

RESEARCH BRIEF

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Addressing Trauma in Our Schools

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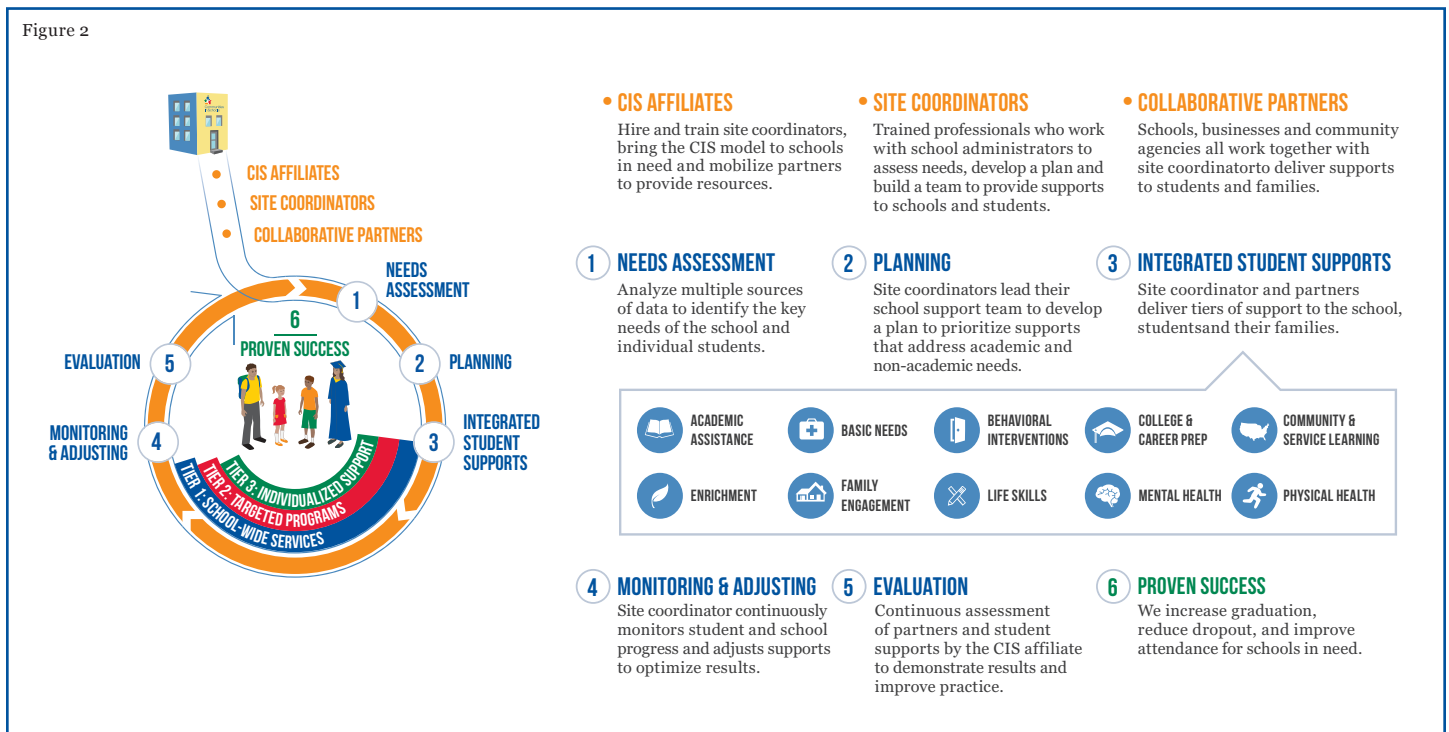
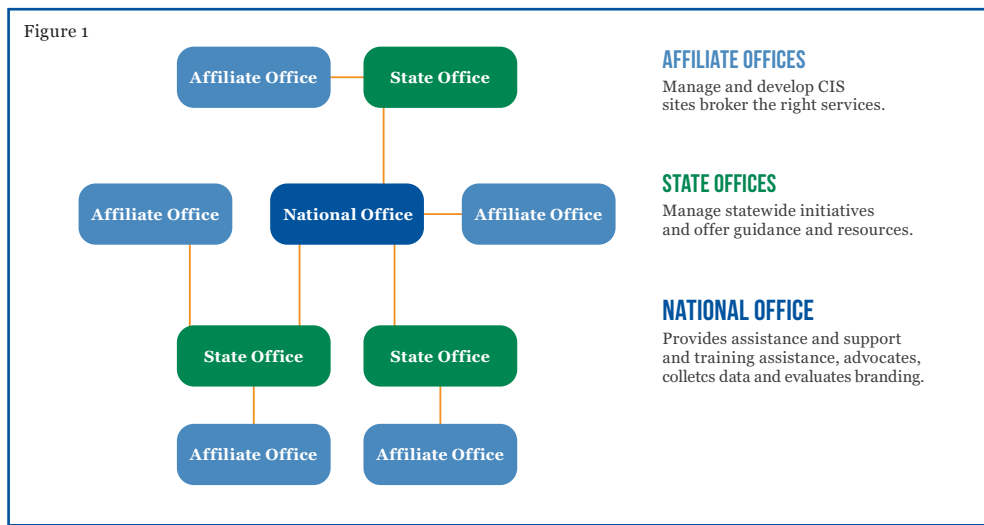


Communities
In Schools

INTRODUCTION TO COMMUNITIES IN SCHOOLS AND INTEGRATED STUDENT SUPPORTS

As the nation’s largest and most effective dropout prevention organization, Communities In Schools serves 1.5 million students in grades K-12. As shown in Figure 1, Communities In Schools operates as a national federation of independent 501(c)(3) organizations, consisting of a national office, state and managing offices, and over 160 local affiliates. These organizations collaborate to surround students with a community of support, empowering them to stay in school and achieve in life. In schools, site coordinators and other local affiliate-level staff are deployed to serve and connect at-risk students and families with resources via a unique model of Integrated Student Supports (ISS - see Figure 2). Integrated Student Supports are defined by Child

Trends as “a school-based approach to promoting students’ academic success by coordinating a seamless system of wraparound supports for the child, the family, and schools, to target students’ academic and non-academic barriers to learning” (Moore K. A., 2014). Each year, Communities In Schools site coordinators conduct a comprehensive assessment in order to identify and prioritize risk factors, such as chronic absenteeism, teen pregnancy, trauma and violence, and poverty. Based on the results of the needs assessment and as shown in Figure 2, Communities In Schools focuses on 10 categories of support to best serve disadvantaged students across the United States.



OVERVIEW OF CHILDHOOD TRAUMA AND TOXIC STRESS

Childhood trauma is commonly defined as, “a response to a negative external event or series of events which surpasses the child’s ordinary coping skills” (McInerney & McKlindon, 2014). According to The National Child Traumatic Stress Network (NCTSN), children and adolescents experience trauma when they are “exposed to traumatic events or traumatic situations, and when this exposure overwhelms their ability to cope with what they have experienced” (The National Child Traumatic Stress Network, n.d.). Research shows that 25% of school-going children are exposed 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 (The National Child Traumatic Stress Network, 2008).

In the late 1990s, a team of researchers working for Kaiser Permanente explored the relationship between adult health outcomes and childhood trauma. The team surveyed nearly 14,000 adults and found a direct relationship between the number of traumatic events experienced as a child and a variety of significant negative health indicators - ranging from drug abuse to obesity, heart disease, and cancer - as adults (Felitti, et al., 1998). This study, known as the Adverse Childhood Experiences (ACEs) study, now serves as the basis for much of the discussion and research surrounding childhood trauma. An “ACEs score” refers to how many traumatic events an individual has experienced. 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 (Sacks, Murphey, & Moore, 2014).

Since the ACEs study was published, researchers have sought to determine why adverse childhood experiences and trauma cause negative health outcomes throughout childhood and into adulthood. Much of this research has focused on **toxic stress**, which occurs when the body’s stress response system is activated for too long and too frequently without adequate support. Understanding the body’s physiological response to prolonged adversity helps explain the effects of adverse experiences that can be seen as a young child develops, participates in school, and becomes an adult.

Physical effects of toxic stress and trauma

According to the American Academy of Pediatrics, toxic stress can actually cause functional changes in the parts of a child’s brain that controls learning and behavior (Shonkoff, Garner, & The Committee on Psychosocial Aspects of Child and, 2012). The effects of prolonged exposure to toxic stress have enduring

The effects of prolonged exposure to toxic stress have enduring implications for a child’s cognitive abilities as well as the ability to relate to others and generally achieve in life.

implications for a child’s cognitive abilities as well as the ability to relate to others and generally achieve in life. Research shows that toxic stress and trauma are particularly harmful during peak periods of brain development in early childhood and adolescence (Pechtel & Pizzagalli, 2011).

Why Does it Matter?

It matters because poor children are especially susceptible to experiencing multiple adverse experiences.

This is sometimes explained as a “fight or flight” response gone awry. It is normal for one’s muscles to tense, heart rate to increase, and palms to sweat in response to an imminent threat. However, if that imminent threat lives with you, or confronts you every day on your walk to school, or comes in the form of years of food and housing insecurity, then maintaining that “constant state of emergency” becomes unhealthy. This is an especially pertinent issue for poor children, because stressors like family turmoil, maternal depression, exposure to violence, and chaotic neighborhoods and living environments are all correlated with lower income (Bradley & Corwyn, 2002). Dr. Gary Evans, a leading researcher on chronic stress, goes on to explain that if a child is exposed to those external stressors, the stress is almost always intensified by the fact that the child’s parents and peers at school are living in the same environments and responding to the same sources of stress (Evans & Schamberg, 2009).

It matters because trauma affects academic achievement, health, and behavior in school and for the rest of an individual’s life.

Research has shown that children who have been exposed to violence and trauma have lower IQs and lower grades than their peers. They are also more likely to be held back a grade, have poor attendance, and be placed in special education classes (Delaney-Black, et al., 2002) (Shonk & Cicchetti, 2001). A study conducted by researchers Cheryl Smithgall, Gretchen Cusick, and Gene Griffin found that exposure to trauma may also lead to “difficulties with social and behavioral functioning that manifest as often misunderstood behavioral problems in the classroom. Students may display behaviors that are impulsive, aggressive, or defiant” (Smithgall, Cusick, & Griffin, 2013). In addition to affecting cognitive abilities, deficits in working memory are associated with depression, alcohol use, poor nutrition, and early-onset sexual activity (Evans & Schamberg, 2009). In general, the implications of a high ACEs score on a child’s relational, social, and emotional abilities are severe.

STRATEGIES TO ADDRESS TRAUMA AND TOXIC STRESS IN CLASSROOMS

Working with Schools

Because so many of the effects of trauma and toxic stress manifest in a school setting – children who have been exposed to trauma are more likely to display internalizing and externalizing behaviors, repeat a grade, have lower GPA, and be less engaged in school – school personnel are often the first to realize that a student may need help. Dips in grades or other subtle behavior changes will likely be noticed by a staff member who can then refer the student to a school counselor, social worker, or nurse who is trained to screen students for signs of ACEs. School personnel are also in a natural position to communicate concerns about a student with families and recognize when additional resources may be necessary to help a student or family experiencing trauma (Walker & Walsh, 2015). Caring adults in a school setting, such as Communities In Schools site coordinators, are in a unique position to intervene at the first sign of an adverse experience and prevent the trauma from becoming cumulative.

Schools are also sites where individual students, or small groups of students, can receive targeted interventions to help them cope with trauma. However, it is important to ensure that the source of trauma is being addressed in addition to the child's behavior. If a child is experiencing homelessness, for example, teaching stress-management techniques without addressing the issue of secure housing will be relatively ineffective. This presents a unique opportunity for providers of Integrated Student Supports to provide or broker coordinated services that address complex needs as well as encourage schools to adopt a trauma-informed approach.

By adopting a trauma-informed approach, schools undertake a paradigm shift at the staff and organizational level to recognize, understand and address the learning needs of children impacted by trauma. This requires a commitment to shaping school culture, practices, and policies to be sensitive to the needs of traumatized learners. This effort positively impacts schools and changes the life- trajectory of vulnerable students (McInerney & McKlindon, 2014).

Working with Parents and Families

Parents play the most important role in a child's early development. Nurturing social experiences in the early years of childhood lead to "an increased ability to learn, greater achievement, involvement in community activities, active participation in the labor market and overall quality of life," (Lomanowska, Boivin, Hertzman, & Fleming, 2015). If an infant or young child is exposed to parenting that is inconsistent, non-responsive, or hostile, however, they are at a higher risk for developing anxiety, depression, mood disorders, and other stress-related diseases as they age (Lomanowska, Boivin, Hertzman, & Fleming,

2015). Non-responsive and harsh parenting also contributes to a decrease in a child's ability to self-regulate, which in turn causes the child to be less able to cope with external stressors like poverty in a healthy way (Blancy & Raver, 2012).

Poverty and exposure to ACEs play a significant role in the development of parenting style. A recent study found that even after controlling for socioeconomic status, parents with higher ACEs scores scored higher on the Parental Stress Index, a tool that measures parental stress. Parents who have high scores on the Index are more likely to mistreat their child, be more punitive, be less responsive, and be less likely to engage in stimulating interactions with their baby. In turn, their children are more likely to exhibit negative internalizing and externalizing behaviors as they age.¹

According to Dr. Robert Hilt, a psychiatrist at Seattle Children's Hospital who works with children who have experienced trauma, "The main goal [of working with children who have experienced trauma] is prevention by promoting stable and nurturing caregiver relationships," (Hilt, 2015). Educators and practitioners can view the ability for responsive parenting to be a protective factor against stress and trauma as an opportunity to implement interventions that support parents and promote healthy child development.

Working with Medical Professionals

Under the Communities In Schools model of Integrated Student Supports, Communities In Schools staff members are able to provide and facilitate the implementation of valuable programs and services to address trauma, but those services cannot be a substitute for medical attention when it is needed. Therefore, it is crucial for youth-serving organizations like Communities In Schools to understand the role of trained medical professionals in helping students who have experienced trauma and toxic stress. There are many therapies and interventions that can help a child cope with trauma, but if they are not delivered by a trained professional, then there is a risk of re-traumatization, which could make the child's situation significantly worse and further endanger their physical and mental health. Serious cases of trauma and toxic stress among children and adolescents present an opportunity for school districts, communities, and youth-serving organizations at large to broker healthcare services in the community.

Re-traumatization is a relapse into a state of trauma that can be triggered by an event that occurs after the original trauma. Sometimes there is an obvious connection between the original trauma and re-traumatization – restraining an abuse victim can cause re-traumatization, for example – but other times it can be triggered by something as subtle as a smell or specific feeling (National Center for Trauma Informed Care, n.d.).

¹It is also noteworthy that in general, lower-income parents scored significantly higher on the Index than their higher-income counterparts (Steele, et al., 2016).

MITIGATING THE IMPACT OF TRAUMA IN SCHOOLS: AN EXAMPLE FROM COMMUNITIES IN SCHOOLS OF CENTRAL TEXAS

As providers of Integrated Student Supports, Communities In Schools affiliates and staff members are in a unique position to leverage resources from families, schools, and communities to holistically address the negative effects of toxic stress and trauma. The Communities In Schools model is an evidence-based approach that is inherently designed to adapt to the unique needs of different communities and individuals requiring varying levels of support. Interviews with Communities In Schools stakeholders in Austin, Texas, revealed that there is a high incidence of trauma and mental health problems in schools served by Communities In Schools of Central Texas (an affiliate of the larger national network of Communities In Schools). In response to the increase in demand for mental health services, Communities In Schools of Central Texas created a trauma training video for educators to mitigate the impact of trauma in classrooms and help students stay in school and succeed in life. Most of the training is focused on a) helping educators deal with the highest-need students in their schools and b) demonstrating to educators how to teach these students to calm their internal state when they are emotionally escalated. The research-based video achieves this objective by providing two primary types of information:

1. The impact of complex and event-based trauma on student behavior, learning, and outcomes.
2. The role educators can play to teach students self-regulation skills and how to avoid re-traumatization.

Though the training is available free of cost to everyone in the PK-12 educational system, historically, it has been delivered to teachers, school administrators, school counselors, social workers, and other school staff throughout the school districts served by Communities In Schools of Central Texas. Communities In Schools site coordinators deliver the training, individually or in partnership with a school staff member, either as part of professional development for teachers or during faculty meetings. Based on the information received from the trauma training, Communities In Schools site coordinators, school teachers and other school personnel use several indicators to identify students at their schools who have experienced trauma and can benefit from receiving trauma-informed interventions.² A study of the trauma training revealed that the training has raised awareness about trauma and its impact on student behavior, learning, and outcomes and started a broader discussion among educators around trauma-informed interventions in schools. Given the large number of children and adolescents who experience trauma, and the lack of education and resources available to practitioners, this trauma training proves to be an impactful tool to foster trauma-informed practice throughout schools.

²These indicators include student behavior, academic performance, parent involvement, communication, and information from different sources like counselors or therapists.

CONCLUSION

Childhood trauma and toxic stress harm the brain and result in negative physical, mental, and emotional symptoms. Many of these negative effects are debilitating and do not go away over time, and they can impact an individual's behavior and ability to learn and interact with the world. By working with school personnel, engaging parents and families, referring students to medical professionals when necessary, and mobilizing resources in the larger community, schools, educators, and youth-serving organizations like Communities In Schools can adopt a more holistic approach to help children who have experienced trauma and toxic stress to stay in school and succeed in life.

FURTHER RESOURCES

- **ACEs Connection Network** - A social network geared towards recognizing the impact of adverse childhood experiences and providing trauma-informed tools and resources.
- **National Center for Trauma-Informed Care** at The Substance Abuse and Mental Health Services Administration (SAMHSA) works to develop knowledge base and resources to address mental health related issues.
- **Safe Place to Learn** is an online toolkit for educators to learn how to work with kids suffering from trauma.
- **Compilation of Resources for Educators** for creating a compassionate classroom environment.

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