



Communities  
In Schools®

# Mitigating the Impact of Childhood Trauma



The COVID-19 pandemic has disrupted education across the country. It has led to a loss of in-person instruction, and unfortunately this disruption has affected low-income families and communities of color disproportionately. Before the pandemic, many students were dealing with continuous and long-lasting adverse experiences called toxic stress that impacted how their brains developed, how they showed up to the classroom, and caused life-long health outcomes. By utilizing evidence-based models such as integrated student supports, toxic stress and the added stressors of the pandemic can be mitigated, giving students the supports they need to be ready to learn.

Integrated student supports are a student-centered approach to promoting students' academic success by developing or securing and coordinating supports that target academic and non-academic barriers to achievement.<sup>1</sup> A designated coordinator manages steps like the assessment, planning and integration of programming and resources, allowing teachers to teach and principals to focus on leading the school. The coordinator then leverages community-based resources to connect students and families with academic, social, health, and wellness support—all while creating and contributing to a climate of safety and trust. Research shows that when well implemented, this approach can promote the success of individual students and is particularly impactful to those who have experienced trauma.

After an unprecedented year marked by national unrest to systemic inequity and a global pandemic, learning moved from the classroom to the home.<sup>2</sup> When schools re-open, an integrated student supports approach that includes trauma-informed care will be essential to not only make up for increased stress and disruption to learning but to address the long-standing educational inequities in our system.

*“The challenge facing us right now is to respond to today’s pandemic in a way that helps us build a future in which we are all protected from threats to our health and well-being. If we embrace this all-in approach, we may be able to look back some day and see how this terrible moment in time pushed us to finally address the adverse childhood conditions and structural inequities that make some communities more susceptible to disease than others. That would be the ultimate ‘vaccine’ against the many threats to health and well-being that can affect us all.”*

**Dr. Shankoff**, Harvard Center for Developing Child

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1 <https://www.childtrends.org/wp-content/uploads/2014/02/2014-05ISSWhitePaper1.pdf>

2 <https://www.americaspromise.org/resource/state-young-people-during-covid-19>

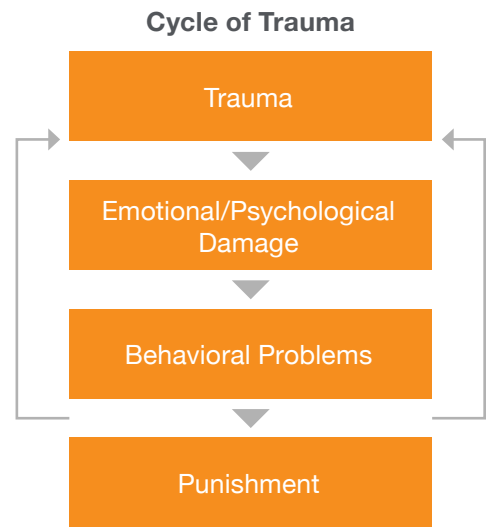
## Defining Childhood Trauma

Childhood trauma is commonly defined as “a response to a negative external event or series of events, often referred to as Adverse Childhood Experiences (ACEs), which surpasses the child’s ordinary coping skills.”<sup>3</sup> Prolonged exposure to a traumatic event—like physical or sexual abuse, abandonment, neglect, death of a loved one, violence, accidents, bullying, or living in chronically chaotic environments in which housing and financial resources are not consistently available—causes toxic stress.<sup>4</sup> The landmark 1990’s Centers for Disease Control and Prevention-Kaiser Permanente study, known as the Adverse Childhood Experiences study found toxic stress to negatively impact children’s developing brains, affecting such things as attention, impulsive behavior, decision-making, learning, emotion, and response to stress.<sup>5</sup> It also can damage their immune systems so profoundly that the effects show up decades later.

These types of symptoms often lead to classroom disruptions that result in punishment and prevent children from healing. In a trauma-informed school, a teacher or counselor builds a relationship with the student to find out the root causes of a behavior or learning issue. The issue is addressed in a way that helps the student build the skills necessary to reach their fullest potential and focuses on the student’s strengths before resorting to punitive actions.

A Trauma-Informed Care (TIC) approach strives to understand the whole of an individual while avoiding any responses or behaviors that would re-traumatize someone. TIC changes the narrative from “what is wrong with this individual?” to “what happened to this individual?”

Using the TIC approach in coordination with the integrated student supports model addresses root-cause issues and builds positive relationships. It has shown to be transformational, for both educators and students, in schools dealing with many students exposed to toxic stress.



Communities In Schools of Central Texas developed a trauma training facilitators guide for their educators and found great success. One of the biggest indicators of student-level progress mentioned by CISCT staff, site coordinators, teachers, and principals is an observable change in student behavior. This could be seen in a variety of ways, such as an improvement in student’s self-esteem, engagement, communication, or motivation; fewer disciplinary referrals; and self-regulation of emotions. Other indicators of student-level progress include student grades and attendance. CISCT site coordinators conduct an end-of-year assessment to see whether students are making progress by looking at their attendance, behavior, and grades as well as getting feedback from teachers on students’ performance.

3 McInerney, M. & McKlindon, A. (2014). *Unlocking the door to learning: Trauma-informed classrooms & transformational schools*. Education Law Center

4 V. Sacks, D. Murphey, K.A. Moore Adverse childhood experiences: National and state-level prevalence. (Research Brief) Child Trends, Bethesda, MD (2014, July)

5 Shonkoff, J. P., Garner, A. S., & Committee on Psychosocial Aspects of Child and Family Health, Committee on Early Childhood, Adoption, and Dependent Care and Section on Developmental and Behavioral Pediatrics. (2012). The lifelong effects of early childhood adversity and toxic stress. *Pediatrics*, 129(1), e232-e246.

## Prevalence of Trauma Causing ACEs

Regardless of income level, most people have experienced an adverse childhood experience. According to a Child Trends analysis of the 2011/12 National Survey of Children’s Health, approximately 55 percent of American adolescents had experienced at least one adverse childhood experience, and nearly one in 10 had an ACEs score of four or higher. The CDC-Kaiser Permanente study and subsequent surveys show that most people in the U.S. have at least one ACE and that people with four ACEs have a huge risk of adult onset of chronic health problems such as heart disease, cancer, diabetes, suicide, and alcoholism.<sup>6</sup>

Many forms of childhood trauma, particularly interpersonal violence, occur in private circumstances and rarely are observed by others.<sup>7</sup> This fact, coupled with the high rate of prevalence of ACEs among children, makes the case for interacting with all students through a trauma-informed lens.

There is the likelihood that the number of children affected by ACEs will increase during the pandemic. The number of ACEs is also likely to increase for children already exposed to them. When family situations become too stressed, it is typical for welfare agencies to get involved. A Government Accountability Office (GAO) report states that in addition to child-welfare agencies, school staff and members of the school community can play a key part in recognizing and responding to children who have experienced trauma. In a separate 2017 report on child wellbeing, GAO reported that health and human service agencies are not the only entities needed to address child wellbeing and suggested that community stakeholders work together to determine what resources are needed for the children in their community. A trauma-informed school, characterized by an understanding and a commitment of teachers and staff to an awareness of how trauma affects students, is an example of a coordinated approach to trauma. With students learning outside of school buildings during the pandemic, there is less in-person contact, and connecting with students. Building trusting relationships when schools starts—whether virtually or in person—becomes more important for those most vulnerable and distanced from the supports that were more readily accessible when school buildings were open.

## How Common Are ACEs?

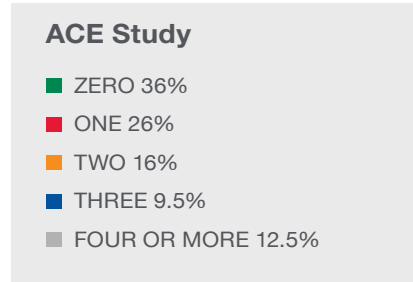
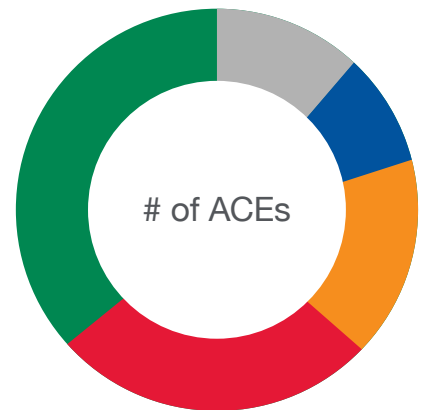


Figure 1 Source: Centers for Disease Control and Prevention, Kaiser Permanente. The ACE Study Survey Data [Unpublished Data]. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention; 2016.

6 NSCH ACEs Measure: [http://www.academicpedsjnl.net/article/S1876-2859\(17\)30324-8/pdf](http://www.academicpedsjnl.net/article/S1876-2859(17)30324-8/pdf)

7 Saunders BE, Adams ZW. Epidemiology of traumatic experiences in childhood. *Child Adolesc Psychiatr Clin N Am.* 2014;23(2):167–vii. doi:10.1016/j.chc.2013.12.003



## Impact of ACEs Over a Lifetime

ACEs exacerbate chronic diseases, most mental illnesses, and are at the root of most violence.<sup>8</sup> According to the National Institutes of Health, a large and growing body of research indicates that toxic stress during childhood can harm the most basic levels of the nervous, endocrine, and immune systems.<sup>9</sup> Absent of efforts to reduce or prevent toxic stress, individuals exposed to toxic stress are at increased risk of becoming involved in crime and violence, using alcohol or drugs, and engaging in other health-risk behaviors. They are susceptible to disease, illness, and mental health challenges over their lifetime. Children growing up with toxic stress may have difficulty forming healthy and stable relationships. They may also have unstable work histories as adults and struggle with finances, family, jobs, and depression throughout life—the effects of which can be passed on to their own children.<sup>10</sup>

## ACEs and Integrated Student Supports

Integrated student supports, which address both academic and non-academic needs of students, has great potential in preventing ACEs from becoming a lifelong challenge for students. Site coordinators are there to serve as a buffer to stressors by creating a safe space and connecting students to all necessary supports.<sup>11</sup>

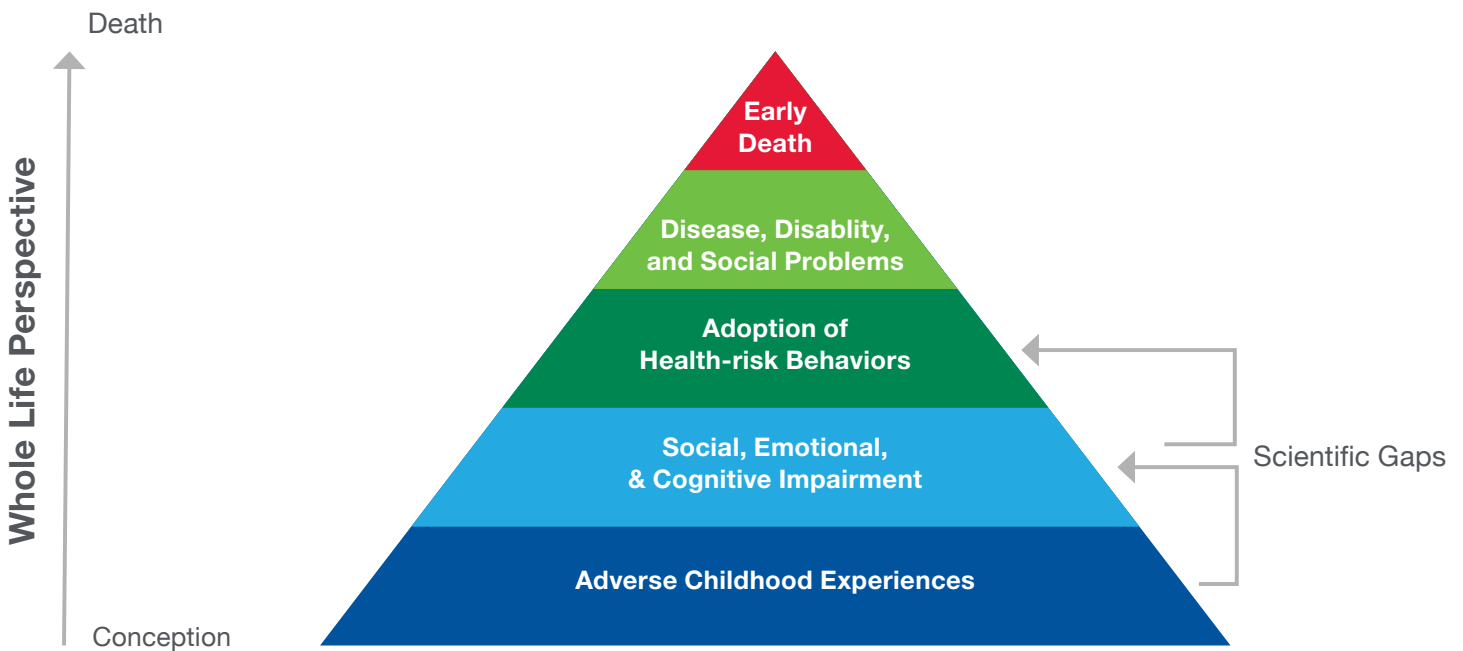


Figure 2 “The ACE Pyramid”. Atlanta, Georgia: Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, Division of Violence Prevention. May 2014. Archived from the original on 16 January 2016.

8 Centers for Disease Control and Prevention (2019). Preventing Adverse Childhood Experiences: Leveraging the Best Available Evidence. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.

9 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4928741/>

10 Centers for Disease Control and Prevention (2019). Preventing Adverse Childhood Experiences: Leveraging the Best Available Evidence. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.

With increased stress during the pandemic and school disruptions, CIS coordinators have found ways to continue providing social emotional support and trauma-informed care even while socially distanced. CIS San Antonio has an already existing mental health program in which all clinicians are trained in trauma-informed care. Since the closing of school buildings, CIS of San Antonio provided all clinical mental health staff with telehealth training and have started providing tele-sessions using video session platforms and phone-based conversations. Clinicians reported students navigating tough family dynamics, feeling isolated, feeling overwhelmed by schoolwork without in-person instruction, and fear of loved ones contracting COVID-19. Students exhibited increased anxiety, withdrawn behaviors, other behavior issues, exacerbated symptoms of depression, and suicidal thoughts. The telehealth sessions helped both students and families manage their stress through coping mechanisms, family talks, setting structure around time, such as amount of time spent on social media and healthy routines, such as sleep patterns. One student, suffering from an anxiety disorder that was amplified during the pandemic, reported that “she knows that she still has work to do but is so proud of the progress she has made and looks forward to weekly sessions with her clinician.”

## Cost to Government and Mitigation Strategies

According to the CDC, the total economic and social costs associated with ACEs to families, communities, and society is in the hundreds of billions of dollars each year.<sup>11</sup> With the added trauma associated with the COVID-19 pandemic, these dollars can only be expected to compound. For example, communities, groups, and societies hit especially hard by the pandemic might experience collective trauma. “Collective traumatic events can range from natural disasters to pandemics to terrorist attacks, [and] mass shootings.” (Aydin, 2017; Erikson, 1976). In other words, state and local governments might end up spending more to combat the costs associated with individual trauma *and* collective trauma.

Realizing the savings of taxpayer money by reducing and treating trauma that causes toxic stress, many states conducted cost studies and passed legislation prior to the pandemic. In 2017, Tennessee found that ACEs among adults led to an estimated \$5.2 billion in direct medical costs and lost productivity from employees missing work. This type of expenditure raises costs to employers for healthcare coverage and shrinks earnings for employees. As a result, Tennessee invested in prevention programs, such as the Communities In Schools Injury Severity Score model and *Building Strong Brains Tennessee*, that mitigate the number of ACEs found in a community.

*“Our coordinators work with students who experience toxic stress daily—poverty, addiction, housing and food insecurity. Building Strong Brains has definitely raised awareness about ACEs across the state, both what they are and their impact in both the short and long term. This helps us work more effectively with schools, families, and other service providers.”*

**Samantha Wigand**, CEO, CIS of Tennessee

<sup>11</sup> <https://www.cdc.gov/violenceprevention/acestudy/fastfact.html>

Investing in strategies, such as integrated students supports and trauma-informed care, that prevent ACEs from becoming disruptive to well-being and success, can have a powerful, long-term, and compounding return on investment (ROI). Preliminary studies find a positive ROI in integrated student supports. To date, there have been three studies of the long-term payback for investments in integrated students supports—Communities In Schools, the Children’s Aid Society, and Elev8. While methodologies, assumptions, and the magnitude of the return varied across the studies, all the studies found positive ROIs, ranging from more than \$4 saved for every \$1 invested to almost \$15 saved for every \$1 invested. A Child Trends analysis of these studies states that ROI takes some time to accrue; but the benefits relative to the costs are large enough that, even if they are overestimated in some ways, it seems clear that a dollar invested in an integrated school model has a significant return.<sup>12</sup>

The exact cost of the broader mental health and economic impacts of the COVID-19 pandemic are still unknown, but it will be significant. While communities will need to continue addressing the needs of individual children, they will also need to recognize the collective trauma to students, families, teachers, and the community. Supports such as trauma-informed care and integrated student supports will be necessary for children to recover and thrive and for economies to be less burdened in the future.

## Our Unique Model



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<sup>12</sup> <https://www.childtrends.org/wp-content/uploads/2014/02/2014-05ISSWhitePaper1.pdf>

The Communities In Schools® site coordinator works with volunteers, partners and the local community to provide students with the supports they need to succeed both inside and outside the classroom. We provide these supports in three different tiers. By differentiating our supports, we can serve most students in a school and focus attention on targeted students that have significant needs. The programs, resources, and relationships all seek to reduce the amount of toxic stress on students, heal from existing trauma, and build resiliency.

The role of site coordinators during the COVID-19 pandemic has adapted to meet the needs of students and families outside of the walls of the school. Their roles have been critical in providing food assistance, social-emotional support groups, social-emotional connections, check-in calls with caregivers, access to computers and other necessary tech devices, homework support, among many other services. For some families, CIS site coordinators have been a lifeline. While many families are still struggling to recover from this crisis, their role will continue to be as critical as ever as schools return.

## Policy Recommendations

As the nation is facing a significant COVID-slide in instructional loss, developing, revising, and implementing plans for maximum educational continuity is of top concern. However, this may unintentionally overlook comprehensive strategies to address trauma that has likely increased significantly during these times. When a child is exposed to toxic stress, executive function is impaired, and the individual is not in a place to learn.

Plans to re-engage students must ensure that all students return to school ready to learn or have a pathway to arrive at this place. This includes investments in programs that meet their social, emotional, and technological needs. Communities In Schools agrees with the International Society for Technology in Education and the COVID-19 Education Coalition recommendation that “Districts must engage in whole-child approaches that leverage technology to integrate positive environments, developmental relationships, skill and mindset development, integrated supports, and rigorous instruction, which optimize students’ learning, especially in the context of stress. Furthermore, evidence from the Science of Learning and Development Alliance demonstrates that academic learning cannot happen without the integration of affective, cognitive, motivational, and relational processes. As such, COVID-19 responses that focus exclusively on academics fall short of fully supporting students.<sup>13</sup>

## Federal-Level Recommendations

### **Pass comprehensive federal wraparound services legislation that funds an on-site coordinator in Title I schools.**

Scientists and practitioners have developed a better understanding of how to effectively address out-of-school factors that interfere with learning. A growing body of research shows that students succeed when schools effectively implement a whole child approach that integrates social, emotional, health, and academic domains of development. Child Trends<sup>14</sup> defines integrated wraparound services as a school-based approach to promoting students’ academic success by developing or securing and coordinating supports that target academic and non-academic barriers to achievement. When well implemented, integrated student supports (e.g. wraparound services) can improve school climate, academic outcomes, social emotional competencies, and student health and well-being across the lifespan.

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13 [https://cdn2.hubspot.net/hubfs/1818747/Providing%20Effective%20and%20Equitable%20Digital%20Learning%20for%20All%20Students\\_Key%20Considerations%20for%20Districts-1.pdf](https://cdn2.hubspot.net/hubfs/1818747/Providing%20Effective%20and%20Equitable%20Digital%20Learning%20for%20All%20Students_Key%20Considerations%20for%20Districts-1.pdf)

14 <https://www.childtrends.org/wp-content/uploads/2014/02/2014-05ISSWhitePaper1.pdf>



**Include and fund Section 101 of the bipartisan Resilience Investment, Support, and Expansion (RISE) from Trauma Act (S. 1770/ H.R. 3180).** This introduced legislation would establish local-based coordinating bodies to address the impact of stress and trauma in communities.

**Expand connectivity infrastructure and access to high-quality technology, education tools, and opportunities,** by expanding funding support of K-12 school connectivity (e.g. E-Rate Program). It is estimated that approximately nine million students do not have access to the internet.<sup>15</sup> This foundational infrastructure is not only necessary now as COVID-19 forces students to learn from home, but also in the long-term to narrow the existing digital divide. In addition to the E-Rate Program, education stabilization funds levied under the [CARES Act](#) can be prioritized to meet this need.

### State- and District-Level Recommendations

**Use federal funds available in both Title II-A and Title IV-A of the Every Student Succeeds Act to fund trauma-informed care and social-emotional learning professional development for all teachers.** The Every Student Succeeds Act (ESSA), encourages the use of social emotional learning in academic settings by requiring that schools be held accountable for measuring and reporting on “at least one non-academic factor.” Title IV-A (Student Support and Academic Enrichment grants) provides flexibility for school districts to make investments in programs providing well-rounded education, safe and healthy students, and effective use of technology. The program allows funds to be directed towards well-rounded teacher professional development. Section 4108 (II)(a) and (D)(ii) of Title IV-A specifically mentions funding for trauma-informed care professional development. Additionally, Title II-A of ESSA funds are used to improve the quality and effectiveness of teachers, principals, and other school leaders. It specifically mentions funds going to in-service training for school personnel in the techniques and supports needed to help educators understand when and how to refer students affected by trauma, and children with, or at risk of, mental illness.

**Leverage Title I of ESSA to fund evidence-based integrated student support models, wrap-around services, and trauma-informed care training.** Research shows effective outcomes result from high-quality implementation and adequate resources. In addition to the seven percent set-aside under Title I of ESSA, federal funding under Titles II and IV can supplement broader integrated student supports implementation. Title II funds help to prepare, train, and recruit high-quality teachers, principals, or other school leaders, and Title IV funds can go to a wide range of programs that support students and provide opportunities for academic enrichment. In addition to federal funds, states and districts can also draw from other public and not-for-profit sectors, such as housing, health, and children and family services to provide integrated student supports.

**Implement a comprehensive needs assessment of emotional and academic levels.** ESSA does not require that schools perform a needs assessment. However, successful implementation of integrated student supports starts with an inclusive and collaborative process for engaging students and families in identifying needs and assets and then using this information to develop appropriate partnerships. This can be done through collection and ongoing monitoring of student and family engagement data to ensure effective transition back to school and reengagement in learning.

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<sup>15</sup> <https://usafacts.org/articles/internet-access-students-at-home/>

