solely to improve teaching and learning and guide investments in SEL programming.

Advance an SEL research agenda and communicate findings to practitioners and policymakers

The SEL evidence base has been building for more than two decades, and current efforts, including the National Commission on Social, Emotional, and Academic Development and the SEL Assessment Working Group, have created centralized platforms for studying and distributing knowledge on SEL. Based on this study, we recommend further research in the following areas: the value of implementing systemic, school-wide SEL; the link between improving SEL skills and academic achievement; the impact of improved training on SEL implementation; the benefits of integrated and stand-alone SEL approaches; the value of SEL for diverse learners; and how data on SEL can be used effectively by teachers to improve instruction, by principals to improve school climate, and by districts to better prepare all youth for success in school, postsecondary, careers, and life.

Strengthen SEL Training Among Teachers and Administrators

Communicate the knowledge base on evidence-based SEL programming and effective training, implementation, and assessment

It is critical that administrators and teachers have access to a knowledge base on effective SEL programming and training in how to effectively integrate SEL into academic instruction and school climate improvement initiatives. While this study makes clear that school and district leaders value the development of their students' social and emotional competencies, they need a better understanding of how best to improve these skills in students and create a systematic plan for SEL implementation. School leaders and teachers also need exposure to best practices in SEL implementation, as well as valid and reliable tools to assess SEL programming and students' development of social and emotional competencies.

Build teacher knowledge through pre-service education and in-school professional development

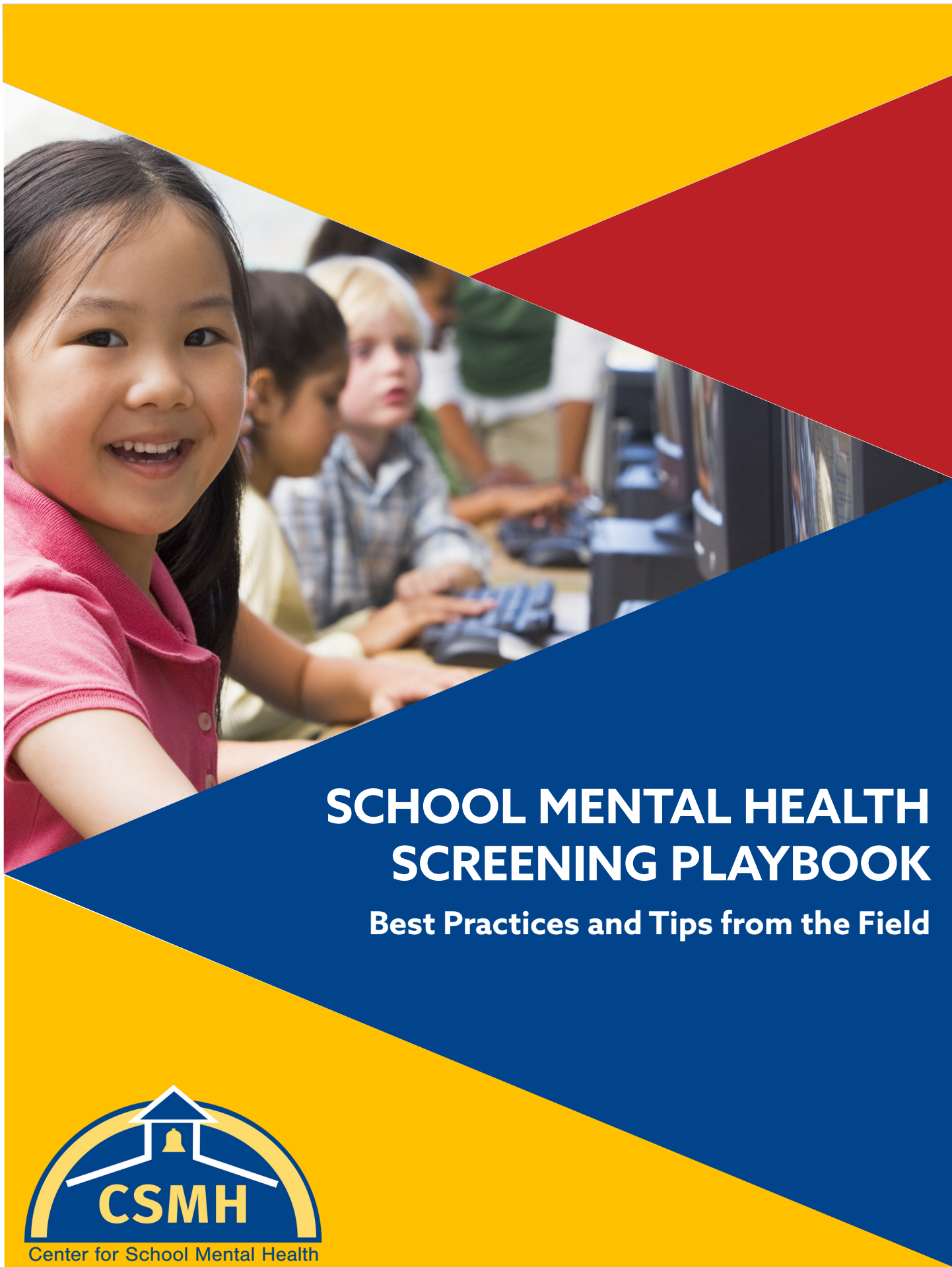
Both administrators and teachers agree that increased training in teaching SEL is necessary to achieve successful school-wide implementation. Integrating this training into pre-service teacher programs will help guarantee more teachers have the knowledge and skills to implement SEL from the start, while high-quality professional development can provide continuous training for both new and experienced teachers.

Strengthen Assessment

Continue to improve SEL assessment tools and training in how to use them

Though administrators see the importance of assessing students' SEL skills, they lack familiarity with the tools to do so. It is therefore critical that knowledge be shared on existing measures and that researchers, funders, and policymakers prioritize improving SEL assessments. This survey also makes it abundantly clear that one of the greatest areas of improvement in SEL lies in building understanding of how to appropriately use SEL assessments and the data they produce to increase all students' social and emotional competencies and evaluate implementation of SEL programming.





SCHOOL MENTAL HEALTH SCREENING PLAYBOOK

Best Practices and Tips from the Field



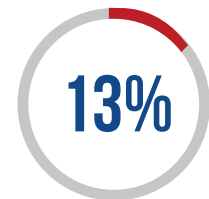
Center for School Mental Health

Background

Mental health screening is the assessment of students to determine whether they may be at risk for a mental health concern. Screening can be conducted using a systematic tool or process with an entire population, such as a school's student body, or a group of students, such as a classroom or grade level(s). This is different than using assessment measures with students who are already identified as being at-risk for or having mental health problems. However, using a systematic assessment process with referred or enrolled students is also best practice; you can use some of the information in this guide for initial evaluation or progress monitoring as well.

Importance of Screening

Mental health screening in schools is a foundational element of a comprehensive approach to behavioral health prevention, early identification, and intervention. Early recognition and treatment of mental health challenges leads to better outcomes for students. Given the high prevalence and recurrence of mental health disorders, and the availability of effective treatments, it is important to identify problems early and connect students to services and supports. Schools are a critical setting for screening, consistent with the public health framework to improve population health of all students and families.



In a recent schoolwide screening of middle school students using the Revised Child Anxiety and Depression Scale (RCADS), **13%** of students were identified as being high to moderate risk for a mental health concern and required follow up (Crocker & Bozek, 2017).

Purposes of Screening

- ✓ Identify students at risk for poor outcomes
- ✓ Identify students who may need monitoring or intervention (i.e., secondary or tertiary)
- ✓ Inform decisions about needed services
- ✓ Identify personal strengths/wellness as well as risk factors/emotional distress
- ✓ Assess effectiveness of universal social/emotional/behavioral curriculum

Screening tools or processes in schools may include:

- ✓ Reliable, valid screening measures
- ✓ Academic and behavioral indicators (e.g., attendance, grades, office discipline referrals)
- ✓ Teacher/Peer nominations

Number of individuals screened is the most common national behavioral health performance indicator. However, a quality improvement process also involves monitoring the number of students who were identified, triaged to, and received services and supports based on screening data. Review the Action Steps on the next page to get started.



A northeastern school district found through universal mental health screening that students who scored in the moderate to severe range for depression are absent 47% more often than the average student.

They also found that GPA was consistently lower for students who scored in the moderate to severe range on two different mental health screeners (Crocker & Bozek, 2017).

ACTION STEPS

Build a Foundation

Assemble a Team

Assemble a team of key family-school-community stakeholders that will plan and implement the screening process for your specific school or district.

Generate Buy-in and Support

Use strategies to market and promote your comprehensive school mental health system. See System Marketing and Promotion resources on The SHAPE System to help with this process.

- Utilize data and other strategies to justify mental health screening.
- Consider how mental health screening fits with other initiatives or goals in your school/district.
- Review how students are currently being identified for mental health services. Consider whether current practices may contribute to over- or under-identification of mental health problems.

Clarify Goals

Identify Purpose and Outcomes

Decide how mental health screening will improve system issues and/or student outcomes at the grade, school, or district level.

Identify Resources and Logistics

Identify Student Mental Health Support Resources

Make sure you are familiar with in-school and community-based mental health services to refer students to who are identified via screening. See Needs Assessment and Resource Mapping resources on The SHAPE System to help with this process.

Create a Timeline

Create a timeline for executing the screening process including frequency of screening (e.g., once or multiple times per year).

Identify Staffing and Budget Resources

Identify resources necessary for execution including staffing and budget.

Develop Administration Policies

Develop policies and practices for administration including:

- Materials to share the screening process with staff, caregivers, students, and community members
- Consent procedures
- Data collection process (e.g. when/how/where will the screening take place, who will administer, what supports need to be in place to collect data)
- Follow up process for all students
- Administration timeline and checklist

Tips from the Field

ALIGN WITH KEY DECISION MAKER PRIORITIES

“ We knew we had to have buy-in from key leadership in our district for mental health screening to be a success. Our superintendent is dedicated to early intervention work across initiatives in our district, so we made sure to highlight how universal mental health screening fits with this priority. ”

Select an Appropriate Screening Tool

When selecting a screening tool(s), consider the following questions:



Is it reliable, valid, and evidence-based?



Is it free or can it be purchased for a reasonable cost?



How long does it take to administer and score?



Does it come with ready access to training and technical support for staff?



Does it screen for WHAT we want to know? (e.g. type of mental health risk, positive mental health and well-being, age range?)

Screening tools may include measures and rating scales administered to students, teachers, and/or parents; academic and behavioral data (e.g., attendance); and teacher/peer nominations.

RESOURCE SPOTLIGHT: The SHAPE System Screening and Assessment Library includes instruments appropriate for use in school mental health. Search for the screening or assessment tool that fits your school by focus area (academic, school climate, or social/emotional/behavioral), assessment purpose, student age, language, reporter, and cost. The CSMH team has carefully reviewed every measure to provide a brief summary of each with direct links to copies of the instrument and scoring information. <https://theshapesystem.com>

Determine Consent and Assent Processes

Schools and districts have found success using passive consent and opt-out procedures to garner parent consent and student assent for universal screening procedures. To successfully implement passive consent, consider the following strategies:

Deliver a consistent message

Deliver a consistent message about the purpose and importance of mental health screening in advance of all screenings. Schools are routinely involved in physical health screenings like eye exams to ensure students are ready to learn. It can help to explain the importance of mental health screening as a similar process, tied to learning.

Share information in multiple formats

Ensure all caregivers are aware of screening procedures by sharing the passive consent message in multiple formats, such as:

- automated phone calls to all families
- information on the school website
- written notification sent in the mail
- signs posted in the school building

Example Passive Consent and Opt-out:

"In an effort to promote the health and well-being of students in XX Public Schools, students will be periodically provided with questionnaires, surveys, and screeners that address issues related to mental health. The information gained will support the school's ability to provide comprehensive and timely support for your son or daughter if they require any assistance. Students can opt-out of filling out any questionnaire, survey, or screener that they are not interested in taking and you can opt-out your son or daughter at any time by contacting the Guidance Office of your son's/daughter's school or filling out the opt-out form here. A list of the questionnaires, surveys, and screeners is available below for you to review. We are committed to ensuring your son or daughter is supported academically, socially, and emotionally, and we look forward to partnering with each of you toward achieving this goal."

Develop Data Collection, Administration, and Follow Up Processes

Data collection

Develop screening data collection and progress monitoring systems.

- An **electronic format** for data collection, such as Google forms, allows students to complete screening data online and facilitates prompt analysis of results and follow up.

Administration

Determine what students will be screened and the process for screening.

- Who to screen: **Pilot screening procedures** with small groups of students (e.g. five students in one grade at one school) to test procedures before administering to an entire grade or school. Collect feedback from students, caregivers, and staff administering the pilot screening about the screening tool and process to inform screening procedure modifications.
- When to screen: **Consider using advisory or home room time to administer screenings.**
- Staff to support screening: Determine who will help to support the screening process. **Provide screening instruction scripts for staff** to read to students immediately prior to the screening administration and include procedures for any questions that arise during screening administration.

Tips from the Field

START SMALL

“ By screening students in one homeroom in one middle school in our district we were able to really test out our procedures and gain valuable feedback. Starting small allowed us to make critical changes to our screening process before screening the entire grade and ultimately led to a very successful administration. ”

Follow up

Determine systematic process and data rules to follow up with students identified with different levels of risk for a mental health concern.

- Determine what scores/indicators will identify students who need immediate follow up (high risk – same day), prompt follow up (moderate risk – within the week), or non-urgent follow up (low risk – follow up to communicate negative findings).
- Determine what interventions will be implemented for students at different levels of risk (e.g., immediate crisis referral, referral to a school-based or community mental health provider, referral to early intervention/prevention group).

Tips from the Field

GET THE MESSAGE OUT

“ We wanted to make sure that everyone in our district – parents, educators, administrators, students, mental health providers – knew that we would be administering the mental health screener to our sixth grade students, so we shared the message using all of our district communication networks including the district website, automated phone calls and print materials in multiple formats in our schools. ”

- Determine a plan to ensure mental health staff receive and analyze data the same day as the completed screening to ensure prompt follow up.
- **Ensure any students endorsing risk of harm to self or others receive immediate follow up (same day).**
- Determine a plan for following up with the parent/guardian of students with elevated scores and with negative results.
- Determine a plan for following up with school staff about screening and progress monitoring results.
- **Alert crisis teams and local community mental health providers to be on call in advance of screenings.**

Resources

Websites and Web-based Materials

- The SHAPE System Screening and Assessment Library — The SHAPE System Screening and Assessment Library includes instruments appropriate for use in school mental health. Search for the screening or assessment tool that fits your school by focus area (academic, school climate, or social/emotional/behavioral), assessment purpose, student age, language, reporter, and cost. The CSMH team has carefully reviewed every measure to provide a brief summary of each with direct links to copies of the instrument and scoring information.
<https://theshapesystem.com/>
- CSMH Comparative Review of Free Measures for School Mental Health.
<http://bit.ly/compreviewofmeasures> (link is case sensitive)
- Center on Response to Intervention at American Institutes for Research Screening Briefs.
<http://www.rti4success.org/resource/screening-briefs>
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REUNITE

RENEW

THRIVE



Reunite, Renew, and Thrive:
Social and Emotional Learning (SEL)
Roadmap for Reopening School

JULY 2020

ACKNOWLEDGMENTS

CASEL developed this roadmap with the input of a broad range of stakeholders through focus groups and one-on-one interviews that included state members in the [Collaborating States Initiative](#), districts in the [Collaborating Districts Initiative](#), valued collaborators, and national experts.

The numerous contributing partners—including organizations that work with chiefs and school and education leaders as well as leaders in trauma, mental health, and other student and adult support systems—bring an important perspective to this compilation of evidence-based key considerations, activities, tools, and resources. During this time of social, economic, and health turbulence, we are committed to helping schools foster supportive relationships and equitable learning environments where all students and adults feel a sense of belonging and agency and harness their social and emotional competencies to heal and thrive as anti-racist community members.

CASEL would like to acknowledge and thank the following partners for their important contributions to this resource:



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EXECUTIVE SUMMARY

Educators across the country are grappling with an unprecedented set of circumstances as they prepare to welcome students and adults back to school. We face the layered impact of schools closures (e.g., loss of school-based relationships, routines, and learning); COVID-19 (e.g., on health, isolation, stress, and trauma); economic crisis (e.g., unemployment, impact on school budgets), and persistent, pernicious racial inequities exacerbated by the pandemic and amplified by the nationwide mobilization for racial justice reflected in the Black Lives Matter movement.

At the heart of this complex process is attending to the academic, social and emotional development; physical and mental health; cognitive development; and overall well-being of all students and adults in holistic ways that do not put these concerns in competition with one another. This moment also offers an opportunity to pause and imagine how to bring together educators, students, families and community partners to co-create transformative learning experiences that cultivate the social, emotional, and academic competencies needed to contribute to a caring, thriving, and just society.

More than 40 organizations have come together to produce this roadmap to support the return to school with equity-focused SEL strategies centered on relationships and built on the existing strengths of a school community. Schools—in partnerships with their communities, districts, and states—can use these four **SEL Critical Practices** to foster the competencies and learning environments that students and adults need to reunite, renew, and thrive.

SEL Critical Practices for Reopening



Take time to cultivate and deepen relationships, build partnerships, and plan for SEL.

Prioritize relationships that haven't been established, engage in two-way communication, and build coalitions to effectively plan for supportive and equitable learning environments that promote social, emotional, and academic learning for all students.



Design opportunities where adults can connect, heal, and build their capacity to support students.

Help adults feel connected, empowered, supported, and valued by cultivating collective self-care and well-being, providing ongoing professional learning, and creating space for adults to process and learn from their experiences.



Create safe, supportive, and equitable learning environments that promote all students' social and emotional development.

Ensure all students feel a sense of belonging; have consistent opportunities to learn about, reflect on, and practice SEL; examine the impact of the pandemic and systemic racism on their lives and communities; and access needed support through school or community partners.



Use data as an opportunity to share power, deepen relationships, and continuously improve support for students, families, and staff.

Partner with students, families, staff and community partners to learn about students' and adults' ongoing needs and strengths, and continuously improve SEL and transition efforts.

INTRODUCTION

Our nation is currently experiencing multiple extraordinary and intertwined events—global pandemic, economic crisis, and tremendous, ongoing mobilization against police violence and other forms of anti-black and systemic racism broadly. As a result, all of our students, families, educators, and community partners have been affected in some way. Some have missed major milestones with their friends and family members. Others have experienced enormous loss—of loved ones, of jobs, of their health and physical or psychological safety, or trust in their social institutions.

[The impact](#) of these challenges is not equal and further reveals the deep connections of the racial and class inequities in our education system to the persistent disparities in the health, economic, and criminal justice systems and every facet of our society. These intersecting inequities show up in a range of processes and outcomes—such as out-of-school suspensions, police brutality, limited employment opportunities, and lack of access to quality healthcare—that disproportionately harm Black, Indigenous, and other people of color (BIPOC). As we seek to reunite and renew our school communities, we need to make sense of what led us to this point and of the many and varied ways we have experienced and can respond to this time.

To rebuild thriving schools, we need to prioritize safe, supportive, culturally sustaining, and equitable learning environments that promote the social and emotional competencies of both students and adults. This requires centering our transition plans and processes in relationship-building and authentic partnerships that honor the voices and experiences of all members of the school community. It calls on all adults to reflect on and interrupt the biases we carry as individuals and reinforce within our systems. And it will mean creating space for those underserved by previous networks of participation by paying attention to factors such as access to technology, historical experiences with and perceptions of safety, language barriers, time and scheduling demands, and multiple social networks. To truly meet the needs of students and families, we will need to think about teaching and learning in expanded (time, spaces, platforms), innovative, and anti-racist ways.

CASEL, *in collaboration with more than 40 organizations*, developed this roadmap for you, **school leaders and leadership teams**, to support planning for the transition back to schools, in whatever form that takes. We recognize that SEL is not a panacea to the complex, systemic issues we face. However, SEL offers a critical foundation for supporting students and adults in the midst of great uncertainty and stress, and a long-term path for sustaining thriving communities.

Leveraging Social and Emotional Learning to Promote Equity and Healing

The return to school this year will be unlike any other in our history and will be emotionally charged for students and adults. This moment will call on all members of our school communities to deepen our social and emotional competencies and create equitable learning environments where all students and adults process, heal, and thrive. CASEL's five core social and emotional competencies, situated within the contexts of classrooms, schools, and communities, may feel familiar to many educators, but take on deeper significance as we navigate a very different type of schooling:

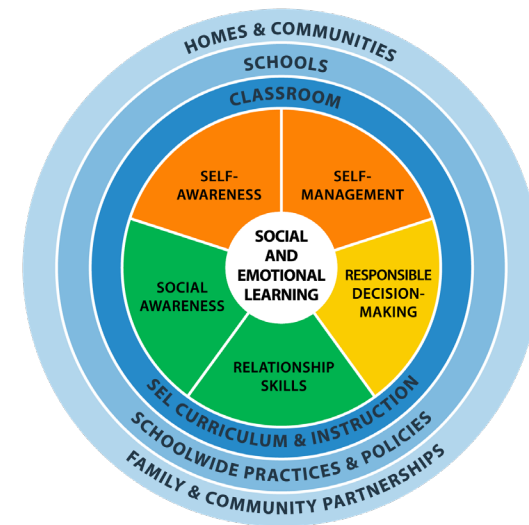


Figure 1: CASEL's Framework for Systemic SEL

COMPETENCY DEFINED

SELF-AWARENESS, which is the ability to accurately recognize one's own emotions, thoughts, and values and how they influence behavior; and accurately assess one's strengths and limitations, with a well-grounded sense of confidence, optimism, and a "growth mindset."

SELF-MANAGEMENT, which is the ability to successfully regulate one's emotions, thoughts, and behaviors in different situations—effectively managing stress, controlling impulses, and motivating oneself; and the ability to set and work toward goals.

SOCIAL AWARENESS, which is the ability to take the perspective of and empathize with others, including those from diverse backgrounds and cultures; to understand social and ethical norms for behavior; and to recognize family, school, and community resources and supports.

RELATIONSHIP SKILLS, which is the ability to establish and maintain healthy and rewarding relationships with diverse individuals and groups, communicate clearly, listen well, cooperate with others, resist inappropriate social pressure, negotiate conflict constructively, and seek and offer help when needed.

RESPONSIBLE DECISION-MAKING, which is the ability to make constructive choices about personal behavior and social interactions based on ethical standards, safety concerns, and social norms; and the realistic evaluation of consequences of various actions, and a consideration of the well-being of oneself and others.

SKILLS WE NEED NOW

As we process the current pandemic and racial injustices, self-awareness is critical to identifying and processing our complex emotions when things are uncertain and socially turbulent, reflecting on our strengths; understanding our cultural, racial, and social identities; and examining our implicit biases.

Self-management is critical now as we cope with grief and loss, develop our resiliency, and express our agency through resisting injustices and practicing anti-racism.

Social awareness allows us to understand the broader historical and social contexts around the inequities exacerbated by COVID-19 and ongoing individual and institutional impacts of systemic racism.

Relationship skills are essential to help us build and maintain meaningful connections across race, culture, age, and distance; support one another during collective grief and struggle; and collaboratively find solutions to new obstacles.

Responsible decision-making is particularly important as we analyze the consequences of our individual and institutional actions on others' health and safety, make decisions that promote collective well-being, and engage in collective action to form a more just and equitable society.

As schools look to SEL as a transformative foundation for reopening, it will be important to examine not just what competencies are emphasized, but how and where learning takes place. Figure 1 (pg. 5) represents a systemic model of SEL—the rings represent the multiple settings where students form meaningful relationships and learn about, practice, and apply social and emotional competencies. This includes engaging in explicit SEL instruction, participating in instructional activities that integrate SEL into academic learning, and engaging with the entire school staff as well as community partners and out-of-school time educators in a variety of social and emotional supports.

Regardless of whether students are physically present in classrooms or community organizations, relationships with teachers, school leaders and support staff, families, and community members will shape their learning environments and their social, emotional, and academic growth.

A safe, supportive, and equitable learning environment will call on adults to:

- Engage in practices that affirm diverse social and cultural identities;
- Cultivate a sense of belonging and community;
- Provide structures for physical and emotional safety;
- Use engaging, relevant, and culturally responsive instruction built on an understanding of how children and adolescents grow and develop socially, emotionally, and academically;
- Create space for student voice and agency;
- Offer frequent opportunities for students to discuss and practice anti-racism and develop collaborative solutions to address inequities; and
- Provide tiered supports that meet the needs of all students.

Understanding How Students' Social, Emotional, and Academic Learning and Development Happen

Academic learning and cognitive growth are inextricably linked with social and emotional development and environments. For example, students learn best when they are focused, find information relevant and engaging, and are actively involved in learning. This requires them to have a ready and focused brain, use emotional regulation skills, and also be in an environment where they feel physically and emotionally safe, connected, included, and supported.

Trauma-Informed Lens

The attention to students' social, emotional and academic development is particularly important now, as many students and adults may have experienced extraordinary stress and trauma.

Trauma is a disruption to development that is agnostic to the event. It produces alterations in mood, focus, concentration, memory, behavior, emotions, and trust. A deep understanding of how stress and trauma affect the brain and body can help guide our response—a response that needs to be comprehensive, holistic, multi-dimensional, and specific. By incorporating both SEL and an asset-based, culturally sensitive [trauma-informed lens](#), schools can create a foundation for supporting whole-child development.

Although students were not in buildings, and there are valid concerns of “learning loss,” we also need to recognize that learning, growth, and development continued. Parents, caregivers, and educators, including in- and out-of-school time staff, created innovative ways to connect and engage students in learning, and students gained new knowledge and practiced social, emotional, and academic competencies in informal ways as they navigated current realities. Given the complexities and varied formal and informal learning experiences, it is more important than ever to deepen our understanding of [how social, emotional, and academic learning and development co-occur](#). School leaders have an opportunity to create new types of learning experiences and adaptive systems of support that leverage students' assets to help them cope and navigate, respond to their unique needs and interests, and help them strengthen academic, social, and emotional competencies within rich and supportive learning environments.

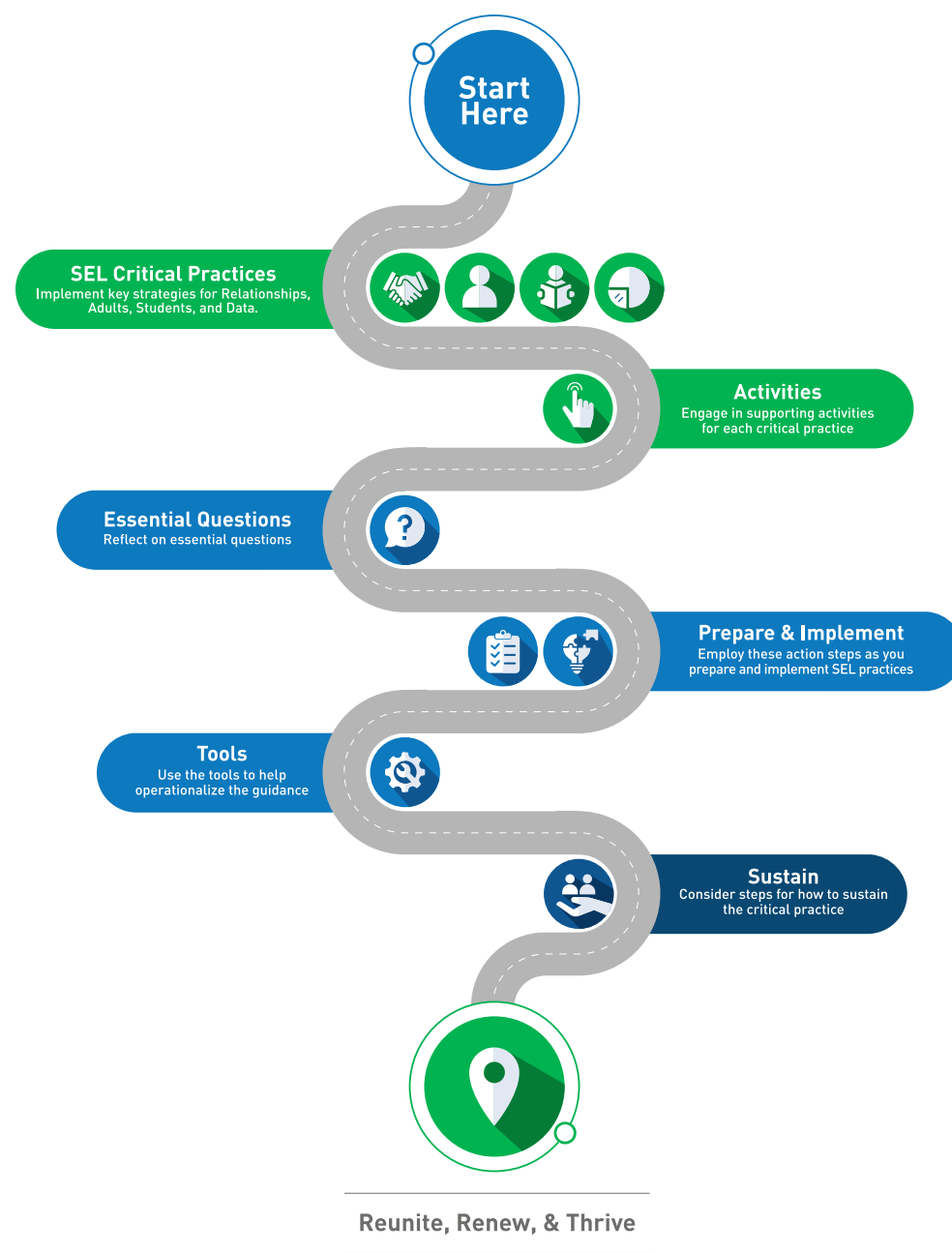
HOW TO USE THIS ROADMAP

Schools at any stage of SEL implementation can use this roadmap to build upon existing efforts around community-building, school climate improvement, student well-being and mental health, trauma-responsive learning environments, restorative practices, and social and emotional competency development. It is also intended to help you reflect and act upon what you can do that is different to leverage the historical moment we are in. While this guidance is written for schools, [states](#) and [districts](#) will also play critical roles in ensuring [schools](#) have the resources, support, and guidance needed to carry out these actions.

This roadmap offers four **SEL Critical Practices** divided into specific activities to help schools create supportive learning environments and foster social, emotional, and academic learning as we reunite and renew through a global pandemic and mobilization against systemic racism. Each **activity** provides a set of **essential questions** intended to prompt you and your school community to reflect and pause, followed by a roadmap of action steps as you **prepare** and **implement** SEL practices throughout the school year and beyond. Each activity also provides links to a curated set of user-friendly tools to help operationalize the guidance. At the end of each Critical Practice you can find recommendations to **sustain** the work. If you have printed this toolkit, you can access all linked tools at casel.org/sel-in-action/reopening-with-SEL or by scanning this code:



You can adapt the guidance and tools to meet the needs of your school community as you leverage SEL to reunite, renew, and thrive. Use this [reflection activity and organizer](#) with your team to preview the full roadmap and prioritize the activities that are the right next step for your school. We recommend prioritizing at least one activity in each Critical Practice to get started.



Terms Used in this Roadmap

“School leaders” and “school leadership team”:

we use these terms broadly and encourage schools to consider distributive leadership models that include administrators, teaching and support staff, family and community partners, students, and those who have been historically left out of school decision-making.

“Anti-racist”:

we use this term to refer to practices aimed intentionally at dismantling racism.

“Equity-focused”:

we use this term to refer to strategies aimed at improving equity in experiences and outcomes for all students and adults, across race, gender identity, ethnicity, language, disability, sexual orientation, family background, family income, and other characteristics.

“Adults”:

refers to all adults that connect to students whether in the school, home, or community setting;

“Educators”:

refers to in-school and out-of-school staff providing instruction and support to students;

“School community”:

refers to members of the broad school ecosystem including administrators, staff, students, families, community partners, and others who may be connected to the school’s success.

“Staff”:

refers to those who work within the school building, including teachers, administrators, para-professionals, custodial staff, school mental health professionals, cafeteria workers, and parent liaisons, among others;

“Community partners”:

include youth and family service organizations, afterschool and summer programs, youth leadership initiatives, youth employment and apprenticeships, mental and behavioral health organizations, and community sports and arts organizations, to name a few.



SEL CRITICAL PRACTICE 1

Take time to cultivate and deepen relationships, build partnerships, and plan for SEL.

The coming school year will be characterized by a complex mix of emotions, logistical challenges, constant change, inspired activism, and economic uncertainty that will permeate all aspects of schooling. By taking the time to prioritize relationships and plan for SEL, you establish a stronger foundation for the challenging work ahead. This SEL Critical Practice will help you honor the lived experiences and perspectives of all members of the school community, and collaboratively develop a responsive plan for re-engaging students and adults in a new type of learning experience. This section will guide you through the following activities:

- Foster new relationships that elevate student and family voice,
- Use two-way communication strategies,
- Examine the impact of SEL efforts, and
- Build a broad coalition and integrate SEL into your plans.

“As we sit down and really try to figure out what is going to be a long haul of reopening slowly...we’re going to need such a different approach to the traditional ‘show up and sit in your seat.’ We need all partners at the table together. And we need young people—and families—at the table telling us where they learn best and how they would like to learn.” —Karen Pittman, President and CEO of the Forum for Youth Investment



Take time to cultivate and deepen relationships, build partnerships, and plan for SEL.

1.1

Foster new relationships that elevate the voices and perspectives of students and families.

Returning to school during this unprecedented time will require new types of relationships that elevate diverse perspectives, especially if there are voices or groups who have been left out of conversations and decisions about schooling in the past. Inclusive relationship-building with all members of the school community will help schools prioritize resources, identify knowledge gaps, and ensure that transition and distance learning plans are culturally responsive and meet the needs of all learners. Take the time to build new relationships with those who have been traditionally left out of school decision-making and those who have not been well-served by existing efforts.

Throughout the roadmap, we reference multiple types of relationships—adult to adult, educator to student, student to student—that are all critical to SEL and transitioning back to school. In this activity, we are focused on supporting schools in identifying relationships with school community members that have yet to be formed or need to be amplified.



ESSENTIAL QUESTIONS

- How will we connect with students and families whose voices have not traditionally been elevated? How will we use their perspectives to improve and deepen school-family-community partnership?
- How will we work to ensure that school norms, values, and cultural representations reflect and affirm the experiences of students, families, staff, and community partners?
- How will we maintain these relationships long-term to ensure rich, relevant learning experiences and supportive and equitable learning environments?



PREPARE

- Find out which **students and families** have received individual outreach from staff and what barriers have prevented outreach to others. With staff, [map out existing relationships](#) to identify where gaps in connections exist.
- Create **cross-role teams** with well-connected community partners, staff, and family or student volunteers to double-down on **personalized outreach efforts** and stay in touch with students and families who have not been fully engaged by the school. Learn from those who were disconnected during the building closures to find out what they need to **stay engaged during future closures**.
- Prepare a variety of **creative strategies** (e.g., hosting virtual or in-person events through faith-based organizations, community groups, social media, etc.) during the summer and beginning of year to engage students and families as partners in plans for reopening. Plan for differences in technology access, languages, and other needs.
- **Connect with community partners** to see how they may be positioned to support relationship-building and identify potential new partners who have strong relationships with students and families.



IMPLEMENT

- Provide staff with professional learning, space, and time to build supportive and **culturally responsive relationships** with families and students, particularly those they have not traditionally formed relationships with.
- Work with your cross-role team and other community partners who are well-connected to students and families to lead **small-group or one-on-one discussions** about their experiences, hopes for their children's education, and ways to deepen school, family, and community relationships. For example, host in-person or virtual [conversation circles](#), coffee chats, office hours, or other small meet-ups to give space for listening and processing.



TOOLS

- [Relationship Mapping \(Harvard Graduate School of Education\)](#) This strategy helps ensure that each student has a relationship with at least one caring adult in school. This can also be done virtually.
- [Strategies for Equitable Family Engagement \(State Support Network\)](#) This overview is organized around five categories of equitable family engagement strategies, offering summaries of research and examples of school practices.
- [Tools for Educators to Listen and Learn From Families During COVID-19 School Closures \(Culturally Responsive Education Hub\)](#) This tool includes sample emails, call scripts, and post-conversation reflection and action in both English and Spanish.
- [Responsive Circles for COVID-19 \(International Institute for Restorative Practices\)](#) This practice uses familiar restorative questions tailored to the current moment to build knowledge about the experiences of the community.
- [Community-Care Strategies for Schools During the Coronavirus Crisis \(WestEd\)](#) This brief offers guiding questions and specific strategies for building community and connectedness among staff, students, and families.
- [Key Concepts for Leveraging Chronic Absence During the Coronavirus Pandemic \(Attendance Works\)](#) This framework and list of strategies supports connecting with students and families to reduce chronic absenteeism.



Take time to cultivate and deepen relationships, build partnerships, and plan for SEL.

1.2

Use two-way communication strategies to inform, engage, and listen to members of the school community.

More than ever, students, educators, and families need to hear from their leaders that they are safe and supported and feel that their own hopes and concerns are addressed. You can reassure students, educators, and families by communicating clearly and consistently about the school's transition plans and ongoing updates. Share why the school is prioritizing SEL right now to encourage healing and relationship-building, foster equitable and engaging learning environments, and create a foundation for deeper academic learning. Invite and listen to input from all school community members, then share back how you'll use their perspectives to inform SEL strategies and transition plans.



ESSENTIAL QUESTIONS

- How will we ensure clear, consistent, and culturally responsive communications that keeps all staff, students, families, and community partners informed and engaged?
- What are the most important messages that we want to communicate with all members of the school community?
- What existing channels and new feedback loops will we put in place to listen to our school community, take what we hear, and use the information to inform our actions?



PREPARE

- Organize a renewed effort to gather **updated contact information** for all students and families (e.g., phone numbers and addresses of families and close relatives, workplaces, or other community organizations families are closely tied to).
- Identify and build on **existing communication channels** that were effective at reaching, hearing from, and responding to school community members during building closures. Address any gaps, and ensure communications are [inclusive and culturally sensitive](#), in home languages, and **accessible** in a variety of interactive formats (e.g., newsletters, social media, virtual/in-person town halls, learning management systems).
- Outline **key communication messages** for educators, students, families, and community partners, including: important updates about transition plans, [what SEL means](#), and how social and emotional competencies and supportive environments can support students and adults through the transition and beyond.



IMPLEMENT

- Use regular **staff communications** to reinforce the importance of SEL during the transition back and invite input on strategies the school plans to use to implement SEL.
- Create equitable and developmentally appropriate structures for **students to regularly communicate** with adults about their perspectives on what's working well and any additional needs. Consider how to meaningfully engage students through formal and informal connections, such as lunch or snack break conversations, class activities, school meetings, or community gatherings.
- Establish consistent **family and community partner communications** through, for example, virtual or in-person weekly chats with school leaders and teachers, open PTO and school planning meetings, and ongoing discussions about how to support students' social, emotional and academic learning (see [3.5](#)).
- Make clear and identify how input and perspectives from the school community will shape how the school approaches the transition.



TOOLS

- [Establish Structures for Two-Way Communication](#) (CASEL Guide to Schoolwide SEL) This webpage includes questions for planning communications about SEL and a tool for identifying stakeholders and developing a communication strategy.
- [Critical Practices for Anti-Bias Education: Culturally Sensitive Communication](#) (Teaching Tolerance) This selection from the publication *Critical Practices for Anti-Bias Education* includes concrete strategies for culturally sensitive communication, inclusion, and connection-building among families and engagement with community problems.
- [Developing Life Skills in Children: A Road Map for Communicating With Parents](#) (Learning Heroes) These slides share research on how families respond to information about SEL and what kind of messaging is most effective.
- [Engage all Stakeholders in Foundational Learning](#) (CASEL Guide to Schoolwide SEL) This webpage offers essential questions for planning learning opportunities, sample presentations, articles, videos, and a downloadable planning template.
- [Impact of SEL](#) (CASEL) This webpage offers a variety of resources for communicating about SEL, including a customizable slide deck on the research supporting SEL.



Take time to cultivate and deepen relationships, build partnerships, and plan for SEL.

1.3

Examine where SEL efforts have been impactful and where more support is needed.

During this time of disruption and rapid innovation, it's important to examine SEL efforts prior to and during the pandemic to determine strengths you can build on, school and community resources to leverage, and areas that need improvement or innovation moving forward. Determine whether strategies equitably support all students' social, emotional, and academic development and learning environments; whether school and community resources are efficiently leveraged to meet the needs of students and families; and which programs or practices you should continue, modify, or stop in the new year. Moving forward, you'll also want to establish ongoing continuous improvement processes that ensure all students and adults are fully supported throughout the year (see [Critical Practice 4](#)).



ESSENTIAL QUESTIONS

- In what ways are SEL strategies already being implemented to engage and meet the needs of students and their families—in-person and across distance? How have these strategies impacted students and families differently (e.g., by race, economic status, home language, etc.), and what inequities have not been addressed?
- How do we efficiently leverage existing school and community programs and resources to better support all students and families?
- How will we use data to identify effective strategies our school will build on this fall to create supportive learning environments and promote social, emotional, and academic learning for all students?



PREPARE

- Develop and administer **family, educator, and student surveys, interviews, and/or focus groups** to capture their experiences with school closures, distance learning, and previous SEL efforts. Also ask about **individual needs** that will impact the ability to engage in school (e.g., loss of a loved one, housing or employment instability).
- Identify how **educators** effectively implemented SEL, relationship-building, and distance learning strategies and those who may require additional support in facilitating new types of learning experiences.
- Conduct an **inventory, audit, or resource map** of existing resources, strategies or programs for supporting student and family well-being available through the school or **community partners**.



TOOLS

- **[Interview and Survey Your Community About the Path Forward \(CASEL\)](#)** This process, sample letters, and survey templates can be used to assess current successes and areas for additional support in your school community.
- **[SEL Effort Inventory and Analysis \(CASEL\)](#)** This interview protocol and inventory template can be used to review both schoolwide SEL efforts and efforts used by individuals and school partners to prioritize the most impactful practices for the coming year.
- **[Administer Distance Learning Surveys to Students, Families, and Staff \(Panorama Education\)](#)** These downloadable open source surveys can be used to elevate student voice, teacher/staff/administrator feedback, and family and community needs.
- **[For Educators: Resource Mapping Strategy \(Harvard Graduate School of Education\)](#)** This strategy helps educators identify and analyze existing school resources and programs related to SEL, climate, and well-being to make informed decisions.
- **[Focal Students: Equity in the Classroom \(Webinar from the National Equity Project\)](#)** This approach supports educators to learn deeply from a few students, particularly those who are not well-served by current systems, to change practices to impact a greater number of students. Consider this approach as you identify focal students who are disengaged this fall.



IMPLEMENT

- Work with students and adult partners to analyze **existing data** (such as school climate, student growth in social and emotional competence, quality of SEL implementation, attendance, engagement, and direct feedback from students, families, and staff) to determine which existing SEL-related programs and practices were most effective in meeting needs. **Disaggregate data** by race, SES, language learner status, special education, etc., to uncover disparities in how students experience building closures and previous SEL efforts.
- Use the **[focal student approach](#)** to learn more about what students furthest from opportunities and success are experiencing, what they most need, and how they best learn.
- Consider how existing strategies and resources can be used in various reopening scenarios. Identify strengths, overlaps, and gaps to learn **what to continue, what to modify, and what to stop doing in the future**.

For more, including tools for conducting an equity audit and facilitating focus groups, see the full tool index at casel.org/sel-in-action/reopening-with-sel.



Take time to cultivate and deepen relationships, build partnerships, and plan for SEL.

1.4

Build a broad coalition to create and maintain a safe, supportive, and equitable environment for all students and adults by integrating SEL and academic supports into plans for reopening schools.

To best serve all students through a time of stress and uncertainty, schools will need inclusive decision-making processes that leverage the critical insights of those from the full community. Form a coalition that includes representation from educators, mental health professionals, community partners, families, and students to develop a plan for rebuilding safe, supportive, and equitable environments that provide robust opportunities for social, emotional, and academic learning in the multiple spaces students grow and develop (e.g., after-school, Head Start, and summer programs, see [3.5](#)). Ensure that your coalition includes members from historically marginalized groups, including those impacted deeply by events during school building closures.

A broad coalition of diverse stakeholders will help set a vision for reuniting and renewing the school community, communicate the importance of SEL and supportive learning environments, identify core goals that resonate across the community, and guide implementation of a plan that will meet all students' needs.



ESSENTIAL QUESTIONS

- What are the shared priorities and goals of our students, staff, families, and community partners as they think about the upcoming school year?
- Which staff, family, and community partners need to be in the room and what roles will they assume to ensure that decisions and plans respond to their hopes and concerns?
- How will we prepare students when they return to school buildings for potentially new situations and the possibility of intermittent distance learning?
- How will we develop a sense of community and provide comfort and support to students who are struggling, even if physically distanced?
- How will we work together, within, and across systems to holistically support all students, regardless of where and how instruction is taking place?



PREPARE

- Invite [potential members for your transition coalition](#), sharing why you would like them to participate and what specific roles and responsibilities they may take on. Consider how best to give **students** a seat at the table and prepare adults to [listen to them](#)—either by including them in the broader coalition or forming a separate [student committee](#) that meets with the coalition.
- Develop a [shared vision and goals](#) for how the school will support students socially, emotionally, academically, cognitively, and physically during the new school year. Invite families and partners to share insights based on how they create supportive learning environments that cultivate social and emotional competencies outside of school.
- Review **feedback, data, and existing resources** as a coalition (see [1.3](#)), and be transparent about any funding or resource limitations. Work with coalition members to problem-solve obstacles (such as thinking more expansively about existing roles), and identify strategies for addressing gaps (such as deepening or expanding partnerships with community organizations that may have particular expertise in mental health/trauma supports, virtual engagement, or other areas of need).



IMPLEMENT

- **Develop a plan** for how the school will rebuild learning environments that support all students holistically, based on your goals and resources. The rest of this roadmap will help you identify specific SEL strategies, and you can use [this organizer](#) to identify priorities and guide your planning process.
- Develop a **calendar** of when the coalition will regularly convene to review progress toward shared goals, and make adjustments as necessary.
- Provide ongoing **updates, professional learning, and support** for educators focused on the reopening plans (see [2.3](#)).



TOOLS

- [Build a Transition Coalition \(CASEL\)](#) This worksheet can help you prepare to recruit members of a coalition to help set a schoolwide SEL vision and goals.
- [Develop a Shared Vision and Goals for Social and Emotional Learning \(CASEL\)](#) This tool provides processes for articulating a vision statement that reflects input from the full school community and using that vision to develop specific, measurable SEL-focused goals to drive transition planning.
- [Youth-Adult Partnership Roadmap to Agency \(Unleashing the Power of Partnership for Learning\)](#) This rubric provides a means to understand, assess, and improve youth-adult partnerships to increase agency and situate young people as full partners.
- [Liberatory Design: Your Toolkit to Design for Equity \(National Equity Project and Stanford d.school's K12Lab\)](#) This card deck adapts the design thinking process to include steps that center equity and mindsets that should underlie all work.
- [Pursuing Social and Emotional Development Through a Racial Equity Lens: A Call to Action \(Aspen Institute\)](#) This publication identifies ways that equity and social, emotional, and academic development can be mutually reinforcing bodies of work.

SUSTAINING CRITICAL PRACTICE 1

Maintain strong relationships, deepen partnerships, and adjust plans as needed.

- Continue to connect with **family and community partners** regularly to deepen relationships, learn about their perspectives and emerging needs, and authentically bring them into decision-making as the year progresses. Meet with **students** in small groups regularly (weekly or bi-weekly) to hear their perspectives on what is working and what they want to change.
- Continuously improve **communication practices** to reach and engage school community members equitably and to establish communication routines in case of another building closure.
- Regularly **convene your coalition** to **review progress** toward goals and work together to make course corrections and respond to any changing health guidelines (e.g., if the school will be transitioning to in-person or distance learning). **Communicate back** to the larger community about how their input is translating into action.





SEL CRITICAL PRACTICE 2

Design opportunities where adults can connect, heal, and build their capacity to support students.

Educators shoulder significant responsibility in helping young people understand, process, and heal from these momentous events. But in order to effectively support students, adults will need to feel connected, supported, valued, and capable of taking on the challenges ahead. This SEL Critical Practice will help you create working conditions (e.g., time, space, professional learning) and well-designed opportunities for educators to engage in self-care, develop supportive staff relationships, and build their capacity for promoting students' SEL through equitable learning environments. This section will guide you through the following activities:

- Allow space for connection and healing among adults,
- Ensure access to mental health and trauma supports,
- Identify opportunities for innovation and anti-racist practices, and
- Provide embedded professional learning.

"In this moment of great uncertainty, it is imperative that we model grace and compassion and how we are all struggling and adjusting to this new reality. That's going to be imperative not just for the next month but for the next year, given what we are all going through." —Dr. Kyla Johnson-Trammell, Superintendent, Oakland Unified School District



Design opportunities where adults can connect, heal, and build their capacity to support students.

2.1

Allow space for connection, listening, and healing among all adults in the school community.

When educators have an opportunity to engage in [self-care](#) and process their own emotions, they are more likely to [co-regulate](#), relate, and communicate in ways that help students express and manage their emotions, make sense of their experiences, and decrease the likelihood that a stressful event becomes [traumatizing](#). To support healing and self-care, design safe and responsive spaces for educators to build relationships, support and reinvigorate one another, and collectively process their emotions and experiences.



ESSENTIAL QUESTIONS

- How do we maximize supportive connections between all adults in the school community in ways that may look different from previous years?
- How can we use this moment to help tap into educators' sense of purpose to fuel their practice and support their well-being?
- How are we creating spaces for adults to focus on self-care in ways that model what we want to happen for our students?



PREPARE

- Establish dedicated [space](#), time, and [agreements](#) for staff to come together to build relationships and engage in [collective healing](#).
- Create opportunities for quick individual **staff check-ins** with school leaders. Ensure any **new staff** are paired with existing staff members to support their welcome into the community.
- Foster a culture of [staff self-care](#). For example, ask all staff to assess their current [self-care needs](#) and develop a plan, including setting realistic boundaries around work. Engage community partners in providing self-care activities (e.g., yoga, exercise, mindfulness). Encourage “self-care in the background,” such as different music, fragrances, or art that provide a source of stress relief.



IMPLEMENT

- **Integrate SEL practices** into staff meetings and rituals that provide intentional, regular listening and sharing among adults (e.g., circle practices, CASEL’s [SEL Signature Practices](#), weekly prompts that deepen reflection and connection, [mindfulness](#) practices).
- Implement virtual or in-person [healing circles](#) or other opportunities for staff to share and process their emotions and experiences with the pandemic and the social mobilization against racism.
- Engage staff in learning how to teach, model, and practice [Constructivist Listening](#) (strategy for intellectually demanding/emotionally challenging conversations) in pairs or groups.



TOOLS

- [Creating Staff Shared Agreements](#) (CASEL Guide to Schoolwide SEL) This tool provides a process for co-developing agreements about how all staff will work together, communicate, and interact to achieve a shared vision.
- [Educator Resilience and Trauma-Informed Self-Care: Self-Assessment and Planning Tool](#) (Center on Great Teachers and Leaders at AIR) This self-care assessment asks teachers to first reflect on their current self-care practices and then helps them build a plan for the future.
- [Self-Care Circle](#) (Circle Forward, via Greater Good Science Center) This circle protocol can be used with adults or students to center themselves and reflect on and share ways to practice self-care.
- [SEL 3 Signature Practices Playbook](#) (CASEL) This mini-book provides practical ways to introduce and broaden the use of SEL practices in classrooms, schools, and workplaces.
- [Listening as a Leadership Strategy: Getting Started With Constructivist Listening](#) (National Equity Project) These slides introduce [constructivist listening](#) and include a practice activity to try with staff.
- [5 Minute Chats With the Principal](#) (CASEL with support from NAESP) This sample check-in agenda and questions can be used by school leaders when connecting individually with staff members.
- [Flexibility, Listening Without Judgment Critical to Support Educators of Color](#) (Education Dive) This brief article offers essential perspective, particularly for white school leaders, to build understanding of the disparate experiences of educators of color.

For more, including strategies for hosting virtual circles and reflection tools to use during meetings, see the full tool index at casel.org/sel-in-action/reopening-with-SEL.



Design opportunities where adults can connect, heal, and build their capacity to support students.

2.2 Ensure access to mental health and trauma supports for adults as needed.

As staff reunite and return to school, adults will have varied experiences and stressors, and some may have additional mental health needs (including depression, anxiety, grief, post-traumatic stress disorder). It will be critical to have a system in place and identify school-based counselors and community partners to support the overall health and well-being, both physical and mental, of all staff. Supportive conditions that prioritize staff wellness for all adults (see [2.1](#)) help prevent secondary trauma and [compassion fatigue](#). In addition, it will be important to identify and connect those who need additional support with school, district, or community resources for more targeted mental health support.



ESSENTIAL QUESTIONS

- How can your school put staff well-being at the center of school culture?
- How can you best leverage community partners to support the range of needs and experiences of your staff?
- How can you model and normalize asking for support?



PREPARE

- **Meet with all staff individually** before school begins to learn about their needs and experiences in the past months.
- Establish a **process** to identify and provide support for adults at higher risk for **significant stress or trauma**.
- **Identify community partners** that can support school staff in addressing trauma and mental health issues and promoting wellness.



IMPLEMENT

- Establish a **[tap-in/tap-out protocol](#)** for educators experiencing an immediate need that would require another staff member to briefly step-in.
- Formalize new and existing **partnerships with mental health providers** and co-plan effective ways to align on referral processes and support school staff.
- Continue to **check in** regularly on staff needs and wellness, and ensure school processes effectively connect staff with additional supports when needed.



TOOLS

- **[Compassion Resilience Toolkit for Schools](#)** (Wisconsin Initiative for Stigma Elimination) This toolkit addresses teacher compassion fatigue and how to build resilience.
- **[The Educator Context and Stress Spectrum](#)** (Center on Great Teachers and Leaders at AIR) This tool supports educators in gaining a greater awareness of how their current personal and professional context affects their levels of stress in the time of COVID-19.
- **[Self-Care Strategies for Educators During the Coronavirus Crisis](#)** (WestEd) This brief offers practical guidance for educators who face the stresses of the pandemic, school building closures, online service provision, and quarantine conditions.
- **[Support for Teachers Affected by Trauma](#)** (STAT) This online curriculum supports teachers dealing with secondary traumatic stress.
- **[Psychological First Aid](#)** (National Child Traumatic Stress Network) This six-hour online learning module features innovative activities, video demonstrations, and mentor tips from the nation's trauma experts.

For more, including information about finding mental health services and additional virtual training opportunities, see the full tool index at casel.org/sel-in-action/reopening-with-SEL.



Design opportunities where adults can connect, heal, and build their capacity to support students.

2.3

Capture this moment to identify opportunities for innovation and anti-racist practices.

Although the health, racial equity, and economic challenges of these past months have been deeply painful, they have also offered an opportunity to learn from experiences with new modes of teaching and learning, confront inequities, and lead human-centered structural change. As you look toward the next school year and start to process these events, engage staff in reflecting on what they learned during distance learning and how they are processing the ongoing mobilization against systemic racism to [chart a course forward](#). Innovate in how you engage with community partners to re-align support systems for all students and families by collaboratively identifying needs, expertise, and shared goals (see [1.4](#) and [3.3](#)).



ESSENTIAL QUESTIONS

- In what new ways can you maximize the strengths of all adults who are part of our community—in and out of school—to provide holistic support to your students?
- What have educators learned about the opportunities and challenges of distance learning, and how might these insights help improve existing teaching and learning structures?
- How can you help educators expand anti-racist practices, including learning about and building skills to reflect on their own identities and biases, and confront racial injustice where it happens?



PREPARE

- Facilitate formal and informal conversations with educators to **share best practices** for distance or blended learning and **evaluate successes, challenges, and areas of need** that may also apply to classroom settings.
- Explore new ways to [team teachers](#) to play to their strengths to deliver instruction and student support, through distance learning or in person.
- Work with staff to assess adult capacity around **anti-racist practices** and **engaging with students as partners** in the design of learning spaces and content.



IMPLEMENT

- Build **consistent time into the schedule for staff to collaborate** with each other, community partners, and families to identify innovations for improving distance learning plans, technology use, and ways to help students develop social and emotional competencies through in-person and potential distance learning.
- Provide opportunities for staff to partner with students in the **design of inclusive and anti-racist learning spaces and content**, identifying innovative ways to approach teaching and learning, in-person and/or through distance learning.
- Work with community partners to design innovative strategies to **re-engage students, provide mentoring or tutoring, and provide enriching learning experiences**, including expanded learning time.



TOOLS

- [Leading Through the Portal to Claim our Humanity](#) (National Equity Project) This article highlights how the current moment marks an opportunity to practice radical compassion, confront inequities, re-order our priorities to focus on our collective well-being, and lead human-centered, structural change. If sharing this article with staff as a launch for discussion, see this related [discussion guide](#).
- [Futures Protocol](#) (National School Reform Faculty) This protocol harnesses the creative energy of a team for expanding and envisioning opportunities and paths forward, focusing on collective brainstorming on the best possible future scenario.
- [Avoiding Racial Equity Detours](#) (EdChange) This short article describes four common ways schools and districts attempt to address equity while avoiding the discomfort of directly challenging racism and racist structures and policies, and follows with five principles to guide equity actions.
- [If We Aren't Addressing Racism, We Aren't Addressing Trauma](#) (Simmons, via ASCD) This blog from Dena Simmons provides critical context to push educators to "interrogate, with an anti-racist lens, the curriculum, learning experiences, and school policies to which our Black students are subject."

For more, including suggested logistical and policy reforms and a tool for more equitable education design, see the full tool index at casel.org/sel-in-action/reopening-with-SEL.



Design opportunities where adults can connect, heal, and build their capacity to support students.

2.4

Provide embedded professional learning to build educators' capacity to support students' social, emotional, and academic growth.

This fall, all adults who interact with youth will need skills and knowledge to engage in culturally responsive practices and create equitable learning environments that promote all students' social, emotional, and academic competencies across new learning formats. Recognizing that educators may feel pressure to focus solely on academic content when school reopens, focus professional learning on helping educators understand that academic growth is [deeply connected](#) to developmental relationships and SEL. Professional learning can also help teachers identify and effectively implement culturally responsive practices that help encourage positive student-adult interactions, promote equitable learning environments, and facilitate academic, social, and emotional learning. Engage community partners and school-based mental health professionals to do this collective work alongside educators and other staff.



ESSENTIAL QUESTIONS

- How do you create the structures to provide job-embedded professional learning for educators to holistically support students socially, emotionally, and academically?
- What are educators' professional learning needs around creating equitable learning environments, engaging in culturally responsive practices, teaching SEL, and integrating SEL into instruction?
- How will we ensure scaffolded, high-quality professional learning that is supported by effective coaching, whether virtual or in-person?



PREPARE

- Plan the **infrastructure** (e.g., time, resources, peer collaboration) for ongoing and responsive professional learning and resource-sharing.
- Define **professional learning priorities** aligned to your school's goals (see [1.4](#)), and identify [metrics](#) that track observable, measurable progress in staff's professional development.
- Examine professional learning from **evidence-based SEL programs** and practices to create a shared understanding of social and emotional competencies and SEL practices.
- Explore resources from **community, district, and state partners** to provide professional learning, guidance, and tools on identified needs such as systemic approaches to SEL, cultural responsiveness, the [impact of trauma](#) on learning, the impact of the pandemic, and ways to confront racial inequities.



IMPLEMENT

- Provide professional learning and resources to all school staff on a range of topics (e.g., [explicit and implicit bias](#), equity, trauma, and cultural responsiveness) to build a broader understanding and network of support.
- Create opportunities for **aligned** professional learning and resources for teachers, families, community partners, and students as developmentally appropriate. Include learning on the [neuroscience of social threat and trauma](#) and the integration of SEL and academic learning.
- Provide educators with **coaching and feedback** on their SEL practices, including enhanced opportunities for peer coaching and learning, and co-learning with families and community partners (see [4.2](#)).



TOOLS

- **[Professional Learning Plan for SEL](#) (CASEL Guide to Schoolwide SEL)** This webpage includes a tool to organize a customized professional learning plan for school staff that is clearly tied to the schoolwide goals for SEL, can be assessed for effectiveness throughout the year, draws upon available resources, and includes intentional follow-up to ensure that new practices are sustained.
- **[Building Trauma-Sensitive Schools](#) (NCSSLE)** This online module and handouts provide examples of ways to incorporate trauma sensitivity into the classroom.
- **[Stress and the Brain](#) (Turnaround for Children)** This professional learning packet explains how stress impacts the developing brain and related tools (made to accompany this edition of [The 180 Podcast](#)).
- **[Addressing Race and Trauma in the Classroom: A Resource for Educators](#) (The National Child Traumatic Stress Network)** This professional learning tool defines key terms, describes developmental differences in how children may be affected by racial trauma, and offers recommendations for creating a more trauma-informed classroom.
- **[Common Beliefs Survey: Teaching Racially and Ethnically Diverse Students](#) (Teaching Tolerance, via Greater Good Science Center)** This professional learning activity leads staff to reflect on their beliefs and then critically examine commonly held beliefs about how to meet the learning needs of racially and ethnically diverse students.
- **[Mindful Reflection Process for Developing Culturally Responsive Practices](#) (Dray & Wisneski [2011], via Greater Good Science Center)** This independent reflective practice guides educators to process a challenging interaction with a student by examining their own assumptions, prejudices, and biases and consider how they affect their interactions with and expectations of their students to develop more culturally and linguistically responsive approaches.

For more, including additional learning modules about teacher and student well-being, self-care, and Adverse Childhood Experiences (ACEs), see the full tool index at casel.org/sel-in-action/reopening-with-SEL.

SUSTAINING CRITICAL PRACTICE 2

Strengthen adult connections, self-care, competencies, and capacity.

- Ensure regular **time and space for adults to reflect, heal, connect** with each other, and take care of their needs. Continue to partner with community organizations to provide culturally responsive trauma and mental health support.
- Collect ongoing **data on staff needs, wellness, professional learning outcomes, and their capacity** for supporting students (see [4.2](#)). Track coaching and feedback via walkthrough tools or coaching logs for purposes of schoolwide data reflection and continuous improvement.
- Include **staff self-care plans** in any supervision process and establish schoolwide expectations that promote self-care such as avoiding emails or phone/video calls on evenings and weekends.
- Continue to strengthen **collaboration and professional learning** in partnership with [all adults in your building](#) to continuously improve and align practices that promote SEL. Create [professional learning communities](#) on the intersection of SEL, trauma-informed practices, equity, and [healing-centered](#) culturally responsive practices.





SEL CRITICAL PRACTICE 3

Create safe, supportive, and equitable learning environments that promote all students' social and emotional development.

The shifts in these last months have heightened our understanding of how students' social and emotional competencies (including how they cope with stresses, maintain relationships across distance, and make responsible decisions in unstructured learning environments) support their learning and development. Students are best able to develop and apply these competencies when caring adults work together to create equitable learning environments where all students feel like they belong and have consistent opportunities to learn about, reflect on, and practice SEL, explore their social and cultural identities, and express their voice and agency. This Critical Practice will help you intentionally build inclusive environments—even with physical distancing—that center student social, emotional, and academic development. This section will guide you through the following activities:

- Build adult-student and peer relationships,
- Weave in opportunities for SEL practice and reflection,
- Implement a comprehensive system of supports,
- Discuss the impact of the pandemic and racial inequity, and
- Collaborate with families and partners.

“SEL—that is the work. The work isn’t just about the acceleration of academics—certainly we are going to need to pay attention to that. But when they get back, the first thing that’s going to be on their minds and their teachers’ mind is—Am I safe? And secondly, do I belong in this school? Only then are they going to think about the learning to make up. But first and foremost, we’ve got to establish the environment that says we care about you.”—Cesar Rivera, Principal, Samuels Elementary, Denver, CO



Create safe, supportive, and equitable learning environments that promote all students' social and emotional development.

3.1

Intentionally build structures that promote supportive adult-student and peer relationships.

Students of all ages are grappling with a range of emotions including anger, fear, uncertainty, optimism, and motivation. The ways in which students process their complex emotions and experiences will be influenced by whether they have at least one “[secure base](#)” to turn to. As you transition back, ensure each student has at least one trusting, supportive adult relationship at school, particularly for BIPOC students and ELLs, who often receive conflicting messages about belonging.

Positive relationships between students and adults are reciprocal, attuned, culturally responsive, and trusting. These [relationships](#) provide a sense of security and inclusion, enhance student resilience and coping, protect students from [risk factors](#) such as trauma, and contribute to higher [engagement and achievement](#) and [positive long-term outcomes](#). Relationships are supported by learning environments that provide structures for safety and belonging. These environments include consistent, restorative discipline practices and opportunities for collaborative work that reinforce SEL and support community-building, student engagement, and equitable outcomes.



ESSENTIAL QUESTIONS

- How will we intentionally build and maintain connections with each student, having a personal regard for them as individuals through in-person and virtual or distance learning?
- How can we support all staff in incorporating trauma-sensitive and culturally responsive practices to be able to build positive relationships with all students?
- How do we create school structures, including restorative practices, that ensure each student feels a sense of safety and belonging?
- How are youth, families, and communities authentic partners in fostering inclusive school climates where all students feel physically and emotionally safe, supported, challenged, and capable—no matter the instructional setting?



PREPARE

- Examine and **revise daily schedules and adult assignments** (including all adults in the school community) to maximize relationship-building, such as **“looping,”** student [advisory groups](#), and pairing adults with students to **ensure every student has at least one adult at school who checks in with them daily**. This will be particularly important for adolescents who move from class to class.
- Identify resources and practices that are either virtual or **readily adapted to distance learning** to support adult-student and peer relationships (writing postcards, interest surveys, classroom chats, partner/team projects) and **create a sense of belonging** (e.g., ensure instruction reflects student culture, implement rigorous curriculum, and ask students about their interests and concerns).
- Reflect on **disciplinary practices** (see [4.1](#)) and identify added supports as students transition back in person and through distance learning, developing systems for restorative practices focused on healing and recovery.



IMPLEMENT

- Prioritize adult-student as well as peer relationship-building in daily schedules, especially throughout the first two weeks of school and beyond. Implement ongoing structures such as **welcoming students at the door, check-ins, advisory, morning/afternoon meeting structures, or community-building rituals** (in-person, virtual, or by phone or other means) aligned with the [developmental relationships](#) framework that can be informal, regularly scheduled, or a combination.
- Offer opportunities, if possible, for students to create a sense of **closure from their previous grades**, such as providing time for them to reflect on the past school year with their former teachers and classmates.
- Replace punitive discipline with **practices that focus on healing and inclusion** (e.g., restorative practices, peace rooms, de-escalation strategies).

ADDITIONAL GUIDANCE

School Discipline Impacts Relationships and Equity

Reopening schools provides unique challenges and opportunities regarding school discipline policy and practice. Both educators and students will be adjusting to new norms as they deal with their own personal stressors, anxiety, and trauma. All of these dynamics may manifest in discipline-related matters—especially when it comes to specific communities. Prior to the pandemic, far too many students, particularly BIPOC and students with disabilities, disproportionately experienced exclusionary discipline, which reflected staff stress, attitudes, and mindsets and a lack of support for students. Suspensions and other punitive practices produced negative effects, including lost instructional time, diminished academic engagement and school connectedness, and increased attendance and behavioral problems.

As we return to school this year, it's essential that discipline policies and practices foster resilience, accelerate healthy development, and minimize risks like negative stereotypes and microaggressions. While many districts have begun to implement restorative approaches, their efforts may be limited by a lack of school readiness or the failure to provide trauma-sensitive and culturally competent support to students and staff. There will now most certainly be a need to double-down on relationship- and community-building, norms-setting, restorative practices that include culturally responsive and equity-focused SEL strategies, opportunities for healing and repairing harm, and attention to minimizing suspension and eliminating corporal punishment, overpolicing, racial harassment, and microaggressions.

Suggested Resources:

- [School Climate Improvement Resource Package](#). The National Center on Safe Supportive Learning Environments
- [Addressing the Root Causes of Disparities in School Discipline: An Educator's Action Planning Guide](#). The National Center on Safe Supportive Learning Environments
- [Fostering Healthy Relationships and Promoting Positive Discipline in Schools](#), Schott Foundation's National Opportunity to Learn Campaign
- [School Climate Planning and Restorative Practices Implementation Guide](#), San Francisco Unified School District



TOOLS

- [Building Developmental Relationships During the COVID-19 Crisis](#) (Search Institute) This checklist outlines relationship-building strategies during the COVID-19 crisis.
- [5-Minute Chats With Individual Students](#) (CASEL) This sample agenda and questions for one-on-one check-ins with students can build connections and help respond to needs.
- [Responsive Circles for COVID-19](#) (International Institute for Restorative Practices) These circle prompts use familiar restorative questions that are tailored to the current moment.
- [Getting to Know You Survey](#) (Panorama Education) This quick, online survey helps teachers and students learn about each other and build stronger classroom relationships.
- [A COVID-19 Check-in Student Survey](#) (Harvard Graduate School of Education) This survey can be shared with students to build connection and understanding.
- [Creating Opportunities Through Relationships](#) (University of Virginia) These free online professional learning modules support educators in developing supportive relationships with students.

For more, including detail about how to facilitate circle discussions with students, see the full tool index at casel.org/sel-in-action/reopening-with-SEL.



Create safe, supportive, and equitable learning environments that promote all students' social and emotional development.

3.2

Weave in opportunities for students to develop, practice, and reflect upon social and emotional competencies throughout the day.

School leaders will need to address important concerns about the impact of school building closures on academic performance and potential “learning loss.” Each student (and adult) will have experienced individual learning and growth, as well as unique loss, pain, and anxieties based on their experiences with the pandemic and with the national mobilization against racial inequities. With that recognition, we have an opportunity to elevate how students [learn and develop](#)—the ways their social, emotional, and academic development interact to determine how they engage; how each student’s culture and environments influence the unique ways they grow and develop throughout life.

As students return to school, it will be important for educators to help them develop critical social and emotional skills they will need to cope and manage stress, build relationships, reflect on their experiences, express empathy for their peers, and make decisions that keep themselves and their communities healthy. Students can develop and apply these competencies through **explicit SEL instruction, SEL integrated with academic instruction, and supportive learning environments**. Explicit instruction in and practice with social and emotional skills can occur through [evidence-based programs and practices](#), which typically provide [age-specific SEL tasks](#). For example, younger children may need greater support in finding language to describe their emotions, while older students need increased space to identify, understand, and express their emotions as they process protests, school building closures, and lack of physical connectedness.

Educators can also [embed SEL into academic content](#) and [instructional practices](#) and promote SEL through less-structured social experiences such as [recess](#), play, lunch, class changes, and out-of-school time programs—even if physically distanced. Educators and other adults can creatively adapt and embed SEL [practices](#) and reflection into these moments—for example, through a [virtual SEL reflection room](#) (as employed in Tulsa Public Schools).



ESSENTIAL QUESTIONS

- What actions can we take to ensure that each SEL approach affirms the cultural and linguistic backgrounds of the students and families we serve?
- What opportunities do we provide teachers to learn about, practice, and receive support (from administrators, coaches, and colleagues) for integrating social and emotional competencies and pedagogies into all instruction, implementing community-building strategies, and elevating students’ voices?
- How can we support teachers in providing opportunities for students to reflect on their social and emotional competencies to build critical thinking skills and their own sense of identity, agency, and belonging?



PREPARE

- Review how current [evidence-based SEL programs](#) and practices worked before and during the pandemic. Identify how to ensure an [equity focus](#), as well as how to modify practices for physical distancing or remote learning (see [1.3](#)).
- Review state or district [SEL standards or guidelines](#) and select developmentally appropriate SEL strategies that teachers and staff can implement in-person, through distance learning, or a blend of both (e.g., teacher-led classroom meetings for young students and student-led advisories for older grades).
- Consider how to leverage the **arts, sports, or student groups** as a means of learning, developing, healing, and practicing social and emotional competencies.



IMPLEMENT

- Maintain opportunities for students to **socialize and connect** with peers during less-structured groups times (lunch, recess, P.E.) **even when physical distancing may be necessary** (e.g., schedule virtual lunch buddies), as well as opportunities for students to reflect on social and emotional competencies through tools like [learning logs](#).
- Continue to **build critical social and emotional skills, in distance or blended learning** (e.g., awareness of emotions, stress management, advocacy, relationship skill), and [mindsets](#), using SEL standards to guide design of instructional objectives across all subject areas.
- Provide ongoing support (feedback, coaching, peer mentoring) to teachers in **building classroom community, explicitly teaching** social and emotional competencies through evidence-based programs and practices, and **integrating SEL in instructional practices** both in-person and during distance learning. For example, offer support for implementing **cooperative learning**, [project-based learning](#) or **inquiry-based instruction**.

ADDITIONAL GUIDANCE

Examples of developmentally appropriate strategies for SEL instruction

Check-in on emotions

- **Lower elementary:** Choosing a “feeling face.”
- **Upper elementary:** Choosing and explaining a word that captures their current mood.
- **Middle school:** Exploring complex emotions, including how they might feel two seemingly different emotions at one time.
- **High school:** Assessing how complex emotions influence one’s behaviors.

Discussion of use of social and emotional competencies

In **elementary**, teachers can use virtual and in-person read-alouds to support students’ social and emotional development. For example, ask:

- “How would you feel in the scenarios confronted by the characters, and why?”
- “Who do you go to for help in your own life? Who could the character in our story go to?”

For **older students**, encourage them to examine the social and emotional attributes involved in leadership. For example, ask:

- “What social and emotional competencies are you seeing in leaders right now? How are those qualities helping the country/city/state through the crisis?”
- “Which of those competencies do you feel strong in? Where do you want to grow?”



TOOLS

- [COVID-19 E-Learning Free Resources](#) (SEL Providers Council) This searchable library links to SEL provider webpages where they offer free resources and curriculum to support SEL virtually and at home.
- [Strategies for Trauma-Informed Distance Learning](#) (WestEd) This brief offers general strategies and specific examples for how to recognize and respond to students' social and emotional needs as well as build in trauma-informed practices that will support all students.
- [Tennessee Toolkit for Teachers and Administrators to Incorporate Social and Personal Competencies Into Instruction](#) (Tennessee DOE) This toolkit is designed to increase administrator and teacher awareness of the instructional practices that promote SEL.
- [This Time, With Feeling: Integrating Social and Emotional Development and College and Career Readiness Standards](#) (Aspen Institute) This publication provides examples of how academic standards call upon students to use social and emotional skills and a rationale for embedding SEL in academic lessons.
- [Sample Teaching Activities to Support Core Competencies of SEL](#) (CASEL) This document draws from evidence-based programs to identify and describe some of the most common strategies used to promote student SEL.
- [SEL Reflection Prompts](#) (CASEL) This tool lists prompts that can be used in group or partner discussions, journals, or integrated into assignments to prompt student reflection aligned with the five SEL competency framework.
- [Project Based Learning for Remote Learning](#) (Buck Institute for Education) This webpage provides project ideas, recommended technology, and best practices for facilitating projects remotely.

For more, including culturally responsive practices for distance learning and CASEL's Program Guides and SEL 3 Signature Practices Playbook, see the full tool index at casel.org/sel-in-action/reopening-with-SEL.



Create safe, supportive, and equitable learning environments that promote all students' social and emotional development.

3.3

Identify and implement a comprehensive system of support for students with additional needs.

All students share the experiences of the pandemic, racial injustice, and economic crisis. However, their personal responses to these events can vary widely depending on their individual circumstances. Contributing factors include their age as well as their access to resources and the health and well-being of their family and friends. BIPOC students may also experience more intense stress caused by individual, historical, and institutional racism. Adults will need to understand how these kinds of trauma and stress impact students, and affect the brain and body—potentially disrupting development and affecting mood, focus, concentration, memory, behavior, emotions, and trust.

As you work to support the mental and behavioral health and wellbeing of students in a way that addresses the current traumas, develop an adaptive and responsive system of tiered supports that leverages students' assets to help them cope, navigate, and strengthen their social and emotional competencies. To do this, develop structures to identify strengths and those who need additional behavioral or mental health support—connecting with processes (e.g., referrals, screeners) you use to identify and support students' academic needs. Universal support (Tier 1) focuses on developing learning environments with protective factors at all levels, including supportive relationships and integrated social, emotional, and academic skill-building (see [3.1](#) and [3.2](#)).

Partner with school-employed and community-based mental health and trauma professionals to develop processes for identifying and supporting the potentially increased numbers of students who need a wide range of targeted (Tier 2) and intensive (Tier 3) supports. Leverage community and family partnerships to access tools, resources, and support for all students. This may also include creating and monitoring a plan that provides connections to food, shelter, technology, transportation, or other resources.



ESSENTIAL QUESTIONS

- What is the current structure in place to understand [student assets, competencies, and strengths](#)?
- How trauma-sensitive are schoolwide and classroom supports? For example, do they provide a predictable and flexible structure?
- What are current structures and processes to work with school counselors and school psychologists to connect students with targeted (Tier 2) or intensive (Tier 3) behavioral and mental health interventions? What is the process to continuously monitor student progress?
- How do you avoid labeling students (e.g., as “struggling,” “vulnerable,” or “at-risk”) and relying on assumptions of students based on their past behaviors, race, or socioeconomic status? How do we avoid neglecting students who may receive less attention because they are considered “high-performing” or “quiet”?



PREPARE

- **Identify** existing school, district, and community resources to meet the needs of students and families (see [1.3](#)), including ensuring access to school-employed mental health professionals (e.g., school psychologists, counselors, and social workers). If there are gaps in needed support, identify community partners who can assist and provide learning for all staff on how to support students, including [identifying signs of developmental trauma](#).
- Establish or refine a **referral process** to identify students and families who may need additional support. Communicate and engage staff, students, families, and community partners in the referral process to help identify students who may be in particular need of social and emotional, mental, and behavioral health supports.
- Examine school infrastructure (e.g., staffing, budget) and capacity (e.g., staff and partner training and skill sets) to conduct universal **evidence-based screening** to identify students who need **targeted and intensive interventions**, recognizing that there may be high numbers of students identified for support. (Note: [social and emotional competence assessments](#) should not be used as screeners.)



IMPLEMENT

- Collaborate with school-employed and community mental health professionals to foster [trauma-sensitive learning environments](#) for all students, ensuring teachers receive coaching and feedback.
- Regularly gather and analyze data from referrals and/or screeners, and **examine root causes** of patterns related to inequities in resources, relationships, learning environments, and other supports.
- **Ensure appropriate staff** (e.g., mental health and trauma specialists) are available to implement next steps and address identified needs. Establish **regular check-ins** between school-employed mental health professionals and students in need, especially in times of distance learning.
- Work in **partnership with families and students** who have been identified to **monitor interventions** in place to support them, make any needed adjustments, and identify the effect of those interventions on social, emotional, and academic learning.



TOOLS

- [Guidance for Trauma Screening in Schools](#) (National Center for Mental Health and Juvenile Justice) This guide outlines the role of schools with regards to trauma screening, including key considerations and cautions, different screener options, intervention options, and connections to a whole-school approach.
- [Why We Need Trauma-Sensitive Schools](#) (Trauma and Learning Policy Initiative) This video stresses the importance of trauma-sensitive learning environments to support students.
- [Trauma-Informed School Strategies During COVID-19](#) (The National Child Traumatic Stress Network) This fact sheet offers information on the physical and emotional well-being of staff, creating a trauma-informed learning environment, identifying and assessing traumatic stress, addressing and treating traumatic stress, partnerships with students and families, cultural responsiveness, emergency management and crisis response, and school discipline policies and practices.
- [Trauma-Informed SEL Toolkit](#) (Transforming Education) This toolkit includes everything needed to deliver a two-hour professional development session designed for educators seeking research-based strategies to create a healthy classroom environment for students who have experienced adversities and trauma.
- [Teacher Training Modules](#) (National Center for School Crisis and Bereavement) These professional learning modules provide a structure for supporting grieving students.
- [Mental Health Resources for Adolescents and Young Adults](#) (Society for Adolescent Health and Medicine) This list of online resources aimed at adolescents and young adults includes support groups, peer networks, helplines, treatment locators, and advocacy opportunities.



Create safe, supportive, and equitable learning environments that promote all students' social and emotional development.

3.4

Engage students in developmentally appropriate conversations and lessons to discuss past, current, and future impacts of the pandemic and racial inequities on themselves, their families, their communities, and the broader world.

When students engage in [critical conversations](#) about their lived experiences and the experiences of others in supportive environments, they are able to develop more meaningful relationships with their peers, deepen their understanding of themselves and others, learn through authentic dialogue, and be part of anti-racist work in their communities. Either in-person or during distance learning, engage students in developmentally appropriate [conversations](#) about the history of diseases and the ways COVID-19 has (disproportionately) influenced people today, as well as the [history of racial injustices](#) and civic unrest.

Fostering critical analysis and constructive communication requires trust, open-mindedness, and willingness to learn with and from others. Analysis and discussions also require developmentally appropriate approaches as students engage in discussions reflecting the complexity of this pandemic, race and racial inequities, mobilization against systemic racism, and the effects on themselves and multiple communities. Select age-specific discussion strategies and topics to make room for respectful dialogue and expressions of critique.



ESSENTIAL QUESTIONS

- How do we create authentic and brave spaces for students to have conversations about the layers of struggle in our current moment and the effect that it has on them, their families, and their communities?
- How do we help students accept and process their emotions and the emotions of their peers in discussions about community stressors and injustices in a physically and emotionally safe space? How do we create an environment for discussion that does not tokenize students in racially isolated schools or classrooms?
- How are we helping students discern facts, analyze the impact, and look at bias connected to COVID-19 and the national mobilization against systemic racism in developmentally appropriate ways?
- How do we have developmentally appropriate conversations that help students understand the experience of others and develop agency over their own well-being and awareness of avenues for supporting others?



PREPARE

- Identify **developmentally appropriate, culturally responsive lessons**, [conversation protocols](#), and research projects that provide students with opportunities to learn about the **history of race and protest**; and to examine and discuss the influence of COVID-19 on themselves and on others, including the disparate impact of the disease.
- Explore or adapt a [digital literacy framework](#) so students are equipped to investigate ways to discern fact from fiction.
- Be aware of and be **prepared to support** those students and adults who have been directly impacted by COVID-19, racial injustices, and microaggressions.



IMPLEMENT

- Develop [norms](#) with students about how to hold conversations that may be uncomfortable, and expectations for participation. Ensure discussion norms offer choice of participation, especially accepting when BIPOC do not want to talk or share their experiences.
- Use **practices that help students talk** about the influence of COVID-19, including the disparate impact of the disease, and the influence of [racial/ethnic injustice](#) on themselves and others. including: [Big Paper: Building a Silent Conversation](#), [Barometer: Taking a Stand on Controversial Issues](#), and [Save the Last Word for Me](#).
- Help **students determine strategies about how they can contribute to resilience and recovery** in their communities. For example, teachers can help students initiate an [action research approach](#) to study community well-being. For older students, examine how decisions made by individuals or groups can have large and/or **inequitable impact**, such as incorporating the [comparison and contrast of data](#) processes to determine a leader's impact on infection and mortality rates.

ADDITIONAL GUIDANCE

	Examples of developmentally appropriate strategies for analyzing the impact of the pandemic	Examples of developmentally appropriate conversations for analyzing historical and current responses to racial inequities
Lower Elementary	Share a short news article from a reliable source or fictional story and help students process how the story makes them feel.	Lead mirror activities (drawing self-portraits, collage from magazines) that encourage positive identity and self-labeling. Support students to resist incorrect and harmful messages about themselves and others and offer (or help them find) a freedom fighter to inspire their image.
Upper Elementary	Ask students to bring in different stories about COVID-19 (offer appropriate sources) and look for ways they present information differently.	Explore timelines of ethnic studies and other social justice movements across the country. Examine place-based histories of your city and state. Students can view how people of different races and ethnicities have faced trials and triumphed in local history. Help students identify an issue that connects to their experiences today.
Middle School	Offer an opportunity for students to find conflicting perspectives about how communities are responding to the crisis and identify the influence of those perspectives on their own lives and those of others.	Understand the benefit of mutual support, support students as they investigate local issues, and find aid efforts demonstrating collective agency. Identify existing inequities that occur within the school and community.
High School	Encourage students to analyze inequities in response to the spread of the virus in the nation and around the world and draft proposals for how those responses should be improved.	Analyze media representations of social movements and community organizing. Encourage students to compare justice platforms and ethnic studies curricula to translate those ideas to their current setting. Analyze data on existing inequities that occur within the school and community.



TOOLS

- [Strategies for Teaching Fearless SEL for Societal Change](#) (Simmons [2019], via Greater Good Science Center) This SEL integration tool shows how CASEL's five SEL competencies can create the conditions for youth agency and engagement and social change and can be a key part of classroom-based learning.
- [COVID-19: How Can We Make Choices that Promote the Common Good?](#) (Facing History and Ourselves) This youth conversation lesson encourages students to share their views, values, and voices to strengthen the community.
- [Speaking Up Against Racism Around the Coronavirus](#) (Teaching Tolerance) Written for teachers to address stereotypes, xenophobia, and racism in connection with COVID-19, this article contains links to Teaching Tolerance guides for responding to hate or bias incidents and resources for educators to facilitate critical conversations about bias and stereotypes.
- [Talking to Students About Race and Ethnicity](#) (Teaching Tolerance) Packaged tools, webinar, and publications to support conversations with students about race, the Black Lives Matter movement, and injustice.
- [Talking About Race](#) (National Museum of African American History & Culture) This online portal is designed to help educators, families, and other individuals talk about racism, racial identity, and the way these forces shape society.
- [Reflecting on George Floyd's Death and Police Violence Towards Black Americans](#) (Facing History and Ourselves) This teaching guide will help teachers begin conversations with their students about George Floyd's death and the events that surround it, including reflection activities to prepare for teaching, creating space for emotional processing, and diving deeper with multimedia tools.
- [Circle Scripts for Black Lives Matter at School](#) (ROCRestorative Team, Rochester City School District) Five sample scripts for facilitating Circle discussions about race and identity, challenging racism, and the Black Lives Matter movement.

For more, including videos about facilitating classroom discussion, digital citizenship lessons, book lists, and additional lesson outlines, see the full tool index at casel.org/sel-in-action/reopening-with-SEL.



Create safe, supportive, and equitable learning environments that promote all students' social and emotional development.

3.5

Collaborate with families and community partners to align strategies for supporting students' SEL at school and home and during extended learning.

This is a time to empower educators, families, and community partners to work together to strengthen connections in support of all student's growth and development. The pandemic and mobilization against systemic racism have elevated the fact that social, emotional, and academic learning and development occurs across multiple contexts—in school buildings, homes, peer groups, [afterschool and summer programs](#), libraries, parks, recreation centers, online, and other spaces—and is a collective effort across communities. Further, the deepening impacts of racial injustice have elevated the need to more intentionally come together across schools, community partners, and families to solve critical issues within our communities.

- **Community partners** provide safe and developmentally rich settings for learning and development; are seen as trusted partners by families; and have connections to supports and services that school and families need (e.g., primary and mental health providers).
- **Families** provide an avenue to better understand the cultural assets that students bring to the table, help teach and reinforce SEL at home, and create environments that contribute to overall growth and well-being.

As school leaders, you have an opportunity to create new ways to engage educators, students, families, and community partners to foster cohesive learning experiences for youth. As you do this, prioritize making space for the voices of families and community partners from marginalized and BIPOC populations.



ESSENTIAL QUESTIONS

- How can we learn from and with family and community partners about how they engage youth, build supportive relationships, and promote SEL? How do we ensure that the environments of engagement are identity safe and culturally and contextually relevant?
- How can we create opportunities for school staff to work with and learn from family and community partners on coordinating SEL strategies across in-school and out-of-school time?
- How can we collaborate with family and community partners to align on goals and reimagine SEL programming to offer consistent opportunities for students to practice social and emotional competencies throughout their day, whether in classrooms, homes, or community organizations?



PREPARE

- Identify community assets, potential partnerships (e.g., youth-serving organizations, mental health providers), effective strategies, and voices to elevate to ensure the school's SEL efforts are aligned with and **grounded in the lived experience** of the community.
- Reach out and establish mutually beneficial **partnerships** that are rooted in collaboration and a shared agenda. Work to build trust through cultural humility and reciprocity, ongoing and reciprocal communication, resource-sharing, and support.
- Identify ways that families and community partners can fully engage in the school's **planning and implementation of SEL**, as well as support SEL across settings (e.g., discussion groups). Bring everyone to the table to challenge assumptions, innovate, and integrate



IMPLEMENT

- Set up opportunities for families and the community to give **input on SEL programs and practices** through the year. Use small-group meetings, interest groups, and informal gatherings to listen to families and community partners. Be clear and transparent about the schedule, purpose, and what input will and won't shape. Begin to implement the information gathered from stakeholders in your SEL efforts.
- Engage in conversations, collaborations, and professional learning with **youth-serving organizations to align terms, frameworks, and guidance to support SEL** for students and families.
- Communicate about SEL **strategies** and **shared language** with families and learn from their home-based practices.
- Speak with youth about **peer-based** SEL practices and language and their use in school, home, and at community organizations.



TOOLS

- [Recognizing the Role of Afterschool and Summer Programs in Reopening and Rebuilding](#) (AIR) This document includes recommendations on ways to include afterschool and summer programming to support students' transition back to school.
- [Collaboration Tools for Building SEL Across the School Day and Out-of-School Time](#) (CASEL Guide to Schoolwide SEL) This tool includes guidelines and activities for building strong collaborative relationships between schools and community partners to align SEL practices and learn from one another.
- [Building Positive Conditions for Learning at Home: Strategies and Resources for Families and Caregivers](#) (AIR) Tools in English and Spanish for parents for fostering emotional health and well-being within their home.
- [Making Families Feel Welcome](#) (Siegel, Esqueda, Berkowitz, Sullivan, Astor, & Benbenishty [2019], via Greater Good Science Center) This brief reflection activity for school staff lists methods for making students' families feel valued and respected.
- [SEL Discussion Series for Parents and Caregivers](#) (CASEL) This 10-session discussion series supports schools and community partners that wish to engage parents and caregivers in conversations about the social and emotional growth of their families. Also available in Spanish.
- [PTAs Leading the Way in Transformative Family Engagement](#) (The Center for Family Engagement) This report outlines best practices for a PTA to engage families.
- [George Floyd, Racism and Law Enforcement](#) (Anti-Defamation League) This Table Talk tool provides a current event summary and discussion questions in English and Spanish for families to use at home.

For more, including guidance for supporting the well-being of caregivers, building strong community partnerships, and connecting with your local afterschool network, see the full tool index at casel.org/sel-in-action/reopening-with-SEL.

SUSTAINING CRITICAL PRACTICE 3

Maintain safe, supportive, and equitable learning environments and continuously promote all students' social and emotional development.

- Frame **relationship-building with and among students** as an ongoing process and continue to dedicate time and space for community and communication throughout the year. Foster student [mindsets](#) that lay the groundwork for engagement and deeper learning, establish regular structures for **student choice and input into decision-making**, and open pathways for students to take **individual and collective action** to address community needs and advocate for change.
- **Monitor and assess both schoolwide and classroom [SEL programs and practices](#)** to determine their impact on student outcomes, and adjust or adopt new practices to continuously improve. Provide **feedback and coach** teachers on the implementation of SEL as well as instructional practices (see [4.2](#)). Ask outstanding teachers to model SEL activities and mentor other teachers.
- Update and renew **student support plans** based on data from screeners, formal and informal check-ins, and families to determine if adequate and effective student supports are provided. Prioritize adequate **staffing** of personnel who are trained to support student well-being (e.g., school counselors, nurses, school psychologists), and leverage existing partnerships with community organizations that provide mental health and trauma services to fill gaps in service.
- Identify ongoing opportunities for **family and community partners** to lead or co-lead SEL implementation efforts and be receptive to their efforts to engage your school. Continue to seek feedback about how strategies are working and potential ways to modify implementation (see [4.3](#))





SEL CRITICAL PRACTICE 4

Use data as an opportunity to share power, deepen relationships, and continuously improve support for students, families, and staff.

As we approach a school year that demands innovation and responsiveness, a commitment to ongoing continuous improvement will help ensure that existing and new strategies translate into optimal and equitable outcomes. The process of continuous improvement will involve partnering with the broader school community to collectively examine and address students' and adults' ongoing needs and strengths. Collect, reflect on, and share both quantitative and qualitative data that elevate the feedback and experiences of students, families, community members, and staff, as well as data about the implementation (e.g., SEL program/practice implementation, transitional strategies that support returning to school) and outcomes (e.g., academics, student and adult social and emotional competence, well-being, perceptions of climate, prosocial behaviors, attendance). This Critical Practice will help you establish equitable continuous improvement processes to identify and address challenges, build upon successes, innovate, and collectively problem-solve. This section will guide you through the following activities:

- Elevate student voice in reflecting and acting on data,
- Support educators in reflecting on instruction and environment,
- Partner with families and community members to improve experiences and outcomes.

“We need information on how kids are doing. We have to do it in a way that’s not super stressful, that’s very actionable for teachers and parents. We need to know how kids are doing from a social-emotional well-being standpoint...Kids have a lot to say about their experience—their experience of school, their experience of the community—and what they need.” —John King, President and CEO, Education Trust



Use data as an opportunity to share power, deepen relationships, and continuously improve support for students, families, and staff.

4.1

Elevate student voice in reflecting and acting on data around their learning and engagement.

Partner with students to understand how they experience school and how that can inform plans to improve learning and engagement. In developmentally appropriate and authentic ways, examine data, identify strengths and issues, and develop plans together to achieve individual and schoolwide goals. Engage students in discussions to examine root causes and broader systemic barriers to attendance, learning, or engagement (such as punitive or exclusionary discipline policies or practices that lack cultural responsiveness) and co-create solutions to address these problems.



ESSENTIAL QUESTIONS

- How can we build structures to ensure student voice in decision-making on their own learning and school practices and priorities?
- How can we work with students to understand meaningful sources of connection, learning, and growth during in-person and distance learning?
- How can we examine root causes of any student disengagement (past or current) in combination with academic data? Are the reasons the same? Similar? New?
- How might we rethink previous policies and mindsets about student attendance or engagement to focus on learning over seat time?
- How might we work with students to ensure responses to absences or challenging behavior are focused on reconnection, identifying root causes and barriers, and mitigating obstacles to engagement?



PREPARE

- Identify what data you already collect on students' school experiences and outcomes, including **school climate/belonging, students' social and emotional competence, attendance, and discipline**.
- Collect data that elevates students' perspectives, experiences, and outcomes. For example, use **assessments or surveys** to capture data on students' levels of engagement, [perspectives on learning](#) and school/classroom environments, and their strengths (including their social and emotional competencies) and needs.
- Build structures that position **students as partners** in data reflection and school improvement, prioritizing voices of marginalized students and BIPOC. Structures may include student government, student-led conferences, democratic classroom practices, lunch break conversations, or [youth participatory action research](#). Students should not just help identify the issues but also help identify and implement solutions.



IMPLEMENT

- Examine **root causes** of patterns and disparities in data, engaging students in developmentally appropriate conversations about barriers that may inequitably impact student outcomes and experiences.
- **Partner with students on practice and policy changes** to improve student experiences and outcomes, such as eliminating policies that punish or exclude students for non-attendance or providing additional support to those who may have been most impacted by the social, health, and economic challenges of this period.
- Incorporate key insights into evolving plans by **sharing and analyzing anonymized student data and reflections** during staff (see [4.2](#)) and community partner (see [4.3](#)) meetings.



TOOLS

- [Understand and Improve Students' Learning Experiences](#) (PERTS—Project for Education Research that Scales) Copilot-Elevate helps educators customize a short survey to learn how students are experiencing school, review results to see how experiences are promoting or hindering equitable learning, learn new practices to try with students, and track improvement over time.
- [Strategies for Gathering Student Feedback](#) (CASEL) Choose from or adapt these methods for hearing from your students about their learning experience in the new school year, whether instruction and learning is taking place at school or elsewhere.
- [Examining Your School's Climate](#) (Teaching Tolerance) This short school climate questionnaire and social mapping activity can be used to work with students to analyze differing perceptions of school climate.
- [Reflecting on School Discipline and SEL Alignment](#) (CASEL Guide to Schoolwide SEL) This organizer and checklist can be used to review and update policies and procedures to better align with your school's SEL vision and promote skill-building.
- [YPAR Hub](#) (Berkeley University) This website provides resources that help schools set up structures for Youth Participatory Action Research, which supports young people in conducting research to improve their lives, communities, and institutions.



Use data as an opportunity to share power, deepen relationships, and continuously improve support for students, families, and staff.

4.2

Support educators in reflecting on data around their own instructional practices and learning environment, especially when trying out new strategies or modes of teaching.

With new demands on all educators, adults will need structures to support reflection on how new practices create (or don't create) robust learning experiences for students and how mindsets and biases may influence how they respond to student behavior or need. You can facilitate critical reflection and growth by providing professional learning and support (see [2.4](#)) and by creating space for educators to examine their own data (e.g., instructional practices, classroom climate) individually and with peers.



ESSENTIAL QUESTIONS

- How can we foster a sense of trust and shared purpose so educators feel comfortable giving and receiving feedback, collaborating on data, and innovating on their practice?
- How do you support staff to develop an asset-based understanding of data that focuses on [students' competencies and strengths](#)?
- What [coaching model](#) can support educators in continuously improving practices to better support students' social, emotional and academic growth across different learning contexts (e.g., in-person, distance learning)?
- How can we as leaders model humility, vulnerability, growth mindset, and our own self-reflection to promote a culture of continuous improvement?



PREPARE

- **Discuss the importance of collecting data** to understand and continuously improve support for students and adults in new learning environments. Co-create a set of **data reflection norms**, including use of self-awareness and social awareness skills to receive feedback.
- Work with educators to determine what data should be gathered to help them reflect on practice and measure progress toward goals, including peer observations and student perception data. Together, build out a **schedule to collect this data and facilitate reflection**.
- Provide resources that help teachers [self-reflect on their own teaching practices](#) that promote social and emotional development.



IMPLEMENT

- Create time and space for groups of staff to convene around data review and **collaborative problem-solving**. Use a structured process that promotes equity of voice to examine and act on data for improvement. Encourage educators to analyze data by **subgroup**, such as race, SES, language learner status, special education, gender, or gender expression.
- Create **peer observation or peer coaching** opportunities, when possible, for teachers to support one another as they implement new practices in classrooms, distance, or blended learning.
- Use **common planning periods** to analyze data from surveys and diagnostic assessments to inform integrated social, emotional, and academic learning plans.



TOOLS

- [SEL Through Distance Learning: Teacher Self-Assessment](#) (CASEL Guide to Schoolwide SEL) This self-assessment provides insight into strengths and areas to develop as educators promote SEL through distance learning and at-home assignments.
- [PIRL: Preparation, Interaction, Reflection and Logistics Tool](#) (Denver Afterschool Alliance) This 24-item rubric can help you improve online, live sessions on platforms where youth are engaging with an instructor and their peers.
- [SEL Look-Fors in Blended Learning](#) (CASEL) Use this tool to reflect on a learning activity you have designed or led after it has taken place, or ask a colleague to use it as they observe you.
- [SEL Teacher Self-Check Tool](#) (Transforming Education) This tool encourages educators to reflect on their own progress toward cultivating positive environments and integrating SEL in a way that is responsive to students' needs and aligned with academic instruction.
- [Problem of Practice Protocol: Teaching During a Pandemic](#) (CASEL, adapted from School Reform Initiative) Use this protocol with a small group of colleagues to share, process, and collectively problem-solve around challenges of the moment.
- [How Can Educators Tap Into Research to Increase Engagement During Remote Learning?](#) (Rice & Kipp, EdSurge) This article provides ideas for measuring behavioral, cognitive, and emotional engagement in virtual settings and concrete ways that teachers can boost engagement through their own practices by engaging families, and facilitating connections between students.



Use data as an opportunity to share power, deepen relationships, and continuously improve support for students, families, and staff.

4.3

Partner with families and community members to continuously improve experiences and outcomes.

Families are children's first teachers and they, along with community partners, bring deep expertise about children's lived experiences, their culture, and the issues they care about. Their perspectives are critical to more deeply understand the impact of SEL efforts. As you engage with your community around data, pay attention to [power dynamics](#) in traditional data collection and continuous improvement processes that can lead to incomplete interpretations of data and biases in decision-making. Engage families and community partners in collecting, reflecting upon, problem-solving, and taking action from data.



ESSENTIAL QUESTIONS

- How can we tap into the unique knowledge that families and community partners have about young people?
- How can we use data processes and continuous improvement (e.g., collect, analyze, interpret, innovate on practices) to share power and be inclusive of families, and community members in decision-making?
- How can we collect data in ways that are timely, transparent, and non-intrusive and illuminate disparate experiences?
- Whose voices may be left out of the data collection and analysis process?



PREPARE

- Partner with families and community partners to gather data. Community members can design tools, facilitate **focus groups** or brainstorm other creative approaches to collect data on family and community perspectives on what is most essential for the wellness and success of the school community moving forward.
- Consider what **additional data** you may need based on your goals for data collection (e.g., influence of SEL practices on engagement and/or academic learning) (see [1.3](#)).



IMPLEMENT

- **Review** implementation (school and classroom practices) and outcome (student social and emotional competencies, school climate) data through formal and informal processes with your families and community partners to guide instruction and improvement. Encourage people to reflect on what they are learning by asking: Does what was shared mostly match your experience? Do you see yourself reflected in the data?
- Invite **families and partners to provide input**, using [multiple approaches](#), on curriculum, instruction, and community-building strategies for re-opening. Ensure input from those who are historically marginalized.
- Share **depersonalized, schoolwide data** with the school community, invite them into interpretation processes, and explain how the school will be acting on shared insights



TOOLS

- [Examining Transition Data With an Equity Lens](#) (CASEL) This data reflection protocol and key questions can be used as part of a data review routine, with an eye toward how decisions impact equity and outcomes.
- [Why Am I Always Being Researched?](#) (Chicago Beyond) This guidebook was made to help shift the power dynamic between those doing the research and the communities who are the subjects of research to address unintended bias and restore communities as authors and owners.
- [School Climate Survey Compendium](#) (National Center on Safe Supportive Learning Environments) This webpage gathers valid and reliable surveys, assessments, and scales of school climate to help educators identify and assess their conditions for learning.
- [ED School Climate Surveys](#) (U.S. Department of Education) These adaptable school climate surveys and web-based platform are free to download and administer and provide user-friendly reports in real-time; they also include a subscale on the experience of cultural responsiveness.
- [SEL Assessment Guide](#) (Assessment Work Group) This interactive tool helps educators select and effectively use currently available assessments of students' SEL competencies.
- [Tracking Your School's Progress Towards Implementing Schoolwide SEL](#) (CASEL Guide to Schoolwide SEL) Use the implementation [rubric and planner](#) to engage in a full review of your current SEL implementation and establish goals; then use the [walkthrough protocol](#) to look for signs of high-quality SEL implementation by observing for the indicators of schoolwide SEL.

SUSTAINING CRITICAL PRACTICE 4

Leverage ongoing partnerships with school community members to continuously improve SEL efforts.

- **Collect data at planned intervals throughout the year** to monitor needs, supports, and relationships of staff, students, and families in schools, in distance learning environments, or blended formats. Data collection efforts should also include assessing progress towards social and emotional competence goals and overall school climate.
- Support teachers in **revisiting goals and continuing to learn** about what is working well with shifts between virtual, modified in-person, and blended learning with changing guidelines for health and safety. Facilitate teacher, student, and family reflection to identify what is contributing to successes. Invite **teacher action research projects** as they adopt new practices to study the impact of technology, community-building routines, and anti-racist approaches.
- Consider what **additional data**, such as implementing more formal social and emotional competency measures, would help inform action steps to meet your goals. If some but not all students are attending school in person, compare outcomes between groups to **highlight both inequity and success stories** for continuous improvement.




MOVING FORWARD


On behalf of all the partners and contributors who developed this roadmap, we want to thank you for your commitment to SEL and the critically important work ahead. Although the environments and the ways that instruction occur have changed and will continue to shift, we know that learning and development continues. Young people are resilient and adaptive, and it is our collective responsibility to create the conditions for each student to be able to heal and thrive. All adults—school leaders, educators, community partners, and others—will play an enormous role in shaping the relationships, environments and experiences that foster social, emotional, and academic development across the multiple contexts where students live and learn. We recognize a lot of work needs to happen to support all students and adults as we navigate a moment of incredible complexity.

Now, more than ever, we will need to take care of ourselves and our colleagues, strengthen our partnerships, pool resources, develop common goals, and identify opportunities to work together to support all members of our school community and sustain this work over time. We hope this roadmap helps you leverage SEL in this moment to build a coalition and transformative path forward.

We invite you to share your own journey with this SEL Roadmap. Use hashtag #SELroadmap.

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COVID-19 Resources

Returning to School Following COVID-19 Related School Closures: The COVID-19 School Adjustment Risk Matrix (C-SARM)

As physical distancing requirements are modified and students physically return to their school buildings, educators will require protocols for identifying those at higher risk for adjustment difficulties. From such psychological triage, educators can select the most appropriate interventions from a continuum of services to support student school adjustment. It is anticipated that most otherwise healthy students (and staff) will successfully cope with the stress associated with this global pandemic, and will need only limited support services. However, depending upon their COVID-19 experiences, and the interactions between these experiences and their preexisting internal and external vulnerabilities (See the handout *Vulnerability Factors That Increase the Probability of Psychological Trauma* for additional information), others will require relatively intense and direct support services. Ideally selected from a multitiered system of support (MTSS; such as is offered in the NASP PREPaRE model), these services should range from indirect and consultative supports, to direct and intensive professional mental health interventions.

While the variables associated with traumatic stress and school adjustment are multiple and idiosyncratic, we offer the *COVID-19 School Adjustment Risk Matrix* (C-SARM) as a way to conceptualize how to make initial support service decisions. For those familiar with the NASP PREPaRE model, this will be recognized as primary triage. From the data provided by this level of triage, *initial* support service decisions are made. However, primary triage is only a starting point, and additional triage data are collected from the initial support services offered. From this secondary triage, more refined support service decisions are made.

The *C-SARM* is specific to the unique set of circumstances generated by COVID-19. It provides a basis for making initial student support service decisions regarding traumatic stress risk based on two variables: (a) pre-COVID-19 school adjustment and (b) the COVID-19 shelter in place environment.

PRE-COVID-19 SCHOOL EXPERIENCES

A strong predictor of future behavior is prior behavior. Thus, a student's school behavior and experiences before school closures contributes significantly to predicting school adjustment upon a return to school. Table 1 offers how the *C-SARM* operationalizes a pre-COVID-19 school adjustment continuum.

Table 1. Pre-COVID-19 School Experience Continuum

Pre-COVID-19 Experiences	Description
Positive	Liked and enjoyed all aspects of school (e.g., academic, extracurricular, social); felt connected to the school, safe, and cared for as part of a community.
Variable	Liked and enjoyed only particular aspects of school, and either felt neutral or had negative experiences with other elements (e.g., a student who thrived academically, yet experienced bullying or had limited positive social relationships; or a student who loved afterschool sports but struggled academically).
Negative	Disliked most or all aspects of school (e.g., academic, extracurricular, social); did not feel connected to the school, safe, or cared for as part of a community. However, note that some students may find requirements for physical distancing in the "new" school environment to actually make school less negative (e.g., modifications to recess may minimize negative social interactions).

COVID-19 SHELTER-IN-PLACE ENVIRONMENT

Social support is a powerful buffer against traumatic stress. Thus, a student's social support environment during the shelter-in-place experience (e.g., degree to which basic physical, emotional, social, and psychological needs were met; degree of stress and direct impact) can predict school adjustment difficulties. Table 2 offers how the *C-SARM* operationalizes the COVID-19 shelter-in-place environment continuum.

Table 2. COVID-19 Shelter in Place Environment Support Continuum

Degree of Support	Description
Positive	Healthy, safe, nurturing, and adaptive (e.g., most or all needs met, positive experiences with distance learning, no direct financial or health impacts from COVID-19).
Variable	Some support, but some challenges, affected by COVID-19 in some areas (e.g., caregivers losing employment; separation from family members, illness of a loved one).
Negative	Unhealthy, unsafe, dangerous, and maladaptive. Reflects either significant impact from physical, medical, or financial COVID-19 related stress (e.g., death of a loved one, loss of home), or those living in an environment of child maltreatment, violence, substance abuse and mental health problems, and rejection.

COVID-19 SCHOOL ADJUSTMENT

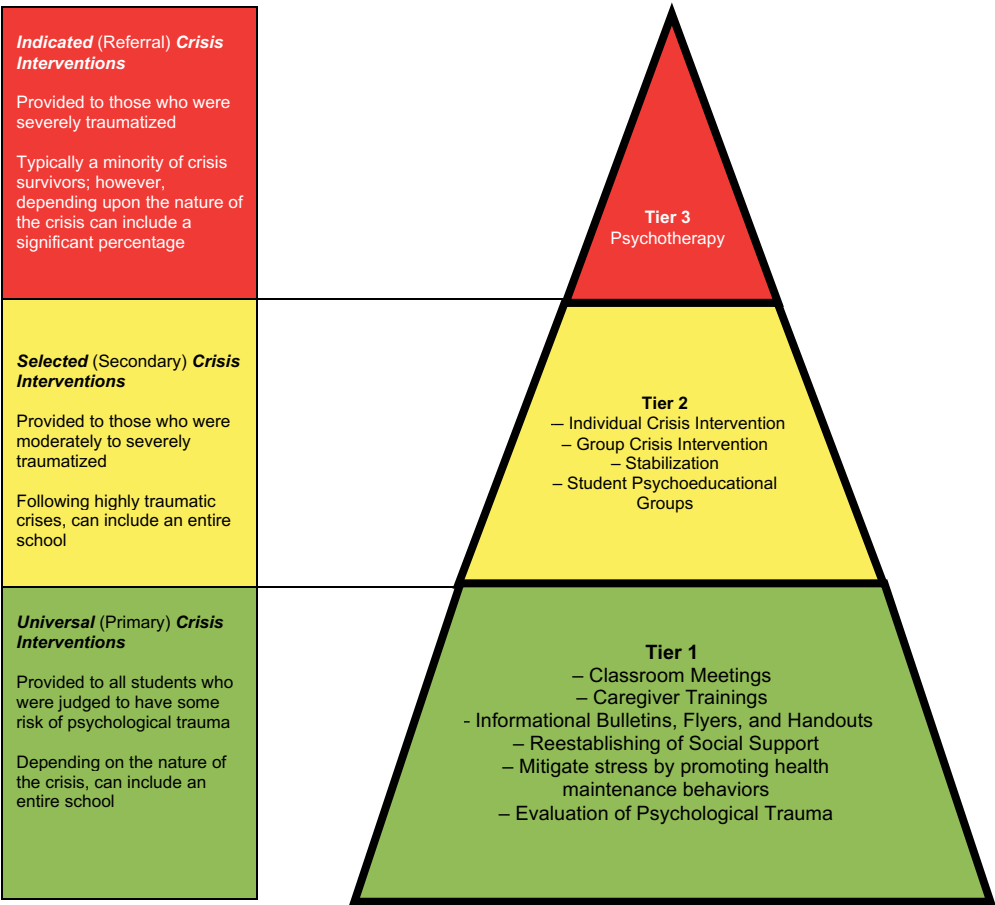
Assessing risk represents a complex process, and should examine a range of individual, historical, and contextual variables or vulnerabilities that impact one's adjustment to school. The *C-SARM*, offered in Figure 1, is a starting point in the assessment of possible COVID-19 related school adjustment difficulties, and is suggested to be the result of an interaction between students' pre-COVID-19 school experiences and their shelter-in-place environment. The *C-SARM* is color coded with green (low risk), yellow (low to moderate risk) and red (high to extreme risk) cells.

Applying an MTSS approach, students at low risk for problematic school adjustment would be initially offered only Tier 1 interventions; those at moderate risk would be offered both Tier 1 and 2 interventions; and those with high to extreme risk would be considered as appropriate recipients of all levels of support, including Tier 3. Figure 2 provides the PREP₂RE model's MTSS, as a way to illustrate what these different levels of support might involve.

Figure 1. COVID-19 School Adjustment Risk Matrix (C-SARM)

Shelter-in-Place Environment	Pre-COVID-19 School Experiences			
		Positive	Variable	Negative
	Positive	Low Risk	Low/Moderate Risk	Moderate/High Risk
	Variable	Low/Moderate Risk	Moderate Risk	High Risk
	Toxic	High Risk	High Risk	Extreme Risk

Figure 2. PREPaRE Levels of School Mental Health Crisis Interventions



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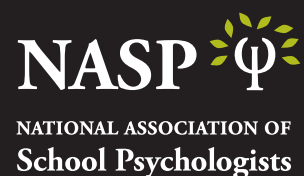
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School Reentry Considerations

Supporting Student Social and Emotional Learning and Mental and Behavioral Health Amidst COVID-19





School Reentry Considerations

Supporting Student Social and Emotional Learning and Mental and Behavioral Health Amidst COVID-19

Local education agencies and individual schools planning for students and staff to return following COVID-19 closures must prioritize efforts to address social and emotional learning and mental and behavioral health needs. Equally important is ensuring staff feel their physical and mental health needs are supported. Districts should ensure all policies or recommendations are culturally sensitive and ensure equity and access for all youth.

Addressing the academic skills gap remains an important objective; however, students will not be ready to engage in formal learning until they feel physically and psychologically safe. Establishing that sense of safety may take weeks or even months, depending on the evolving context in individual communities and a range of factors unique to each individual. Even within a school community, individual students and staff may be continuing to experience different stressors that could affect their personal sense of safety.

Schools should not rely on individuals to create and implement support plans in a patchwork fashion. District-level leadership can ensure a multitiered system of supports that addresses both academic skills and emotional and behavioral health. Schools and districts must make sure these supports are consistently available to all students and adults in each building.

This document outlines key considerations for district and building leaders, educators and school-employed mental health professionals (e.g. school counselors, school psychologists and school social workers) to guide efforts that support students' social and emotional well-being. The document also focuses on the many unique discussions that must occur locally to help prepare schools to support students' psychological safety, social and emotional learning, and mental and behavioral health.

Decisions for each of these considerations will vary depending on the format in which instruction resumes (i.e., hybrid, staggered attendance, full return to face-to-face instruction). Each local community must evaluate needs and available resources when developing a local reentry plan.

The considerations included below are intended to help guide planning and decision making and should not be seen as an exhaustive list of considerations. The successful re-opening of buildings requires school administrators, families, school nurses, school-employed mental health professionals, local public health officials and community stakeholders to collaborate regularly and effectively.

We encourage readers to consult other experts to inform plans related to additional key aspects of school reentry (e.g. transportation, sanitation, continuity of operations, etc.) Guidelines from multiple agencies such as the Centers for Disease Control and Prevention (CDC) and state and local health departments will help inform planning around physical distancing, hygiene, scheduling, face masks, etc. All of these efforts should occur in conjunction with one another. The end of this document includes additional resources that may be helpful in planning for reentry.

***This document will be updated as various reentry plans evolve. Successful reentry plans will inform innovative ways schools address student and staff psychological safety, social and emotional learning, and mental and behavioral health during the transition to in-person learning.*

Multidisciplinary Decision Making



SCHOOLS AND DISTRICTS SHOULD:

- Establish a multidisciplinary team dedicated to planning for school reentry. Teams should include school administrators, school-employed mental health professionals (e.g. school psychologists, school counselors and school social workers), teachers, school nurses, local public health officials, and district and community stakeholders. Possible responsibilities of this team include:
 - Reviewing guidance from local, state and federal agencies
 - Coordinating responses within and across schools and the community
 - Clearly communicating reentry, short-term recovery and long-term recovery plans with parents, families and other relevant community stakeholders.
 - Engaging in resource mapping to identify available resources and needs. This process should include an examination of existing school-based teams.
 - Mapping common goals and streamlining efforts to avoid duplication.

- Making decisions around temporary reallocation of resources depending on need (e.g., repositioning school nurses if certain parts of the district report more cases of COVID-19).
- Provide scripts for teachers and other staff to read to students to ensure consistent communication from a trusted and familiar adult.

RELATED RESOURCES:

[NASP COVID-19 Resource Center](#)

[Resource mapping strategy guide](#)

[Responding to COVID-19: Steps for school crisis response teams](#)

[School counseling during COVID](#)

Addressing Social and Emotional Learning and Mental Health Needs



SCHOOLS AND DISTRICTS SHOULD:

- Develop strategies and supports for students, families and staff members for each phase of recovery (before reopening, immediately after reopening and long-term support).
- Develop a referral system for individuals who need targeted support as well as access to school-employed and community mental health professionals.
- Recognize home is not a safe place for some students and develop a plan to identify and support them. The degree of stress experienced by students during this period will vary significantly. For some, the impact on emotional well-being and neurology can be long-lasting, even after a return to the previous status quo.
- Examine infrastructure to conduct universal social and emotional screenings, recognizing typical base rates and norm comparison data may be skewed. See [“Best Practices in Social, Emotional and Behavioral Screening: An Implementation Guide”](#) for more information and suggestions how to implement universal social and emotional screening. Generally, such screening processes should:
 - Ensure staff capacity to conduct the screening with fidelity
 - Have an established purpose ahead of time (e.g., helping identify students that may need follow up; helping identify capacity needs as a school/district; developing a system to provide tiered interventions)
 - Develop buy-in
 - Examine both risk factors as well as protective and promotive factors that reflect well-being and resilience
 - Not be used for diagnostic purposes
 - Help monitor social and emotional functioning
 - Establish a plan to analyze data and follow-up as needed, including ensuring appropriate staff is available to implement next steps
- In addition to and/or in the absence of formal screenings, school employed-mental health professionals should establish regular informal check-ins with all students especially in times of virtual learning. This allows prevention services to continue and establishes a system to determine how to provide effective intervention services as needed.
- Establish a process to help identify and provide supports to students or staff perhaps at higher risk for significant stress or trauma from COVID-19. This should involve conducting psychological triage to determine who needs crisis intervention support through a review of data about students and staff that they received during the closure. Data can include those experiencing death or loss of someone close to them; those with significant disruption to lifestyle such as food insecurity, financial insecurity; those with a history of trauma and chronic stress or other pre-existing mental health problems; those with exposure to abuse or neglect; and communities with previous history of educational disruption (e.g., significant natural disasters, school-located mass casualty events).
- Do not assume students in need will voluntarily disclose their distress or want to talk immediately.
- Consider the impact of masks on the ability to read emotions and facial expressions, follow speech, participate in speech-related interventions, and generally participate and focus on academics. Consider additional impacts on English-language learners, students with disabilities, including those with physical disabilities or those who are deaf and hard of hearing.
- Teach skills in validation, acknowledging everyone has/had a different experience from COVID-19, and not everyone in each school will be in the same place in recovery. Individual trajectories will vary significantly. Validate that some are disappointed, some had fun, some are grieving, some are exhausted from added responsibilities at home, some are scared, etc.
- Facilitate classroom meetings in collaboration with a school-employed mental health professional to allow students to collectively process their experience. This may need to occur more than once during the first few weeks of reentry and may need to be repeated if additional school closures occur.
- Facilitate evidence-based psychoeducational classroom lessons with school-employed mental health professionals to address mindset and behavior standards (e.g., learning strategies, self-management skills, social skills). These can follow models that may already be in place in the building (e.g., restorative/community circles, advisory period, social and emotional learning lessons).

- Anticipate significant academic, emotional and social regression, yet try to build from some of the unique learning experiences students may have had at home.
- Recognize the potential negative impact of an environment that still requires minimized social interactions, face coverings and lack of shared manipulatives or toys to help de-stress. Schools may wish to invest in things like squeeze/stress balls for each individual student along with masks.
- Establish an intentional focus on social and emotional skill building, mental and behavioral health, personal safety and self-regulatory capacity, which likely regressed with a lack of social interactions. Avoid assuming that lack of demonstration of social skills represents willful disobedience or purposeful insubordination. This should take priority over academics.
- Social and emotional learning curriculum should be intentionally embedded into core academic subjects to ensure they can be delivered in scenarios that would require an abbreviated school-day, hybrid virtual school day or an abrupt switch to virtual schooling.
- If attendance drops due to higher rates of school refusal or if attendance becomes optional due to medically fragile students or family members, have a system in place for school-employed mental health professionals to check in with students and families during the timeframe COVID-19 may still be a threat.
- Acknowledge the potential loss experienced by students who cannot participate in various activities that contribute to their development and sense of self (e.g., sports, performances, traveling)

RELATED RESOURCES:

[ASCA Mindsets and Behaviors for Student Success](#)

[Best Practices in Universal Social, Emotional and Behavioral Screening: An Implementation Guide](#)

[Mental and Behavioral Health Services for Children and Adolescents](#)

[Prevention and Wellness Promotion](#)

[School counselor and student mental health](#)

[School Counselor and Social/Emotional Development](#)

[School counselor role in risk assessment](#)

[Supporting children's mental health: Tips for parents and educators](#)

Relationships and Transitions



SCHOOLS AND DISTRICTS SHOULD:

- Acknowledge the lack of closure many students and staff had from the previous school year.
- Consider opportunities (when available) to spend time with previous classmates or teachers. Some elementary schools may also consider “looping” to allow teachers to follow students for all or part of the year. Such decisions will require significant planning and consideration at the local level.
- Establish back-to-school social events to allow peers and staff to re-connect. These may need to occur virtually, including virtual school tours and classroom visits. Back-to-school transitions will likely require more time than usual.
- Acknowledge that, for some, returning to school will be incredibly challenging; whereas, the transition will be straightforward for others.
- Recognize the unique transition challenges of those entering a new school, either due to moving or aging up to a new school (e.g., kindergarten, new middle-schoolers, high school freshman). Provide additional opportunities to get acquainted.
- Work with feeder schools to see if/what transition activities occurred before or during school closures.
- Consider matching up peer-buddies, particularly for students who may be at risk of a challenging transition. Peer-buddies can include same grade peers or matching older and younger students.
- Consider establishing year-long homerooms or advisory periods that create opportunities for students to check-in before engaging in the instructional day.
- Put in a long-term plan to bolster the process of welcoming students to school each day (e.g., have staff greeting students as they exit the bus or at drop-off locations). Establish routines to make students feel welcomed amidst the potential for temperature checks, mask distribution and other health requirements as students enter the building each day.

- Make concerted efforts to build the school community and establish staff/student relationships (e.g., have staff learn student names, even those not in their classes or on their caseloads).
- Anticipate significant fatigue and sleepiness, particularly among adolescents. Implement a more gradual re-introduction of academic rigor compared with previous years, with a shift in focus and expectations on social and emotional well-being, self-efficacy and adaptive skills.
- Teach and reteach expectations and routines, and avoid punitive approaches when managing physical distancing requirements when possible. Consider refraining from introducing new academic content until routines are firmly re-established.
- Consider opportunities for students to work cooperatively, feel empowered and assist others, which can prove restorative following significant disruption and collective stress. This can include planting or working in a community garden, helping to make masks for health care workers or others in the community or creating a drive to support local businesses.
- Provide students opportunities to voice concerns, challenges and needs.

RELATED RESOURCES:

[CASEL guide to schoolwide SEL essentials](#)

[Create a school-based mentor program](#)

[Second Step online tools and webinars](#)

[School counselor and peer support programs](#)

[School refusal: Information for Educators](#)

Potential for Trauma



SCHOOLS AND DISTRICTS SHOULD:

- Recognize the potential for higher rates of certain adverse childhood experiences (ACES) and/or stressors during school closures, and underreporting of those stressors, that may put students at higher risk of trauma. These may include:
 - Parental substance use and abuse
 - Exposure to domestic violence
 - Child maltreatment
 - Homelessness (and general worsening of poverty and economic gaps)
 - Financial/food/occupational/housing insecurity
 - Mental health issues or exacerbation of underlying issues
 - Family separation (some were away and couldn't return, or not seeing loved ones)
 - Grief/loss that could not be processed (either personal or affecting the entire school community)
- Recognize stigma and racism that may occur as a result of COVID-19, including:
 - Asian American students and staff
 - African American students and staff who were targeted due to wearing masks in public
 - Undocumented students and families with no access to health care or who experienced detainment

- Those who became sick or tested positive for COVID-19
- Those who have a family member who became sick or tested positive for COVID-19
- Those with allergies or respiratory illnesses that may result in coughing or sneezing

RELATED RESOURCES:

[Address ACES](#)

[Addressing Grief](#)

[Countering Coronavirus Stigma and Racism](#)

[Creating Trauma-Sensitive Schools: Supportive Policies and Practices for Learning \(Research Summary\)](#)

[Guidance for Trauma Screening in Schools](#)

[School counselor and trauma-informed practice](#)

[Supporting students experiencing childhood trauma](#)

Addressing Physical and Psychological Safety



SCHOOLS AND DISTRICTS SHOULD:

- Identify habits or systems to be put into place now to help ensure both physical and psychological safety. Clear evidence and understanding of safety measures reinforces psychological safety, which is critical to overall safety. This includes social distancing and sanitation and hygiene considerations for settings where students are gathered closely (e.g., lunch, physical education classes, recess, transportation). Some strategies may include:
 - Ensuring specialized instructional support personnel (e.g., school counselors, school psychologists, speech-language pathologists) have adequate space to conduct confidential sessions while maintaining social distancing requirements.
 - Posting videos on the district and/or schools' websites and social media showing school leaders and other personnel demonstrating what the district is doing to clean and sanitize schools as well as other healthy hygiene habits (e.g., handwashing, covering coughs and sneezes). This should occur both prior to opening and ongoing.
 - Consider a process for sanitizing shared objects, including those used by school psychologists or school counselors. These may include testing materials, fidget items or other manipulatives.
- Clearly define an expectation for using masks and other sanitization procedures. Separate guidelines may be necessary for students or staff who have medical or physical needs or who otherwise have been advised not to wear a mask. Maintain consistent guidelines to address situations where individuals or families refuse to wear a mask or follow social distancing expectations, while attempting to avoid punitive disciplinary measures. Acknowledge and be prepared to address possible stigma or fear if some people are wearing masks and some are not.
- Consider changes to a calm or wellness room, such as keeping items sanitized or ensuring more than one student can maintain a safe distance. Develop a virtual wellness space that include quotes, pictures, soothing music or videos and information on where to seek additional support if needed.
- Plan for individuals who are immune-compromised or otherwise at risk, including those with family members testing positive for COVID-19, students with health problems or physical disabilities, individuals with respiratory problems/allergies, etc.
- Consider virtual visits or phone calls to the school nurse for nonemergency concerns, and have spillover space to medically isolate at-risk individuals if needed.
- Be prepared for the potential that many students have not had access to medical care, either due to physical distancing or loss of medical insurance, which may increase the need or requests to see the school nurse.
- Establish attendance and sanitation guidelines for COVID-19-related illness and exposures (e.g., what to do if a student or staff tests positive for COVID-19 vs. student or staff exposure to COVID-19). This includes guidance on virtual learning expectations during the period a student is home and a timeline of how long a student or staff member should remain symptom-free before returning to school. Also communicate how the school will be cleaned.

RELATED RESOURCES:

[CDC: Cleaning and disinfecting your facility](#)

[CDC: COVID-19 considerations for school](#)

[Framework For Safe and Successful Schools](#)

Discipline



SCHOOLS AND DISTRICTS SHOULD:

- Acknowledge students have had inconsistent behavior and academic expectations for the previous several months. Expectations and appropriate behavior should be explicitly and regularly retaught.
- Focus on positive and effective discipline practices within a multitiered system of supports.
- View behaviors through a trauma-informed lens and as a potential symptom of deficits in regulatory skills and a prolonged adjustment period.
- Implement culturally responsive, restorative practices.
- Avoid punitive discipline such as suspension or expulsion that forces the student to leave the school environment, except for the most severe cases that put other students or staff in danger.
- Anticipate student defiance or resistance as a method of establishing control. Many students may feel disempowered, victimized, abandoned or resentful. Others will have lost trust and faith in the school's ability to care for and protect them or may experience emotional numbing. Adults working with these students should develop ways to empower students and provide unconditional positive support to build trust. Take extra time for relationship building.

RELATED RESOURCES:

[NASP – Discipline: Effective school practices](#)

[NASSP – School discipline](#)

[NPTA – Positive school discipline](#)

[Restorative school practices in action](#)

[School counselor and discipline](#)

[Effective School Discipline Policies and Practices \(Research Summary\)](#)

Addressing Staff Needs



SCHOOLS AND DISTRICTS SHOULD:

- Recognize staff may have:
 - Potentially experienced their own loss or stress (financial, personal, social, physical/medical)
 - Seen negative comments about the school's response or feedback from families
 - Not been able to say goodbye to certain students or staff members who aren't returning to the school
- Establish systemwide approaches to address secondary traumatic stress and compassion fatigue (e.g., tap in, tap out; buddy classrooms; boundary setting; self-care in the background).
- Self-care should become part of the school culture rather than be the entire responsibility of each individual staff member.
- Identify community resources available to support school staff.

- Increase communication efforts to ensure school staff are aware of the district's employee wellness benefits (e.g., employee assistance programs, mental health and wellness insurance coverage, FMLA).
- Work with human resources to determine procedures for taking sick leave due to COVID-19 concerns with themselves and/or their family.

RELATED RESOURCES:

[Coping With the COVID-19 Crisis: The Importance of Care for Caregivers](#)

[Resources to Promote Self-Care](#)

[Support for Teachers Affected by Trauma \(STAT\)](#)

[Tips for self-care](#)

Family Engagement



SCHOOLS AND DISTRICTS SHOULD:

- Ensure all efforts to engage and communicate with families are culturally sensitive. Ensure all written and oral communications are available in easily accessible formats and multiple languages; translation services can be made available upon request.
- Provide activities to help families feel comfortable sending their children back to school, such as:
 - Back-to-school open houses at the school or in the community, with the ability to ask questions, meet teachers and request opportunities to talk with school-employed mental health staff
 - A dry run of getting to school a couple weeks before the first day
- Engage families to get a better understanding of their concerns regarding student needs and ways to collaborate to support a successful reentry plan. This may include a needs assessment survey for students and families to identify points of anxiety and triggers for future potential stress.
- Use input provided by families to inform possible changes to the established attendance policies.

- Consider offering family education on specific strategies they can use at home to support successful reentry. This should also include information on how to seek support if they have specific concerns about their child.
- Work with families to identify those who may need assistance with food, clothing and other basic needs.
- Determine and communicate procedures for schools conducting home visits.

RELATED RESOURCES:

[Equity and family engagement COVID-19 resources](#)

[Talking to children about COVID-19: A parent resource](#)

[School-family partnerships](#)

[School Family Partnering to Enhance Learning: Essential Elements and Responsibilities](#)

Access to School-Employed Mental Health Professionals and School Nurses



The need for access to school-employed mental health professionals (e.g., school psychologists, school counselors, school social workers) and school nurses has never been higher.

SCHOOLS AND DISTRICTS SHOULD:

- Ensure at minimum a maintenance of existing positions, and aspire to national recommendations
 - School psychologists: 1:500 students
 - School counselors: 1:250
 - School social workers: 1:250
 - School nurses: 1:750*
- Connect with community providers as needed to address gaps
- Consider ways to increase accessibility virtually by posting information on the website and creating pathways for families and students to connect as needed

*Note: This ratio is recommended when the student population is healthy. Districts heavily affected by COVID-19 may want to consider a much lower ratio of school nurses to students.

RELATED RESOURCES:

[Role of the School Counselor](#)

[Role of the School Psychologist](#)

[Role of the School Social Worker](#)

[School nurses workload: Staffing for Safe Care](#)

Plan for Unpredictable and Evolving Context



As new data emerges throughout fall 2020 and beyond, the structure of schooling may change rapidly and differ from region to region.

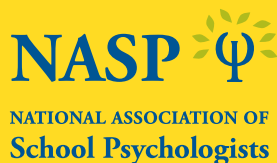
SCHOOLS AND DISTRICTS CAN:

- Leverage community resources (e.g., public libraries) to provide activities that support student social and emotional learning and academic growth on days students are not attending school in person.
- Review the successes and challenges from current COVID-19–related school closures to identify and address service gaps.
- Reinforce the importance of ongoing, relevant professional development for staff.
- Develop and clearly communicate decision points for additional school closures and plans to support students' academic, social and emotional, and mental and behavioral health needs.



ABOUT THE AMERICAN SCHOOL COUNSELOR ASSOCIATION

The American School Counselor Association (ASCA) promotes student success by expanding the image and influence of school counseling through leadership, advocacy, collaboration and systemic change. ASCA helps school counselors guide their students toward academic achievement, career planning and social/emotional development to help today's students become tomorrow's productive, contributing members of society. Founded in 1952, ASCA has a network of 50 state and territory associations and a membership of more than 36,000 school counseling professionals. For additional information on the American School Counselor Association, visit www.schoolcounselor.org.



ABOUT THE NATIONAL ASSOCIATION OF SCHOOL PSYCHOLOGISTS

NASP represents more than 25,000 school psychologists who work with students, educators and families to support the academic achievement, positive behavior and mental health of all students. School psychologists work with parents and educators to help shape individual and systemwide supports that provide the necessary prevention, early identification and intervention services to ensure that all students have access to the mental health, social-emotional, behavioral and academic supports they need to be successful in school. For additional information about the National Association of School Psychologists, visit www.nasponline.org.

UCLA Brief COVID-19 Screen for Child/Adolescent PTSD ©

Name: _____	ID # _____	Age: _____	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male
Grade in School _____	School: _____	Teacher: _____	City/State _____
Interviewer Name/I.D. _____	Date (month, day, year) ____/____/____ (Session # _____)		

The coronavirus illness has made a lot of people very scared and worried about their own safety and health, and the safety and health of their family and friends. To help me understand how you are doing with what is happening, I'd like to ask you some questions about some ways that we know people react to this kind of danger. For me to better understand your answers, it's helpful for me to ask you a few questions first.

Have you or someone close to you gotten very sick or been in the hospital because of this illness?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you or someone close to you been quarantined because of having symptoms of this illness?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you or someone close to you been told of a positive test for this illness?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does someone close to you work around people who might have this illness?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you or a family member had to move away from home because of this illness?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has anyone close to you died because of this illness?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If yes, can you tell me who? _____

Military Families

Has a military member of your family been deployed to a place where people have this illness?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you and your family been quarantined and made to stay on your military base?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has a military member of your family been unable to return home or leave a foreign country because of being quarantined or because of having this illness?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Has anything else happened to you/your family because of this illness that has been very upsetting?	<input type="checkbox"/> Yes <input type="checkbox"/> No
---	--

Describe: _____

(Even if no item above is scored “Yes”, continue to ask the following.)

For your reactions to what’s happening because of the coronavirus illness, TELL ME for each problem listed below the number (0, 1, 2, 3 or 4) that shows how often the problem happened to you in the past month. Use the Frequency Rating Sheet to help you decide how often the problem happened in the past month.

<i>HOW MUCH OF THE TIME DURING THE PAST MONTH...</i>		None	Little	Some	Much	Most
1	I try to stay away from people, places, or things that remind me about what happened or what is still happening.	0	1	2	3	4
2	I get upset easily or get into arguments or physical fights.	0	1	2	3	4
3	I have trouble concentrating or paying attention.	0	1	2	3	4
4	When something reminds me of what happened or is still happening, I get very upset, afraid, or sad.	0	1	2	3	4
5	I have trouble feeling happiness or love.	0	1	2	3	4
6	I try not to think about or have feelings about what happened or is still happening.	0	1	2	3	4
7	When something reminds me of what happened, I have strong feelings in my body like my heart beats fast, my head aches or my stomach aches.	0	1	2	3	4
8	I have thoughts like “I will never be able to trust other people.”	0	1	2	3	4
9	I feel alone even when I am around other people.	0	1	2	3	4
10	I have upsetting thoughts, pictures or sounds of what happened or is still happening come into my mind when I don’t want them to.	0	1	2	3	4
11	I have trouble going to sleep, wake up often, or have trouble getting back to sleep.	0	1	2	3	4

FREQUENCY RATING SHEET

HOW MUCH OF THE TIME DURING THE PAST MONTH DID THE PROBLEM HAPPEN?

0

NONE

S	M	T	W	H	F	S

NEVER

1

LITTLE

S	M	T	W	H	F	S
	X					
					X	

TWO TIMES
A MONTH

2

SOME

S	M	T	W	H	F	S
		X			X	
		X				
			X			
	X			X		

1-2 TIMES
A WEEK

3

MUCH

S	M	T	W	H	F	S
	X		X		X	
X		X				
	X		X		X	
X	X					

2-3 TIMES
A WEEK

4

MOST

S	M	T	W	H	F	S
X	X	X	X	X	X	X
	X	X	X	X		
	X	X		X	X	
X	X	X	X	X	X	X

ALMOST EVERY
DAY

Name: _____ ID# _____ Age: _____ Sex: ☐ Female ☐ Male Date: _____

Score Sheet

Category B Total: Sum scores for symptoms; Category C Total: Sum scores for symptoms; Category D Total: Sum scores for symptoms; Category E Total: Sum scores for symptoms; Total PTSD-RI Brief Scale Score: Sum Category B, C, D, and E scores.

Item #	Score (0-4)
10	
4	
7	
SYMPTOM CATEGORY B SUMMATIVE SCORE: _____	
6	
1	
SYMPTOM CATEGORY C SUMMATIVE SCORE: _____	

Item #	Score (0-4)
8	
9	
5	
SYMPTOM CATEGORY D SUMMATIVE SCORE: _____	
2	
3	
11	
SYMPTOM CATEGORY E SUMMATIVE SCORE _____	
TOTAL SCALE SCORE _____	

DSM-5 PTSD DIAGNOSTIC SCREENER

A PTSD-RI BRIEF FORM TOTAL SCALE SCORE THAT IS 21 OR HIGHER IS INDICATIVE OF POTENTIAL PTSD AND WARRANTS FURTHER EVALUATION OR REFERRAL.

Rating	Description	Recommendation
1-10	Minimal PTSD symptoms	Monitor, Education, Periodic Rescreening
11-20	Mild PTSD symptoms	Consider Further Evaluation – Monitor, Education, Suggest Full PTSD-RI Assessment
21+	Potential PTSD	Warrants Full PTSD-RI Assessment and Triage

For information or to obtain a license for the full UCLA PTSD Reaction Indices, contact www.reactionindex.com.

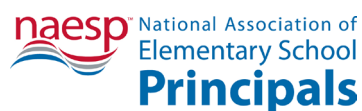
A Framework for Safe and Successful Schools



**NATIONAL ASSOCIATION OF
SCHOOL PSYCHOLOGISTS**



**School Social Work
Association of America**



Executive Summary

This joint statement provides a framework supported by educators for improving school safety and increasing access to mental health supports for children and youth. Efforts to improve school climate, safety, and learning are not separate endeavors. They must be designed, funded, and implemented as a comprehensive school-wide approach that facilitates interdisciplinary collaboration and builds on a multitiered system of supports. We caution against seemingly quick and potentially harmful solutions, such as arming school personnel, and urge policy leaders to support the following guidance to enact policies that will equip America's schools to educate and safeguard our children over the long term.

POLICY RECOMMENDATIONS TO SUPPORT EFFECTIVE SCHOOL SAFETY

1. Allow for blended, flexible use of funding streams in education and mental health services;
2. Improve staffing ratios to allow for the delivery of a full range of services and effective school–community partnerships;
3. Develop evidence-based standards for district-level policies to promote effective school discipline and positive behavior;
4. Fund continuous and sustainable crisis and emergency preparedness, response, and recovery planning and training that uses evidence-based models;
5. Provide incentives for intra- and interagency collaboration; and
6. Support multitiered systems of support (MTSS).

BEST PRACTICES FOR CREATING SAFE AND SUCCESSFUL SCHOOLS

1. Fully integrate learning supports (e.g., behavioral, mental health, and social services), instruction, and school management within a comprehensive, cohesive approach that facilitates multidisciplinary collaboration.
2. Implement multitiered systems of support (MTSS) that encompass prevention, wellness promotion, and interventions that increase with intensity based on student need, and that promote close school–community collaboration.
3. Improve access to school-based mental health supports by ensuring adequate staffing levels in terms of school-employed mental health professionals who are trained to infuse prevention and intervention services into the learning process and to help integrate services provided through school–community partnerships into existing school initiatives.
4. Integrate ongoing positive climate and safety efforts with crisis prevention, preparedness, response, and recovery to ensure that crisis training and plans: (a) are relevant to the school context, (b) reinforce learning, (c) make maximum use of existing staff resources, (d) facilitate effective threat assessment, and (e) are consistently reviewed and practiced.
5. Balance physical and psychological safety to avoid overly restrictive measures (e.g., armed guards and metal detectors) that can undermine the learning environment and instead combine reasonable physical security measures (e.g., locked doors and monitored public spaces) with efforts to enhance school climate, build trusting relationships, and encourage students and adults to report potential threats. If a school determines the need for armed security, properly trained school resource officers (SROs) are the only school personnel of any type who should be armed.
6. Employ effective, positive school discipline that: (a) functions in concert with efforts to address school safety and climate; (b) is not simply punitive (e.g., zero tolerance); (c) is clear, consistent, and equitable; and (d) reinforces positive behaviors. Using security personnel or SROs primarily as a substitute for effective discipline policies does not contribute to school safety and can perpetuate the school-to-prison pipeline.
7. Consider the context of each school and district and provide services that are most needed, appropriate, and culturally sensitive to a school's unique student populations and learning communities.
8. Acknowledge that sustainable and effective change takes time, and that individual schools will vary in their readiness to implement improvements and should be afforded the time and resources to sustain change over time.

Creating safe, orderly, and welcoming learning environments is critical to educating and preparing all of our children and youth to achieve their highest potential and contribute to society. We all share this responsibility and look forward to working with the Administration, Congress, and state and local policy makers to shape policies based on these best practices in school safety and climate, student mental health, instructional leadership, teaching, and learning.

A Framework for Safe and Successful Schools



The author organizations and cosigners of this joint statement applaud President Obama and Congress for acknowledging that additional actions must be taken to prevent violence in America's schools and communities. We represent the educators who work day in and day out to keep our children safe, ensure their well-being, and promote learning. This joint statement provides a framework supported by educators for improving school safety and increasing access to mental health supports for children and youth.

We created these policy and practice recommendations to help provide further guidance to the Administration, Congress, and state and local agencies as they reflect upon evidence for best practices in school safety and climate, student mental health and well-being, instructional leadership, teaching, and learning. Further, the partnership between our organizations seeks to reinforce the interdisciplinary, collaborative, and cohesive approach that is required to create and sustain genuinely safe, supportive schools that meet the needs of the whole child. Efforts to improve school climate, safety, and learning are not separate endeavors and must be designed, funded, and implemented as a comprehensive school-wide approach. Ensuring that mental health and safety programming and services are appropriately

integrated into the overall multitiered system of supports is essential for successful and sustainable improvements in school safety and academic achievement.

Specifically, effective school safety efforts:

- Begin with proactive principal leadership.
- Allow school leaders to deploy human and financial resources in a manner that best meets the needs of their school and community.
- Provide a team-based framework to facilitate effective coordination of services and interventions.
- Balance the needs for physical and psychological safety.
- Employ the necessary and appropriately trained school-employed mental health and safety personnel.
- Provide relevant and ongoing professional development for all staff.
- Integrate a continuum of mental health supports within a multitiered system of supports.
- Engage families and community providers as meaningful partners.
- Remain grounded in the mission and purpose of schools: teaching and learning.

Although the focus of this document is on policies and practices that schools can use to ensure safety, we must acknowledge the importance of policies and practices that make our communities safer as well. This includes increased access to mental health services, improved interagency collaboration, and reduced exposure of children to community violence. Additionally, our organizations support efforts designed to reduce youth access to firearms. Finally, many local school districts and state boards of education are considering policies that would allow school staff to carry a weapon. Our organizations believe that arming educators would cause more harm than good, and we advise decision makers to approach these policies with extreme caution.

We urge policy leaders to support the following guidance to promote safe and supportive schools. We look forward to working with the Administration, Congress, and state and local agencies to shape and enact meaningful policies that will genuinely equip America's schools to educate and safeguard our children over the long term.

POLICY RECOMMENDATIONS TO SUPPORT EFFECTIVE SCHOOL SAFETY

1. Allow for blended, flexible use of funding streams.

The Department of Education should work with the Department of Health and Human Services and Congress to release guidance that gives schools access to various funding streams (e.g., SAMHSA and Title I) to ensure adequate and sustained funding dedicated to improving school safety. One-time grants are beneficial in some circumstances; however, one-time allotments of money for schools are insufficient for sustained change to occur. Similarly, district superintendents must be able to anticipate the availability of future funding in order to collaborate with school principals to effectively plan for and implement meaningful changes that will result in positive, sustainable outcomes for students.

2. Strive to improve staffing ratios to allow for the delivery of a full range of services, including school–community partnerships, and set standards that will help schools effectively and accurately assess their needs.

This will require providing additional funding for key personnel such as school counselors, school psychologists, school social workers, and school nurses.

3. Outline standards for district-level policies to promote effective school discipline and positive behavior.

Although it has been briefly discussed in

this document, we urge the Department to release guidance regarding effective school discipline policies. Far too many schools continue to use punitive discipline measures, such as zero-tolerance policies, that result in negative outcomes for students and contribute to the school-to-prison pipeline.

4. Provide funding for continuous and sustainable crisis and emergency preparedness, response, and recovery planning and training (utilizing evidence-based models).

The minimum standards include:

- a. establishment of a school safety and crisis team that includes the principal, school-employed mental health professionals, school security personnel, and appropriate community first responders;
- b. a balanced focus on promoting and protecting both physical and psychological safety;
- c. a crisis team and plan based on the Department of Homeland Security's Incident Command System;
- d. ongoing professional development for all school employees to help identify key indicators of students' mental health problems as well as employees' specific roles in implementation of crisis response plans;
- e. professional development for school-employed mental health professionals and other relevant staff (e.g., key administrators, school resource officers) on how to implement effective crisis prevention, intervention, and postvention strategies, including the critical mental health components of recovery.

5. Provide incentives for intra- and interagency collaboration.

All levels of government need to take preemptive measures to strengthen the ability of schools to provide coordinated services to address mental health and school safety. We urge the federal government to set the standard and issue guidance on how various government, law enforcement, and community agencies can work together to provide services to students and families. At all levels, we must remove the barriers between education and health service agencies. Schools serve as the ideal "hub" for service delivery; however, schools must be adequately staffed with school counselors, school psychologists, school social workers, and school nurses who can provide the proper services in the school setting, connect students and families to the appropriate services in the community, and work collaboratively with external agencies to ensure streamlined service delivery and avoid redundancy.

6. **Support multitiered systems of supports.** A full continuum of services ranging from building-level supports for all students to more intensive student-level services is necessary to effectively address school safety and student mental health.

BEST PRACTICES FOR CREATING SAFE AND SUCCESSFUL SCHOOLS

School safety and positive school climate are not achieved by singular actions like purchasing a designated program or piece of equipment but rather by effective comprehensive and collaborative efforts requiring the dedication and commitment of all school staff and relevant community members. Schools require consistent and effective approaches to prevent violence and promote learning, sufficient time to implement these approaches, and ongoing evaluation.

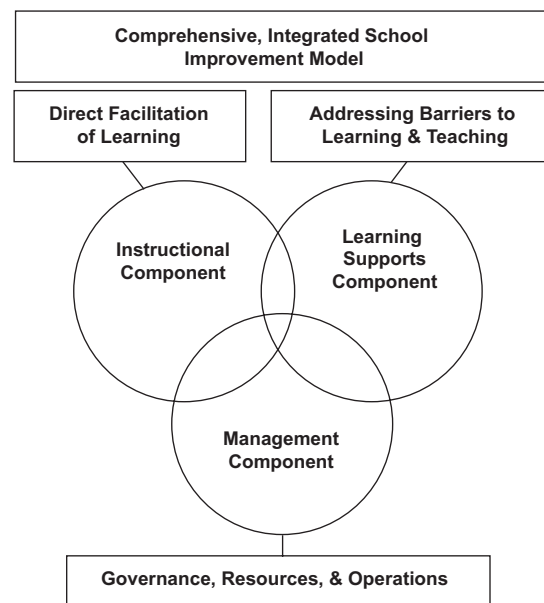
1. Integrate Services Through Collaboration

Safe and successful learning environments are fostered through collaboration among school staff and community-based service providers while also integrating existing initiatives in the school. Effective schools and learning environments provide equivalent resources to support instructional components (e.g., teacher quality, high academic standards, curriculum), organizational/management components (e.g., shared governance, accountability, budget decisions), and learning supports (e.g., mental health services; see Figure 1). Rather than viewing school safety as a targeted outcome for a single, stand-alone program or plan developed by the school building principal alone, this model seeks to integrate all services for students and families by framing the necessary behavioral, mental health, and social services within the context of school culture and learning. Integrated services lead to more sustainable and comprehensive school improvement, reduce duplicative efforts and redundancy, and require leadership by the principal and a commitment from the entire staff (See Roles of School Principals, page 8.).

2. Implement Multitiered Systems of Supports (MTSS)

The most effective way to implement integrated services that support school safety and student learning is through a school-wide multitiered system of supports (MTSS). MTSS encompasses (a) prevention and wellness promotion; (b) universal screening for academic, behavioral, and emotional barriers to learning; (c) implementation of evidence-based interventions that increase in intensity as needed; (d) monitoring of ongoing student progress in response to implemented

Figure 1.



Note. Adapted from UCLA Center for Mental Health in Schools and the National Association of School Psychologists. (2010). *Enhancing the Blueprint for School Improvement in the ESEA Reauthorization: Moving From a Two- to a Three-Component Approach* [Advocacy statement]. Adapted with permission.

interventions; and (e) engagement in systematic data-based decision making about services needed for students based on specific outcomes. In a growing number of schools across the country, response to intervention (RTI) and positive behavior interventions and supports (PBIS) constitute the primary methods for implementing an MTSS framework. Ideally though, MTSS is implemented more holistically to integrate efforts targeting academic, behavioral, social, emotional, physical, and mental health concerns. This framework is more effective with coordination of school-employed and community-based service providers to ensure integration and coordination of services among the school, home, and community.

Effective MTSS requires:

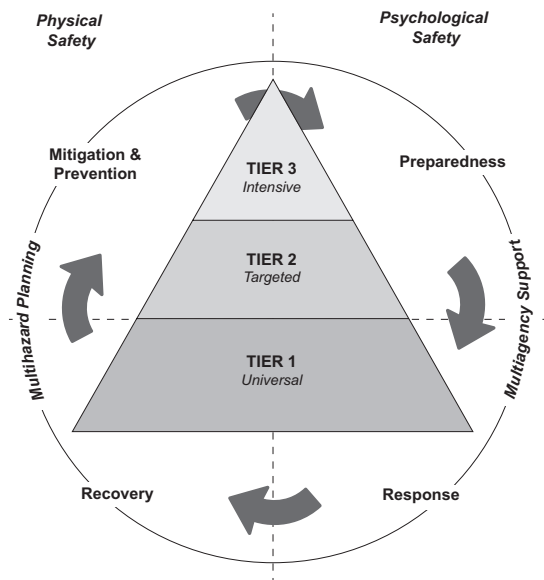
- adequate access to school-employed specialized instructional support personnel (e.g., school counselors, school psychologists, school social workers, and school nurses) and community-based services;
- collaboration and integration of services, including integration of mental health, behavioral, and academic supports, as well integration of school-based and community services;
- adequate staff time for planning and problem solving;
- effective collection, evaluation, interpretation, and use of data; and
- patience, commitment, and strong leadership.

One approach to integrating school safety and crisis management into an MTSS framework is the M-PHAT model (see Figure 2).

M-PHAT stands for:

- Multi-Phase (prevention, preparedness, response, and recovery)
- Multi-Hazard (accidental death, school violence, natural disasters, terrorism)
- Multi-Agency (school, police, fire, EMS, mental health)
- Multi-Tiered (an MTSS framework)

Figure 2. Comprehensive Safe Learning Environment: The M-PHAT Approach



Note. From *Comprehensive Planning for Safe Learning Environments: A School Professional's Guide to Integrating Physical and Psychological Safety—Prevention Through Recovery*, by M. A. Reeves, L. M. Kanan, & A. E. Plog, 2010, New York, NY: Routledge. Reprinted with permission.

3. Improve Access to School-Based Mental Health Supports

Mental health is developed early in life and educators play a significant role in ensuring that students' experiences throughout their school careers contribute to their positive mental health. Access to school-based mental health services and supports directly improves students' physical and psychological safety, academic performance, and social-emotional learning. This requires adequate staffing levels in terms of school-employed mental health professionals (school counselors, school psychologists, school social workers, and in some cases, school nurses) to ensure that services are high quality, effective, and appropriate to the school context. Access to school mental

health services cannot be sporadic or disconnected from the learning process. Just as children are not simply small adults, schools are not simply community clinics with blackboards. School-employed mental health professionals are specially trained in the interconnectivity among school law, school system functioning, learning, mental health, and family systems. This training ensures that mental health services are properly and effectively infused into the learning environment, supporting both instructional leaders and teachers' abilities to provide a safe school setting and the optimum conditions for teaching and learning. No other professionals have this unique training background.

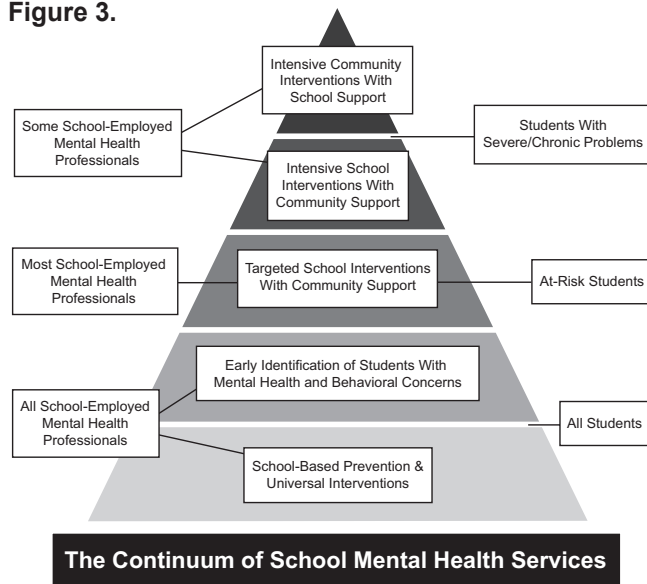
Having these professionals as integrated members of the school staff empowers principals to more efficiently and effectively deploy resources, ensure coordination of services, evaluate their effectiveness, and adjust supports to meet the dynamic needs of their student populations. Improving access also allows for enhanced collaboration with community providers to meet the more intense or clinical needs of students (see Figure 3).

School counselors, school psychologists, and school social workers all offer unique individual skills that complement one another in such a way that the sum is greater than the parts (See Roles of School-Employed Mental Health Professionals, page 9.) When given the opportunity to work collectively, they are ready and capable of providing an even wider range of services, such as:

- collecting, analyzing, and interpreting school-level data to improve availability and effectiveness of mental services;
- designing and implementing interventions to meet the behavioral and mental health needs of students;
- promoting early intervention services;
- providing individual and group counseling;
- providing staff development related to positive discipline, behavior, and mental health (including mental health first aid);
- providing risk and threat assessments;
- supporting teachers through consultation and collaboration;
- coordinating with community service providers and integrating intensive interventions into the schooling process.

Addressing Shortages: Fully providing effective, integrated, and comprehensive services requires schools to maintain appropriate staffing levels for their school-employed mental health professionals. Every district and school must

Figure 3.



Note. Adapted from "Communication Planning and Message Development: Promoting School-Based Mental Health Services," by the National Association of School Psychologists, 2006, *Communique*, 35(1), p. 27. Copyright 2006 by the National Association of School Psychologists. Adapted with permission.

be supported to improve staffing ratios. Unfortunately, significant budget cuts, combined with widespread personnel shortages, have resulted in reduced access to school-employed mental health professionals in many schools and districts. In these districts, school counselors, school psychologists, school social workers, and school nurses often have inappropriately high student-to-professional ratios that far exceed the recommendations provided by their respective professional organizations. Poor ratios restrict the ability of these professionals to devote time to important initiatives, including school-wide preventive services (e.g., bullying, violence, and dropout prevention), safety promotion, and sustained school improvement. Many districts go without prevention and early intervention services that effectively link mental health, school climate, school safety, and academic instruction. Partnerships with community providers or school-based health centers can provide important resources for individual students. However, community providers sometimes lack familiarity with specific processes in teaching and learning and with systemic aspects of schooling. Successful school–community partnerships integrate community supports into existing school initiatives utilizing a collaborative approach between school and community providers that enhances effectiveness and sustainability. Many schools have limited access to community supports making overreliance on

community partners as primary providers of mental health services potentially problematic.

District-wide policies must support principals and school safety teams to provide services in school-based settings and strengthen the ability of schools to respond to student and family needs directly. While working to improve ratios, districts can begin to move toward more effective and sustainable services by:

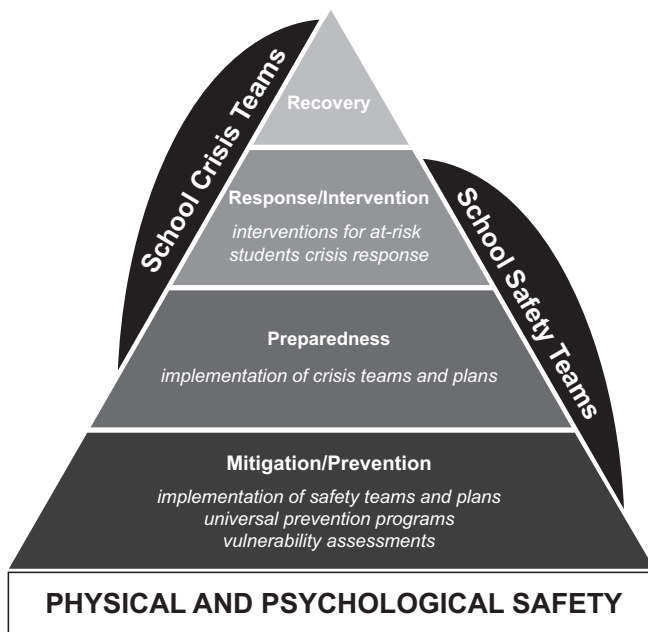
- Assigning a school psychologist, school counselor, or school social worker to coordinate school-based services with those provided by community providers.
- Ensuring that the school data being collected and resulting strategies are addressing the most urgent areas of need with regard to safety and climate.
- Providing training that targets the specific needs of individual schools, their staffs, and their students.
- Reviewing current use of mental health staff and identifying critical shifts in their responsibilities to bolster prevention efforts.

4. Integrate School Safety and Crisis/Emergency Prevention, Preparedness, Response, and Recovery

Schools must be supported to develop an active school safety team that focuses on overall school climate as well as crisis and emergency preparedness, response, and recovery (see Figure 4). School safety and crisis response occur on a continuum, and crisis planning, response, and recovery should build upon ongoing school safety and mental health services. School crisis and emergency preparedness training should encompass prevention/mitigation, early intervention (which is part of ongoing school safety), immediate response/intervention, and long-term recovery. These four phases are clearly articulated by the Departments of Education and Homeland Security.

Training and planning must be relevant to the learning context and make maximum use of existing staff resources. The safety and crisis team should, at a minimum, include principals, school mental health professionals, school security personnel, appropriate community stakeholders (such as representatives from local law enforcement and emergency personnel), and other school staff or district liaisons to help sustain efforts over time. Additionally, crisis and emergency preparedness plans must be consistently reviewed and practiced, which is more easily facilitated by an actively engaged team that links the school to the broader community. Active engagement of the team is often directly linked to appropriate staffing levels that allow time for collaboration and planning. Effective, engaged teams and plans:

Figure 4.



Note. Adapted from Cherry Creek School District. (2008). *Emergency response and crisis management guide*. Greenwood Village, CO: Author. Adapted with permission.

- Contribute to ongoing school safety and improved school climate by supporting a school-wide, evidence-based framework that is appropriate to the unique school culture and context.
- Balance efforts to promote and protect physical and psychological safety.
- Minimize unsafe behaviors such as bullying, fighting, and risk-taking by providing quality prevention programming.
- Improve early identification and support for students at risk of harming themselves or others (e.g., threat assessment).
- Model collaborative problem solving.
- Provide for consistent, ongoing training of all school staff.
- Address the range of crises that schools can face with a focus on what is most likely to occur (e.g., death of a student or staff member, school violence, natural disaster).
- Improve response to crises when the unpreventable occurs.
- Ensure an organized plan that has appropriately assessed risks to the school and the learning environment and has been adopted by the school safety team to promote a return to normalcy following a crisis or emergency.
- Promote efforts for ongoing learning and long-term emotional recovery for every student and family.

5. Balance Physical and Psychological Safety

Any effort to address school safety should balance building security/physical safety with psychological safety. Relying on highly restrictive physical safety measures alone, such as increasing armed security or imposing metal detectors, typically does not objectively improve school safety. In fact, such measures may cause students to feel *less safe* and more fearful at school, and could undermine the learning environment. In contrast, combining reasonable physical security measures with efforts to enhance school climate more fully promotes overall school safety. Effectively balancing physical and psychological safety entails:

- Assessing the physical security features of the campus, such as access points to the school grounds, parking lots and buildings, and the lighting and adult supervision in lobbies, hallways, parking lots, and open spaces.
- Employing environmental design techniques, such as ensuring that playgrounds and sports fields are surrounded by fences or other natural barriers, to limit visual and physical access by non-school personnel.
- Evaluating policies and practices to ensure that students are well monitored, school guests are appropriately identified and escorted, and potential risks and threats are addressed quickly.
- Building trusting, respectful relationships among students, staff, and families.
- Providing access to school mental health services and educating students and staff on how and when to seek help.
- Providing a confidential way for students and other members of the school community to report potential threats, because educating students on “breaking the code of silence” is one of our most effective safety measures.

Schools also should carefully weigh the unique needs of their communities when determining the need to hire additional security personnel or school resource officers (SROs). It is important to recognize that SROs differ from other school security personnel or armed guards. SROs are commissioned law enforcement officers who are specially trained to work within the school community to help implement school safety initiatives as part of the school safety leadership team. They should be integral participants in school life and student learning. Additionally, if a school determines that it needs to have an armed professional on school grounds, SROs are the only school personnel of any type who should be armed. (See Roles of School Resource Officers, page 9.)

6. Employ Effective, Positive School Discipline

School discipline policies are ultimately the responsibility of the school principal; however, all school staff play a role in their effective development and implementation. Discipline practices should function in concert with efforts to address school safety/climate. When positive discipline is incorporated into the overall MTSS, students feel respected and supported, positive behavior is continually reinforced, and school climate improves. Additionally, this structure allows for the use of restorative practices that seek to build positive relationships within the school community. In contrast, overly harsh and punitive measures, such as zero tolerance policies, lead to reduced safety, connectedness, and feelings of belonging, and have historically been unsuccessful at improving student behavior or the overall school climate. Additionally, utilizing SROs or other security personnel primarily as a substitute for effective discipline policies is inappropriate, does not contribute to school safety or students' perceptions of being safe, and can perpetuate the school-to-prison pipeline. Effective school discipline:

- is viewed within the context of a learning opportunity and seeks to teach and reinforce positive behaviors to replace negative behaviors;
- is clear, consistent, and equitably applied to all students;
- employs culturally competent practices;
- safeguards the well-being of all students and staff;
- keeps students in school and out of the juvenile justice system; and
- incorporates family involvement.

7. Allow for the Consideration of Context

There is no one-size-fits-all approach to creating safe and successful schools. To be most effective, schools should assess the structures and resources already in place and determine what additional resources are needed. Schools should provide universal, secondary, and tertiary interventions that are most appropriate and culturally sensitive to their unique student populations and learning communities. Additionally, decisions regarding appropriate security measures, including the use of SROs, should be determined by each school's leadership team and not via universal mandate.

8. Acknowledge That Sustainable and Effective Improvement Takes Patience and Commitment

School districts will vary considerably in their readiness to change and in their ability to accept the suggestions included within this document. Recognizing that

sustainable change takes time both to improve acceptability and allow for full implementation will help set districts up for success rather than setting unrealistic goals. Efforts for change should not be abandoned if goals are not immediately met, as frequent programmatic changes lead to more resistance to change among school personnel in the future.

ROLES OF KEY LEADERSHIP PERSONNEL REGARDING SCHOOL SAFETY AND CLIMATE

Role of School Principals

Effective principals and assistant principals recognize the potential they have to create a school environment where teachers thrive and students achieve their greatest potential in a safe and nurturing school setting. As instructional leaders, principals maintain a constant presence in the school and in classrooms, listening to and observing what is taking place, assessing needs, and getting to know teachers and students. Principals set high expectations and standards for the academic, social, emotional, and physical development of all students. They bring together a wide range of stakeholders within the school community, take into account the aspirations, and work to create a vision that reflects the full range and value of a school's mission. Principals encourage the development of the whole child by supporting the physical and mental health of children, as well as their social and emotional well-being, which is reinforced by a sense of safety and self-confidence. High-quality early childhood education and learning experiences are crucial to an elementary level principal's shared vision to shape the school culture and instructional leadership. School leaders must mobilize the staff, students, parents, and community around the mission and shared values, as well as school improvement goals and set the parameters of high expectations for the school. Effective practice requires:

- building consensus on a vision that reflects the core values of the school community to support student safety and well-being;
- valuing and using diversity to enhance the learning of the entire school community;
- broadening the framework for child development beyond academics; and
- developing a learning culture that is adaptive, collaborative, innovative, and supportive by taking into account the contributions of every member of the school staff.

Roles of School-Employed Mental Health Professionals

Many professionals within a school help to support students' positive mental health. This includes school counselors, school psychologists, school social workers, school nurses, and other specialized instructional support personnel. For the purposes of these recommendations, however, we are focusing on the mental health professionals who should serve in critical leadership roles in terms of school safety, positive school climate, and providing school-based mental health services: school counselors, school psychologists, and school social workers. Their training and expertise help link mental health, behavior, environmental factors (e.g., family, classroom, school, community), instruction, and learning. Each of these professionals helps to create school environments that are safe, supportive, and conducive to learning. Each may deliver similar services such as counseling, social-emotional skill instruction, and consultation with families and teachers; however, each profession has its own unique focus based upon its specializations, which result in different, albeit interrelated, services. The specific services and expertise of individual practitioners may vary, but the following describes the core competencies and specialized instructional services of each profession.

School counselors. Have a minimum of a master's degree in school counseling. School counselors are generally the first school-employed mental health professional to interact with students as they commonly are involved in the provision of universal learning supports to the whole school population. School counselors have specialized knowledge of curriculum and instruction and help screen students for the basic skills needed for successful transition from cradle to college and career. School counselors focus on helping students' address their academic, personal/social, and career development goals and needs by designing, implementing, and evaluating a comprehensive school counseling program that promotes and enhances student success. School counselors work to promote safe learning environments for all members of the school community and regularly monitor and respond to behavior issues that impact school climate, such as bullying, student interpersonal struggles, and student-teacher conflicts. Effective school counseling programs are a collaborative effort between the school counselor, teachers, families, and other educators to create an environment promoting student achievement, active engagement, equitable access to educational opportunities, and a rigorous curriculum for all students.

School psychologists. Have a minimum of a specialist-level degree (60 graduate semester hour minimum) in school psychology, which combines the disciplines of psychology and

education. They typically have extensive knowledge of learning, motivation, behavior, childhood disabilities, assessment, evaluation, and school law. School psychologists specialize in analyzing complex student and school problems and selecting and implementing appropriate evidence-based interventions to improve outcomes at home and school. School psychologists consult with teachers and parents to provide coordinated services and supports for students struggling with learning disabilities, emotional and behavioral problems, and those experiencing anxiety, depression, emotional trauma, grief, and loss. They are regular members of school crisis teams and collaborate with school administrators and other educators to prevent and respond to crises. They have specialized training in conducting risk and threat assessments designed to identify students at-risk for harming themselves or others. School psychologists' training in evaluation, data collection, and interpretation can help ensure that decisions made about students, the school system, and related programs and learning supports are based on appropriate evidence.

School social workers. Have master's degrees in social work. They have special expertise in understanding family and community systems and linking students and their families with the community services that are essential for promoting student success. School social workers' training includes specialized preparation in cultural diversity, systems theory, social justice, risk assessment and intervention, consultation and collaboration, and clinical intervention strategies to address the mental health needs of students. They work to remedy barriers to learning created as a result of poverty, inadequate health care, and neighborhood violence. School social workers often focus on providing supports to vulnerable populations of students that have a high risk for truancy and dropping out of school, such as homeless and foster children, migrant populations, students transitioning between school and treatment programs or the juvenile justice system, or students experiencing domestic violence. They work closely with teachers, administrators, parents, and other educators to provide coordinated interventions and consultation designed to keep students in school and help their families access the supports needed to promote student success.

Roles of School Resource Officers

The presence of school resource officers in schools has become an important part of the duty to protect students and staff on campus. Families and school officials in communities around the country benefit from a more effective relationship with local police as part of a school safety plan. Specialized knowledge

of the law, local and national crime trends and safety threats, people and places in the community, and the local juvenile justice system combine to make SROs critical members of schools' policy-making teams when it comes to environmental safety planning and facilities management, school safety policy, and emergency response preparedness.

In order to fully realize the benefits of the presence of local police, the SROs must be trained properly. Officers' law-enforcement knowledge and skill combine with specialized SRO training for their duties in the education setting. This training focuses on the special nature of school campuses, student needs and characteristics, and the educational and custodial interests of school personnel. SROs, as a result, possess a skill set unique among both law enforcement and education personnel

that enables SROs to protect the community and the campus while supporting schools' educational mission. In addition to traditional law enforcement tasks, such as investigating whether drugs have been brought onto campus, SROs' daily activities cover a wide range of supportive activities and programs depending upon the type of school to which an SRO is assigned. This can include conducting law-related education sessions in the classroom, meeting with the school safety team, conducting safety assessments of the campus, and problem solving with students or faculty. Trained and committed SROs are well suited to effectively protect and serve the school community. They contribute to the safe-schools team by ensuring a safe and secure campus, educating students about law-related topics, and mentoring students as informal counselors and role models.



Actions Principals Can Take Now to Promote Safe and Successful Schools

Policies and funding that support comprehensive school safety and mental health efforts are critical to ensuring universal and long-term sustainability. However, school leaders can work toward more effective approaches now by taking the following actions.

- Establish a school leadership team that includes key personnel: principals, teachers, school-employed mental health professionals, instruction/curriculum professionals, school resource/safety officer, and a staff member skilled in data collection and analysis.
- Assess and identify needs, strengths, and gaps in existing services and supports (e.g., availability of school and community resources, unmet student mental health needs) that address the physical and psychological safety of the school community.
- Evaluate the safety of the school building and school grounds by examining the physical security features of the campus.
- Review how current resources are being applied, for example:
 - Are school employed mental health professionals providing training to teachers and support staff regarding resiliency and risk factors?
 - Do mental health staff participate in grade-level team meetings and provide ideas on how to effectively meet students' needs?
 - Is there redundancy in service delivery?
 - Are multiple overlapping initiatives occurring in different parts of the school or being applied to different sets of students?
- Implement an integrated approach that connects behavioral and mental health services and academic instruction and learning (e.g., are mental health interventions being integrated into an effective discipline or classroom management plan?).
- Provide adequate time for staff planning and problem solving via regular team meetings and professional learning communities. Identify existing and potential community partners, develop memoranda of understanding to clarify roles and responsibilities, and assign appropriate school staff to guide these partnerships, such as school-employed mental health professionals and principals.
- Provide professional development for school staff and community partners addressing school climate and safety, positive behavior, and crisis prevention, preparedness, and response.
- Engage students and families as partners in developing and implementing policies and practices that create and maintain a safe school environment.

SUMMARY

Modern-day schools are highly complex and unique organizations that operate with an urgent imperative: Educate and prepare all children and youth to achieve their highest potential and contribute to society, no matter their socioeconomic background or geographic location. Creating safe, orderly, warm, and inviting school environments is critical to ensuring that all of our schools meet this goal. In order to create this type of environment, schools must work towards integrating services (academic, behavioral, social, emotional, and mental health) through

collaboration using a multitiered system of support. Schools should strive to increase access to mental health services, increase the number of school employed mental health staff, and ensure that measures to improve school safety balance physical safety with psychological safety. To further support student safety, schools must develop effective emergency preparedness and crisis prevention, intervention, and response plans that are coordinated with local first responders. We look forward to working with the Administration, Congress, and state and local policy makers to help ensure that all schools are safe, supportive, and conducive to learning.

GUIDELINES FOR EFFECTIVE PRACTICE

ASCA: <http://www.ascanationalmodel.org/>

- ASCA National Model, 2008

NAESP: <http://www.naesp.org/resources/1/Pdfs/LLC2-ES.pdf>

- *Leading Learning Communities: Standards for What Principals Should Know and Be Able to Do*, 2008

NASP Professional Standards: <http://www.nasponline.org/standards/2010standards.aspx>

- *Model for Comprehensive and Integrated School Psychological Services*, 2010

NASRO: http://www.nasro.org/sites/default/files/pdf_files/NASRO_Protect_and_Educate.pdf

- *To Protect and Educate: The School Resource Officer and the Prevention of Violence in Schools*, 2012

NASSP: <http://www.nassp.org/school-improvement>

- *Breaking Ranks: The Comprehensive Framework for School Improvement*, 2011

SSWAA: <http://sswaa.org/associations/13190/files/naswschoolsocialworkstandards.pdf>

- *NASW School Social Work Standards*, 2012

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 National Association of School Psychologists (NASP): www.nasponline.org
 National Association of School Resource Officers (NASRO): www.nasro.org
 National Association of Secondary School Principals (NASSP): www.nassp.org
 School Social Work Association of America (SSWAA): www.sswaa.org

ENDORISING ORGANIZATIONS*

National Organizations

Alberti Center for Bullying Abuse Prevention
 American Association of School Administrators
 American Camp Association, Inc.
 American Council for School Social Work
 American Dance Therapy Association
 American School Health Association
 Born This Way Foundation
 Character Education Partnership
 Child Mind Institute
 Coalition for Community Schools
 Collaborative for Academic, Social, and Emotional Learning
 Committee for Children
 Council for Children with Behavioral Disorders
 Council for Exceptional Children
 Division 16, American Psychological Association
 Gay, Lesbian & Straight Education Network
 High Hope Educational Research Foundation
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 Learning Disabilities Association of America
 Mental Health America
 Midwest Symposium for Leadership in Behavior Disorders
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 National Association of School Safety and Law Enforcement Officials

National Association of Social Workers
National Association of State Directors of Special Education
National Center for School Engagement
National Education Association
National Federation of Families for Children’s Mental Health
National Network of Safe and Drug-Free Schools
National Organizations for Youth Safety
Pride Surveys
Safe and Civil Schools
Trainers of School Psychology
The Trevor Project

State Associations

Alabama School Counselor Association
Alaska School Counselor Association
Arizona School Counselors Association
Association of School Psychologists of Pennsylvania
California Association of School Counselors
California Association of School Social Workers
Colorado School Counselor Association
Colorado Society of School Psychologists
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Delaware Association of School Psychologists
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Georgia School Counselors Association
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Missouri School Counselor Association
Montana School Counselor Association
Nebraska School Psychology Association
New Jersey Association of School Social Workers
New Jersey School Counselor Association
New Mexico School Counselor Association
New York Association of School Psychologists
New York State School Counselor Association
North Dakota School Counselor Association
Ohio School Psychologist Association
Oklahoma School Counselors Association
Oregon School Psychologists Association
Pennsylvania School Counselors Association
Rhode Island School Counselor Association
School Social Work Association of Arizona
School Social Workers Association of Missouri
School Social Workers in Arkansas
School Social Workers in Maryland
South Carolina Association of School Psychologists
South Carolina Association of School Social Workers
South Carolina School Counselor Association
South Dakota School Counselor Association
Tennessee School Counselor Association
Utah School Counselor Association
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*As of April 12, 2013. For an updated list, visit
www.nasponline.org/schoolsafetyframework

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AVAILABLE ONLINE AT WWW.NASPONLINE.ORG/SCHOOLSAFETYFRAMEWORK.

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Student Psychoeducational Groups in

SCHOOL CRISIS INTERVENTION:

The PREPaRE Model

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The views, opinions, and content of this publication are those of the authors and do not necessarily reflect the views, opinions, or policies of the National Association of School Psychologists (NASP) and are not a part of the official NASP PREPaRE book or associated trainings. This publication is intended to provide complementary tools within the PREPaRE framework that are ready for use in schools during the post-impact and recoil phase of a crisis.

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*Within the context of school mental health
crisis intervention,*

Psychological Education

*is the provision of direct instruction and/or
the dissemination of information that
helps crisis survivors and their caregivers
in understanding, preparing for, and
responding to the crisis event, and the
problems and reactions it generates (both
in themselves and among others).”*

Brock (2011)

Foreward

IN 2016, THE SECOND EDITION OF **SCHOOL CRISIS PREVENTION AND INTERVENTION: THE PREPaRE MODEL** WAS PUBLISHED.

The lesson plans and curricular materials located within this publication have been developed to fit within the updated PREPaRE model and are available free of charge. They are recommended for use as a Tier 2 intervention with selected individuals and groups after a crisis has occurred. Stein, Chiolan, Campisi, and Brock developed the first edition, which was produced for a mini-skills presentation at the NASP annual conference in February of 2015. The lesson plans in this handbook continue to be recommended for use among school psychologists, teachers, counselors, administrators, and other trained school staff.

In an effort to increase readability, enhance online access, and improve user experience, this second edition includes important revisions to the original set of documents. In subsequent pages, the reader may observe the ways in which materials can be differentiated for an audience of second language learners, diverse cognitive abilities, and various chronological ages. The sessions are concerned primarily with helping students learn to take care of themselves, and secondarily with teaching them how best to take care of their peers. Enrichment activities have been added, and may be used in some cases as a substitute for other activities in classrooms. An objective of this revision is to expand the documents to a wider audience.

“Students receiving this intervention may be in classes, in preexisting groups (e.g., the debate team), or with other individuals selected based on psychological triage data.”

Brock, 2016

The main purpose of this guide is to assist schools in preparing for crisis intervention. Materials may be used to train staff in developing a general understanding of a crisis, possible outcomes to crisis exposure, and staff's role in the delivery of psychoeducation to students. Many special populations are not specifically identified or addressed. The authors suggest further training in cultural competency, disabilities, and second language acquisition to enhance the effectiveness of the intervention among various populations. Although the authors hope readers will find this guide useful, they also recognize it is by no means intended to provide comprehensive information on crisis prevention and intervention or meet the needs of all special populations.

This publication is a step toward developing staff capacity in facilitating effective psychoeducation in the school setting to selected students after a crisis.

Sheila E. Stein, Ed.S., NCSP and Dr. Stephen E. Brock, Ph.D., NCSP, LEP

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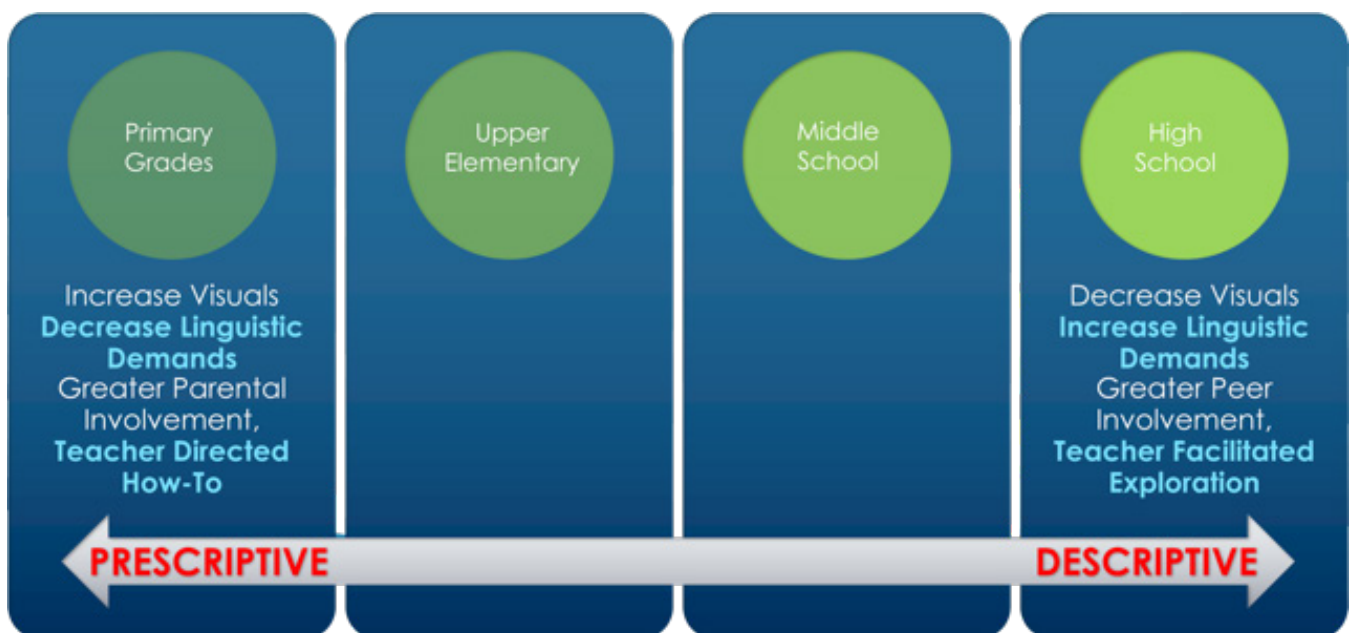
Organization of this Guide

CHAPTER ONE Provides a background on student psychoeducational groups and may be useful when training staff on lesson plans and curricular materials before a crisis has occurred. It includes a review of the goals and steps of a student psychoeducational group lesson.

CHAPTER TWO Lesson plans are sequenced by the following grade levels:

- PG.** Primary Grades (K-3)
- UE.** Upper Elementary (4-6)
- MS.** Middle School (7-8)
- HS.** High School (9-12)

Practitioners will want to select materials matching students' linguistic competence, cognitive abilities, and developmental levels. The aforementioned grade levels are general guidelines. All lesson plans have been designed with the same lesson goals and procedural steps. The figure below illustrates a continuum of differentiation underlying the four levels and corresponding materials.



Handouts for the lesson plans can also be found in Chapter Two. These include templates to guide staff's dissemination of crisis event information to students, help students identify common crisis responses and reactions, and support them in developing plans for self-care. Other templates include a check for understanding and a stress management resource. Please note each step does not require a handout. Enrichment activities are included at the chapter's end.

CHAPTER THREE A sample letter for parents or caregivers to provide them with more information about the psychoeducational group after the lesson has been delivered. There is a special remark about social media and locating additional supports. It is important for schools to familiarize themselves with the content of the letter and adapt it to fit the circumstances of the crisis, school culture, and resources available.

REFERENCES References are provided for practitioners' further review.



Background

ON STUDENT
PSYCHOEDUCATIONAL GROUPS

A Tier 2 Intervention

STUDENT PSYCHOEDUCATIONAL GROUPS AND THE PREPaRE MODEL

The mental health needs arising from any crisis situation are unique and require multiple levels of response. The PREPaRE model is a framework of crisis prevention and intervention designed for schools to address students' mental health needs.

Prevent and prepare for psychological trauma
Reaffirm physical health and perceptions of security and safety
Evaluate psychological trauma risk
Provide interventions
and
Respond to psychological needs
Examine the effectiveness of crisis prevention and interventions

A **crisis** can be characterized as an event perceived to be very negative, generates feelings of powerlessness or entrapment, and may occur suddenly or unexpectedly. Examples of crisis events include natural disasters, human-caused disasters, acts of war/terrorism, violent or unexpected death, threatened death and/or injury, and severe illness or injury.

An unexpected event in which individuals feel defenseless can also disrupt their emotional balance. Possible consequences of crisis exposure include emotional, cognitive, behavioral, and physical reactions. Executive functions—including paying attention, remembering information, initiating and completing tasks, problem solving, and inhibiting impulses—may be disordered. Students may experience academic decline, increased behavioral problems, or truancy. Maladaptive coping strategies (e.g., alcohol or drug use) can result in long-term difficulties like mental illness or psychopathology. For some students, interventions like a **student psychoeducational group** can accelerate their psychological recovery. While many may not need this level of support, still others need much more involved and long-term psychotherapeutic interventions.

While an acute crisis has the potential for negative outcomes, it also may result in extremely positive outcomes. Adaptive coping strategies can increase students' resiliency and facilitate a return to emotional equilibrium. The expectation is that most students will return to a stable emotional state after a crisis.

The **Student Psychoeducational Group (SPG)** is among the Tier 2 crisis interventions, which typically do not include the entire school but focus instead on selected students mildly to moderately traumatized by a crisis event. In the PREPaRE model, these students are provided with psychoeducation and psychological support through classroom-based and individual

interventions. Some students may be identified for an SPG through teacher-, parent-, peer, and self-referrals, known emotional or physical proximity to the event, and/or known internal/external vulnerabilities.

The Student Psychoeducational Group, a Tier 2 intervention, includes the following goals:

1. Dispel crisis rumors and ensure students are in possession of the facts.
2. Prepare students for the reactions that may follow crisis exposure.
3. Teach students how to manage crisis reactions and obtain mental health crisis intervention.
4. Provide strategies for managing stress reactions.

Goals of the SPG are met through explicit teaching in intact classrooms, pre-existing groups (e.g., swim team), or those selected on the basis of psychological triage data. It is important to keep in mind the SPG curricula rely upon direct instruction and are not intended to include individuals' processing of the event, extensive investigation/elaboration of the crisis event, or other highly individualized psychotherapeutic interventions (e.g., it is NOT a treatment for PTSD). The object of this lesson is not to provide counseling or psychotherapy. Students benefit from staff knowledgeable in common crisis reactions, the PREPaRE model, and techniques of stress reduction. **In addition to lesson delivery, staff members are key in the identification and referral of students for counseling services.** It will be important to keep cultural considerations in mind, recognizing some students may/may not exhibit symptoms consistent with a staff member's culture or those symptoms presented herein.

KEY POINTS TO REMEMBER

- Staff are delivering a lesson to provide facts and teach adaptive coping strategies.
- Staff are not providing therapy to students.
- Staff are vigilant, identifying students for additional support.
- If staff are unable to demonstrate emotional equilibrium throughout the lesson, they should request support *prior* to lesson delivery. One aim of the SPG is to reaffirm students' physical and emotional safety, which requires a calm affect.

The SPG lesson recognizes that although student responses to crisis situations are diverse, many stress reactions are common among individuals. While students explore pre-existing stress management skills and adaptive coping strategies in an SPG, their repertoire is expanded through classroom lessons, activities, and discussion. Regardless of students' academic skills, cognitive abilities, and language proficiency, **lesson plans included in this document follow five basic steps and are estimated to take approximately one hour:**

1. Introduce the lesson and set behavioral expectations (5 minutes).
2. Answer questions and dispel rumors (20 minutes).
3. Prepare students for the reactions that may follow crisis exposure (15 minutes).
4. Teach students how to manage crisis reactions (15 minutes).
5. Close by ensuring students have a plan to manage crisis reactions. This serves as a check for understanding (5 minutes).

COMMON INITIAL CRISIS REACTIONS

EMOTIONAL		COGNITIVE	
Shock	Depression or sadness	Impaired concentration	Decreased self-esteem
Anger	Grief	Memory impairment	Self-blame
Despair	Irritability	Disbelief	Worries
Phobias	Hypersensitivity	Confusion	Nightmares
Terror or fear	Helplessness	Distortion	Decreased self-efficacy
Guilt	Hopelessness	Intrusive thoughts or memories	
Emotional numbing	Loss of pleasure from activities	Impaired decision-making abilities	
PHYSICAL		INTERPERSONAL/BEHAVIORAL	
Fatigue	Startle response	Alienation	Aggression
Insomnia	Headaches	School refusal	Crying easily
Sleep disturbance	Decreased libido	School impairment	Tantrums
Hyperarousal	Decreased appetite	Vocational impairment	Change in eating patterns
Somatic Complaints	Gastrointestinal problems	Regression in behavior	Risk Taking
Impaired immune response		Increased relationship conflict	Avoidance of reminders
		Social withdrawal or social isolation	

Note. Compiled from Speier (2000); Young, Ford, Ruzek, Friedman, & Gusman (1998).

Practice Stress Reduction Techniques. The SPG lesson includes an opportunity for staff and class members to discuss and practice stress reduction techniques and identify resources for support. Particularly at the higher grade levels, where increased discussion is expected, students may also identify maladaptive strategies (e.g., drinking alcohol). It is important for staff to delineate maladaptive skills from those identified in the lessons, emphasizing how adaptive coping strategies lead to more rapid recovery and long-term stability. In addition, students often benefit from hearing how engaging or re-engaging routines like school can help individuals recover. The lesson closes with a brief summary of the class session, a reminder of available mental health resources, and a thank you for the class's thoughtful participation.

Student Psychoeducational Groups respect people's innate resiliencies while providing individuals with knowledge to facilitate adaptive coping and more rapid recovery. SPGs offer the added benefit of delivering mental health supports without the stigma sometimes associated with mental health interventions. While many crises cannot be avoided, adequate preparation and responsive and appropriate intervention can mitigate the effects.

For more information on Student Psychoeducational Groups and the PREP_aRE model of school crisis prevention and intervention, please see the references at the end of this document.



Lesson Plans

Primary Grades, Upper Elementary,
Middle School, High School



Lesson Plan

Primary Grades

Lesson Plan, Primary Grades

NOTE: Ideally, this psychoeducational group is facilitated by a school-based crisis team member familiar to the group of students. If the facilitator is unfamiliar to the students, take a moment to introduce him/her.

TOPIC Normalizing Crisis Reactions, Identifying Support Systems, and Delivering Direct Instruction in Adaptive Coping Skills

DURATION 1 hour

DESCRIPTION OF LESSON Student responses to crisis situations are diverse. In this lesson, facilitators identify and help normalize common reactions to crisis exposure. Students explore their existing support structures before reviewing adaptive coping strategies and effective stress management. Parents or caregivers may refer their students for additional help.

OBJECTIVES *At the conclusion of this lesson, students will be able to . . .*

- recognize 2-3 common crisis reactions.
- identify resources for support.
- perform a deep breathing exercise for relaxation purposes.
- identify and use 2-3 adaptive coping strategies.

MATERIALS

- Teacher copy of Lesson Plan, Primary Grades (K-3)
- Teacher copy of Handout #1PG, *Known Facts About the Event* **OPTIONAL**
- Student copies of Handout # 2PG, *Common Responses*
This handout may be projected on the board during discussion and filled out alongside students.
- Student copies of Handout #3PG, *Healthy Living Plan*
- Student copies of Handout #4PG, *Checking for Understanding*
- Pencils, crayons
- White board, pens, dry erase markers, projector **OPTIONAL**

PROCEDURES

STEP 1, INTRODUCTION (5 MINUTES) No handouts for this step.

On the following page, read from the sample script that introduces the facilitator, identifies the subject of the lesson, sets the classroom expectations for behavior and participation, and answers procedural questions (or facilitators may use the guidelines to create their own introductions). Use the attendance roster to keep track of which students have received this instruction in psychoeducation.

Sample Script for Opening a Student Psychoeducational Group

"Today we are going to talk about (*briefly describe the incident*). I will answer questions you might have, and as a class we will identify common reactions. Then we will talk about how to deal with those feelings. We will also talk about how to help ourselves and help each other.

I understand that everyone is likely having their own reactions. We won't be discussing your individual reactions today, but if you want to do so later be sure to let me know. First, let's go over some ground rules/expectations."

(Briefly review classroom rules and expectations during direct instruction and discussion.)

STEP 2, GIVE THE FACTS & DISPEL THE RUMORS (20 MINUTES)

Materials: Handout #1PG, Known Facts About the Event

The handout is for teacher use and not for distribution among students.

- State basic facts of the event—which may have been conveyed in a staff meeting, letter to the school community, or on a brief fact sheet provided with this lesson plan and handouts. *The fact sheet needs to be developmentally appropriate.*
- Keep it simple.
- Invite students to share what they know and use the discussion as an opportunity to dispel rumors and limit collective speculation.

Notes: Be prepared to repeat facts several times, as crises can be overwhelming and especially difficult for children to comprehend. Be truthful; some facts may be confidential and the facilitator should say so. Also, it is permissible to state, "I don't know" in response to questions. It is advisable to recommend students refrain from exacerbating crises by passing along gossip or stories.

STEP 3, PREPARE STUDENTS FOR COMMON CRISIS REACTIONS (15 MINUTES)

Materials: Handout #2PG, Common Responses

- Help students identify common reactions to the crisis event. Explain how students are "probably having normal feelings and thoughts in response to an unusual event or situation."
- Start by asking questions about feelings:

What are feelings?

Does everyone have feelings?

Does everyone have the same feelings? Does everyone express them the same way?

- Distribute and/or project Handout #2PG, *Common Responses*. Review each of the feelings on the wheel.
- Using the table below to inform your direct instruction, identify other common initial crisis reactions, explaining how students may have these responses themselves or witness the reactions in the behavior of others, including peers, parents, and teachers.
- Direct students to draw a picture of how someone may feel in response to a crisis event.

COMMON INITIAL CRISIS REACTIONS	
EMOTIONAL	Shock, Surprise, Anger, Mad, Sadness, Fear, Phobias, Helplessness, Hopelessness
COGNITIVE	Hard to think/focus, Forgetful, Confused, Worried, Nightmares, Guilt, Intrusive Thoughts
PHYSICAL	Tired, Insomnia, Always on guard, Aches and pains (stomach, head, heart), Illness, Easily startled, Staring blankly
BEHAVIORAL	Isolated, Peer conflicts, Decreased participation, Attention seeking, Crying, Regression (whining, clinging, toileting, etc.), hiding (in a corner or under a table), Screaming

Adapted from Speier (2000); Young, Ford, Ruzek, Friedman, & Gusman (1998).

STEP 4, HOW TO MANAGE CRISIS REACTIONS AND STRESS (15 MINUTES)

Materials: Handout #3PG, *Healthy Living Plan*

Ensure each student has written his/her name since this form will serve dual purposes: as a check for understanding and as a referral for follow-up care.

- Distribute Handout #3PG.
- Students circle two supports in the “Who We Get Help From” section before/as the class discusses them. Students brainstorm other people who can help (variation: draw the person on the back of the handout). Do the same with the “Feel Better Skills” section. Acknowledge strategies that may be less helpful and identify replacement strategies.
- Inform students they will be taking these papers home to their parents to review. For homework, everyone is required to bring the papers back with the bottom part filled out

- **DEEP BREATHING EXERCISE.** Take two minutes to lead students through the deep breathing exercise script below.

SCRIPT FOR DEEP BREATHING ACTIVITY

We are going to relax right now. First, reach your arms up way above your head. Stretch your body tall and reach up toward the ceiling. Now let your arms fall gently to your side.

Start to feel the heaviness of your arms, and your legs. I want you to take a moment to get comfortable. Think about how your body feels in your chair.

Now close your eyes softly. Once your eyes are closed, take a deep breath...now breathe out, emptying all of the air completely. Like you're blowing out all the candles on a birthday cake. Breathe in slowly...and out slowly.

Take a deep breath in through your nose to the count of (4) and out through your mouth to the count of (4). Breathe in...2...3...4...HOLD...2...3...exhale...2...3...4...

Feel the tightness leaving your body, bit by bit, with each breath.

Now place your hand gently on your tummy. Breathe in slowly and deeply through your nose and move the air into your belly. Feel your tummy fill, pushing against your hands. And breathe out. Picture your belly button pulling toward your back as you let all of the air out.

Let's repeat this again, in through your nose...out through your mouth.

Start to notice the sounds around the room. This might be the sound of the air conditioner, or even the sound of other students shifting in their chairs...

You may be thinking of something. Picture the thought in your head. Take that thought and place it in a bubble. Now watch that bubble, that thought, drift away. If another thought comes into your mind, do the same thing: place it in a bubble and let it drift away. (Pause)

Again, you are going to take a deep breath in through your nose to the count of (4) and out through your mouth to the count of (4).

Slowly open your eyes. Notice how your body feels. You may feel more relaxed.

STEP 5, ASSESSMENT (5 MINUTES)

Materials: Handout #4PG, *Checking for Understanding*

- Distribute the *Checking for Understanding* handout. Students write their names. Then they circle the feeling that best corresponds to how they are feeling. *While the goal is to teach common reactions, not specifically to get students to recognize their own reactions, this concluding activity can provide valuable triage data helpful in identifying students who may need additional crisis intervention.*
- They may complete the sentence at the top. The feeling words are provided in the boxes.
- Students submit #4PG before leaving class.
- Instruct students to take home Handout #3PG, *Healthy Living Plan*. At the bottom is a checkbox and signature line to be filled out by parents or caregivers. This is intended to ensure all parents have reviewed the lesson with their students and have the opportunity to refer students for follow-up care.

OPTION: Schools with online blackboards or electronic communication systems between teachers and caregivers may want to alert parents to an online referral system to support students.

Other ways to check for understanding:

- An exit ticket on which students write about their learning for the day, answer a brief question or two, or ask a question (sticky notes, index cards, or half sheets work well)
- Hand signals, as a quick and easy way to check for understanding (thumbs up/ thumbs down)
- Individual white/chalk boards for ongoing assessment during a lesson

STEP 2, KNOWN FACTS ABOUT THE EVENT HANDOUT# 1PG

Basic Guidelines for Teachers.

- *The fact sheet needs to be developmentally appropriate.*
- Provide only known facts.
- Ask about what students have heard and address rumors directly.
- Answers should be honest, but refrain from providing intimate details or elaborate explanations.
- It's perfectly okay to say, "I don't have the answer to that."
- Speak in a neutral, unemotional tone. If you believe leading this lesson will be highly emotional for you, request support from administration or support staff.
- Don't engage in conjecture or speculative statements.

Your school administration and support staff can provide additional assistance.
See below for the school's information on the event.

What happened.

When the event occurred.

Where the event occurred.

Who was involved (i.e., identify the crisis victims).

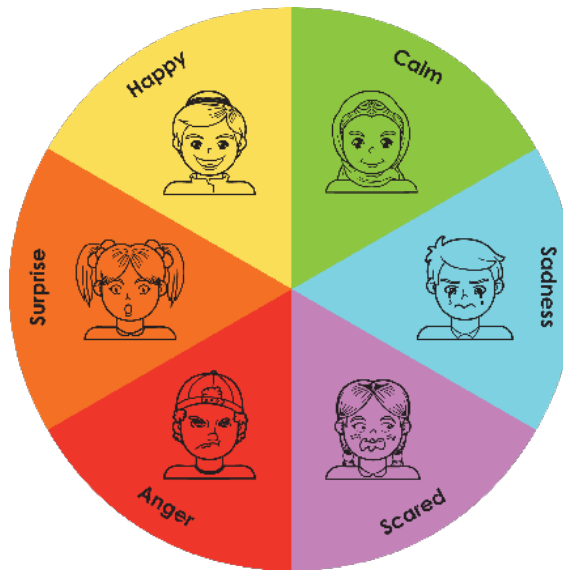
What is being done to assist students (e.g., counselors).

What students can expect to happen next.

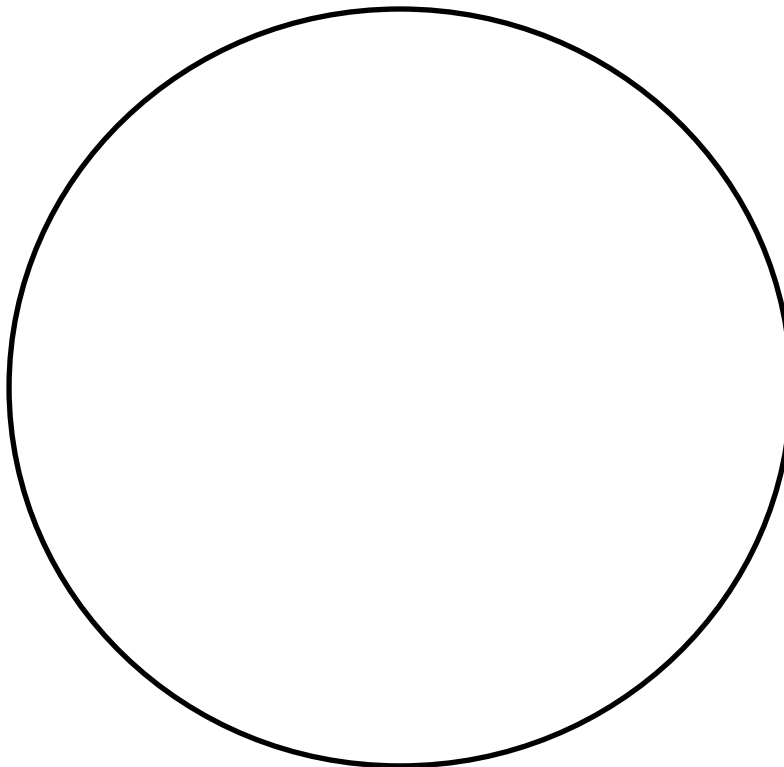
STEP 3, COMMON RESPONSES HANDOUT# 2PG

Name _____

1. Circle a picture and feeling that shows how people may feel after an event like this one.



2. Draw a picture of a face that shows how a person might feel now.



STEP 4, HEALTHY LIVING PLAN HANDOUT# 3PG

WHO WE GET HELP FROM

These are people and groups who care about you. Circle **two** you can get help from.



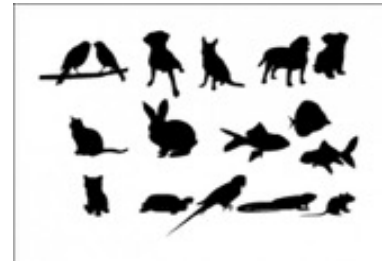
Parents



Friends



Teacher



Pets

OTHER PEOPLE WHO CAN HELP ME:

FEEL BETTER SKILLS

Here are ways you can feel good. Circle **two** skills you may use.



Talk to Someone



Run/Exercise



Play



Listen to Music



Sleep/Rest

RELAXATION ACTIVITY

HOMEWORK: Take this paper home and talk about it with your parent/caregiver.

PARENTS AND CAREGIVERS: Please review this with your student. If you or your student would like additional support, please check the appropriate box, sign, and place it in his/her folder.

FOLLOW-UP:

- ☐ Check this box if you would like more support for your student (e.g., a teacher or counselor).
- ☐ Check this box if you do **not** want more support for your student.

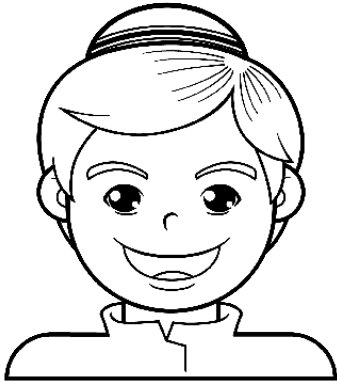
Student Name _____

Parent Signature _____ Date _____

STEP 5, CHECKING FOR UNDERSTANDING HANDOUT# 4PG

Name _____

I feel _____.



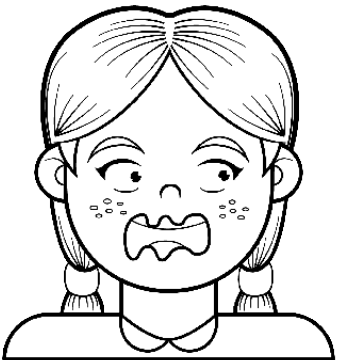
happy



calm



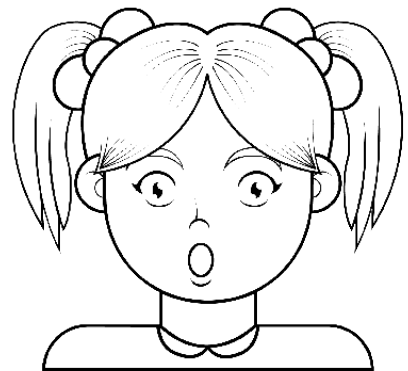
sadness



scared



angry



surprise



Lesson Plan

Upper Elementary

Lesson Plan, Upper Elementary

NOTE: Ideally, this psychoeducational group is facilitated by a school-based crisis team member familiar to the group of students. If the facilitator is unfamiliar to the students, take a moment to introduce him/her.

TOPIC Normalizing Crisis Reactions, Identifying Support Systems, and Delivering Direct Instruction in Adaptive Coping Skills

DURATION 1 hour

DESCRIPTION OF LESSON Student responses to crisis situations are diverse. In this lesson, facilitators identify and help normalize common reactions to crisis exposure. Students explore their existing support structures before reviewing adaptive coping strategies and effective stress management. Parents or caregivers may refer their students for additional help.

OBJECTIVES *At the conclusion of this lesson, students will be able to . . .*

- recognize 2-3 common crisis reactions.
- identify resources for support.
- perform a deep breathing exercise for relaxation purposes.
- identify and use 2-3 adaptive coping strategies.

MATERIALS

- Teacher copy of Lesson Plan, Upper Elementary (4-6)
- Teacher copy of Handout #1UE, *Known Facts About the Event* **OPTIONAL**
- Student copies of Handout #2UE, *Recognizing Responses*
This handout may be projected on the board during discussion and filled out alongside students.
- Student copies of Handout #3UE, *Personal Supports and Management Plan*
- Student copies of Handout #4UE, *Stress Management Resources*
- Pencils [White board, pens, dry erase markers, projector **OPTIONAL**]

PROCEDURES

STEP 1, INTRODUCTION (5 MINUTES) No handouts for this step.

On the following page, read from the sample script that introduces the facilitator, identifies the subject of the lesson, sets the classroom expectations for behavior and participation, and answers procedural questions (or facilitators may use the guidelines to create their own introductions). Use the attendance roster (or a sign-in sheet if the lesson is not delivered in an intact classroom) to keep track of which students have received this psychoeducational instruction.

Sample Script for Opening a Student Psychoeducational Group

"Today we are going to talk about (*briefly describe the incident*). I will answer questions you might have about what happened, and together we will identify ways to deal with common reactions. We will also talk about how to help ourselves and help each other.

I understand that everyone is likely having their own reactions. We won't be discussing your individual reactions today, but if you want to do so later be sure to let me know. First, let's go over some ground rules/expectations."

(Briefly review classroom rules and expectations during direct instruction and discussion.)

STEP 2, GIVE THE FACTS & DISPEL THE RUMORS (20 MINUTES)

Materials: Handout #1UE, *Known Facts About the Event*

The handout is for teacher use and not for distribution among students.

- State basic facts of the event—which may have been conveyed in a staff meeting, letter to the school community, or on a brief fact sheet provided with this lesson plan and handouts. *The fact sheet needs to be developmentally appropriate.*
- Keep it simple.
- Invite students to share what they know and use the discussion as an opportunity to dispel rumors and limit collective speculation.

Notes: Be prepared to repeat facts several times, as crises can be overwhelming and especially difficult for children to comprehend. Be truthful; some facts may be confidential and the facilitator should say so. Also, it is permissible to state, "I don't know" in response to questions. It is advisable to recommend students refrain from exacerbating crises by passing along gossip or stories.

STEP 3, PREPARE STUDENTS FOR COMMON CRISIS REACTIONS (15 MINUTES)

Materials: Handout #2UE, *Recognizing Responses*

- Distribute and/or project Handout #2UE and use it to talk about some possible different feelings:

What are feelings?

Does everyone have the same feelings?

Does everyone express them the same way?

- Review each of the feelings on the wheel. Give students 2 minutes to identify one of the emotions they might expect someone to have and write 2-3 sentences about that reaction. Some may identify physical complaints or disruptive thoughts, along with the emotions.

- Explain how students are “probably having normal feelings and thoughts in response to an unusual event or situation.”
- Using the table below to inform your direct instruction, help students anticipate common initial reactions to crisis events. Explain how students may experience some of these reactions themselves or witness them in the behavior of others, including peers, parents, and teachers.

Some key points to acknowledge:

- Most reactions diminish with time, and recovery is most common.
- Conversely, if students' reactions don't lessen or are too difficult to cope with, then a referral for additional crisis intervention assistance is warranted.

Suicidal ideation, homicidal ideation, and other uncommon and perhaps abnormal crisis reactions indicate a referral as well.

- Explain how students may access additional crisis intervention assistance for themselves or others. An expression of sincere optimism may be an effective way to close Step 4.

COMMON INITIAL CRISIS REACTIONS	
EMOTIONAL	Shock, Surprise, Anger, Mad, Sadness, Fear, Phobias, Helplessness, Hopelessness
COGNITIVE	Hard to think/focus, Forgetful, Confused, Worried, Nightmares, Guilt, Intrusive thoughts
PHYSICAL	Tired, Insomnia, Always on guard, Aches and pains (stomach, head, heart), Illness, Easily startled, Staring blankly
BEHAVIORAL	Isolated, Peer conflicts, Decreased participation, Attention seeking, Crying, Regression (whining, clinging, toileting, etc.), Hiding (in a corner or under a table), Screaming

Adapted from Speier (2000); Young, Ford, Ruzek, Friedman, & Gusman (1998).

STEP 4, HOW TO MANAGE CRISIS REACTIONS AND STRESS (15 MINUTES)

Materials: Handout #3UE, *Personal Supports and Management Plan*

Handout #4UE, *Stress Management Resources*

Ensure each student has written his/her name since this form will serve dual purposes: as a check for understanding and as a referral for follow-up care.

ACTIVITY A

- Distribute Handout #3UE and explain that the form will be filled out together but taken home to parents for their review and signature--and turned in the following day.
- Students first write a list of stress management activities followed by class discussion.
- Then they write a list of the supports available to them before individuals share out.

ACTIVITY B

- Distribute Handout #4UE. Briefly review the coping strategies and relaxation activities.
- **DEEP BREATHING EXERCISE.** Take two minutes to lead students through the deep breathing exercise script below.

SCRIPT FOR DEEP BREATHING ACTIVITY

We are going to relax right now. First, reach your arms up way above your head. Stretch your body tall toward the ceiling. Now let your arms fall gently to your side.

Start to feel the heaviness of your arms, and your legs. I want you to take a moment to get comfortable. Think about how your body feels in your chair.

Now close your eyes softly. Once your eyes are closed, take a deep breath...now breathe out, emptying all of the air completely. Like you're blowing out all the candles on a birthday cake. Breathe in slowly...and out slowly.

Take a deep breath in through your nose to the count of (4) and out through your mouth to the count of (4). Breathe in...2...3...4...HOLD...2...3...exhale...2...3...4...

Feel the tightness leaving your body, bit by bit, with each breath.

Now place your hand gently on your stomach. Breathe in slowly and deeply through your nose and air fills your belly. Feel your tummy pushing against your hands...Now let all of the air out as you exhale.

Let's repeat this again, in through your nose...out through your mouth.

Start to notice the sounds around the room. This might be the sound of the air conditioner, or even the sound of other students sitting in their chairs...

You may be thinking of something. Picture the thought in your head. Now take that thought and place it in a bubble. Now watch that bubble, that thought, drift away. If another thought comes into your mind, do the same thing: place it in a bubble and let it drift away. (Pause)

Again, you are going to take a deep breath in through your nose to the count of (4) and out through your mouth to the count of (4).

Slowly open your eyes. Notice how your body feels. You may feel more relaxed.

STEP 5, ASSESSMENT (5 MINUTES)

Materials: Handout #3UE, *Personal Supports and Management Plan*

- Direct students complete the “Personal Check-In” section on handout #3UE. *While the goal is to teach common reactions, not specifically to get students to recognize their own reactions, this concluding activity can provide valuable triage data helpful in identifying students who may need additional crisis intervention.*
- In that same section, parents may select if they would like someone to follow up with their child or not.

OPTION: Schools with online blackboards or electronic communication systems between teachers and caregivers may want to alert parents to an online referral system to support students.

Other ways to check for understanding:

- An exit ticket on which students write about their learning for the day, answer a brief question or two, or ask a question (sticky notes, index cards, or half sheets work well)
- Hand signals, as a quick and easy way to check for understanding (thumbs up/ thumbs down)
- Individual white/chalk boards for ongoing assessment during a lesson

STEP 2, KNOWN FACTS ABOUT THE EVENT HANDOUT# 1UE

Basic Guidelines for Teachers.

- *The fact sheet needs to be developmentally appropriate.*
- Provide only known facts.
- Ask about what students have heard and address rumors directly.
- Answers should be honest, but refrain from providing intimate details or elaborate explanations.
- It's perfectly okay to say, "I don't have the answer to that."
- Speak in a neutral, unemotional tone. If you believe leading this lesson will be highly emotional for you, request support from administration or support staff.
- Don't engage in conjecture or speculative statements.

Your school administration and support staff can provide additional assistance.
See below for the school's information on the event.

What happened.

When the event occurred.

Where the event occurred.

Who was involved (i.e., identify the crisis victims).

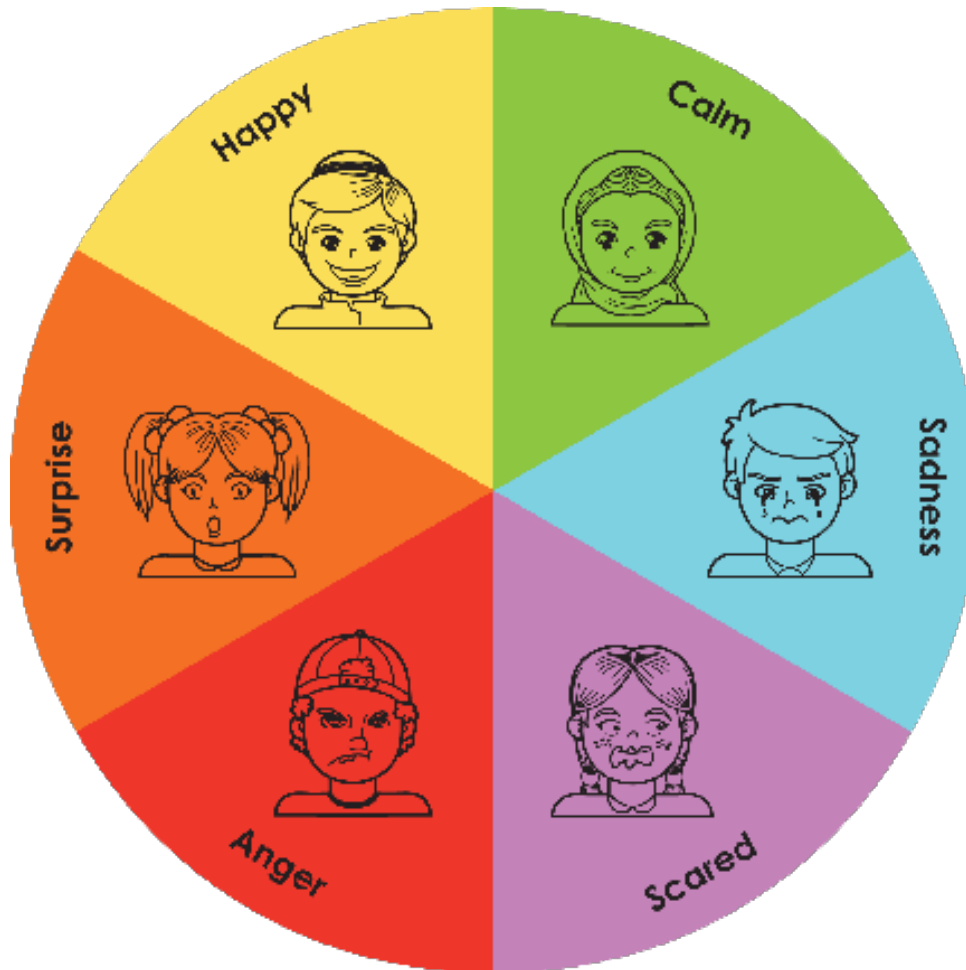
What is being done to assist students (e.g., counselors).

What students can expect to happen next.

STEP 3, RECOGNIZING RESPONSES HANDOUT# 2UE

Name _____

Directions. Find the emotion and face that best represent what you think would be a very common reaction to this event. Then write 2-3 sentences describing any thoughts and/or other reactions that you think would go along with this reaction. For example, if you think sadness is a common reaction you might write, "Many people often feel sad and very tired."



STEP 4, PERSONAL SUPPORTS & MANAGEMENT PLAN HANDOUT# 3UE

Directions: Fill out this page during the lesson. Be prepared to turn it in tomorrow with a parent signature.

Stress Management Skills. These are activities that can help you relax and feel good.



Family Time



Friend Time



Talk to Someone



Run/Exercise



Listen to Music



Sleep/Rest

Current Stress Management Skills. List the activities you use to help you relax. You may include activities you already do to make yourself feel better or others you would like to try.

-----SHARE-----

Existing Supports. This is a list of the people and groups that care about you and can help you (i.e., specific friends, parents, clubs/teams, religious groups, teachers, counselors, pets).

-----RELAXATION ACTIVITY-----

Personal Check-In. On a 1-5 scale, circle the number that best describes your current mood or feelings.

Very Sad	Sad	Calm	Happy	Excited
1	2	3	4	5

Follow-Up.

- ☐ Check this box if you would like more help, perhaps from a teacher or counselor.
☐ No, thank you.

Student Name _____ Date _____

Parent Signature _____

STEP 4, STRESS MANAGEMENT RESOURCES HANDOUT# 4UE

Adaptive Coping Strategies for Dealing with Traumatic Stress Reactions-----

1. Talk with others who have been through the same crisis experience.
2. Participate in local, state, and national associations or groups that aim to prevent future crises.
3. Obtain training that will help prevent future crisis events.
4. Incorporate physical exercise into your routine.
5. Get normal amounts of rest and sleep.
6. Avoid alcohol and drugs.
7. Maintain normal routines and comfortable rituals.
8. Eat well-balanced and regular meals.
9. Surround yourself with support (e.g., partners, pals, and pets).
10. Pursue your passions (don't feel guilty about finding pleasure in life).
11. Practice stress management techniques.
12. Embrace your spirituality or belief systems.

From "Certification of Advanced Training and Specialization in Crisis Interventions Skills and Strategies." Workshop presented by S.E. Brock et al., (2003) at the California Association of School Psychologists' Summer Institute. Lake Tahoe, CA

Relaxation Activities-----

Deep Breathing: A common symptom of stress is an increase in breathing rate. Shallow breathing often occurs higher in the chest. A deep breathing exercise allows us to take slower, deeper belly breaths and reach a truly relaxed state.

Progressive Muscle Relaxation: This practice involves tensing and relaxing muscles throughout the body. The contrast between the state of tension and relaxation typically increases awareness of muscle groups that often carry tension.

Visualization/Imagery: Visualization offers a break from overpowering thoughts by using imagery to create a relaxed state. The sights, sounds, smells, and touch sensations associated with a particularly calm scene induce a state of pleasure.

Meditation: Meditation is a mental exercise to train the mind, and it promotes relaxation. To meditate, some people may sit or lie down and concentrate on their breathing or repeat a positive statement. There are different types of meditation. The end goal of all types of meditation lead to a quieted mind free from stress brought about by quiet contemplation and reflection.

Adapted from Dartmouth Health Promotion and Wellness (2013). Retrieved from www.dartmouth.edu/~healthed/relax/#suggestion

Free online videos, apps, and playlists are available to guide people new to these relaxation activities. Helpful keywords include: progressive muscle relaxation, guided meditation, deep breathing, and visualization/imagery.



Lesson Plan

Middle School

Lesson Plan, Middle School

NOTE: Ideally, this psychoeducational group is facilitated by a school-based crisis team member familiar to the group of students. If the facilitator is unfamiliar to the students, take a moment to introduce him/her.

TOPIC Normalizing Crisis Reactions, Identifying Support Systems, and Delivering Direct Instruction in Adaptive Coping Skills

DURATION 1 hour

DESCRIPTION OF LESSON Student responses to crisis situations are diverse. In this lesson, facilitators identify and help normalize common reactions to crisis exposure. Students explore their existing support structures before reviewing adaptive coping strategies and effective stress management.

OBJECTIVES *At the conclusion of this lesson, students will be able to . . .*

- recognize 2-3 common crisis reactions.
- identify resources for support.
- perform a deep breathing exercise for relaxation purposes.
- identify and use 2-3 adaptive coping strategies.

MATERIALS

- Teacher copy of Lesson Plan, Middle School (7-8)
- Teacher copy of Handout #1MS, *Known Facts About the Event* **OPTIONAL**
- Student copies of Handout #2MS, *Common Responses*
This handout may be projected on the board during discussion and filled out alongside students.
- Student copies of Handout #3MS, *Personal Supports and Management Plan*
- Student copies of Handout #4MS, *Stress Management Resources*
- Pencils [White board, pens, dry erase markers, projector **OPTIONAL**]

PROCEDURES

STEP 1, INTRODUCTION (5 MINUTES) No handouts for this step.

On the following page, read from the sample script that introduces the facilitator, identifies the subject of the lesson, sets the classroom expectations for behavior and participation, and answers procedural questions (or facilitators may use the guidelines to create their own introductions). Use the attendance roster—or a sign-in sheet if the lesson is not delivered in an intact classroom—to keep track of which students have received this instruction in psychoeducation.

Sample Script for Opening a Student Psychoeducational Group

"Today we are going to talk about (*briefly describe the incident*). I will answer questions you might have about what happened, and identify ways to deal with common reactions. We will also talk about how to help ourselves and help each other.

I understand that everyone is likely having their own reactions. We won't be discussing your individual reactions today, but if you want to do so later be sure to let me know. First, let's go over some ground rules/expectations."

(Briefly review classroom rules and expectations during direct instruction and discussion.)

STEP 2, GIVE THE FACTS & DISPEL THE RUMORS (20 MINUTES)

Materials: Handout #1MS, *Known Facts About the Event*

The handout is for teacher use and not for distribution among students.

- State basic facts of the event—which may have been conveyed in a staff meeting, letter to the school community, or on a brief fact sheet provided with this lesson plan and handouts. *The fact sheet needs to be developmentally appropriate.*
- Keep it simple.
- Invite students to share what they know and use the discussion as an opportunity to dispel rumors and limit collective speculation.

Notes: *Be prepared to repeat facts several times, as crises can be overwhelming and difficult to comprehend. Be truthful; some facts may be confidential and the facilitator should say so. Also, it is permissible to state, "I don't know" in response to questions. It is advisable to recommend students refrain from exacerbating crises by passing along gossip or stories, particularly on social media.*

STEP 3, PREPARE STUDENTS FOR COMMON CRISIS REACTIONS (15 MINUTES)

Materials: Handout #2MS, *Common Responses*

- Distribute and/or project Handout #2MS and use it to talk about some possible different feelings. Review each of the feelings on the wheel.
- Give students 2 minutes to identify one of the emotions they might expect someone to have and write 2-3 sentences about that reaction. Some may identify physical complaints or disruptive thoughts, along with the emotions.
- Explain how students are "probably having normal feelings and thoughts in response to an unusual event or situation."
- Using the table on the next page to inform your direct instruction, help students anticipate common initial reactions to crisis events. Explain how students may

experience some of these reactions themselves or witness them in the behavior of others, including peers, parents, and teachers.

Some key points to acknowledge:

- Most reactions diminish with time, and recovery is most common.
- Conversely, if students' reactions don't lessen or are too difficult to cope with, then a referral for additional crisis intervention assistance is warranted.

Suicidal ideation, homicidal ideation, and other uncommon and perhaps abnormal crisis reactions indicate a referral as well.

- Explain how students may access additional crisis intervention assistance for themselves or others. An expression of sincere optimism may be an effective way to close Step 4.

COMMON INITIAL CRISIS REACTIONS	
EMOTIONAL	Shock, Surprise, Anger, Mad, Sadness, Despair, Sadness, Fear, Phobias, Emotional numbing, Guilt, Helplessness, Hopelessness, Hypersensitivity, Loss of pleasure, Irritability, Dissociation
COGNITIVE	Hard to think/focus, Forgetful, Confused, Worried, Nightmares, Impaired decision-making, Distortion, Intrusive thoughts, Decreased self-esteem, Self-blame, Decreased self-efficacy
PHYSICAL	Fatigue, Insomnia, Always on guard, Aches and pains (stomach, head, heart), Illness, Easily startled, Staring blankly, Impaired immune response, Decreased appetite
BEHAVIORAL	Isolated, Social withdrawal, Peer conflicts, Decreased participation, Attention seeking, Crying, Risk-taking, Aggression

Adapted from Speier (2000); Young, Ford, Ruzek, Friedman, & Gusman (1998).

STEP 4, HOW TO MANAGE CRISIS REACTIONS AND STRESS (15 MINUTES)

Materials: Handout #3MS, *Personal Supports and Management Plan*

Handout #4MS, *Stress Management Resources*

Ensure each student has written his/her name since this form will serve dual purposes: as a check for understanding and as a referral for follow-up care.

ACTIVITY A

- Distribute Handout #3MS and explain that the form will be filled out together and submitted at the end of the period.
- Lead the class in a discussion of stress management activities.
- Students write a list of the supports available to them before individuals share out. Then complete the handout.

ACTIVITY B

- Distribute Handout #4MS. Briefly review the coping strategies and relaxation activities.
- **DEEP BREATHING EXERCISE.** Take two minutes to lead students through the deep breathing exercise script below.

SCRIPT FOR DEEP BREATHING ACTIVITY

We are going to relax right now. First, reach your arms up way above your head toward the ceiling. Stretch your body tall. Now let your arms fall gently to your side.

Start to feel the heaviness of your arms, and your legs. I want you to take a moment to get comfortable. Think about how your body feels in your chair.

Now close your eyes softly. Once your eyes are closed, take a deep breath...now breathe out, emptying all of the air completely. Like you're blowing out all the candles on a birthday cake. Breathe in slowly...and out slowly.

Take a deep breath in through your nose to the count of (4) and out through your mouth to the count of (4). Breathe in...2...3...4...HOLD...2...3...exhale...2...3...4...

Feel the tightness leaving your body, bit by bit, with each breath.

Now place your hand gently on your stomach. Breathe in slowly and deeply through your nose and feel your stomach press against your hands. When you exhale, feel your belly button reach toward your back.

Let's repeat this again, in through your nose...out through your mouth.

Start to notice the sounds around the room. This might be the sound of the air conditioner, or even the sound of other students sitting in their chairs...

You may be thinking of something. Picture the thought in your head. Now take that thought and place it in a bubble. Now watch that bubble, that thought, drift away. If another thought comes into your mind, do the same thing: place it in a bubble and let it drift away. (Pause)

Again, you are going to take a deep breath in through your nose to the count of (4) and out through your mouth to the count of (4). . . . Slowly open your eyes. Notice how your body feels. You may feel more relaxed.

STEP 5, ASSESSMENT (5 MINUTES)

Materials: Handout #3MS, *Personal Supports and Management Plan*

- Direct students to complete the “Personal Check-In” section on handout #3MS.
- Students then complete the “Follow-Up” section on #3MS. They either select they would like someone to follow up or not. *While the goal is to teach common reactions, not specifically to get students to recognize their own reactions, this concluding activity can provide valuable triage data helpful in identifying students who may need additional crisis intervention.*

OPTION: Schools with online blackboards or electronic communication systems or social media accounts may want to alert students to an online referral system to support them and their peers.

Other ways to check for understanding:

- An exit ticket on which students write about their learning for the day, answer a brief question or two, or ask a question (sticky notes, index cards, or half sheets work well)
- Hand signals, as a quick and easy way to check for understanding (thumbs up/ thumbs down)
- Individual white/chalk boards for ongoing assessment during a lesson

STEP 2, KNOWN FACTS ABOUT THE EVENT HANDOUT# 1MS

Basic Guidelines for Teachers.

- *The fact sheet needs to be developmentally appropriate.*
- Provide only known facts.
- Ask about what students have heard and address rumors directly.
- Answers should be honest, but refrain from providing intimate details or elaborate explanations.
- It's perfectly okay to say, "I don't have the answer to that."
- Speak in a neutral, unemotional tone. If you believe leading this lesson will be highly emotional for you, request support from administration or support staff.
- Don't engage in conjecture, and discourage students from perpetuating speculation on social media.

Your school administration and support staff can provide additional assistance.
See below for the school's information on the event.

What happened.

When the event occurred.

Where the event occurred.

Who was involved (i.e., identify the crisis victims).

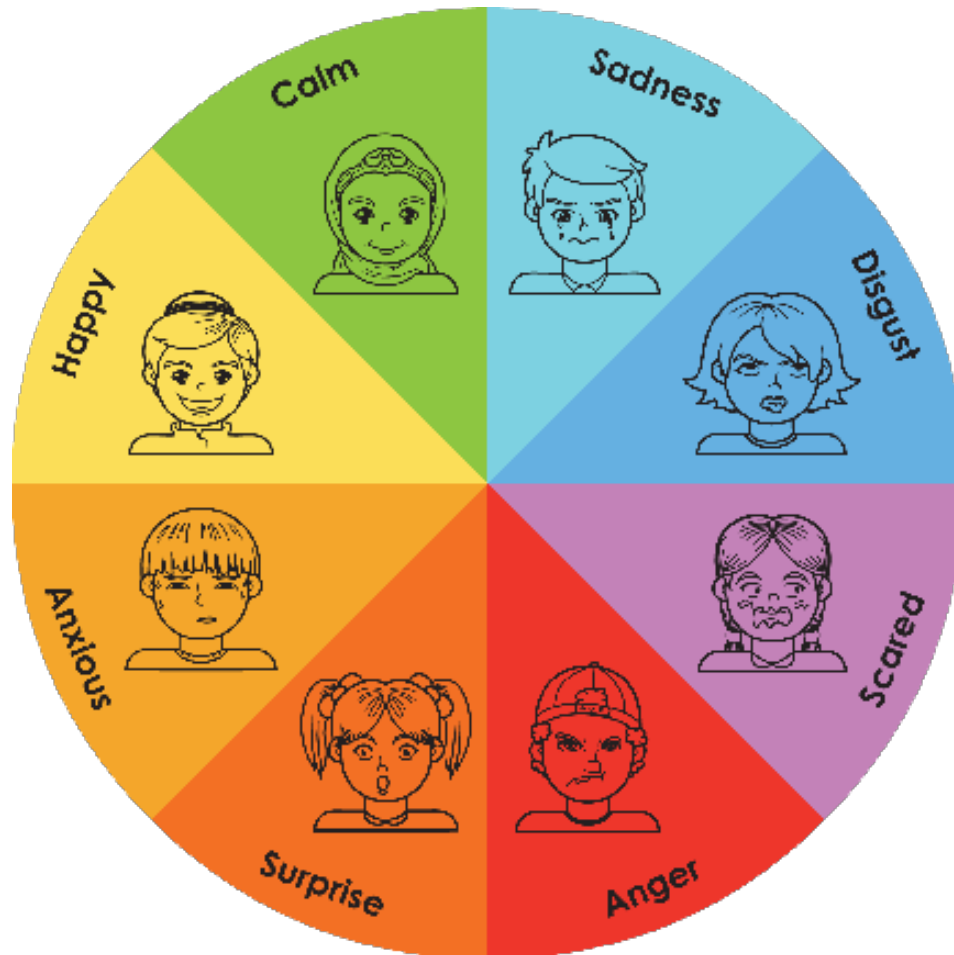
What is being done to assist students (e.g., counselors).

What students can expect to happen next.

STEP 3, COMMON RESPONSES HANDOUT# 2MS

Name _____

Directions. Find the emotion and face that best represent what you think would be a very common reaction to this event. Then write 2-3 sentences describing any thoughts and/or other reactions that you think would go along with this reaction. For example, if you think sadness is a common reaction you might write, "Many people often feel sad and very tired."



STEP 4, PERSONAL SUPPORTS & MANAGEMENT PLAN HANDOUT# 3MS

Name _____

Directions. Fill out this page during the lesson. Be prepared to turn it in tomorrow with a parent signature.

Stress Management Skills. These are activities that can help you relax and feel good.



Talk to Someone



Run/Exercise



Play



Listen to Music



Sleep/Rest

Current Stress Management Skills. List the activities you use to help you relax. You may include activities you already do to make yourself feel better or others you would like to try.

-----SHARE-----

Existing Supports. This is a list of the people and groups that care about you and can help you (i.e., specific friends, parents, clubs/teams, religious groups, teachers, counselors, pets).

-----RELAXATION ACTIVITY-----

Personal Check-In. On a 1-5 scale, circle the number that best describes your current mood or feelings.

Very Sad	Sad	Calm	Happy	Excited
1	2	3	4	5

Follow-Up.

- ☐ Check this box if you would like more help, perhaps from a teacher or counselor.
- ☐ No, thank you.

Student Name _____ Date _____

STEP 4, STRESS MANAGEMENT RESOURCES HANDOUT# 4MS

Adaptive Coping Strategies for Dealing with Traumatic Stress Reactions-----

1. Talk with others who have been through the same crisis experience.
2. Participate in local, state, and national associations or groups that aim to prevent future crises.
3. Obtain training that will help prevent future crisis events.
4. Incorporate physical exercise into your routine.
5. Get normal amounts of rest and sleep.
6. Avoid alcohol and drugs.
7. Maintain normal routines and comfortable rituals.
8. Eat well-balanced and regular meals.
9. Surround yourself with support (e.g., partners, pals, and pets).
10. Pursue your passions (don't feel guilty about finding pleasure in life).
11. Practice stress management techniques.
12. Embrace your spirituality or belief systems.

From "Certification of Advanced Training and Specialization in Crisis Interventions Skills and Strategies." Workshop presented by S.E. Brock et al., (2003) at the California Association of School Psychologists' Summer Institute. Lake Tahoe, CA

Relaxation Activities-----

Deep Breathing: A common symptom of stress is an increase in breathing rate. Shallow breathing often occurs higher in the chest. A deep breathing exercise allows us to take slower, deeper belly breaths and reach a truly relaxed state.

Progressive Muscle Relaxation: This practice involves tensing and relaxing muscles throughout the body. The contrast between the state of tension and relaxation typically increases awareness of muscle groups that often carry tension.

Visualization/Imagery: Visualization offers a break from overpowering thoughts by using imagery to create a relaxed state. The sights, sounds, smells, and touch sensations associated with a particularly calm scene induce a state of pleasure.

Meditation: Meditation is a mental exercise to train the mind, and it promotes relaxation. To meditate, some people may sit or lie down and concentrate on their breathing or repeat a positive statement. There are different types of meditation. The end goal of all types of meditation lead to a quieted mind free from stress brought about by quiet contemplation and reflection.

Adapted from Dartmouth Health Promotion and Wellness (2013). Retrieved from www.dartmouth.edu/~healthed/relax/#suggestion

Free online videos, apps, and playlists are available to guide people new to these relaxation activities. Helpful keywords include: progressive muscle relaxation, guided meditation, deep breathing, and visualization/imagery.



Lesson Plan

High School

Lesson Plan, High School

NOTE: Ideally, this psychoeducational group is facilitated by a school-based crisis team member familiar to the group of students. If the facilitator is unfamiliar to the students, take a moment to introduce him/her.

TOPIC Normalizing Crisis Reactions, Identifying Support Systems, and Delivering Direct Instruction in Adaptive Coping Skills

DURATION 1 hour

DESCRIPTION OF LESSON Student responses to crisis situations are diverse. In this lesson, facilitators identify and help normalize common reactions to crisis exposure. Students explore their existing support structures before reviewing adaptive coping strategies and effective stress management.

OBJECTIVES *At the conclusion of this lesson, students will be able to . . .*

- recognize 2-3 common crisis reactions.
- identify resources for support.
- perform a deep breathing exercise for relaxation purposes.
- identify and use 2-3 adaptive coping strategies.

MATERIALS

- Teacher copy of Lesson Plan, High School (9-12)
- Teacher copy of Handout #1HS, *Known Facts About the Event* **OPTIONAL**
- Student copies of Handout #2HS, *Common Responses*
This handout may be projected on the board during discussion and filled out alongside students.
- Student copies of Handout #3HS, *Personal Supports and Management Plan*
- Student copies of Handout #4HS, *Stress Management Resources*
- Pencils [White board, pens, dry erase markers, projector **OPTIONAL**]

PROCEDURES

STEP 1, INTRODUCTION (5 MINUTES) No handouts for this step.

On the following page, read from the sample script that introduces the facilitator, identifies the subject of the lesson, sets the classroom expectations for behavior and participation, and answers procedural questions (or facilitators may use the guidelines to create their own introductions). Use the attendance roster—or a sign-in sheet if the lesson is not delivered in an intact classroom—to keep track of which students have received this instruction in psychoeducation.

Sample Script for Opening a Student Psychoeducational Group

"Today we are going to talk about (*briefly describe the incident*). I will answer questions you might have about what happened, and identify ways to deal with common reactions. We will also talk about how to help ourselves and help each other.

I understand that everyone is likely having their own reactions. We won't be discussing your individual reactions today, but if you want to do so later be sure to let me know. First, let's go over some ground rules/expectations."

(Briefly review classroom rules and expectations during direct instruction and discussion.)

STEP 2, GIVE THE FACTS & DISPEL THE RUMORS (20 MINUTES)

Materials: Handout #1HS, *Known Facts About the Event*

The handout is for teacher use and not for distribution among students.

- The fact sheet needs to be developmentally appropriate.
- State basic facts of the event—which may have been conveyed in a staff meeting, letter to the school community, or on a brief fact sheet provided with this lesson plan and handouts.
- Keep it simple.
- Invite students to share what they know and use the discussion as an opportunity to dispel rumors and limit collective speculation.

Notes: Be prepared to repeat facts several times, as crises can be overwhelming and difficult to comprehend. Be truthful; some facts may be confidential and the facilitator should say so. Also, it is permissible to state, "I don't know" in response to questions. It is advisable to recommend students refrain from exacerbating crises by passing along gossip or stories, particularly on social media.

STEP 3, PREPARE STUDENTS FOR COMMON CRISIS REACTIONS (15 MINUTES)

Materials: Handout #2HS, *Common Responses*

- Distribute and/or project Handout #2HS and use it to talk about some possible different feelings. Review each of the feelings on the wheel.
- Give students 2 minutes to identify one of the emotions they might expect someone to have and write 2-3 sentences about that reaction. Some may identify physical complaints or disruptive thoughts, along with the emotions.
- Using the table on the following page to inform your direct instruction, help students

anticipate common initial reactions to crisis events. Explain how students may experience some of these reactions themselves or witness them in the behavior of others, including peers, parents, and teachers.

Some key points to acknowledge:

- Most reactions diminish with time, and recovery is most common.
- Conversely, if students' reactions don't lessen or are too difficult to cope with, then a referral for additional crisis intervention assistance is warranted.

Suicidal ideation, homicidal ideation, and other uncommon and perhaps abnormal crisis reactions indicate a referral as well.

- Explain how students may access additional crisis intervention assistance for themselves or others. An expression of sincere optimism may be an effective way to close Step 4.

COMMON INITIAL CRISIS REACTIONS	
EMOTIONAL	Shock, Surprise, Anger, Mad, Sadness, Despair, Sadness, Fear, Phobias, Emotional numbing, Guilt, Helplessness, Hopelessness, Hypersensitivity, Loss of pleasure, Irritability, Dissociation
COGNITIVE	Hard to think/focus, Forgetful, Confused, Worried, Nightmares, Impaired decision-making, Distortion, Intrusive thoughts, Decreased self-esteem, Self-blame, Decreased self-efficacy
PHYSICAL	Fatigue, Insomnia, Always on guard, Aches and pains (stomach, head, heart), Illness, Easily startled, Staring blankly, Impaired immune response, Decreased appetite
BEHAVIORAL	Isolated, Social withdrawal, Peer conflicts, Decreased participation, Attention seeking, Crying, Risk-taking, Aggression

Adapted from Speier (2000); Young, Ford, Ruzek, Friedman, & Gusman (1998).

STEP 4, HOW TO MANAGE CRISIS REACTIONS AND STRESS (15 MINUTES)

Materials: Handout #3HS, *Personal Supports and Management Plan*
Handout #4HS, *Stress Management Resources*

Ensure each student has written his/her name since this form will serve dual purposes: as a check for understanding and as a referral for follow-up care.

ACTIVITY A

- Distribute Handout #3HS and explain that the form will be turned in at the end of the period.
- Lead the class in a discussion of stress management activities.
- Students first write a list of the supports available to them before individuals share out.

ACTIVITY B

- Distribute Handout #4HS. Briefly review the coping strategies and relaxation activities.
- **DEEP BREATHING EXERCISE.** Take two minutes to lead students through the deep breathing exercise script below.
- After the deep breathing exercise, students reference #4HS and complete the "Give it a Try" section on #3HS to identify one strategy they would try or learn more about.

SCRIPT FOR DEEP BREATHING ACTIVITY

We are going to relax right now. First, reach your arms up way above your head. Stretch your body tall. Now let your arms fall gently to your side.

Start to feel the heaviness of your arms, and your legs. I want you to take a moment to get comfortable. Think about how your body feels in your chair.

Now close your eyes softly. Once your eyes are closed, take a deep breath...now breathe out, emptying all of the air completely. Breathe in slowly...and out slowly.

Take a deep breath in through your nose to the count of (4) and out through your mouth to the count of (4). Breathe in...2...3...4...HOLD...2...3...exhale...2...3...4...

Feel the tightness leaving your body, bit by bit, with each breath.

Now place your hand gently on your stomach. Breathe in slowly and deeply through your nose and feel your stomach press against your hands.

Let's repeat this again, in through your nose...out through your mouth.

Start to notice the sounds around the room. This might be the sound of the air conditioner, or even the sound of other students sitting in their chairs...

You may be thinking of something. Picture the thought in your head. Now take that thought and place it in a bubble. Now watch that bubble, that thought, drift away. If another thought comes into your mind, do the same thing: place it in a bubble and let it drift away. (Pause)

Again, you are going to take a deep breath in through your nose to the count of (4) and out through your mouth to the count of (4). . . . Slowly open your eyes. Notice how your body feels. You may feel more relaxed.

STEP 5, ASSESSMENT (5 MINUTES)

Materials: Handout #3HS, *Personal Supports and Management Plan*

- Direct students to complete the “Personal Check-In” section on handout #3HS, *Personal Supports and Management Plan*.
- Students then complete the “Follow-Up” section at the bottom of the page. *While the goal is to teach common reactions, not specifically to get students to recognize their own reactions, this concluding activity can provide valuable triage data helpful in identifying students who may need additional crisis intervention.*

OPTION: Schools with online blackboards or electronic communication systems or social media accounts may want to alert students to an online referral system to support them and their peers.

Other ways to check for understanding:

- An exit ticket on which students write about their learning for the day, answer a brief question or two, or ask a question (sticky notes, index cards, or half sheets work well)
- Hand signals, as a quick and easy way to check for understanding (thumbs up/ thumbs down)
- Individual white/chalk boards for ongoing assessment during a lesson

STEP 2, KNOWN FACTS ABOUT THE EVENT HANDOUT# 1HS

Basic Guidelines for Teachers.

- *The fact sheet needs to be developmentally appropriate.*
- Provide only known facts.
- Ask about what students have heard and address rumors directly.
- Answers should be honest, but refrain from providing intimate details or elaborate explanations.
- It's perfectly okay to say, "I don't have the answer to that."
- Speak in a neutral, unemotional tone. If you believe leading this lesson will be highly emotional for you, request support from administration or support staff.
- Don't engage in conjecture, and discourage students from perpetuating speculation on social media.

Your school administration and support staff can provide additional assistance.
See below for the school's information on the event.

What happened.

When the event occurred.

Where the event occurred.

Who was involved (i.e., identify the crisis victims).

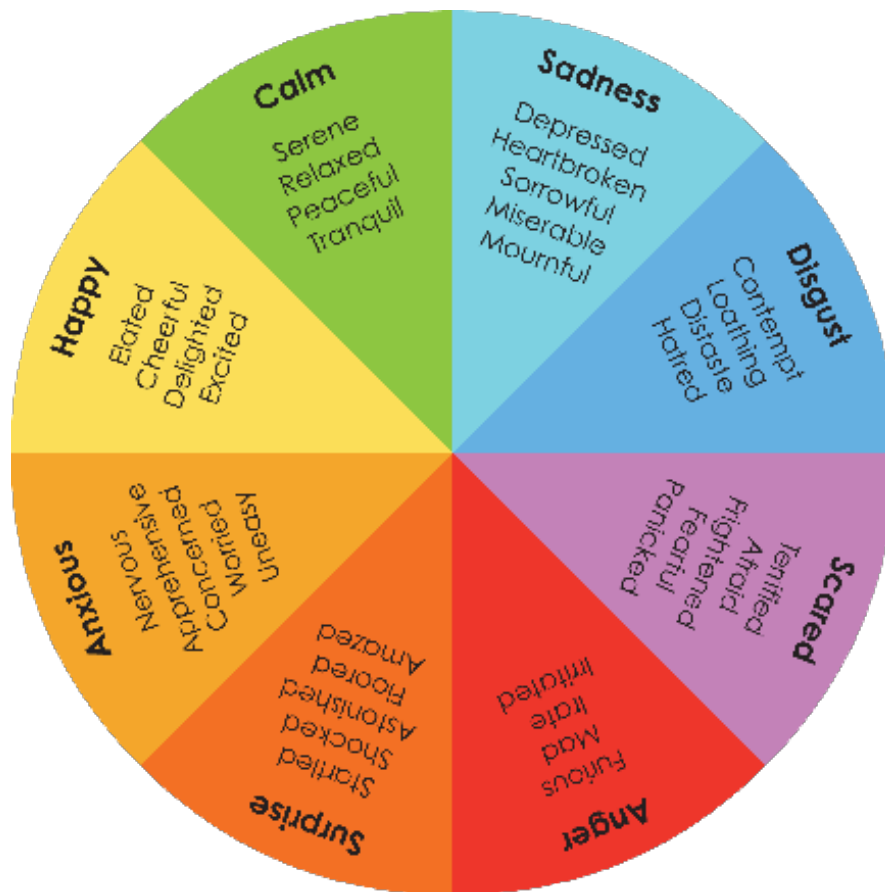
What is being done to assist students (e.g., counselors).

What students can expect to happen next.

STEP 3, COMMON RESPONSES HANDOUT# 2HS

Name _____

Directions. On the wheel, find the set of emotions that best represents what you think would be a very common reaction to this event. Then write 2-3 sentences describing any thoughts and/or other reactions that you think are common. For example, if you think sadness is a common reaction you might write, "Many people often feel sad and very tired."



STEP 4, PERSONAL SUPPORTS & MANAGEMENT PLAN HANDOUT# 3HS

Name _____

Directions. Fill out this page during the lesson. Be prepared to submit it at the end of class.

Stress Management Skills. This is a list of the activities that help you relax. It may include things you already do to make yourself feel better. As you hear others' suggestions, add them to your list below.

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

-----SHARE-----

Existing Supports. This is a list of the people and groups that care about you and can help you (i.e., specific friends, parents, religious groups/clubs/teams, teachers, counselors).

_____	_____
_____	_____
_____	_____

-----RELAXATION ACTIVITY-----

Give it a Try. From the stress management techniques you've reviewed and/or practiced, identify one you would try again or could be interested in learning more and write it below:

Personal Check-In. On a 1-5 scale, circle the number that best describes your current mood or feelings.

Very Sad 1	Sad 2	Calm 3	Happy 4	Excited 5
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Follow-Up.

- ☐ Check this box if you would like more help or information, perhaps contact with a teacher or counselor.
- ☐ No, thank you.

STEP 4, STRESS MANAGEMENT RESOURCES HANDOUT# 4HS

Adaptive Coping Strategies for Dealing with Traumatic Stress Reactions-----

1. Talk with others who have been through the same crisis experience.
2. Participate in local, state, and national associations or groups that aim to prevent future crises.
3. Obtain training that will help prevent future crisis events.
4. Incorporate physical exercise into your routine.
5. Get normal amounts of rest and sleep.
6. Avoid alcohol and drugs.
7. Maintain normal routines and comfortable rituals.
8. Eat well-balanced and regular meals.
9. Surround yourself with support (e.g., partners, pals, and pets).
10. Pursue your passions (don't feel guilty about finding pleasure in life).
11. Practice stress management techniques.
12. Embrace your spirituality or belief systems.

From "Certification of Advanced Training and Specialization in Crisis Interventions Skills and Strategies." Workshop presented by S.E. Brock et al., (2003) at the California Association of School Psychologists' Summer Institute. Lake Tahoe, CA

Relaxation Activities-----

Deep Breathing: A common symptom of stress is an increase in breathing rate. Shallow breathing often occurs higher in the chest. A deep breathing exercise allows us to take slower, deeper belly breaths and reach a truly relaxed state.

Progressive Muscle Relaxation: This practice involves tensing and relaxing muscles throughout the body. The contrast between the state of tension and relaxation typically increases awareness of muscle groups that often carry tension.

Visualization/Imagery: Visualization offers a break from overpowering thoughts by using imagery to create a relaxed state. The sights, sounds, smells, and touch sensations associated with a particularly calm scene induce a state of pleasure.

Meditation: Meditation is a mental exercise to train the mind, and it promotes relaxation. To meditate, some people may sit or lie down and concentrate on their breathing or repeat a positive statement. There are different types of meditation. The end goal of all types of meditation lead to a quieted mind free from stress brought about by quiet contemplation and reflection.

Adapted from Dartmouth Health Promotion and Wellness (2013). Retrieved from www.dartmouth.edu/~healthed/relax/#suggestion

Free online videos, apps, and playlists are available to guide people new to these relaxation activities. Helpful keywords include: progressive muscle relaxation, guided meditation, deep breathing, and visualization/imagery.



Lesson Plans

Supplemental
Enrichment Plans

Enrichment, Lesson Plan 1

TOPIC Deep Breathing Exercises

DURATION 15-20 minutes

AGE GROUP Primary Grades and Upper Elementary Grades.

DESCRIPTION OF LESSON Students are learning additional techniques to practice deep breathing in fun, naturalistic activities. This practice builds on a previous introduction to stress management techniques, including student psychoeducation.

OBJECTIVES *At the conclusion of this lesson, students will be able to . . .*

- recognize how and when deep breathing can be used to calm the body and mind.
- identify at least two ways of breathing deeply.

MATERIALS

- Hoberman's sphere (or youtube video of Hoberman's sphere and breathing)
- A set of 10 pinwheels
- 10 bottles of soapy bubbles
- 10 feathers (real or synthetic)

PROCEDURES

STEP 1, INTRODUCTION (2 MINUTES)

- Ask students to identify challenging or stressful situations.
- Ask for 2-3 student volunteers to demonstrate stressed breathing (shallow, rapid breaths).
- Discuss the importance of breathing to calm the body and mind.

STEP 2, STATIONS TO PRACTICE DIFFERENT BREATHING (10 MINUTES)

Three different fun activities can focus students' attention to the breath. Model each and divide into three stations. Students may rotate through each at 1-2 minute intervals, as determined by the teacher:

- **Pinwheel.** This is best done independently. Students are challenged to blow the pinwheel slowly and steadily, and keep it moving continuously throughout the interval.
- **Bubble Blowing.** This may be done in pairs or independently. Students are challenged to blow bubbles slowly and steadily from the bubble loop handle.

- Feather Blowing. This may be done in pairs with each group blowing the feather between partners. Place feather in palm of hand and slowly, steadily, and forcefully blow the feather toward a partner.

STEP 3, BELLY BREATHING (5 MINUTES)

- Ask students to stand up and place their hands on their stomachs.
- Show students the Hoberman's sphere and use it as a visual to instruct them in belly breathing.
- Direct students to breathe in through their noses and out through their mouths. When exhaling, direct them to pull their belly buttons toward their backs as they exhale.
- Work up to 4 X 4 breathing in which the exhale and inhale both take four counts.
- Invite students to close their eyes.
- Repeat 5-10 times.

STEP 4, ASSESSMENT (3 MINUTES)

- Instruct students to get into pairs and demonstrate two techniques for breathing they practiced and identify when they would use it and why.
- Pairs share out to the class and may demonstrate.

Enrichment, Lesson Plan 2

TOPIC Breathing Exercises

DURATION 10 minutes

AGE GROUP Primary Grades

DESCRIPTION OF LESSON Students are learning additional techniques to practice thoughtful breathing in fun, naturalistic activities. This practice builds on a previous introduction to stress management techniques, including student psychoeducation.

OBJECTIVES *At the conclusion of this lesson, students will be able to . . .*

- recognize how and when deep breathing can be used to calm the body and mind.
- identify at least two ways of breathing deeply.

MATERIALS

- **OPTIONAL** View a Youtube video demonstration: <https://move-with-me.com/self-regulation/4-breathing-exercises-for-kids-to-empower-calm-and-self-regulate/>

PROCEDURES

STEP 1, INTRODUCTION (2-3 MINUTES)

- Ask students to identify stressful situations and why breathing deeply is important.

STEP 2, PRACTICING DIFFERENT TYPES OF BREATHING (15 MINUTES).

- Instruct students in different methods of breathing detailed below by asking them to first close their eyes as you read the small scripts. Ask them to visualize the scene as they breathe.

The **Flower Breath** is a simple way to connect kids to their breath and their feelings:

- "Imagine you're holding on to a beautiful flower. With both hands, bring the flower up to your nose, and breathe in deeply. And breathe out. Now, a second time. Raise the flower up to your nose. Now exhale out of the mouth, releasing any tension."
- Do this three more times.
- Let students know they can stop and smell the roses, carnations, or lavender any time they are feeling nervous or upset.

The **Hissing Breath** can connect students to their exhale, which can help them slow down, mentally and physically:

- “The hissing breath sounds like a snake. Let’s all make the ‘sssssss’ sound together...
- This time, we are going to breathe in the nose with a long deep inhale before we make the hisssssssing sound.’’
- Instruct students to make the hissing sound slow and long.’

The **Bear Breath** may be helpful before nap time, story time or any creative activity:

- “Imagine a bear hibernating in a cave. The bear takes deep slow breaths in and slow exhales out.”
- “Bears have to take in breaths through the nose before pausing...now breathe out through the nose...and pause. Breathe in to a count of 3 or 4...”
- “Pause for a count of 2... breathe out for a count of 3...pause for a count of 2.”
- Repeat a few times.

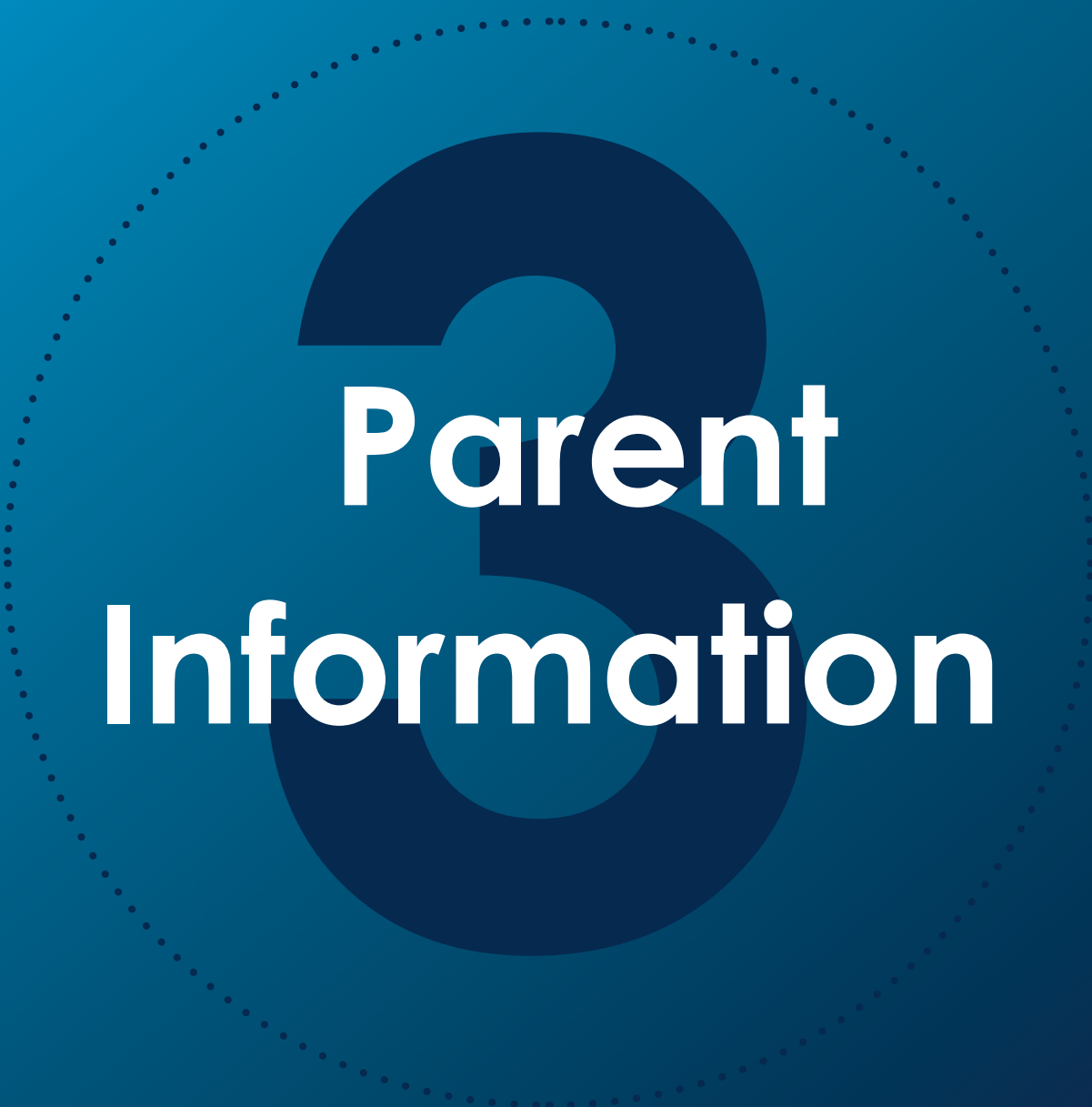
The **Bunny Breath** is useful when students are very upset and can’t find their breath. It can help students connect to their exhale, so that they breathe instead of get out of control.

- Imagine you are a bunny, wiggling your nose, smelling carrots and flowers. Now take 3 quick sniffs before one long exhale.
- “Let’s practice together. 3 quick sniffs in the nose and one long exhale out the nose. Remember you are a bunny, sniffing the air trying to find your bunny friends, more food to eat, or get to safety.”

STEP 3, ASSESSMENT (2-3 MINUTES)

- Throughout the day, ask students to identify one of the types of breathing and demonstrate. You may need to prompt them with the imagery used during the lesson.

Adapted from: <https://move-with-me.com/self-regulation/4-breathing-exercises-for-kids-to-empower-calm-and-self-regulate/>



Parent Information

Information for Parents

AT YOUR CHILD'S SCHOOL, we will have conducted a lesson in class *lasting approximately one hour* to provide students with basic information in identifying social supports and coping strategies. Students are likely experiencing a variety of responses to recent events connected to the school. Providing this information to our students is an effort to decrease the amount and severity of social emotional problems arising from a crisis. Students can gain increased control over their own recovery process, locate social support, and identify additional coping strategies to take a proactive approach to improving their own well-being. This letter is intended to provide you with a brief summary of the lesson so you are better able to support your student.

GOALS OF THE LESSON

1. Dispel crisis rumors and ensure students have the facts.
2. Prepare students for the reactions that may follow crisis exposure.
3. Teach students how to manage crisis reactions and obtain mental health crisis intervention.
4. Provide strategies for managing stress reactions.

Possible reactions. Some students may react more strongly than others. You may notice anger, irritability, nightmares, worry, social withdrawal, increased/decreased sleep or appetite, headaches, tantrums, risk taking, or school refusal, among others.

Possible supports. Encourage your student to continue his/her participation in school, extracurriculars, and time with family and friends. The goal is for students to return to their normal functioning, and re-engaging familiar routines is one way to support recovery.

Possible coping strategies. Talk with your student about how s/he is feeling, who might be identified as supports, and ask your student to explain some of the adaptive coping strategies learned in class. It may be especially helpful to practice some of the strategies together.

RECOMMENDATIONS We encourage you and your family to access the school's website and social media accounts for updated information, including additional resources where you may find help. At the same time, please consider the possible negative effects of students' use of social media as a place where they try to understand their experiences. Online posts can have unintended consequences (e.g., antagonizing or hurting others).

FINAL THOUGHTS Our goal is to help all students, wherever they are at. For many students, this lesson initiates their self-recovery and is sufficient support. If it is not, please contact the school and/or outside providers for more help.

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**Student
Psychoeducational
Groups
in**
School Crisis Intervention:

The PREPaRE Model



Ready to Learn, Empowered to Teach



GUIDING PRINCIPLES FOR EFFECTIVE SCHOOLS AND SUCCESSFUL STUDENTS

Executive Summary

All children and youth must be ready to learn in order to achieve their best in school and to graduate prepared for college or a career. This preparation requires a public education infrastructure that empowers teachers to teach and prioritizes investments to ensure that schools effectively address the learning, behavioral, social–emotional, and mental health needs of students. When not met, those needs can create barriers to achievement. Furthermore, promoting success and reducing barriers to learning requires sustained access to a comprehensive and rigorous curriculum, high-quality instruction, and comprehensive learning supports within safe and respectful learning environments.

Comprehensive learning supports that integrate academic, social and emotional, behavioral, and mental health needs are most effective when provided through a multitiered system of supports (MTSS). Essential to this system are specialized instructional support personnel who collaborate with other educators, families, and community providers to identify needs and provide appropriate services at the individual, classroom, school, and district-wide levels.

The National Association of School Psychologists (NASP) recommends the following guiding principles for the development of educational policies:

GUIDING PRINCIPLES

1. Combine high expectations for all students with high-quality instruction across rigorous and comprehensive curricula.
2. Create positive school climates to ensure safe and supportive learning environments for all students.
3. Provide access to comprehensive school-based mental and behavioral health services by ensuring adequate staffing levels of school-employed mental health professionals.
4. Increase family and community engagement to support students' success.
5. Create systems that support the recruitment and retention of properly trained and prepared professionals.
6. Create accountability systems that reflect a comprehensive picture of all students' and schools' performance, inform instruction, and guide school improvement efforts.

Local and state governments must be empowered to construct educational systems that prepare all students for college or a career while also meeting the unique needs of their schools and districts. However, at its core, education is a civil right, and the federal government can, and should, play a critical role in shaping the national education landscape. Indeed, providing a high-quality public education system is one of America's greatest responsibilities and wisest investments in the nation's future. NASP believes that education policies that address the whole child and are grounded in evidence-based practices will empower teachers to teach and ensure that every child is ready and able to learn.

Ready to Learn, Empowered to Teach

Guiding Principles for Effective Schools and Successful Students

The National Association of School Psychologists (NASP) believes that all children should have access to a high-quality public education that provides them with the comprehensive skills necessary to be successful in school, at home, and throughout life. Providing a high-quality and effective public education system is the most important investment we can make in our nation's future, and NASP urges policy makers at all levels to prioritize education policies that meet the needs of the whole child. NASP is the world's largest professional association of school psychologists, who work with families, teachers, school administrators, and other professionals to support the academic achievement; positive behavior; and social, emotional, and mental health of all students.

Ensuring that all children graduate from high school ready for college or a career requires that every student be ready to learn and every teacher be empowered to teach. To be able to learn, children must come to school each day feeling healthy, safe, welcomed, and supported. All children possess tremendous potential and deserve access to rigorous curricula, high-quality instruction, and comprehensive learning supports within safe and respectful learning environments. Too often, though, students come to school having to manage multiple stressors that can create barriers to learning and teaching and undermine the overall school climate. Left unaddressed, issues such as learning difficulties; poor behavioral, mental, and physical health; cultural and linguistic differences; and socioeconomic or family problems can make teaching difficult and significantly impede students' success in and out of school. Even the most highly skilled teachers cannot help children achieve their potential unless such barriers are remedied. To

effectively reduce these barriers and meet the comprehensive needs of students, teachers must have access to adequate resources and ongoing support from qualified professionals.

The educational environment presents unique opportunities to promote success and wellness, as well as to address learning barriers. However, this opportunity can only be realized when schools commit to providing sustained access to services that support children's academic growth in tandem with their physical, mental, and behavioral health.

Specialized Instructional Support Personnel

Specialized instructional support personnel include school-employed mental health professionals (school counselors, school psychologists, and school social workers), school nurses, occupational therapists, physical therapists, art therapists, dance/movement therapists, music therapists, speech-language pathologists, and audiologists. These specialized personnel provide and support school-based prevention and intervention services to address barriers to learning, and they work with teachers, administrators, and parents to ensure that all students are successful in school. School-employed mental health professionals have specialized training in meeting the mental and behavioral health needs as well as the learning needs of students.

The term used in the Elementary and Secondary Education Act (ESEA) 2002 reauthorization is *pupil services personnel*, and the Individuals with Disabilities Education Improvement Act of 2004 (IDEA) refers to them as *providers of related services*.

Comprehensive learning supports are most effective when provided through a multitiered system of supports (MTSS) by school-employed mental health professionals (school counselors, school psychologists, and school social workers) and other specialized instructional support personnel. These specially trained professionals help teachers, administrators, and families ensure that students are ready and able to learn.

The services that lower barriers to learning are central to the supportive educational process necessary to prepare all of America's children for academic success, healthy development, and responsible citizenship.

- Ensure that instruction, assessment, and interventions are culturally and linguistically responsive to students' individual backgrounds and circumstances.
- Routinely assess individual students' needs and monitor their progress to make data-based decisions about appropriate interventions and learning.
- Ensure that all students have access to content that is both developmentally appropriate and academically challenging.
- Align and ensure the consistency of related principles in federal education laws (IDEA and ESEA).

This document recommends actions to reduce or remove barriers to learning by creating school environments that promote wellness and effectively address the learning, behavioral, social-emotional, and mental health needs of students. These recommendations reflect both decades of research and the experience of a growing number of schools around the country that, using these approaches, are improving their students' academic and life outcomes. NASP believes that the issues involved are central to the supportive educational process necessary to prepare all of America's children for academic success, healthy development, and responsible citizenship.

GUIDING PRINCIPLES FOR IMPROVING SCHOOLS

NASP encourages policy makers and education officials at all levels to work with key stakeholders to incorporate the following guiding principles in the development of education policies.

1. Combine high expectations with high-quality instruction for all students, across rigorous and comprehensive curricula.

Key Policy Objectives:

- Provide all students with access to challenging curricula in a diverse range of subjects, including art, music, science, social studies, and physical education.
- Support the development of social and emotional learning, problem solving, self-control, and conflict-resolution skills that are critical to life success.

Research demonstrates that high expectations correlate with high achievement (Hinnant, O'Brien, & Ghazarian, 2009). This holds true across the spectrum of academic and life skills necessary for becoming a healthy, productive, and responsible adult. A commitment to high expectations should extend throughout comprehensive curricula—including math, reading, the sciences and social sciences, foreign languages, and the fine arts—and into physical and mental health and work readiness skills. Rigorous curricula must provide opportunities for students to meaningfully engage with content; teach students how to access and evaluate the validity of information; build the capacity to conceive, develop, test, and communicate diverse ideas; and contribute to the ability to thrive in an increasingly competitive global economy. Schools should also make a sustained commitment to teach students critical life skills, such as social-emotional competency, self-control, problem solving, decision making, and conflict resolution. Strengthening these skills positively affects students' academic achievement, in terms of both higher standardized test scores and better grades (Bierman et al., 2010; Durlak, Weissberg, Dymnicki, Taylor, & Schellinger, 2011). These skills are also essential for maintaining positive relationships and success in the workplace.

Comprehensive curricula must be matched with instructional and learning supports that help all students progress toward high standards and meet individual learning needs. Educators need access to the wide body of knowledge available on how to make content more readily accessible to an increasingly diverse student population, including

those with disabilities. Schools also should implement evidence-based screening methods to identify students who are at risk for academic or behavioral difficulties. This screening must be coupled with appropriate interventions and routine monitoring of students' progress in response to instruction. Ongoing progress monitoring and evaluation are integral to a multitiered framework that allows schools to intervene early in the learning process and provide increasingly intensive and targeted interventions based on students' needs. Creating an MTSS infrastructure demands that schools have access to qualified specialized instructional support personnel.

A comprehensive MTSS infrastructure also helps to improve continuity across general and special education. Differences between ESEA and IDEA policies have resulted in disjointed learning and teaching systems, in which some students are held to different expectations and exposed to alternative curricula. MTSS can create a cohesive data collection process that shows students'

Comprehensive curricula must be matched with instruction and learning supports that help all students progress toward high standards and meet individual student learning needs.

Multitiered Systems of Support (MTSS)

MTSS is a comprehensive system of differentiated services and supports. Instruction and interventions are provided in increasing levels of intensity based on data-driven determination of student need. Tier 1 typically refers to school-wide services that are available to all students, such as promoting wellness and teaching problem-solving skills. Tier 2 services are available to students identified as needing additional targeted services or group supports. Tier 3 provides more intensive services for individuals or small groups and is usually limited to only 5–10% of students. An effective MTSS approach includes four essential components:

1. A school-wide, multilevel instructional and behavioral system for preventing school failure
2. Screenings to identify students who are at risk for academic or behavioral difficulties
3. Ongoing progress monitoring and evaluation
4. Data-based decisions about instruction, movement within the multitiered system, and disability identification (in accordance with state law)

progress through the curriculum and toward goals set for all students, regardless of whether they are receiving special or general education instruction.

2. Create positive school climates to ensure safe and supportive learning environments for all students.

Key Policy Objectives:

- Designate resources to help implement evidence-based, school-wide policies and practices that reduce bullying, harassment, violence, and discrimination for all students.
- Employ discipline policies that promote positive behavior, reduce overly punitive disciplinary actions, and incorporate restorative justice practices and other methods of teaching students effective conflict-resolution skills.
- Support continuous and sustainable school safety and crisis prevention, preparedness, response, and recovery capacity that balances physical and psychological safety.
- Establish programs that foster students' engagement in academic, social, and extracurricular activities.
- Create mechanisms and opportunities to develop supportive relationships between students and caring adults within the school and the community.

Creating safe and supportive conditions for learning is essential to students' achievement and must be integral to education policy. These conditions—known as a positive school climate—cannot be created overnight. Schools' and districts' efforts must be consistent, effective, and sustained. We can foster teachers' ability to teach and students' ability to learn when we ensure that all students (a) come to school feeling safe, welcomed, and respected; (b) have a trusting relationship with at least one adult in the school; (c) understand clear academic and behavioral expectations; and (d) see their role as positive members of the school community. Maintaining positive school climates also requires that schools and districts have sufficient time and resources to implement, evaluate, and modify these efforts based on changing needs.

Creating a positive school climate also requires schools to balance physical and psychological safety. Highly restrictive physical safety measures

alone, such as purchasing a designated program, metal detectors, and armed security personnel, may cause students to feel less safe and more fearful at school (Bachman, Randolph, & Brown, 2011; Bracy, 2011;

Creating a positive school climate requires schools to balance physical and psychological safety by combining reasonable building security with efforts to enhance student engagement, foster trusting relationships, and support mental and behavioral health.

Schreck & Miller, 2003; Theriot, 2009) and could undermine the learning environment (Beger, 2003; Phaneuf, 2009). In contrast, comprehensive school safety is supported when schools combine reasonable physical security measures, such as visitor check-in procedures and locked doors, with efforts to enhance school climate, improve student engagement, foster respectful and trusting relationships among students and staff, and support overall student success. Critical to this effort is ensuring that safety programming is appropriately integrated with comprehensive mental and behavioral health services. Accordingly, school safety and crisis teams should be multidisciplinary and trained to address the continuum of prevention, planning, response, and recovery, with the latter two building upon ongoing positive behavior supports, risk assessment, safety, and mental health services.

3. Provide access to comprehensive school-based mental and behavioral health services by ensuring adequate staffing levels of school-employed mental health professionals

Key Policy Objectives:

- Encourage school districts to couple academic supports with mental and behavioral health services embedded in an MTSS framework.
- Coordinate services across a continuum of care that integrates families, educators, school-employed mental health providers, and community providers.
- Make a long-term and sustained commitment to align staffing ratios with recommendations generated by national professional organizations to allow for the delivery of a full range of services.

- Ensure sufficient access to school-employed mental health professionals who can provide a comprehensive range of services within the school context, ranging from systems-level prevention to direct, individual-level services.
- Establish school–community mental health partnerships that supplement, not supplant, existing school-based services and foster collaboration between school and community mental health professionals.
- Provide ongoing, high-quality professional development to school personnel and train families to recognize concerns and seek help from the appropriate professionals.

Mental and behavioral health and wellness are critical to children’s and youth’s success in school and life. Mental health is not simply the absence of mental illness but also encompasses social, emotional, and behavioral health; resilience; and the ability to cope with life’s challenges. The learning environment provides the ideal context for wellness promotion, prevention, and intervention, all of which directly affect learning and well-being. Both research and everyday experience show that access to school-based mental health services is linked to students’ improved physical and psychological safety (Bruns, Walrath, Glass-Siegel, & Weist, 2004; Ballard, Sander, Klimes-Dougan, 2014), academic performance, and social–emotional learning, and that such access

The learning environment provides the ideal context for wellness promotion, prevention, and intervention, all of which directly affect learning and well-being.

reduces costly negative outcomes such as risky behaviors, disciplinary incidents, delinquency, dropout, substance abuse, and involvement with the criminal justice system (Aos, Lieb, Mayfield, Miller, & Pennucci, 2004).

Comprehensive mental and behavioral health services are most effective when they are embedded in an MTSS framework. The framework enables schools to promote mental wellness and identify and address problems before they escalate or become chronic. Access to school-employed mental health professionals is essential to the quality and effectiveness of these services. Many students experience ongoing stressors that affect their mental and behavioral health—for example, exposure to community violence, death

of a loved one, or homelessness or poverty—and they are more likely to seek help if these services are available in schools. School psychologists and other school-employed mental health professionals know the students and staff, understand the culture of the school, and can effectively provide mental and behavioral health services within the context of learning. These professionals are also able to support administrators and teachers by providing consultation and recommending school-wide and classroom-based interventions that support positive behavior and learning.

The Need for School Mental Services

One in five students will experience a significant mental health issue in a given year, most of whom will not receive the help they need due to lack of access to care (Merikangas et al., 2010).

Of those who do receive help, 70–80% receive mental health services in schools (Farmer, Burns, Philip, Angold, & Costello, 2003; Rones & Hoagwood, 2000).

Students are more likely to seek help if these services are available in schools (Slade, 2002), in part because they spend significant portions of their day there with adults they know and trust.

Mental health issues can impact school climate, which can undermine the learning and sense of well-being of the entire student population. Expanded school mental health services in elementary schools have been found to improve aspects of the school climate (Bruns, Walrath, Glass-Siegel, & Weist, 2004).

Mental and behavioral health problems not only affect students' learning, but also interfere with long-term development of interpersonal relationships and work-related skills (National Research Council and Institute of Medicine [NRCIM], 2009).

More than two thirds of adolescents in juvenile detention were found to meet diagnostic criteria for at least one psychiatric disorder (Teplin, Abram, McClelland, Dulcan, & Mericle, 2002).

NASP recommends a ratio of 1 school psychologist for every 500–700 students. When staffing ratios are not adequate, these professionals can focus only on the students with the most severe needs, leaving little opportunity for critical prevention and early intervention services. NASP also recommends that this staffing ratio be coupled with effective and collaborative community partnerships to provide services to students with

the most significant mental and behavioral health needs and to promote access to community supports beyond the school day. Streamlined collaborative services result in improved outcomes for children, families, and communities; increased positive academic outcomes; and fewer disruptions to the learning environment (Adelman & Taylor, 2006).

4. Increase family and community engagement to support student success.

Key Policy Objectives:

- Foster relationships among students, teachers, staff, parents, and families to promote healthy development and address student needs.
- Promote school environments that welcome and encourage family participation and input.
- Provide resources to develop and sustain effective partnerships between schools, families, and community agencies and organizations to enhance and coordinate existing school-based services with the needs of the larger school community.
- Involve families and community stakeholders in school improvement efforts.
- Provide mechanisms for students to easily engage and participate in community activities before or after school.
- Extend supports to include high-quality early childhood programs and after-school programs for at-risk children and youth.

Education of America's youth should be viewed as a shared responsibility. Improving schools and ensuring students' success depend on collaboration among schools, community agencies and organizations, and families. When collaboration is done well, the beneficial effects are seen both within and outside school walls: Students demonstrate more positive attitudes toward school and learning, higher achievement and test scores, improved behavior, improved school attendance, and a reduced need for more intensive services such as special education. Educators report greater job satisfaction and more positive associations with families. Families have a stronger belief in their ability to deal with situations, have better understanding and more positive experiences with educators and schools, communicate with their children more effectively, and better appreciate the important role they play in their children's

education. These positive outcomes have been documented across families from diverse cultural, ethnic, linguistic, and socioeconomic backgrounds (Christenson & Reschly, 2009; Henderson & Mapp, 2002).

Active family engagement leads to students' more positive attitudes toward school and learning, higher achievement and test scores, improved behavior, improved school attendance, and a reduced need for more intensive services such as special education.

Thoughtful school–community collaboration should encompass both supplementary services provided during the school day and after-school programs that provide academic support, more intensive mental health services, and enrichment opportunities, such as sports or creative arts programs, job skills programs, peer mentoring, and service learning. Partnerships are most effective with clear memoranda of understanding and an appreciation for the unique contribution each group makes. Establishing a clear understanding not only reduces gaps, redundancy, and conflict, but also reduces stress on families and supports their roles as primary caregivers and decision makers regarding their child's development. Opportunities for direct family engagement must be culturally and linguistically responsive and must account for family life realities that might impede engagement, such as work schedules, child care, and transportation.

Students, in turn, feel better supported and connected to the wider world when the important adults and systems in their lives are working together and providing them with the opportunity to engage in activities that expand their experiences. For some students, access to sports, clubs, and other activities is a key factor in preventing academic failure, school dropout, and engagement in other risky behaviors. For the many students and families with limited financial resources, schools and districts, in collaboration with community organizations, can provide a consistent source of funding to help students and families with the costs of participating in these activities. This investment is well worth it: We know that improving school connectedness and engagement is associated with significant improvements in reading, writing, and mathematics, as well as reduced problem behaviors (Battistich, Schaps, & Wilson, 2004; Reyes, Brackett, Rivers, White, & Salovey, 2012; Spier et al., 2007).

5. Create systems that support the recruitment and retention of properly trained and prepared professionals.

Key Policy Objectives:

- Provide professional development opportunities for principals, teachers, and specialized instructional support personnel to improve capacity for effective classroom instruction and implementation of school-wide initiatives.
- Develop and provide financial support for policies that allow staff to attend national conferences and other off-campus professional development and networking opportunities.
- Promote efforts to improve teacher wellness, prevent stress and burnout, build a strong sense of community and peer support among school staff, and encourage teacher retention.
- Align credentialing requirements with best practices suggested by professional associations.
- Invest in rigorous leadership development to support the sustainability of school improvement efforts.
- Provide regular opportunities for peer-to-peer consultation, problem solving, assessment, and intervention among teachers, principals, and other specialized instructional support personnel.
- Develop mentoring and induction programs for new and seasoned teachers, principals, and other school staff.

Every child deserves access to high-quality instruction from profession-ready educators and effective leadership by the school principal—the

The foundational skills of all effective educators are built during their initial preparation programs and galvanized over time through career-long mentoring and professional development experiences that meet their specific professional needs.

two greatest school-based factors that influence student achievement. Our school systems must ensure that these professionals are properly trained and appropriately credentialed and that they have access to

continuous professional development throughout their careers. The same holds true for other school-employed professionals who are integral to effective learning environments, such as specialized instructional support personnel.

Professional development should include giving teachers and other personnel strategies for monitoring progress; preventing school failure; and implementing specific academic, social–emotional, and behavioral strategies to aid struggling students. The foundational skills of effective educators are built during their initial preparation programs and galvanized over time through career-long mentoring and professional development experiences. Such skills need to be systematically reinforced through leadership support, colleague mentoring, and opportunities for collaborative teamwork that facilitates problem solving and peer-to-peer learning. Professional development should also be targeted to the specific needs of professionals within the school rather than offering only one-size-fits-all training for the staff at large (Gregory, Allen, Mikami, Hafen, & Pianta, 2014). School districts that are able to invest in professional leave for teachers, principals, and specialized instructional support personnel will be better able to incorporate current best practices.

- Utilize accountability data primarily for the purposes of improvement and identifying areas of need rather than as a metric to administer punitive or disciplinary action.

As stewards of our most important national resource, schools need to be accountable to the public—and especially to families—regarding the quality of instruction and other services provided. However, schools are not one-dimensional in either their purpose or function, and outcome measures should reflect this complexity. Student performance assessments and school accountability systems must move from an overwhelming reliance on standardized testing of student achievement and on high-stakes decision making to the use of multiple indicators of student outcomes. These measures should include both academic achievement and progress toward life goals, along with health, behavior, perceptions of the school environment, and other skills necessary for college or career readiness. Outcomes should be measured by assessing growth over time and by using assessment systems that are valid and reliable for the student population—including culturally and linguistically diverse groups—and for developmental level, geographic region, and the local community. As with individual student progress monitoring, assessment of systemic school improvement efforts should consider academic factors related to school success as well as factors that contribute to positive learning environments, such as connectedness, school safety, and the supports needed by struggling learners. Including measures of parental involvement and community collaboration—both of which markedly contribute to achievement—provides a clearer picture of overall school functioning. Use of comprehensive data in decision making allows school leaders to channel resources into the most cost-effective and sustainable approaches to bolster student success in ways that are most appropriate for the school community.

Schools are not one dimensional in either their purpose or function, and our outcome measures should reflect this complexity.

6. Create accountability systems that reflect a comprehensive picture of all students’ and schools’ performance, inform instruction, and guide school improvement efforts.

Key Policy Objectives:

- Broaden accountability measures to include multiple methods and indicators of student achievement (including growth models), and indicators related to physical, mental, and behavioral health and wellness.
- Base educational decisions on multiple data sources.
- Include measures of the school environment (e.g., school climate, school safety, family engagement) in accountability systems.
- Ensure that measures used are valid and reliable for all student subpopulations, including students with disabilities.
- Develop accountability systems that produce ongoing data needed to regularly inform instruction, intervention, and school-wide improvement efforts throughout the year.

GOVERNMENT’S ROLE IN SCHOOL IMPROVEMENT

All children, regardless of where they live, should have access to a high-quality public education guided by the policies described above. Local and state governments must be empowered to construct educational systems that prepare all students for college or a career while meeting the unique needs of their schools and

Assessment Versus Standardized Tests

The terms assessment and standardized test are not synonymous. Concerns with student assessment lie largely with how assessments have been used inappropriately to make high stakes decisions about students, teachers, and overall school quality. When used appropriately, formative and summative assessments (including standardized tests) provide critical data to help teachers align their instruction with student need, help inform school-wide improvement efforts, and allow for the comparison of education reform efforts within and between states.

districts. Education is a civil right, and the federal government can, and should, play a foundational role in shaping the national education landscape. Government at all levels should make sufficient and consistent investments in public education. These investments should help states and districts implement or scale up effective initiatives to improve schools, including helping underserved districts build capacity to implement evidence-based practices; allowing schools, districts, or states to implement and evaluate promising and innovative practices; and enabling and supporting effective research innovation. Federal and state governments should provide the policies, leadership, and guidance needed to promote and sustain educational equity, evidence-based practices, and exemplary efforts to improve our nation's schools.

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OUR MOST IMPORTANT INVESTMENT

Education presents the greatest opportunity that we have to ensure the success of all children and, ultimately, our country. Students struggling with barriers to learning have the ability to succeed and thrive if they are given a quality education and effective academic and social supports. Maintaining a high-quality public education system is one of America's greatest responsibilities and wisest investments in the nation's future. NASP believes that education policy addressing the whole child, and grounded in evidence-based practices, will empower teachers to teach and ensure that every child is ready and able to learn.

ABOUT SCHOOL PSYCHOLOGISTS AND NASP

The National Association of School Psychologists is the largest organization of school psychologists, representing more than 25,000 practitioners, university professors, researchers, and students in the United States and abroad. NASP promotes children's healthy learning and development through programs and services that prevent social, academic, and emotional problems.

The broad-based role of school psychologists, as well as the range of competencies they possess, is described in NASP's *Model for Comprehensive and Integrated School Psychological Services* (2010). School psychologists have specialized training in school systems, learning, child development, and mental health, as well as expertise in research-based strategies and outcomes evaluation. School psychologists work with parents and educators to do the following:

- improve academic achievement;
- promote positive behavior and mental health;
- support diverse learners;
- create safe, supportive school environments;
- strengthen family-school-community partnerships; and
- improve individual and school-wide assessment and accountability.

Services provided by school psychologists include assessment, prevention and intervention, individual and group counseling, crisis response, consultation, case management, progress monitoring, school-wide needs assessments, and program design and evaluation.

NASP programs and services include materials for families and professionals; advocacy for education and for mental and behavioral health policies; crisis response; and professional standards, development, and resources to promote best practices.

For more information,
visit www.nasponline.org.

Available for download at
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RELATED NASP POSITION STATEMENTS

Available at <http://www.nasponline.org/position-statements>

- Appropriate Academic Supports to Meet the Needs of All Students
- Appropriate Behavioral, Social, and Emotional Supports to Meet the Needs of All Students
- Ensuring High Quality, Comprehensive Pupil Services
- The Importance of School Mental Health Services
- Prevention and Wellness Promotion
- School-Family Partnering to Enhance Learning: Essential Elements and Responsibilities
- School Violence Prevention

RELATED NASP POLICY DOCUMENTS

- A Framework for Safe and Successful Schools
<http://www.nasponline.org/safe-schools-framework>
- A Framework for School-Wide Bullying Prevention and Safety
<http://www.nasponline.org/bullyingframework>
- NASP Resolution on the Role of School Psychologists as School Mental and Behavioral Service Providers
<http://www.nasponline.org/resolutions/SP-as-MBH-providers>

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NASP MISSION

The National Association of School Psychologists empowers school psychologists by advancing effective practices to improve students' learning, behavior, and mental health.

This policy brief is updated from the original version endorsed by NASP leadership in 2008.