



A Multi-tiered Approach to Safe, Supportive and Trauma-Responsive Schools

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 @drsharonhoover



51st Banff International Conference on Behavioural Science:

School Mental Health

Banff, Alberta, Canada

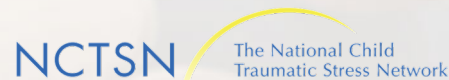
March 2019



Treatment and Services Adaptation Center

for Resiliency, Hope, and Wellness in Schools

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School of Social Work



The Treatment and Services Adaptation (TSA) Center for Resiliency, Hope, and Wellness in Schools

<http://traumaawareschools.org>



The screenshot shows the homepage of the Treatment and Services Adaptation Center (TSA) website. The browser's address bar displays <https://traumaawareschools.org>. The website features a blue header with the TSA logo and the text "Treatment and Services Adaptation Center Resiliency, Hope, and Wellness in Schools". Below the header is a green navigation bar with links: Home, Trauma-Informed Schools, Interventions, Resources, In a Crisis, About Us, Contact, and Subscribe. The main content area includes a large image of a teacher interacting with a group of diverse students. A text box over the image states: "Educators can access information to better support students who have experienced traumatic stress." Below this image is a light blue banner with the text: "Promoting trauma-informed school systems that provide prevention and early intervention strategies to create supportive and nurturing school environments." The page is divided into three columns, each with a green header and a light blue body. The first column is titled "Trauma Awareness in Schools" and describes a trauma-informed school as a network of support for students experiencing stressors or extreme events, mentioning PFA-LPC as a crisis response strategy. It includes links for "Learn More" and "Trauma Resources" and features the "Psychological First Aid Listen, Protect, and Connect" logo. The second column is titled "Education Professionals" and describes educators as the first line of defense for students coping with traumatic events, mentioning SSET as an evidence-based intervention for school staff. It includes links for "Learn More" and "Education Resources" and features the "Support for Students Exposed to Trauma" logo. The third column is titled "Mental Health Professionals" and describes mental health professionals as essential for supporting students exposed to traumatic stress, mentioning CBITs as an evidence-based intervention for traumatized students. It includes links for "Learn More" and "Mental Health Resources" and features the "Cognitive Behavioral Intervention for Trauma in Schools" logo.

<https://traumaawareschools.org>

TSA Treatment and Services Adaptation Center
Resiliency, Hope, and Wellness in Schools

Home Trauma-Informed Schools Interventions Resources In a Crisis About Us Contact Subscribe

Educators can access information to better support students who have experienced traumatic stress.

Promoting trauma-informed school systems that provide prevention and early intervention strategies to create supportive and nurturing school environments.

Trauma Awareness in Schools

A trauma-informed school provides a network of support for students experiencing daily stressors or extreme events. Review the key components of a trauma-informed school, including PFA—LPC, a crisis response strategy.

> Learn More
> Trauma Resources

 Psychological First Aid
Listen, Protect,
and Connect

Education Professionals

Educators are often the first line of defense for students coping with traumatic events. Access information to better support students, including SSET, an evidence-based intervention for school staff to help students exposed to traumatic events.

> Learn More
> Education Resources

 Support for Students
Exposed to Trauma

Mental Health Professionals

Mental health professionals are essential to supporting students exposed to traumatic stress. Access information to help clinicians better support traumatized students, including CBITs, an evidence-based intervention for traumatized students.

> Learn More
> Mental Health Resources

 Cognitive Behavioral
Intervention for
Trauma in Schools



Special Acknowledgements

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National Center for School Mental Health (NCSMH)

- Established in 1995 with funding from the Health Resources and Services Administration
- The **NCSMH mission** is to strengthen policies and programs in school mental health to improve learning and promote success for America's youth.



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Visit the NCSMH website at www.schoolmentalhealth.org



www.schoolmentalhealth.org

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National Center for School Mental Health (NCSMH)

Welcome to the NCSMH:

The mission of the National Center for School Mental Health (NCSMH) is to strengthen policies and programs in school mental health to improve learning and promote success for America's youth. From its inception in 1995, the Center's leadership and interdisciplinary staff has promoted the importance of providing mental health services to children, adolescents, and families directly in schools and communities.



NCSMH Twitter Feed

Tweets by [@NCSMHtweets](#)

[National Center for School](#)







NCSMH Annual Conference on Advancing School Mental Health

- 1996 Baltimore, MD
- 1997 New Orleans, LA
- 1998 Virginia Beach, VA
- 1999 Denver, CO
- 2000 Atlanta, GA
- 2002 Philadelphia, PA
- 2003 Portland, OR
- 2004 Dallas, TX
- 2005 Cleveland, OH
- 2006 Baltimore, MD
- 2007 Orlando, FL
- 2008 Phoenix, AZ
- 2009 Minneapolis
- 2010 Albuquerque, NM
- 2011 Charleston, SC
- 2012 Salt Lake City, UT
- 2013 Arlington, VA
- 2014 Pittsburgh, PA
- 2015 New Orleans, LA
- 2016 San Diego, CA
- 2017 Washington, DC
- 2018 Las Vegas, NV
- ***2019 Austin, TX***



Mark your calendars for 2019!

2019 Annual Conference on Advancing School Mental Health
November 7-9
Austin, Texas





SHAPE your School Mental Health System!



The School Health Assessment and Performance Evaluation (SHAPE) System

*A dynamic, free online system to improve school mental
health accountability, excellence, and sustainability.*

www.theshapesystem.com



Join Us!

When you click Join Now and answer a few questions, your school mental health system will be counted in the National School Mental Health Census and will receive a Blue Star SHAPE Recognition.

Also, we will use your name and e-mail address to update you on SHAPE System news and resources. Anyone (district/school leader, educator, health/mental health provider, parent, student, etc.) from a school system can join us!

[Join Now](#)

Schools and school districts can use SHAPE to:

- Be counted in the National School Mental Health Census
- Achieve SHAPE recognition to increase opportunities for federal, state, and local grant funding
- Access free, targeted resources to help advance your school mental health quality and sustainability
- Advance a data-driven mental health team process for your school or district

Register to Improve Your School Mental Health System



Free Custom Reports



Strategic Team Planning



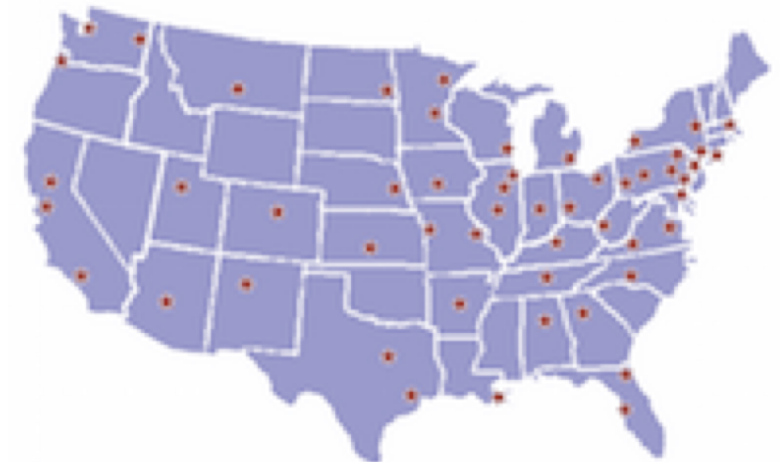
Free Resources



Be Counted

Schools and School Districts Can Use SHAPE To:

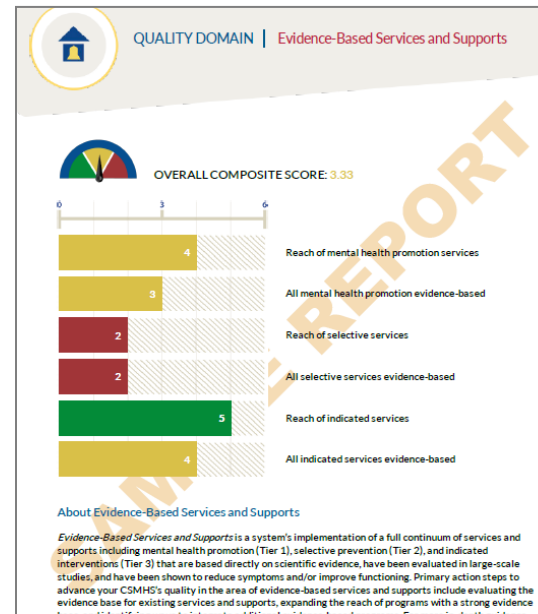
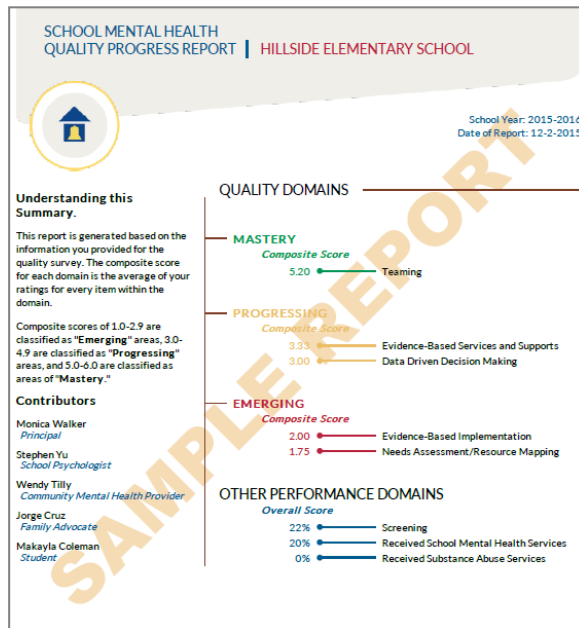
Document service array and multi-tiered services and supports



Schools and School Districts Can Use SHAPE To:

Advance a data-driven mental health team process for the school or district

- Strategic Team Planning
- Free Custom Reports



QUALITY DOMAIN | Strategic Planning Guide

Thank you for completing the School Mental Health Quality Assessment Survey. We encourage you to meet with your school mental health team and review your scores on each performance domain provided in this report and engage in a strategic planning process to guide quality improvement. Quality guides are available for each performance domain and indicator with action steps and resources to guide improvement. Consider using these materials and the Strategic Planning Guide to create a strategic plan for improving your team's performance in one or more areas.

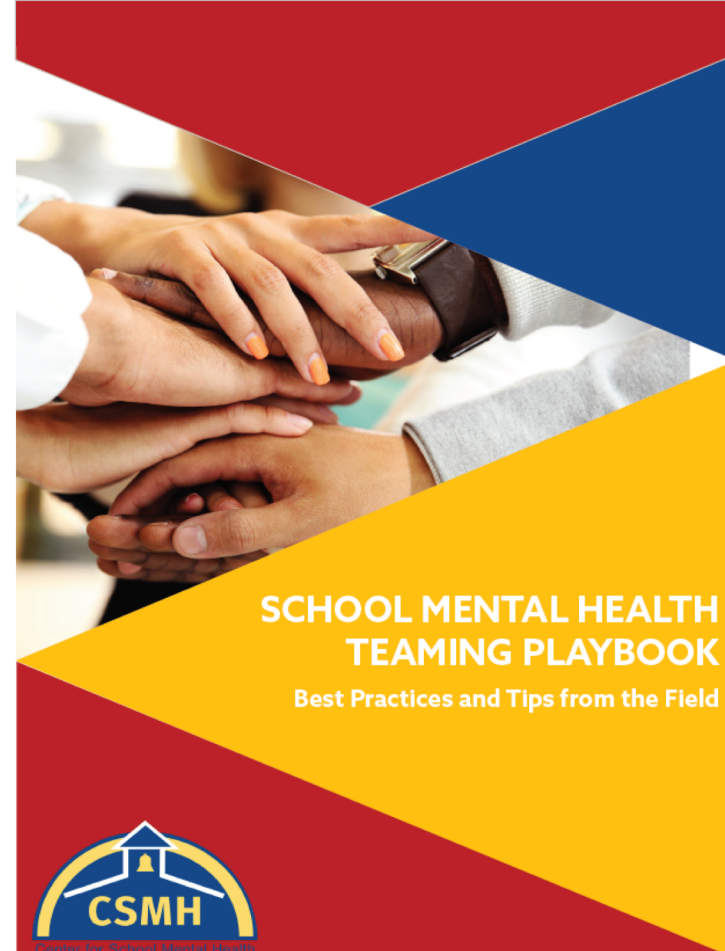
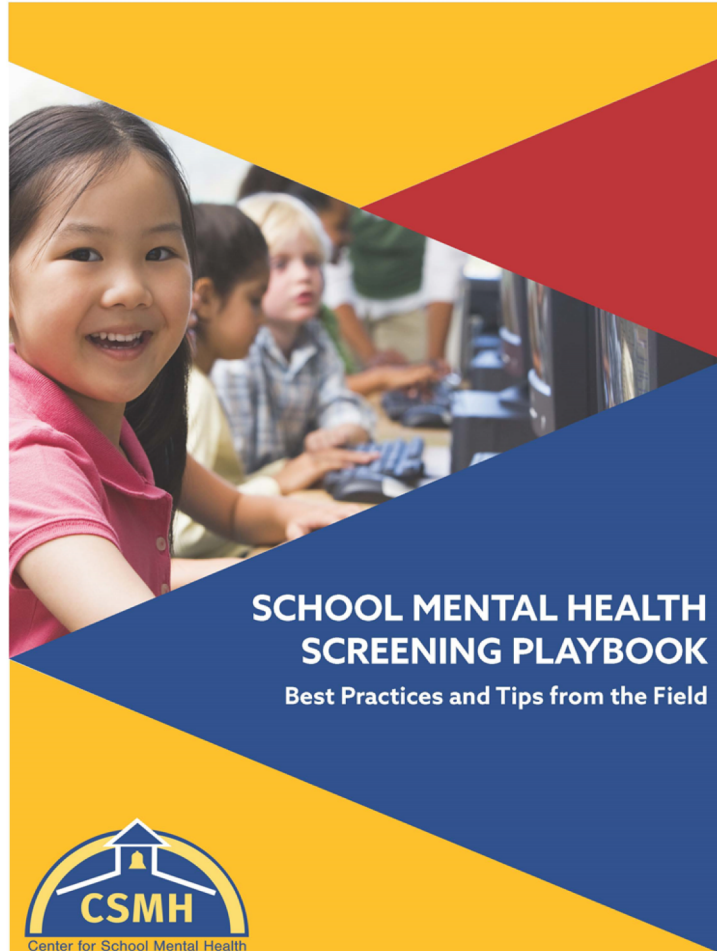
List the domain(s) on which you scored the lowest (Emerging and Progressing) and evaluate your system's capacity and motivation to implement change in each domain.

Domain	Need for change (1-10) 1=no need 10=great need	Desire to change (1-10) 1=no desire 10=great desire	Resources to achieve change (1-10) 1=no resources 10=many resources	Barriers to change (1-10) 1=no barriers 10=many barriers
1.				
2.				
3.				

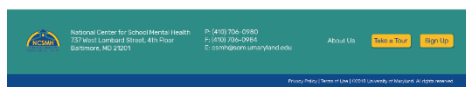
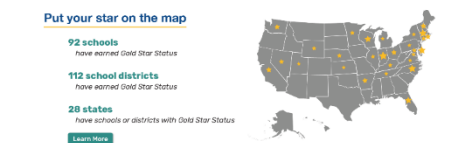
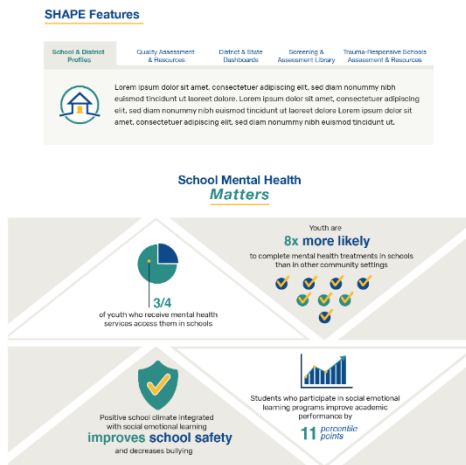
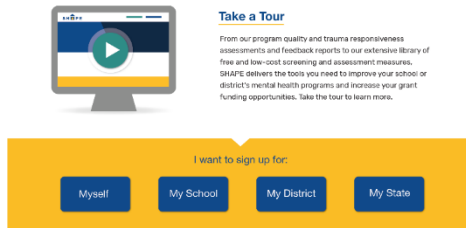
Select one domain from the list above that your team wants to improve.

DOMAIN: _____

School Mental Health Playbook Series



Playbooks can be found in the resource library at www.theshapessystem.com or at
www.schoolmentalhealth.org



School Health Assessment and Performance Evaluation (SHAPE) System

New site launching Summer 2019

Take a tour – <https://tour.theshapesystem.com/>

SHAPE helps districts and schools improve their school mental health systems! **HOW?**



(NCSMH, 2019)

School Mental Health National Quality Assessment Overview of Domains and Indicators



Teaming



- Have multidisciplinary team
- Use best practices for meetings, role delineation, and data sharing
- Avoid duplication and promote efficiency
- Make mental health referrals to school-based and community-based services
- Meaningfully involve youth and families
- Facilitate effective school-community partnerships
- Address each tier of the multi-tiered system of support
- Use data to determine service needs

Needs Assessment/ Resource Mapping



- Assess student mental health needs
- Assess student mental health strengths
- Use needs assessment to determine appropriate services and supports
- Conduct or access current resource mapping
- Use current resource map to inform decisions about services and supports
- Align existing mental health services and supports

Mental Health Promotion Services & Supports

TIER 1

- Allocate time for staff to deliver needed Tier 1 evidence-informed services
- Determine evidence to support Tier 1 services
- Ensure Tier 1 services match unique school considerations
- Support training and monitor fidelity for Tier 1 services
- Assess and improve school climate and staff well-being
- Determine and implement school-wide positive behavior expectations
- Reduce exclusionary discipline practices
- Proactively build healthy relationships and community
- Promote mental health literacy
- Support social & emotional learning

Early Intervention and Treatment Services & Supports

TIER 2&3

- Determine evidence to support Tiers 2 & 3 services
- Ensure Tiers 2 & 3 services match unique school considerations
- Support training for Tiers 2 & 3 services
- Monitor fidelity of Tiers 2 & 3 services
- Monitor individual student progress across tiers
- Implement systematic protocol for crisis response
- Create SMART intervention goals
- Place staff with allocated time to deliver needed Tier 2 evidence-informed services
- Place staff with allocated time to deliver needed Tier 3 evidence-informed services

Screening



- Screen for student distress and well-being to identify and refer students for additional supports.

Impact



- Document and report the impact of your comprehensive school mental health system on educational, social/emotional/behavioral and services outcomes to a wide range of stakeholders

Funding and Sustainability



- Use multiple and diverse funding and resources
- Leverage funding and resources to attract potential contributors
- Have strategies to retain staff
- Maximize expertise and resources of all stakeholders
- Monitor federal, state, and local policies that impact funding
- Support funding and resources at each tier
- Maximize opportunities to bill for eligible services



MHTTC

Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration



NCSMH
NATIONAL CENTER FOR
SCHOOL MENTAL HEALTH



National School Mental Health Curriculum: Guidance and Best Practices for States, Districts, and Schools

Trainer Manual



1. School safety and mental health
2. Universal approaches to trauma-informed schools
3. Early intervention and treatment
4. Assessing trauma responsiveness in schools



1. School safety and mental health



SAFE SECURE SCHOOLS



Price \$3.00

Sept. 13, 1999

THE NEW YORKER



"Our school district is in the process of passing a bond proposal... that includes 30+ million dollars to "make our schools safe." In other words, 30 million dollars for bullet proof doors and security camera surveillance... The budget is I don't know how many pages long but I looked through every single line item and not a penny for any type of suicide prevention or mental health service whatsoever."



MIDDLE SCHOOL

100 JOHNSON STREET

FAX: (334) 756-7511

January 9, 2015

Dear Parents and Guardians,

We are dedicated to educating and to keeping our children safe at school. As a result of school shootings throughout the United States and discussing with law enforcement on the best procedure to follow to keep our students safe, we are enhancing our procedure for intruders.

The procedure will be the same as we have done in the past with the addition of arming our students with a canned food item. We realize at first this may seem odd; however, it is a practice that would catch an intruder off-guard. The canned food item could stun the intruder or even knock him out until the police arrive. The canned food item will give the students a sense of empowerment to protect themselves and will make them feel secure in case an intruder enters their classroom.

This procedure is being used in other schools in our area and in the United States. Please view the following websites listed below for more information on this procedure:

<http://www.cchsvoice.org/equipped-with-cans-of-soup-the-alice-drill/>

<http://www.lakugenevanews.net/Articles/Geneva-Linn-Township-1-2013-11-21-251537-114135-Schools-prepare-for-violent-intruders.html>

We are asking each student to bring an 8 oz. canned food item (corn, beans, peas, etc.) to use in case an intruder enters their classroom. We hope the canned food items will never be used or needed, but it is best to be prepared. At the end of the school year, the cans will be donated to The Food Closet.

Thank you for your support in helping us to keep our children safe at school.

Sincerely,

Principal

Assistant Principal

We are dedicated to educating and keeping our kids safe at school.

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Principal

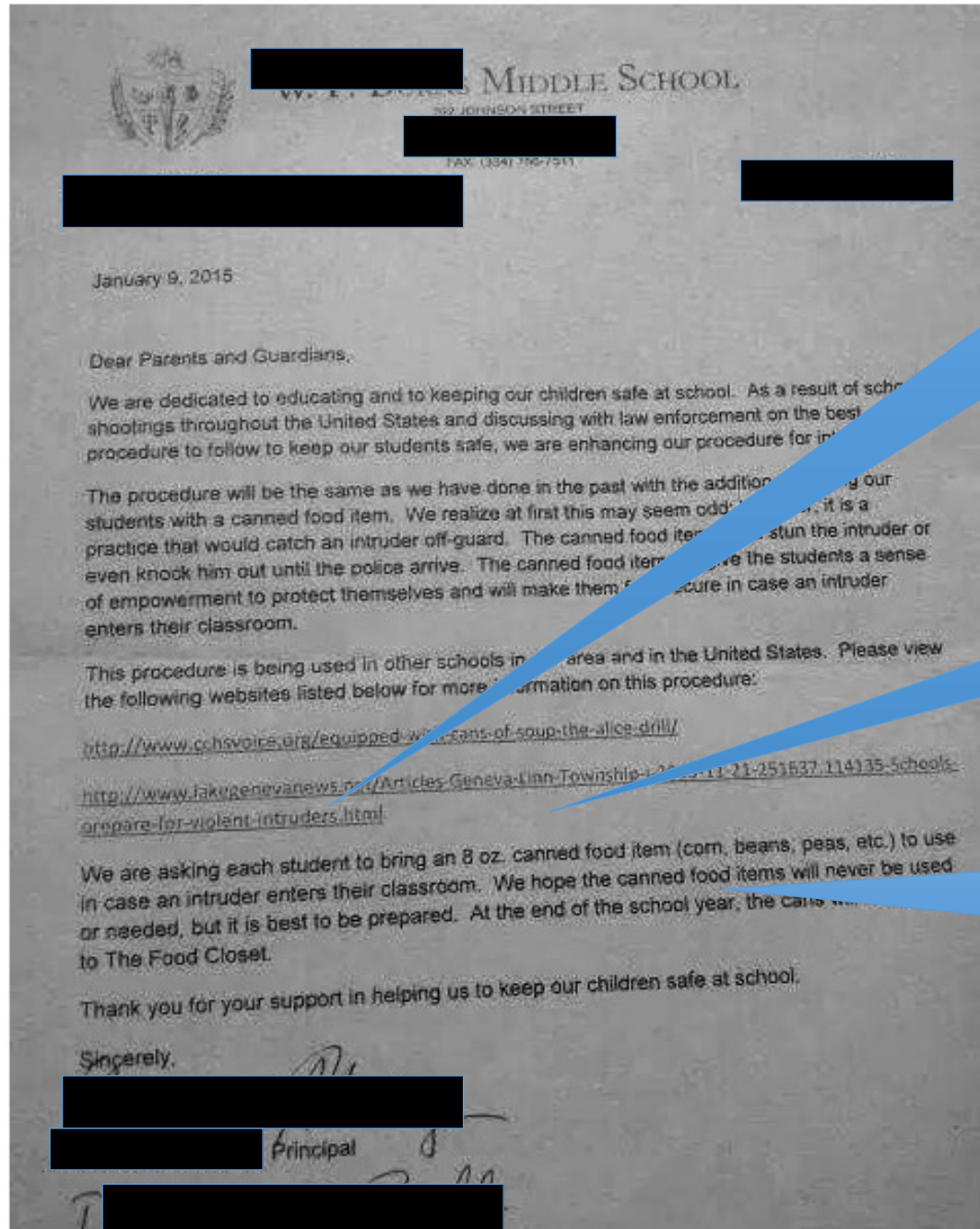
Assistant Principal

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The canned food item could stun the intruder, even knock him out until the police arrive.

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We hope the canned food item will never be used or needed, but it is best to be prepared.

At the end of the year, the cans will be donated to the Food Closet.

Thank you for your support in helping us to keep our children safe at school.

Two Visions

March 2018 Congressional
Briefing:
School Violence, Safety,
and Well-Being:
A Comprehensive Approach
[http://www.npscoalition.org/
school-violence](http://www.npscoalition.org/school-violence)





Welcoming,
caring,
supportive
schools

Restrictive,
fortressed
schools

Social Emotional
Learning
School Climate
Mental health supports

Tools and Ideas from:

- Law Enforcement
- Prison Architecture
- Military Strategies

Comprehensive Reviews Covering Hundreds of International Studies, and Large-scale Epidemiological Studies Show:



- Schools with positive school climate and integrated SEL foci have significantly reduced
 - Isolation
 - Verbal bullying
 - Physical bullying
 - Sexual harassment/ assault
 - Cyberbullying
 - Negative relationships between students and between students and teachers
- And have decreased student/ teacher reports of:
 - Weapons use, being threatened by a weapon, and seeing or knowing about a weapon on school grounds

Armored school

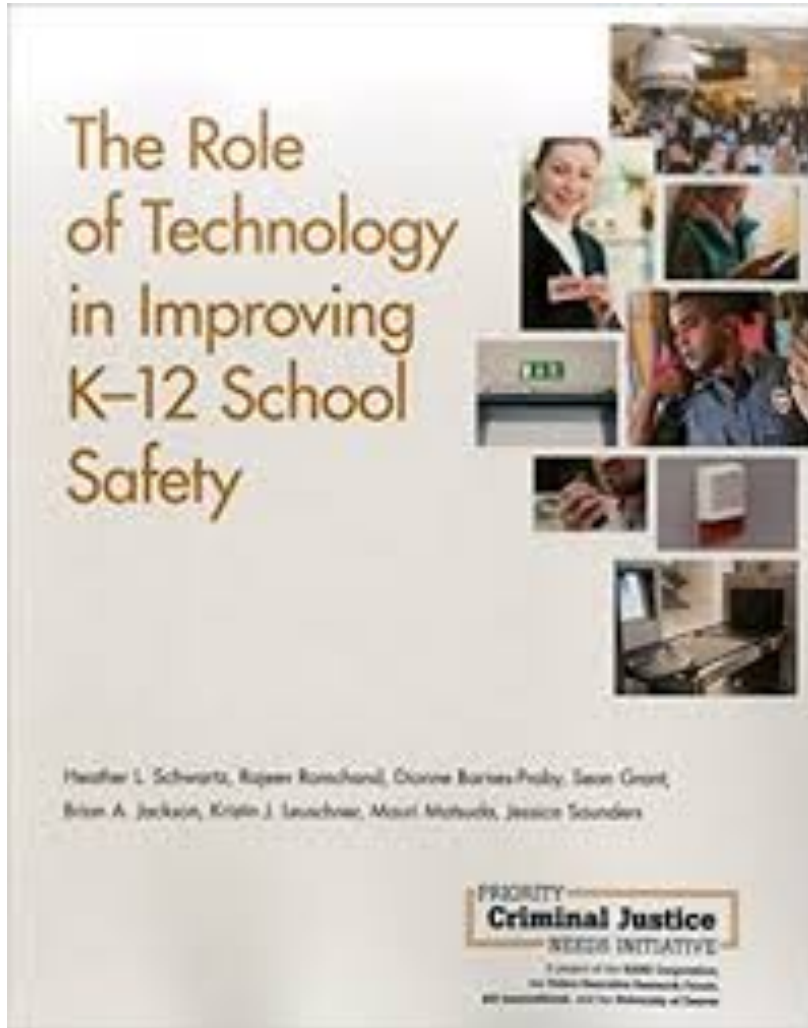
Although school security has grown into a \$2.7 billion market — an estimate that does not account for the billions more spent on armed campus police officers — **little research has been done** on which safety measures do and do not protect students from gun violence.

9mm →

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What does the science say?



*“We found that evidence about their effectiveness is either **extremely rare or**, as was the case for most of the 12 categories, **nonexistent**.”*

*Experts we spoke with raised concerns about this **lack of evidence**, about the **costs** of various technologies, and about the **unintended negative consequences** of some.”*

Schwartz et al., Rand Corporation, 2016

endent Robert Runcle
of the Board
of Directors
2015

NGA

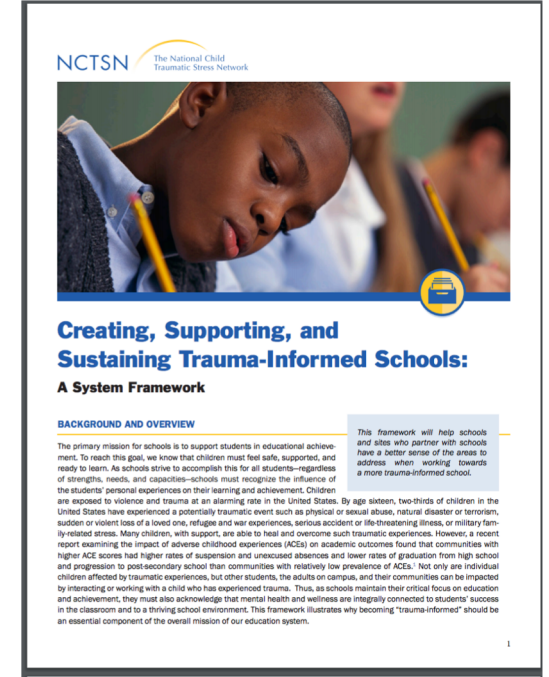
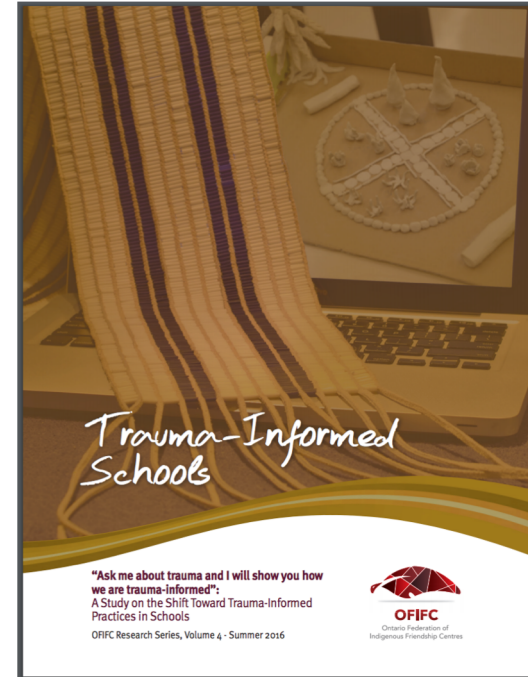
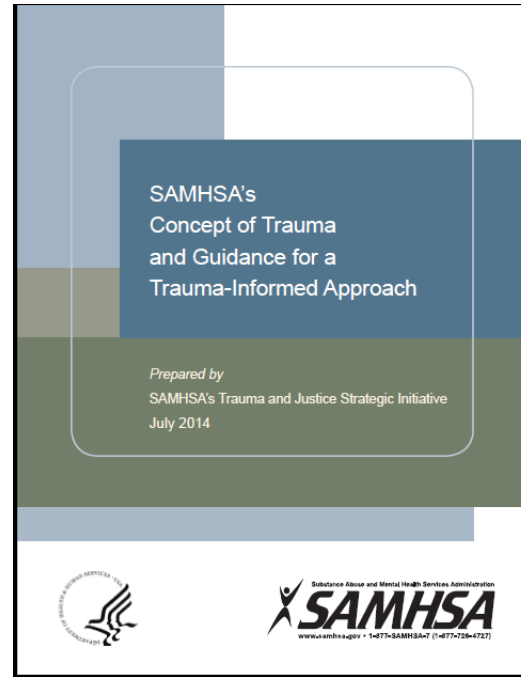
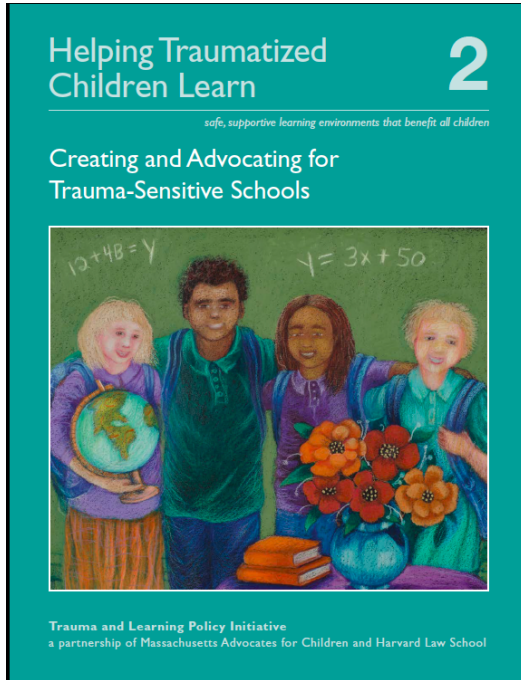




School Connectedness is the belief held by students that the adults and peers in their school care about their learning as well as about them as individuals.

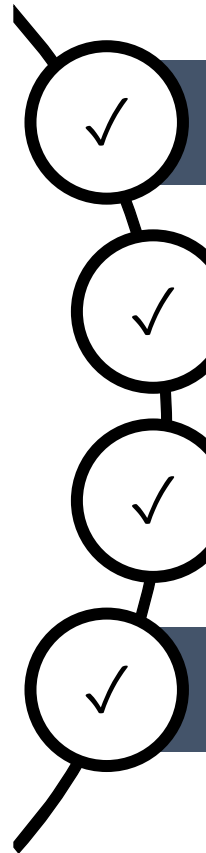
Students, no matter what their race, ethnic group, or level of family income, are more likely to succeed when they feel connected to school. - Center for Disease Control, 2009





Frameworks for Trauma-Informed Schools

What is a trauma-informed school?

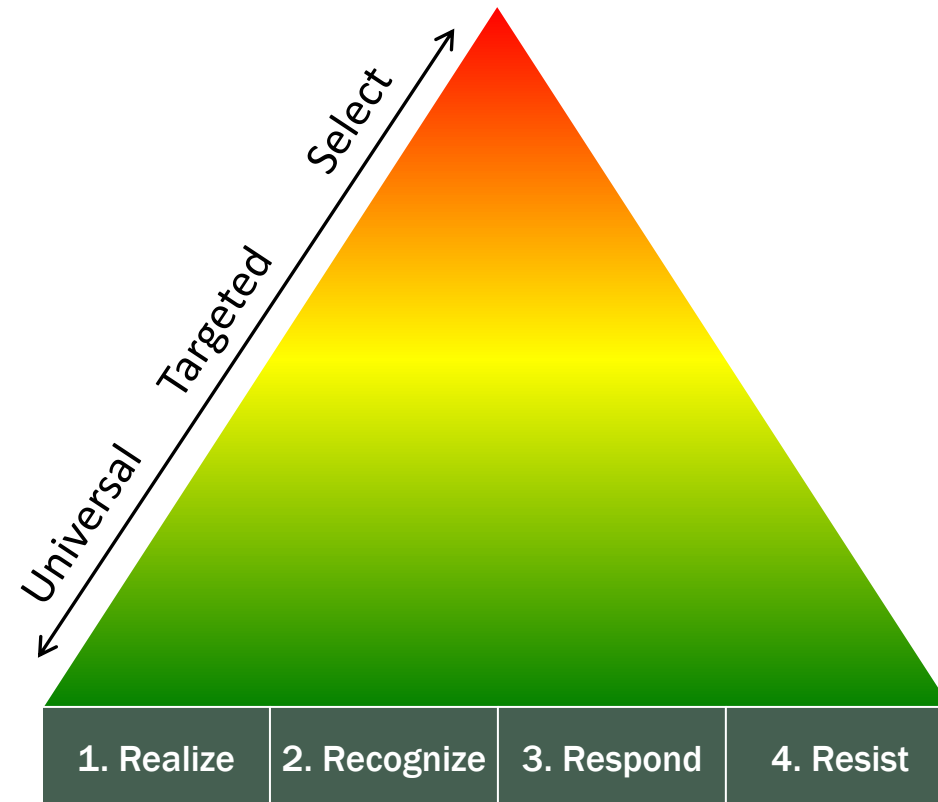
- 
1. REALIZES the prevalence and impact of trauma
 2. RECOGNIZES signs of trauma and the need for learning supports
 3. RESPONDS to trauma with developmentally appropriate support to enhance student success
 4. RESISTS retraumatization by integrating principles of trauma-informed care into classroom practices and responding to student and staff needs for self-care

The trauma-informed school is the structure for a range of interventions for traumatized students

A multitier system of support is a continuum of supports for students that provide a range of service and support intensities

The system is built to facilitate the four R's:

1. Realize
2. Recognize
3. Respond
4. Resist

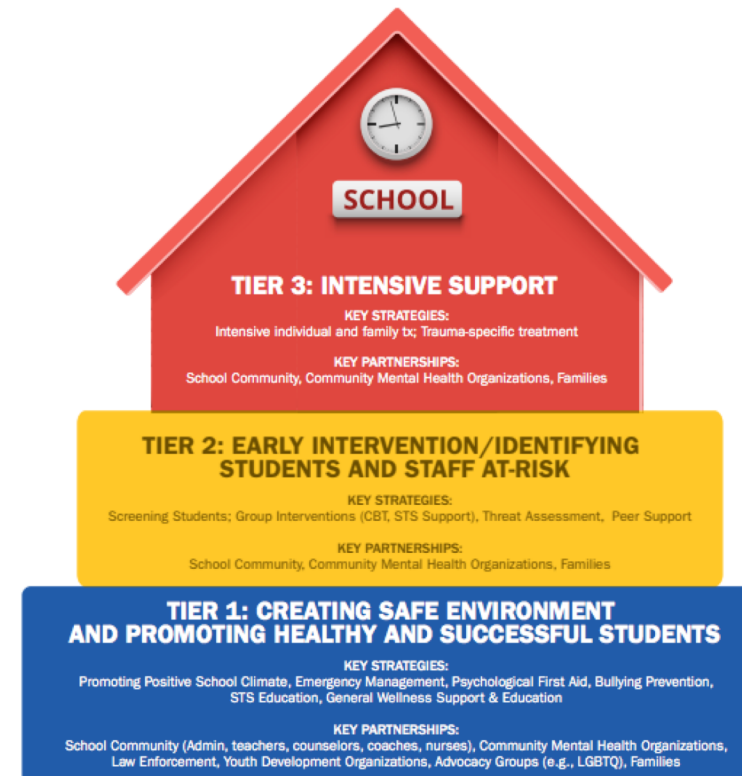


Multi-tiered approach to trauma-informed schools

Tier 1
**Safe Environments and Universally Healthy Students /
Creating and Supporting a Trauma-Informed School Community**
Schools transform on a number of levels to create and support safe environments that promote healthy and successful students and staff. This foundational work is Tier I of the MTSS pyramid and necessary to support strategies across the entire pyramid.

Tier 2
Early Intervention/Identifying Students and Staff At-Risk
Schools identify and respond to students and staff who are at-risk or have been exposed to trauma and/or loss in ways that meet their unique exposures, experiences, developmental, and personal needs.

Tier 3
Intensive Support
Schools provide support to those students whose behaviors and experiences necessitate intensive interventions and aim to meet their unique exposures, experiences, developmental, and personal needs.



Treatment and Services Adaptation Center
for Resiliency, Hope, and Wellness in Schools

Trauma-Informed Schools: Introduction to the Special Issue

Stacy Overstreet¹ · Sandra M. Chafouleas²

Published online: 3 February 2016
© Springer Science+Business Media New York 2016

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

Keywords Trauma-informed · Stress · School mental health

Collectively, the articles in this issue of *School Mental Health* contribute to advancing our knowledge about trauma-informed schools. Trauma-informed schools reflect a national movement to create educational environments that are responsive to the needs of trauma-exposed youth through the implementation of effective practices and

systems-change strategies (Chafouleas, Johnson, Overstreet, & Santos, 2015; Cole, Eisner, Gregory, & Ristuccia, 2013). The first author has identified at least 17 states in which trauma-informed schools have taken root in small clusters of schools (e.g., Louisiana, New Jersey), at a district-wide level (e.g., California, Pennsylvania), or at a state-wide level (e.g., Massachusetts, Washington, Wisconsin). The strength of the movement is also evidenced in the recent reauthorization of the Elementary and Secondary Education Act. The federal legislation, now referred to as the Every Student Succeeds Act (Pub.L. 114–95), makes explicit provisions for trauma-informed approaches in student support and academic enrichment and in preparing and training school personnel (Prewitt, 2016).

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

- Adversity and trauma → decreased school engagement, increased likelihood of grade retainment, placement in special education
- Move from discipline response → support
- Implementation frameworks like School-Wide Positive Behavior Interventions and Supports (SWPBIS) → successful implementation of trauma-informed

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² University of Connecticut, Storrs, CT, USA

Overstreet, S., & Chafouleas, S. M. (2016). *Trauma-informed schools: Introduction to the special issue. School Mental Health, 8*(1), 1–6.



Healthy Environments and Response to Trauma in Schools (HEARTS): A Whole-School, Multi-level, Prevention and Intervention Program for Creating Trauma-Informed, Safe and Supportive Schools

Joyce S. Dorado¹ · Miriam Martinez² · Laura E. McArthur³  · Talia Leibovitz⁴

Published online: 3 February 2016
© Springer Science+Business Media New York 2016

Abstract The University of California, San Francisco's Healthy Environments and Response to Trauma in Schools (HEARTS) Program promotes school success for trauma-impacted students through a whole-school approach utilizing the response to intervention multi-tiered framework. Tier 1 involves school-wide universal supports to change school cultures into learning environments that are more safe, supportive and trauma-informed. Tier 2 involves capacity building with school staff to facilitate the incorporation of a trauma-informed lens into the development of supports for at-risk students, school-wide concerns and disciplinary procedures. Tier 3 involves intensive interventions for students suffering from the impact of trauma. Program evaluation questions were: (1) Was there an increase in school personnel's knowledge about addressing trauma and in their use of trauma-sensitive practices? (2) Was there an improvement in students' school engagement? (3) Was there a decrease in behavioral problems associated with loss of students' instructional time due to

disciplinary measures taken? (4) Was there a decrease in trauma-related symptoms in students who received HEARTS therapy? Results indicate preliminary support for the effectiveness of the HEARTS program for each of the evaluation questions examined, suggesting that a whole-school, multi-tiered approach providing support at the student, school personnel and system levels can help mitigate the effects of trauma and chronic stress. Key areas for further studies include (a) an examination of data across more HEARTS schools that includes comparison control schools and (b) disaggregating disciplinary data by race and ethnicity to determine whether disproportionality in the meting out of disciplinary actions is reduced.

Keywords Trauma · Complex trauma · School-based mental health · School to prison pipeline · Trauma-informed schools · Prevention

Introduction

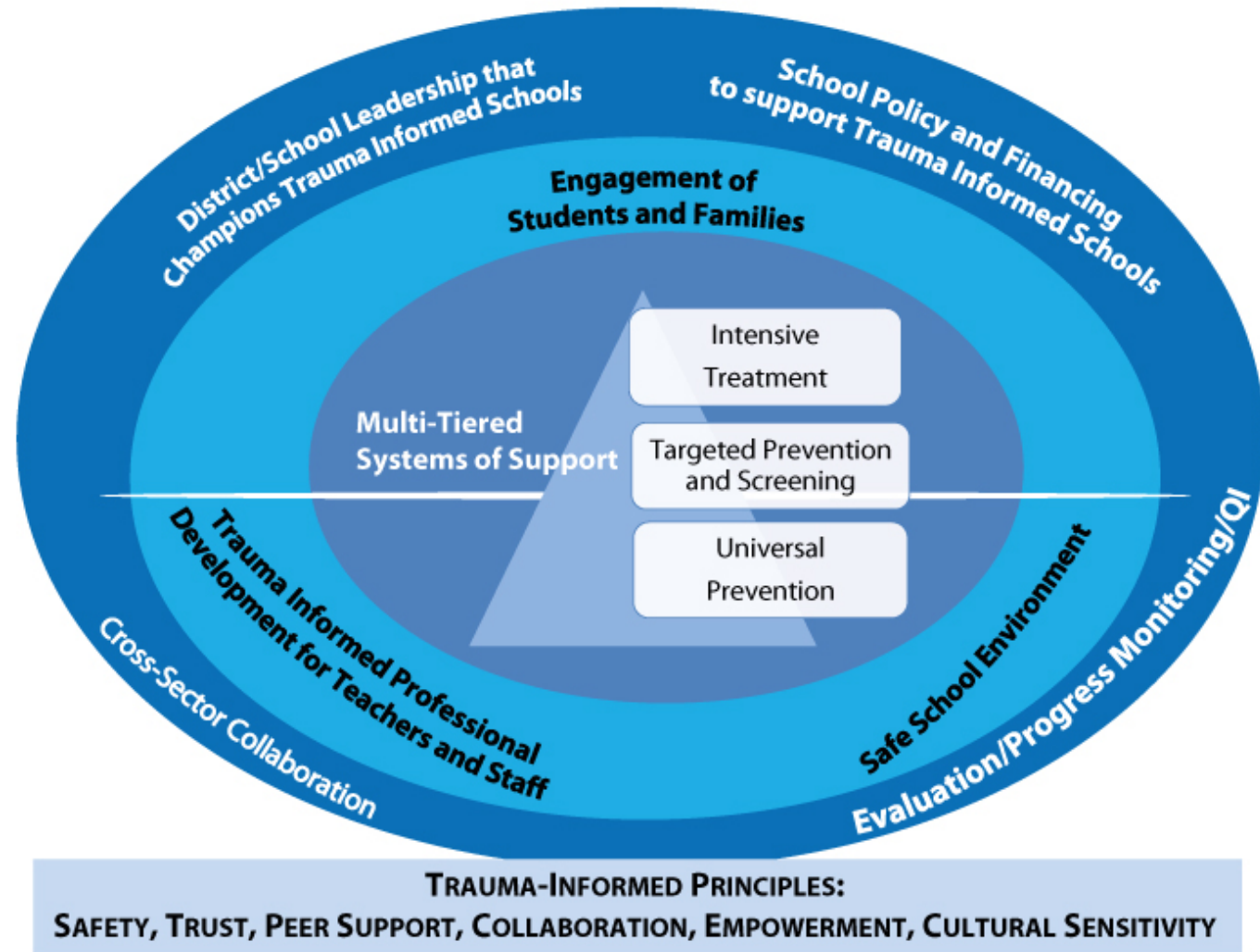
A whole-school approach utilizing a multi-tiered framework.

- **Tier 1: Universal supports to change school cultures** into learning environments that are more safe, supportive and trauma-informed.
- **Tier 2:** Capacity building with **school staff** to facilitate the incorporation of a **trauma-informed lens** into the development of supports for at-risk students, school-wide concerns and disciplinary procedures.
- **Tier 3: Intensive interventions** for students suffering from the impact of trauma.

Preliminary support for the effectiveness of HEARTS in mitigating effects of trauma and chronic stress.

Dorado, J. S., Martinez, M., McArthur, L. E., & Leibovitz, T. (2016). Healthy Environments and Response to Trauma in Schools (HEARTS): A whole-school, multi-level, prevention and intervention program for creating trauma-informed, safe and supportive schools. School Mental Health, 8(1), 163-176.

Adapted from SAMHSA's Concept of Trauma and Guidance for a Trauma Informed Approach



Kataoka, S. H., Vona, P., Acuna, A., Jaycox, L., Escudero, P., Rojas, C., ... & Stein, B. (2018). Applying a trauma informed school systems approach: examples from school community-academic partnerships. *Ethnicity & disease*, 28(Supp), 417-426.

2. Universal approaches to trauma-informed schools

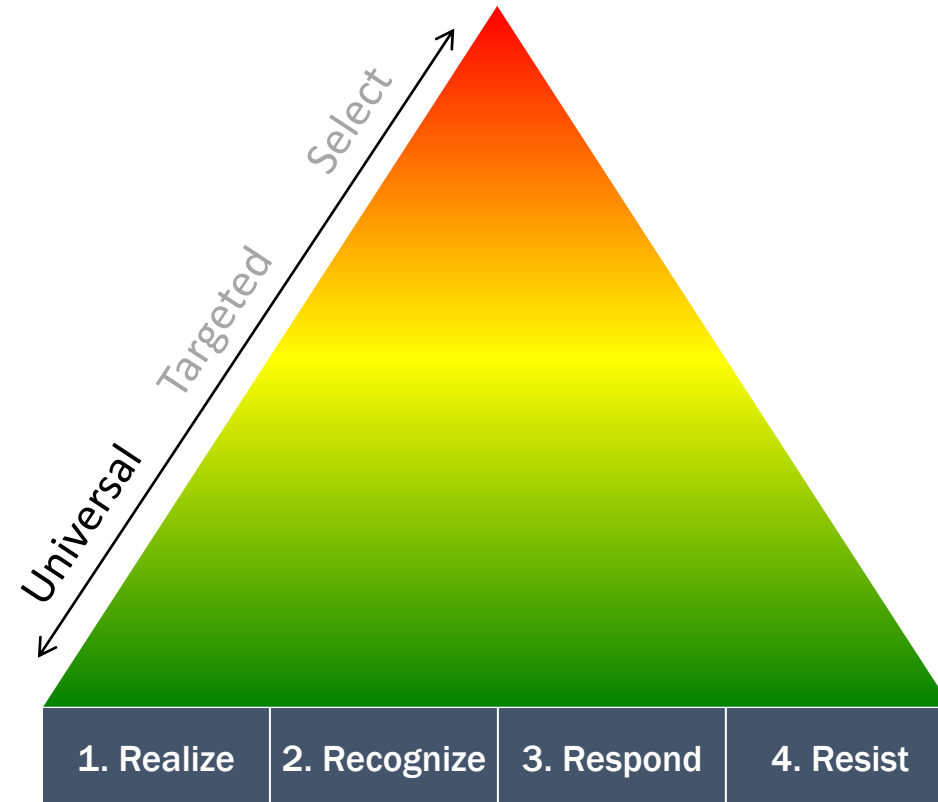


Universal

Interventions for **all students**

Goals

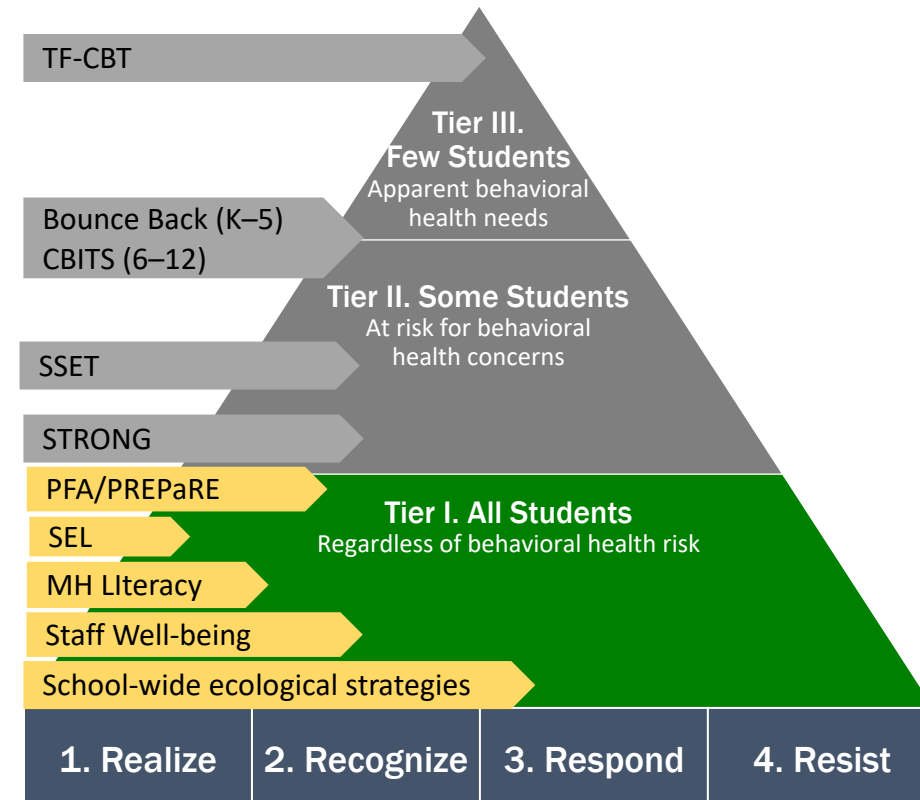
- Change climate to see actions through a “trauma lens”
- Consider why a student is responding a particular way before reacting
- Realize and recognize reactions to trauma
- Skillful interactions with traumatized students
- Use trauma-informed classroom management and discipline strategies



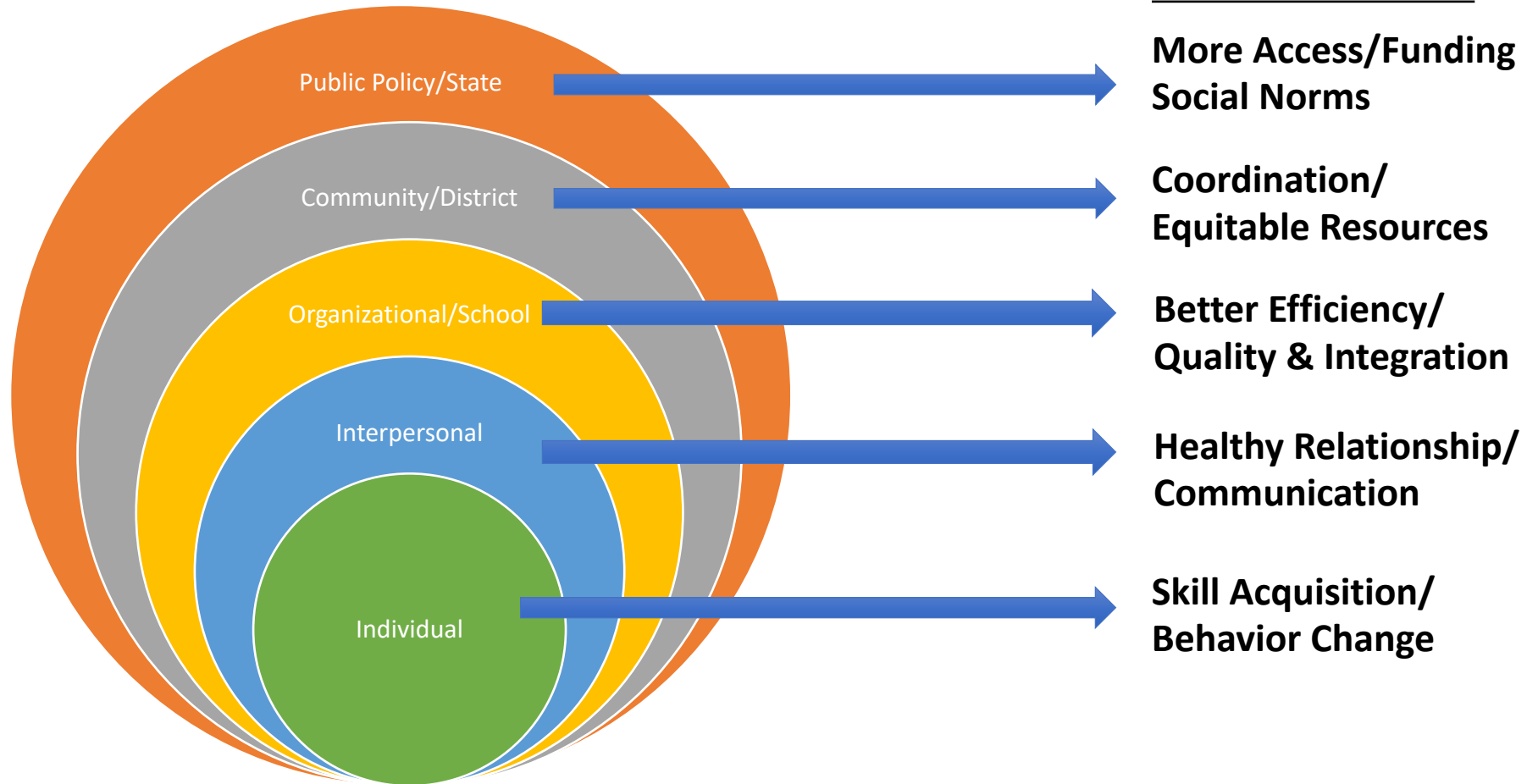


UNIVERSAL Mental Health/Trauma-informed/ Safe Supportive Strategies

- **Trauma-responsive** school policies and practices
- Positive **school climate**
- **Staff well-being**
- **Mental health literacy** for school staff and students
- **Social Emotional Learning (SEL)**
- **Crisis preparedness**



Linking Outcomes to the Social Determinants of Health at Varying Levels of the Social Ecology



The Center for
Health and Health Care in Schools

Milken Institute School
of Public Health

THE GEORGE WASHINGTON UNIVERSITY



Assessing Perceptions of Culture and Trauma in an Elementary School: Informing a Model for Culturally Responsive Trauma-Informed Schools


Lisa V. Blitz¹ · Elizabeth M. Anderson² ·
Monique Saastamoinen³

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Abstract Negative outcomes for students of color and those who are economically disadvantaged are troubling patterns in schools nationwide. Systemic racial disparities, including disproportional poverty, are part of the problem. Regardless of their race, however, children who live with poverty often have heightened exposure to adverse experiences. Implementing a culturally responsive trauma-informed approach to understand and respond to students can address the impact of disparities, teach resiliency skills, and promote the wellbeing and achievement of all students. This study describes a school-university collaboration to develop such a model. Findings explore school personnel's perceptions about race, trauma, and the stressors their students face in the context of the developing model.

- **Culturally responsive pedagogy**
- Students learn to locate problems in the context of **social order** rather than internalizing troubles only as individual, family, or community deficits
- Build on student, family and community **strengths and experiences as foundations for teaching and learning**
- Teach students how to understand and ultimately develop healthy skills to **resist social oppression**

Blitz, L. V., Anderson, E. M., & Saastamoinen, M. (2016). Assessing perceptions of culture and trauma in an elementary school: Informing a model for culturally responsive trauma-informed schools. The Urban Review, 48(4), 520-542.



Indigenous Culture-Based Trauma-Informed Practices in Schools

Cultural Competency

- *e.g., Increased cultural-sensitivity of individuals interacting ins schools*

Indigenous Culture in the Classroom

- *e.g., Greater inclusion of Indigenous culture in classrooms*

Indigenous Culture in School

- *e.g., Inclusion of culture in workshops, events, programs, and initiates schools*

Supports for Indigenous Students

- *e.g., Creation of school supports for Indigenous students of all ages*

Trauma-Informed Relationships in Schools

- *e.g., Respectful and supportive relationships that recognize the unique needs of Indigenous students*

Trauma-Informed
Schools

“Ask me about trauma and I will show you how we are trauma-informed”:
A Study on the Shift Toward Trauma-Informed Practices in Schools

OFIFC Research Series, Volume 4 - Summer 2016





Research paper

Trauma-informed schools: Child disaster exposure, community violence and somatic symptoms

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ABSTRACT

Background: Given the increasing prevalence of natural disasters, trauma-informed school settings should include efficient methods for assessing child health and mental health in post-disaster environments. To develop such methods, factors that contribute to children's vulnerability and key signs of distress reactions after disasters need to be understood. To address these issues, we evaluated pre-disaster community violence exposure as a vulnerability factor for children's post-disaster reactions and somatic symptoms as a key post-disaster outcome. **Methods:** We evaluated 426 children exposed to Hurricane Katrina at two timepoints (3–7 months and 13–17 months post-disaster). Structural equation models evaluated community violence exposure, hurricane exposure, and posttraumatic stress and somatic symptoms.

Results: Community violence exposure was associated with increased levels of posttraumatic stress symptoms among disaster-impacted youth, and did not moderate the relationship between disaster exposure and post-traumatic stress symptoms. Posttraumatic stress symptoms were associated with somatic symptoms in the short-term recovery period (3–7 months), but not associated with somatic symptoms during the longer-term recovery period (13–17 months).

Limitations: This study did not include school-level factors, and somatic symptoms were based on parent reports. The study did not include parent functioning information or distinguish between whether somatic symptoms were medical or functional in nature.

Conclusions: Post-disaster school-based screeners may need to incorporate questions related to children's past exposure to community violence and their somatic symptoms to provide trauma-informed care for children.

1. Introduction

Schools and school staff members are uniquely positioned to help the roughly 100 million children around the world who are exposed to disasters every year (Robinson, 2012; Save the Children, 2007; UNISDR, 2015). In the United States alone, over 55.64 million children attend public and private elementary and secondary schools (National Center for Education Statistics, 2017). The National Child Traumatic Stress Network highlights the fact that school administrators, staff, and teachers may help reduce the impact of trauma on children by recognizing trauma, responding to children's needs in the classroom, and through referring children to resources when appropriate (National Child Traumatic Stress Network Schools Committee, 2008). In order to do so, school-based screeners are needed to assess children

earlier and more effectively post-disaster (Hanson and Lang, 2014; Lai et al., 2016).

To date, it is clear that mental health symptoms are a key post-disaster screening target. Abundant evidence links disaster exposure with mental health symptoms, including posttraumatic stress symptoms (PTSS), anxiety, and depressive symptoms (Kumar, 2013; Lai et al., 2015, 2014b; Navarro et al., 2016). Importantly, PTSS are the primary presenting problem among youth who have been exposed to a disaster with the prevalence rate of 8.4%–32.9% (La Greca et al., 2013; Osofsky et al., 2015; Shi et al., 2018; Wang et al., 2014). If chronic PTSS remains untreated, it can lead to long-term effects on physical and mental health (Shi et al., 2018; Xie et al., 2018).

However, in order to develop effective post-disaster school screening protocols, we need information regarding additional key

- Community violence moderated relationship between disaster exposure and distress
- Higher levels of community violence → greater risk for developing distress when exposed to natural disasters

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0165-0327/© 2018 Elsevier B.V. All rights reserved.

Lai, B. S., Osborne, M. C., Lee, N., Self-Brown, S., Esnard, A. M., & Kelley, M. L. (2018). Trauma-informed schools: Child disaster exposure, community violence and somatic symptoms. *Journal of affective disorders*, 238, 586–592.

What is a trauma-responsive school system?

Realize
*the prevalence
and impact of
trauma*

Recognize
*the signs and
symptoms of
trauma*

Respond to avoid
Re-traumatization
*by integrating
trauma-informed
principals in the
classroom*



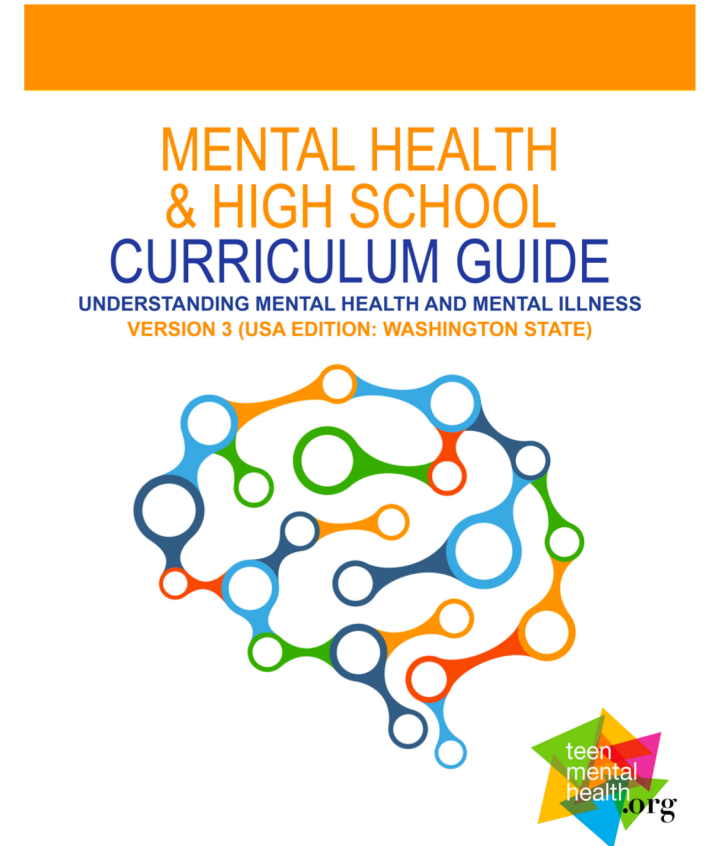
What is a trauma-responsive school system?



Mental Health Literacy

- Understand **how to obtain and maintain good mental health**
- Understand and identify mental disorders and their treatments
- **Decrease stigma**
- Enhance **help-seeking efficacy**: know where to go; know when to go; know what to expect when you get there; know how to increase likelihood of “best available care” (skills and tools)

Kutcher and Wei; 2014; Kutcher, Bagnell and Wei; 2015; Kutcher, Wei and Coniglio, 2016.



Trauma Literacy

<https://safesupportivelearning.ed.gov/trauma-sensitive-schools-training-package>

National Center on Safe Supportive Learning Environments



Safe Supportive Learning

Engagement | Safety | Environment

Title IV, Part
A, SSAE
Program

Well-
Rounded
Education

Safe and
Healthy
Students

Effective
Use of
Technology

Events,
Products,
and TA

States and
Grantees

Home



Trauma-Sensitive Schools
TRAINING PACKAGE

UNDERSTAND • BUILD • LEAD

TRAINING PACKAGE

Home

Implementation Guide

Understanding Trauma and Its
Impact

Building Trauma-Sensitive Schools

Leading Trauma-Sensitive Schools

Trauma Literacy

<https://changingmindsnow.org/>

Changing minds.™

GESTURES THAT CAN HEAL

As a supportive, caring adult in a child's life, you could be an important factor in helping them overcome the effects of childhood trauma. With these five gestures, you can make a difference in their everyday lives.

- CELEBRATE**
Use "put-ups," not "put-downs."
[READ MORE](#) [+]
- COMFORT**
Stay calm and patient.
[READ MORE](#) [+]
- COLLABORATE**
Ask for their opinions.
[READ MORE](#) [+]
- LISTEN**
Show an interest in their passions.
[READ MORE](#) [+]
- INSPIRE**
Expose them to new ideas.
[READ MORE](#) [+]



SCAN - 010
Size
Time
x000.00
y000.00
0710 x 4.00

JOIN US SHARE

What is childhood trauma?

Trauma arises from an inescapable stressful event that overwhelms an individual's coping mechanisms.
—van der kolk and Fisler, 1995

Individual trauma results from an event, series of events, or set of circumstances experienced by an individual as physically or emotionally harmful or life-threatening with lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being. ---SAMHSA



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Types of trauma

- Acute Trauma
- Chronic Trauma
- Complex Trauma
- Intergenerational Trauma

Acute Trauma

Trauma related to events that are limited in duration, and that are typically a one-time occurrence.



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Chronic Trauma

Trauma related to events that occur repeatedly over time.



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Complex Trauma

Early onset trauma that occurs on many levels over time within the caregiving system, such as a situation in which a child consistently experiences neglect, physical abuse, and other events of an often invasive interpersonal nature.



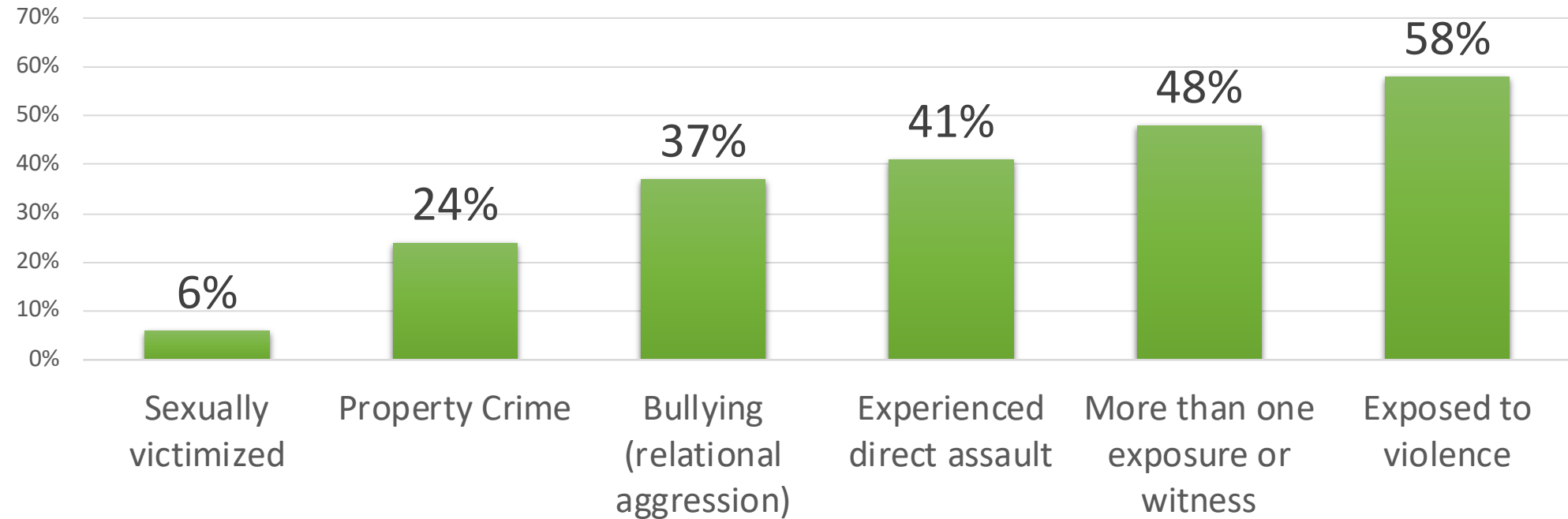
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Historical/Intergenerational Trauma

Trauma related to cumulative physical, psychological, and social wounding over the life span and across generations, resulting from massive traumatic events experienced as a group.



A startling number of students are exposed to violence and trauma

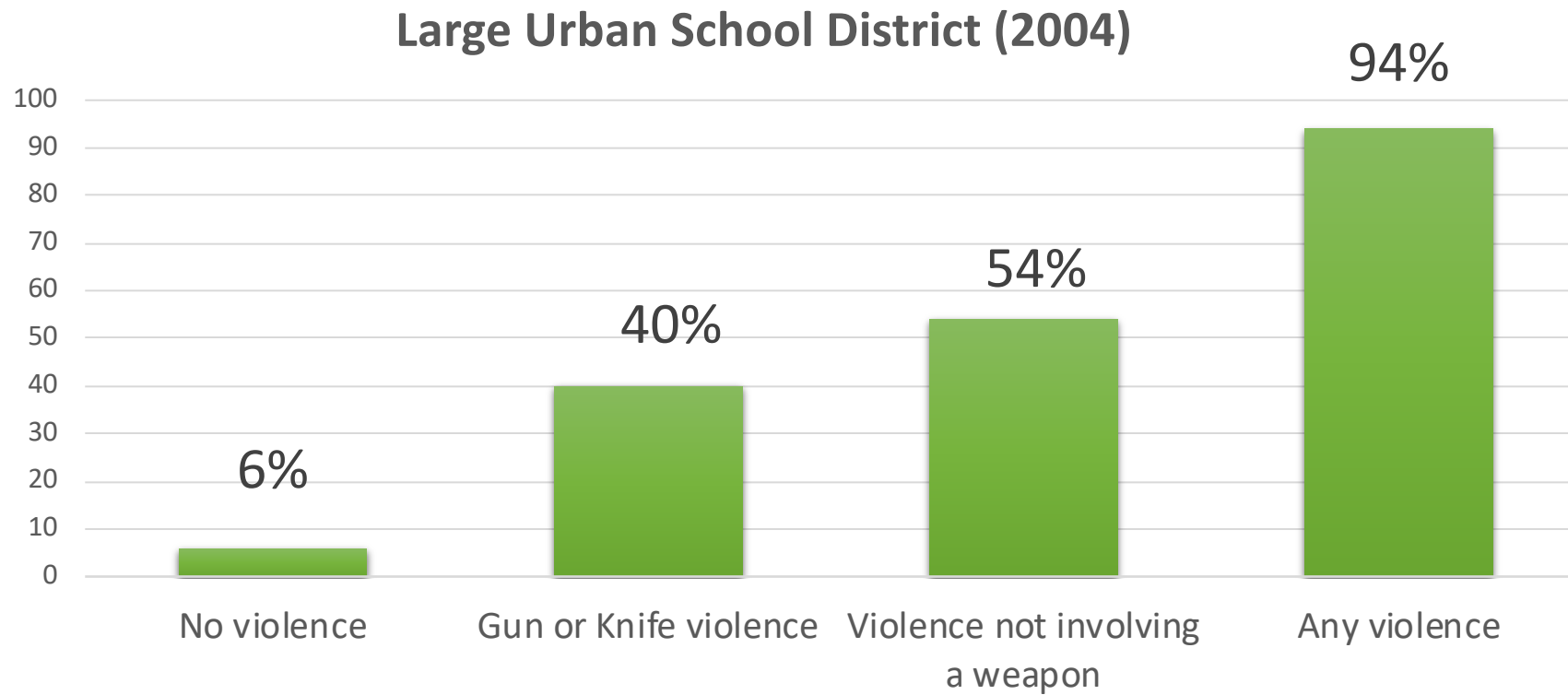


SOURCE: OJJDP (Finkelhor), National Survey of Children's Exposure to Violence 2015



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Rates of Violence Exposure



Adverse Childhood Experiences Study (ACEs)

- **NEGLECT**
 - ✓ Emotional Neglect
 - ✓ Physical Neglect
- **HOUSEHOLD CHALLENGES**
 - ✓ Domestic Abuse
 - ✓ Parental Drug Abuse
 - ✓ Parental Mental Illness
 - ✓ Divorce or Separation
- **ABUSE**
 - ✓ Physical Abuse
 - ✓ Sexual Abuse

Source: Adverse Childhood Experiences (ACE) Study. Information available at <http://www.cdc.gov/ace/index.htm>



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Adversity in your environment



<https://raisingofamerica.org/watch>



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What do you think are some of the most common stressful and/or traumatic experiences among your students?



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Educators are optimally positioned to:



teach coping skills



help build resilience



model emotional processing and problem solving



establish psychological safety by instituting consistent expectations and familiar routines

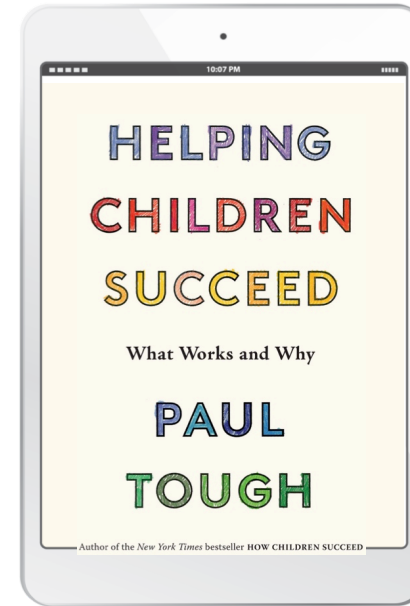


deliver classroom-based interventions

Childhood trauma affects children in schools

“Over the past decade, neuroscientists have determined how severe and chronic stress in childhood leads to physiological and neurological adaptations in children that affect the way their minds and bodies develop and the way they function in school.”

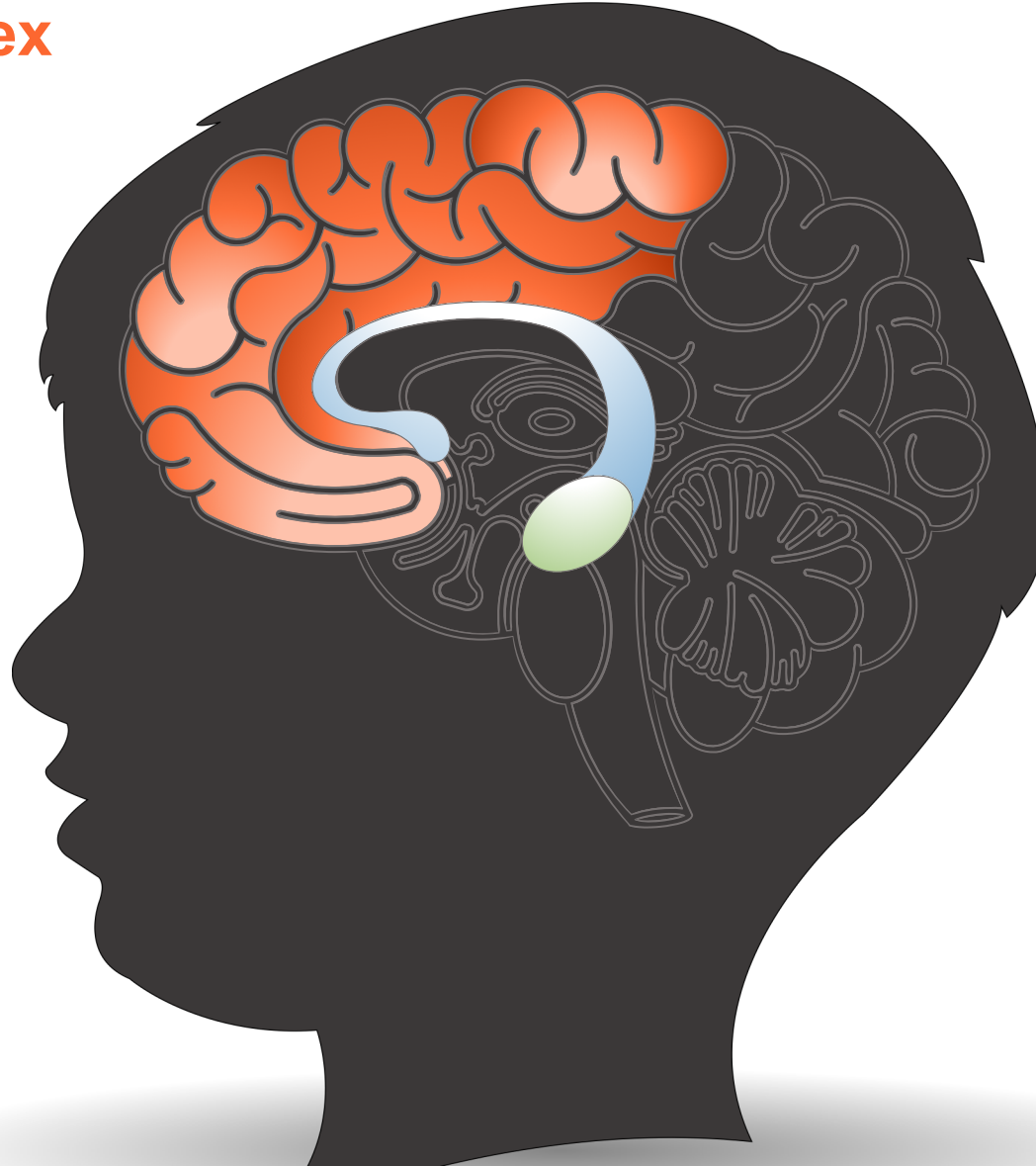
—Paul Tough, 2016



Regions of the Brain Involved in the Stress Response

Prefrontal Cortex

- 💡 evaluation
- 💡 thinking
- 💡 logic
- 💡 what to do



Hippocampus

Regulates memory and emotions

Amygdala

Turns on fight or flight, and stores memories of the event



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Acute Trauma Response

Prefrontal Cortex



thinking



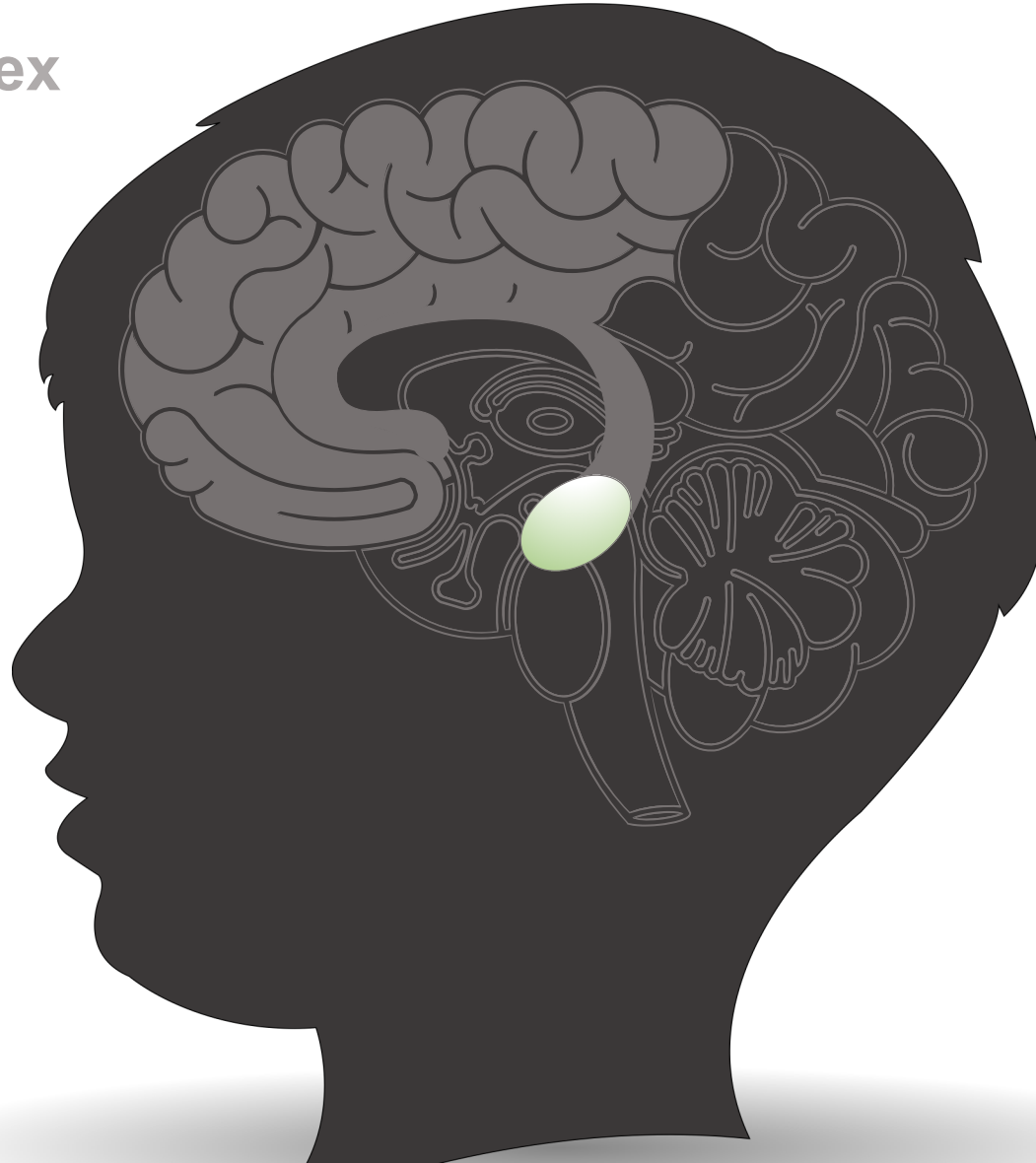
logic



what to do



evaluation



Hippocampus

Regulates memory and emotions

Amygdala

Turns on fight or flight, and stores memories of the event



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Let's imagine you are taking a walk and suddenly a slithering snake crosses your path. Before you're even able to realize what you've seen, your body has responded: your heart is racing, your energy has skyrocketed and you are ready to flee.



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Typically Functioning Brain



Scary Event
Occurs



Amygdala
produces
“alarm” signals
and overrides
thinking brain



Response to
Crisis: Fight-
Flight-Freeze

**The changes brought
about in the brain as
stress reaction are
helpful in the immediate
face of danger.**



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Now let's imagine a few weeks later you are walking past your neighbor's house and you see a winding object in their lawn. Before you know it your heart is racing and you are ready to flee. Only this time you realize that what you thought was a snake was only the neighbors' garden hose.



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False Alarm



Trauma
Reminder



Amygdala
produces
“alarm” signals
and overrides
frontal lobe:
False Alarm



Response to
Crisis: Fight-
Flight-Freeze



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Two weeks ago Johnny was in a car accident. One day, while Johnny was sitting in class, a car skids down the street and tires make a loud screeching sound. Later in class, you look over and notice that Johnny is distracted and fidgeting in his seat. He looks agitated and uncomfortable.







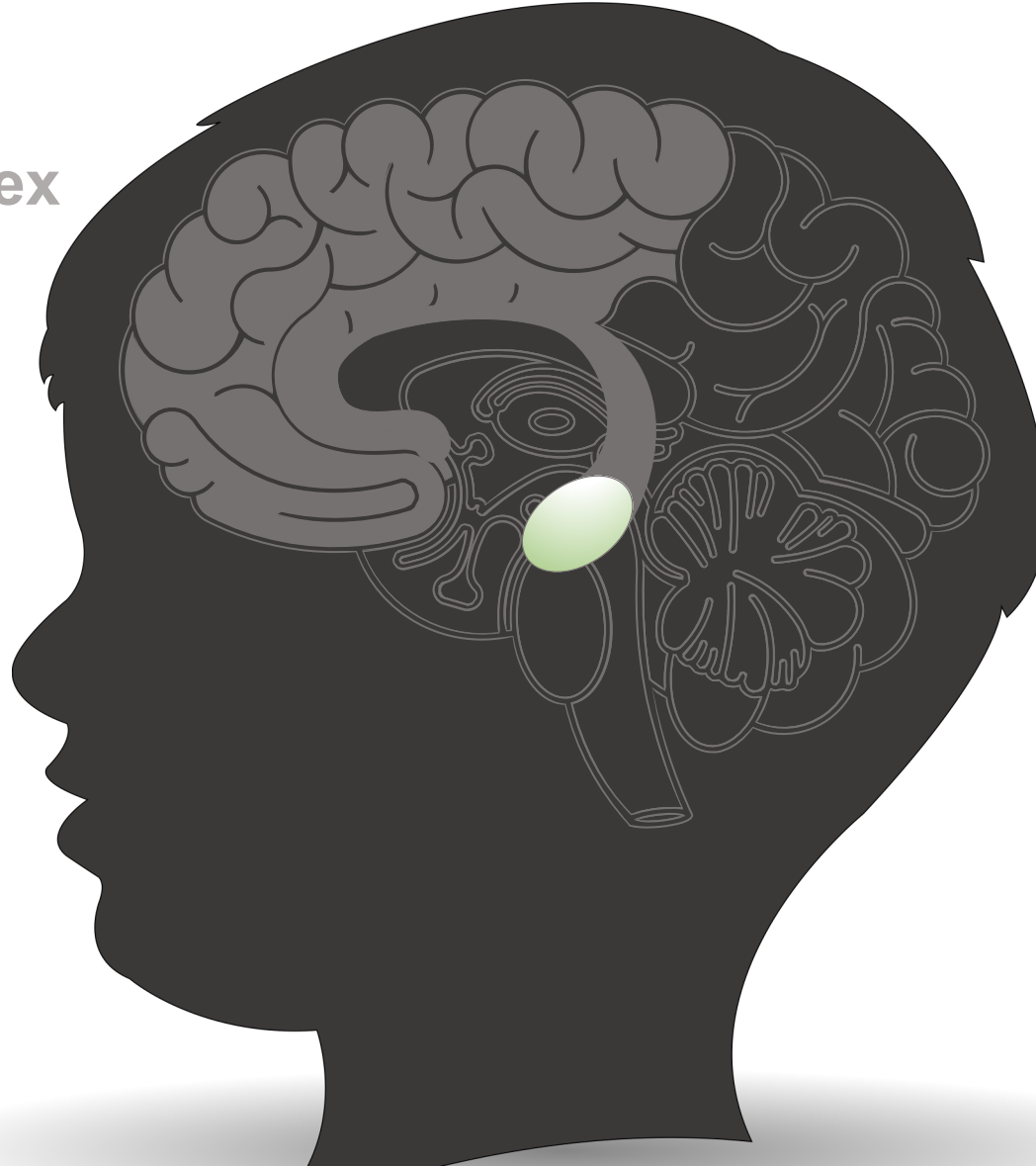
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Chronic Stress Effects



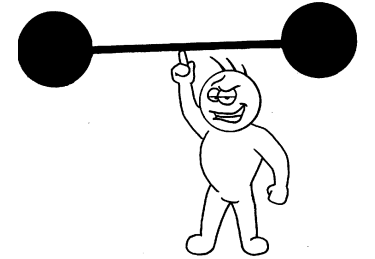
Prefrontal Cortex

-  thinking
-  logic
-  what to do
-  evaluation



Hippocampus

Regulates memory and emotions



Amygdala

Turns on fight or flight, and stores memories of the event



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Susie was placed in foster care after witnessing domestic violence in her home. You notice that Susie seems “on edge” in the classroom – she is constantly nervous and fidgeting. These behaviors become worse when she hears loud noises such as a door slamming or people shouting in the school hallway. You have also noticed that Susie has had a hard time concentrating; while other students might be a bit nervous about an exam, Susie becomes extremely stressed, with her heart racing and her breathing speeding up.



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Stressors can be relentless on the brain

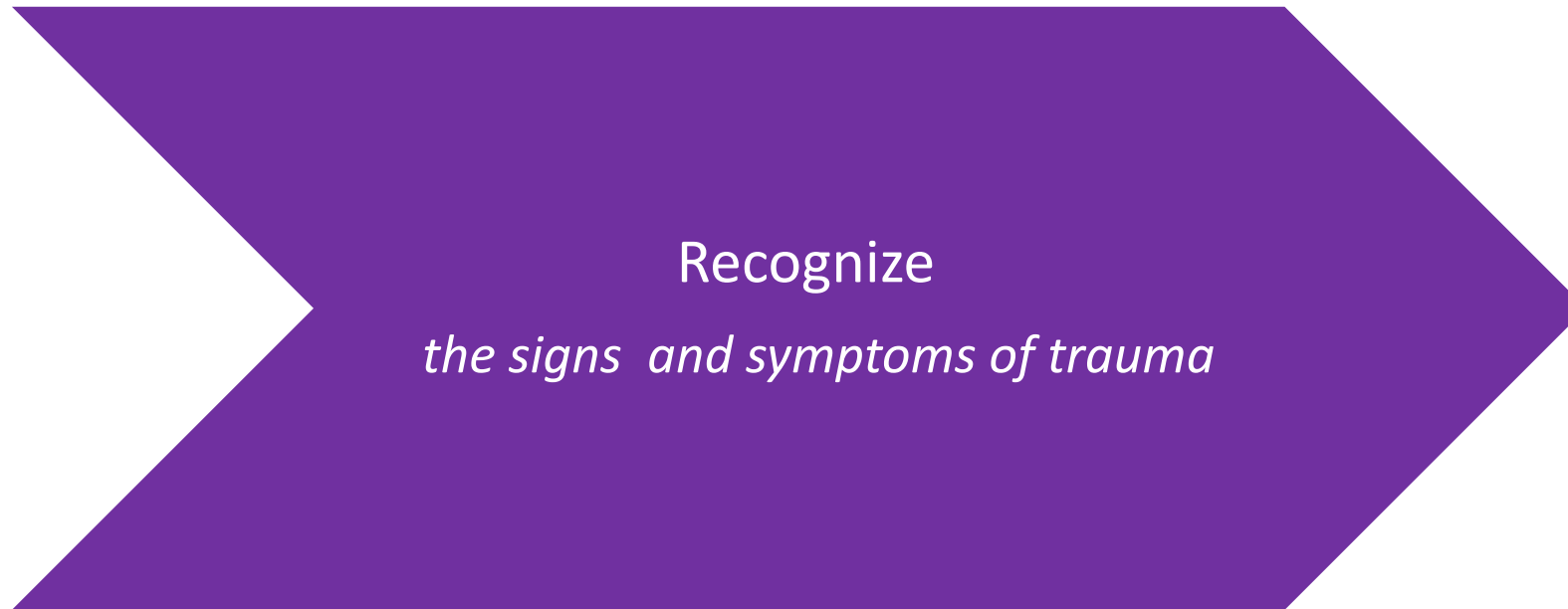


<http://www.raisingofamerica.org/watch>



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Paradigm Shift



Carmen

Carmen is a student in your math class. It is drug prevention month. Over the past two weeks Carmen has failed to complete several homework assignments. You warned her that if she didn't shape up her grade in the class would continue to drop. Carmen rolled her eyes. Later that day when Carmen was answering a question in class another student made a comment to a nearby student. Carmen heard the whispering. She cursed and threw her book on the floor. She stormed out knocking over her desk.

Common lens for interpreting student behavior



Four Types of Trauma Symptoms

- Cognitive
- Emotional
- Behavioral
- Physical



Revisiting Carmen

Carmen is a student in your school. Over the past two weeks Carmen has failed to complete several homework assignments. Her teacher, Ms. Clark warned her that if she didn't shape up her grade in the class would continue to drop. Carmen rolled her eyes. Later that day when Carmen was answering a question in class another student made a comment to a nearby student. Carmen heard the whispering. She cursed and threw her book on the floor. She stormed out knocking over her desk.

Trauma-responsive lens for interpreting student behavior?



Has anything recently changed in Carmen's life?

Does Carmen live in a safe home?

Has this happened before?

Does Carmen live in a safe community?

What supports are available to Carmen?



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Fill in the Blank

Carmen recently moved in with her grandparents because her mom has been struggling with drug addiction. Two weeks ago, Carmen's grandfather had a heart attack and had to be taken to the hospital in an ambulance. Carmen hasn't been sleeping well. She stays awake thinking about the ambulance and also worries about her mom. Carmen arrived to school exhausted and hungry.

Trauma-informed lens for interpreting student behavior



A Trauma-Responsive Lens for Student Behavior

The goal is to shift our perspective from

“What’s wrong with that student?”

to

“What has happened to that student?”



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- 2-day staff-wide FPD training
 - Rationale and principles of trauma-informed approach
 - Prevalence, implications, and supports for student trauma exposure
 - Integration within existing efforts
- 183 Educators, 6 New Orleans schools, pre-post design
- Teacher knowledge of trauma-informed approaches grew from pre- to post-training

Evaluating Foundational Professional Development Training for Trauma-Informed Approaches in Schools

Elizabeth M. McIntyre, Courtney N. Baker,
and Stacy Overstreet
Tulane University

The New Orleans Trauma-Informed Schools
Learning Collaborative

Trauma-informed schools reflect a national movement toward implementing organizational practices and systems-change strategies that support trauma-exposed individuals. Although frameworks for trauma-informed schools delineate key features for navigating implementation processes, methods of installing these features in schools require additional study. Although foundational professional development (FPD) training is often utilized to prepare schools for implementing trauma-informed approaches, few researchers have examined whether such training influences factors known to promote implementation success: staff knowledge of and perceptions of acceptability for these approaches. The current study utilized a pre-post design to evaluate a 2-day FPD training as a tool for enhancing teacher knowledge of trauma-informed approaches prior to implementation. The study also examined whether gains in knowledge following the training were associated with teacher perceptions of acceptability of trauma-informed approaches and whether perceived alignment of trauma-informed approaches with existing school norms and practices, or system fit, moderated that relationship. Participants included 183 teachers from six schools who completed the training. Knowledge was assessed at pre- and posttraining, and perceptions of acceptability and system fit were assessed at posttraining. Results indicated significant knowledge growth following the training. Among teachers who perceived better system fit, knowledge growth was associated with increased acceptability for trauma-informed approaches. However, among teachers perceiving less system fit, knowledge growth was associated with decreased acceptability. Implications for the installation and implementation of trauma-informed approaches in schools are discussed.

Keywords: acceptability, professional development, trauma-informed schools, knowledge, implementation science

Supplemental materials: <http://dx.doi.org/10.1037/ser0000312.supp>

As many as 46 million children living in the United States have experienced psychological trauma (Listenbee et al., 2012). Traumatic exposure in childhood has been associated with negative school outcomes that include lower cognitive functioning, academic performance, and school connectedness, and higher rates of grade retention, special education placement, and absenteeism

(Perfect, Turley, Carlson, Yohanna, & Saint Gilles, 2016; Porche, Costello, & Rosen-Reynoso, 2016). Given the educational and developmental ramifications of trauma exposure, trauma-informed approaches in schools are increasingly cited at state and federal policy levels as a necessary response to this public health epidemic (Children's Law Center of Washington, DC, 2015; National Center on Safe Supportive Learning Environments, 2015). These calls are fueled by preliminary reports of the success of trauma-informed approaches in schools, including dramatic reductions in student behavior issues, suspensions, and expulsions (e.g., Dorado, Martinez, McArthur, & Leibovitz, 2016).

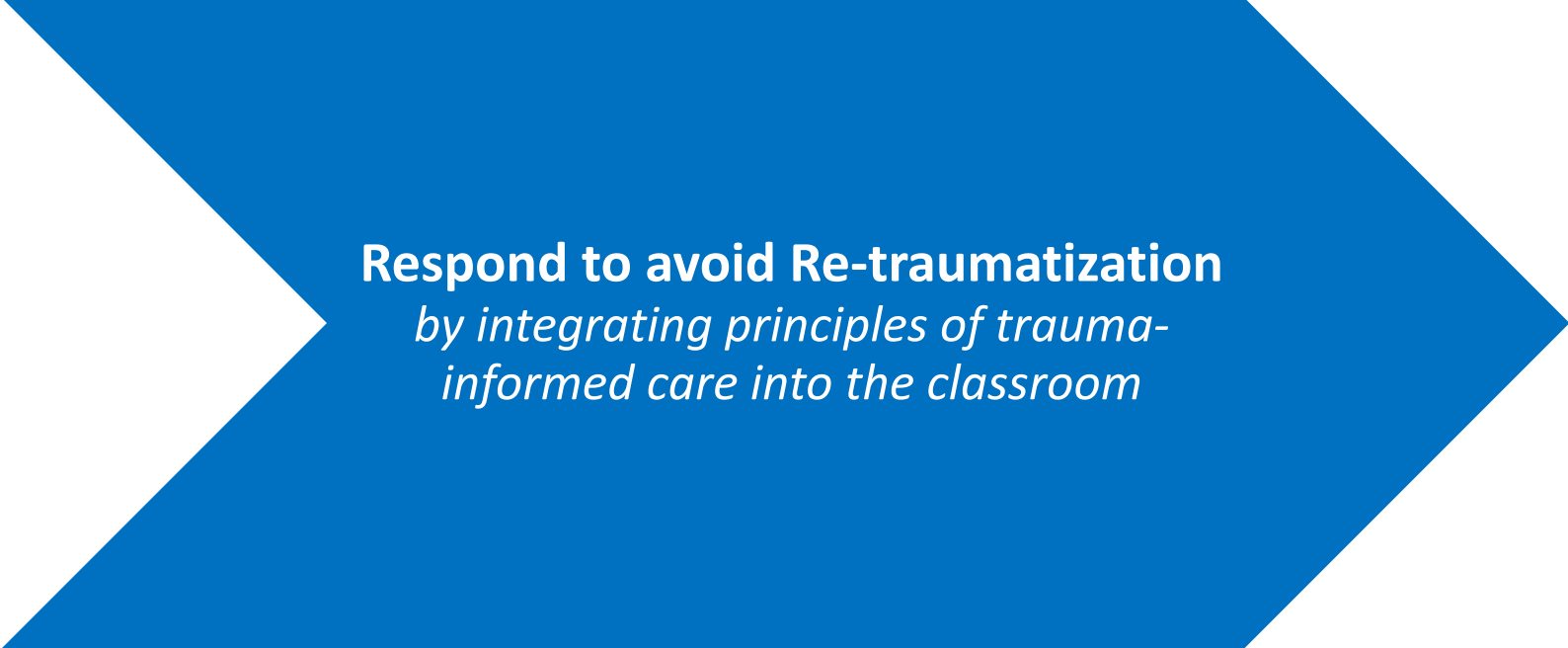
Trauma-informed approaches represent a systems-level framework for realizing, recognizing, and responding to the impacts of trauma in ways that promote healing and avoid retraumatization (Substance Abuse and Mental Health Services Administration [SAMHSA], 2014). In schools, trauma-informed approaches provide a framework for systems-change strategies that weave foundational knowledge of trauma into the staff knowledge base, school culture, and systems of student support (Cole, Eisner, Gregory, & Ristuccia, 2013). Best-practice guidelines for creating trauma-informed schools are rooted in the evidence base for promoting mental health supports school-wide (Cowan, Vaillancourt, Rossen,

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Elizabeth M. McIntyre, Courtney N. Baker, and Stacy Overstreet, Department of Psychology, Tulane University; The New Orleans Trauma-Informed Schools Learning Collaborative.

The New Orleans Trauma-Informed Schools Learning Collaborative includes the following individuals listed by sites (sites are arranged in alphabetical order): Children's Bureau of New Orleans: Paulette Carter; Institute for Women and Ethnic Studies: Denese Shervington, Lisa Richardson; Louisiana Public Health Institute: Taslim van Hattum; New Orleans Public Health Department: Chris Gunther; Project Fleur-de-lis: Laura Danna; Strategies for Youth Development: Kathleen Whalen.

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What is a trauma-responsive educator?



Respond to avoid Re-traumatization
by integrating principles of trauma-informed care into the classroom



Guiding Principles of Trauma-informed Care

Safety

Trust & Transparency

Peer Support

Collaboration & Mutuality

Empowerment, Voice & Choice

Cultural Humility



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Trauma-responsive strategies

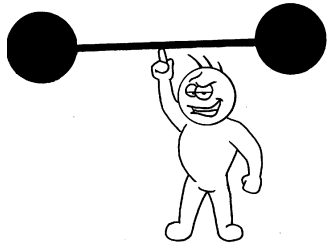
- Resilience and Relationship Building
- Classroom Climate
- Trauma-informed Communication
- Trauma Informed De-escalation

Relationships

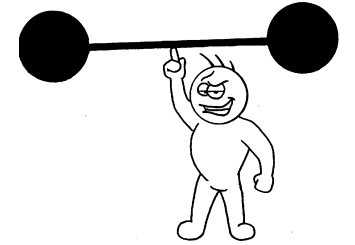
- Positive, supportive social relationships can serve as an “**antidote**” to trauma.
- Communicate to students that they are safe and that they belong in the academic community.
- Help re-sculpt brain architecture by helping students turn down their survival brain.
- Model safe, trusting relationships.







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Neurological Impact of Relationships



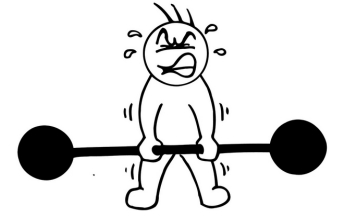
Prefrontal Cortex

-  thinking
-  logic
-  what to do
-  evaluation



Hippocampus

Regulates memory and emotions

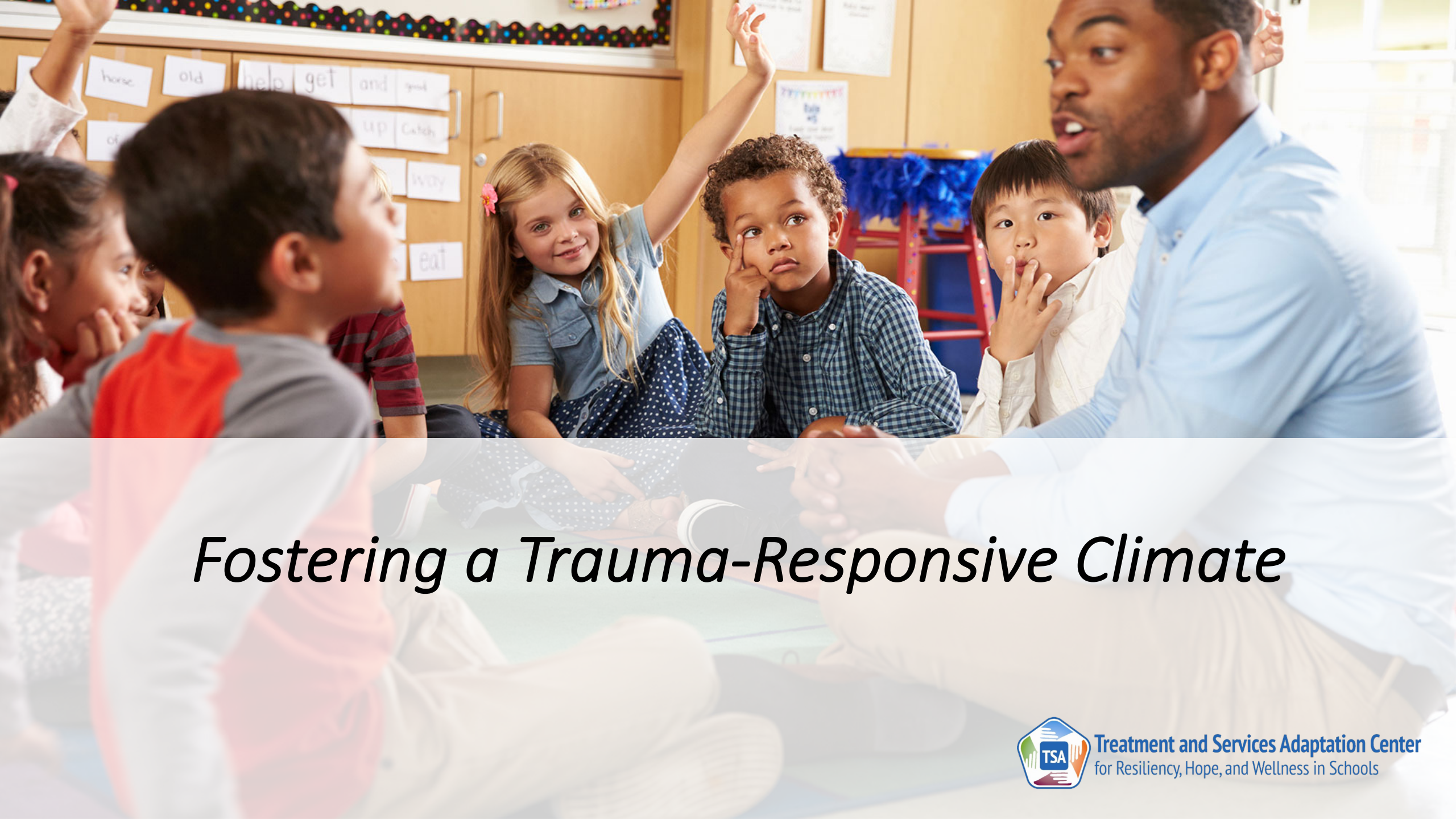


Amygdala

Turns on fight or flight, and stores memories of the event



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Fostering a Trauma-Responsive Climate



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Creating a Trauma-Responsive Classroom

- Safe and calm classrooms are **essential for learning**
- **True for all students** but particularly important for students with trauma histories
- There are strategies educators can employ to foster safety by identifying, eliminating, and minimizing the impact of trauma arousing events.

Transparency and Predictability

- Teachers should post or communicate schedules
- If schedule is likely to be disrupted students should be made aware



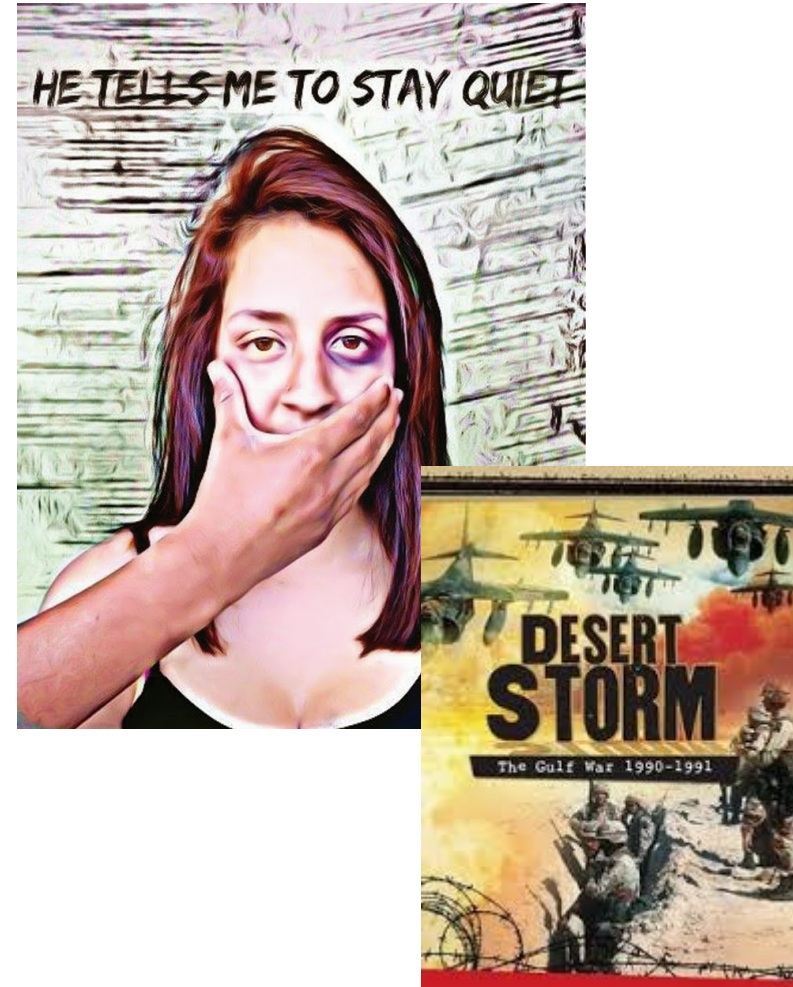
Classroom Layout

- Entrances and exits should be easily visible and accessible
- Some students may not like having other students behind them.
- Adequate personal space in seating arrangements



Subject Matter

- Mindful of potentially triggering classroom signage
- Sensitive subject matter



External Stimuli

- Sound of sirens
- Car breaks
- Fights



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Expectations for peer-to-peer interactions

- Foster collaboration/create a culture of collaboration and support
- Set clear parameters
- Being mindful of student conflicts when making group assignments

Educator student interactions

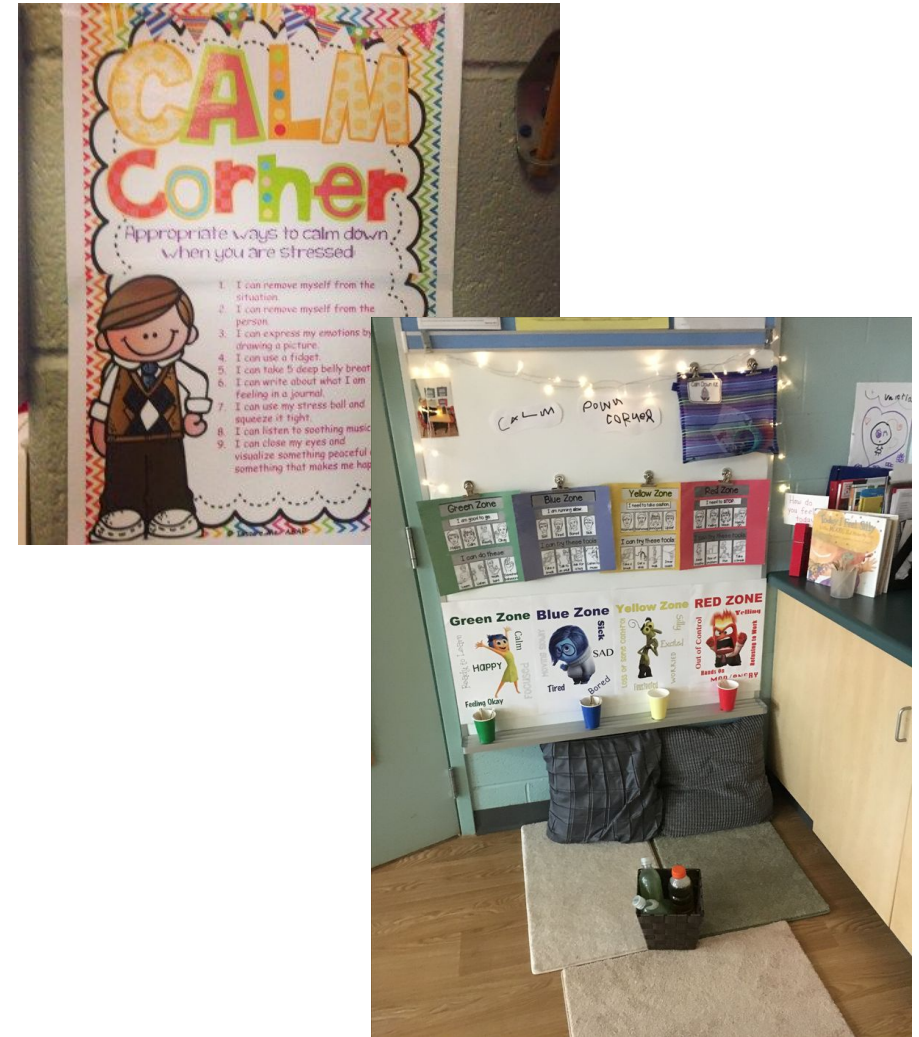
- Involve students in decision-making to foster empowerment
- Physical space and stance when communicating with students
- Tone of voice when communicating with students

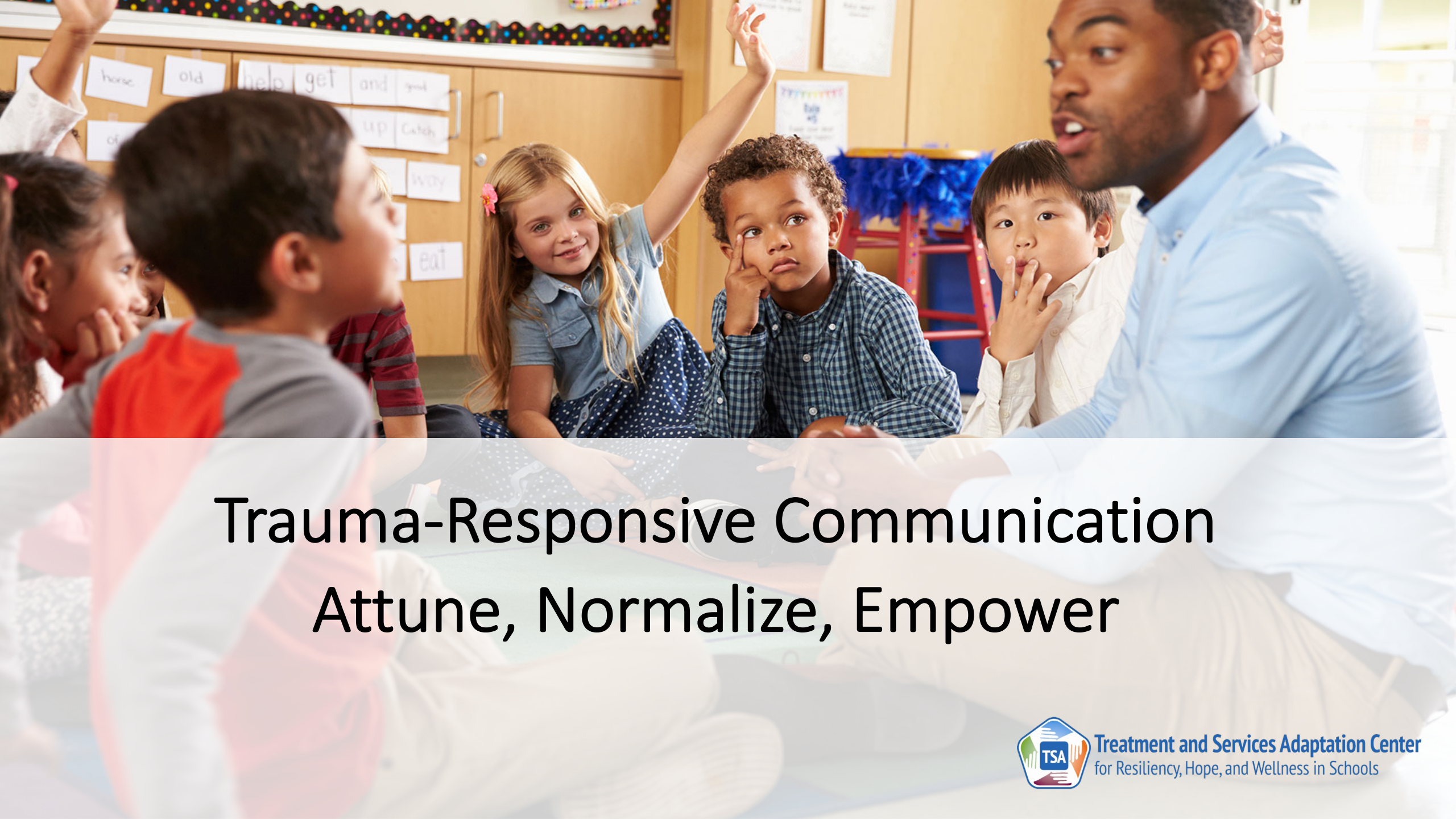


Treatment and Services Adaptation Center
for Resiliency, Hope, and Wellness in Schools

Calm Corner

- Engage student senses through touch, sight, and sound can help them regulate their emotions.
- The calm corner should include objects and activities to engage students' senses.
 - ✓ coloring books,
 - ✓ play dough,
 - ✓ stress balls,
 - ✓ or music with headphones
- Set clear calm corner parameters at the start of the school year.





Trauma-Responsive Communication

Attune, Normalize, Empower



Treatment and Services Adaptation Center
for Resiliency, Hope, and Wellness in Schools

National Center for Safe and Supportive Learning Environments

<https://safesupportivelearning.ed.gov/>

View Resources by Topic      

National Center on Safe Supportive Learning Environments



Safe Supportive Learning

Engagement | Safety | Environment

Training and
TA
▼

Events
▼

Topics &
Research
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School Climate IMPROVEMENT | Resource Package


Download a Variety of Resources to Help Make School Climate Improvements

Upcoming Event

ESSA, Title IV, Part A: Allowable Activities to Support Well-Rounded Educational Opportunities; Safe and Healthy Students; and the Effective Use of Technology

February 09, 2017 - 02:00pm EST

[Learn More](#)



DO YOU HAVE A QUESTION?

TOPICS

Education Levels

- Pre-K/Elementary School
- Middle/High School



Voices From The Field

In your opinion, how can mobile phones BEST be used to build stronger connections between families and schools? —

November 2016

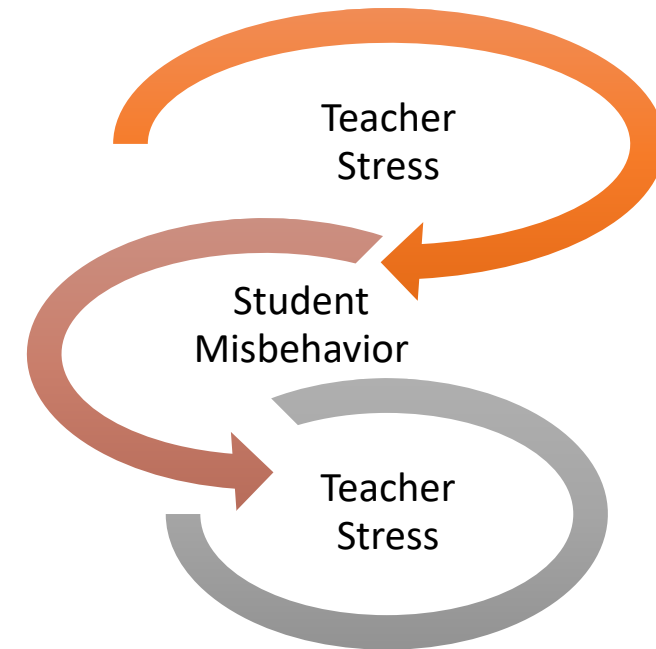
[Learn What Experts Think](#)

[Share Your Experiences](#)

Teacher Stress Impacts Students

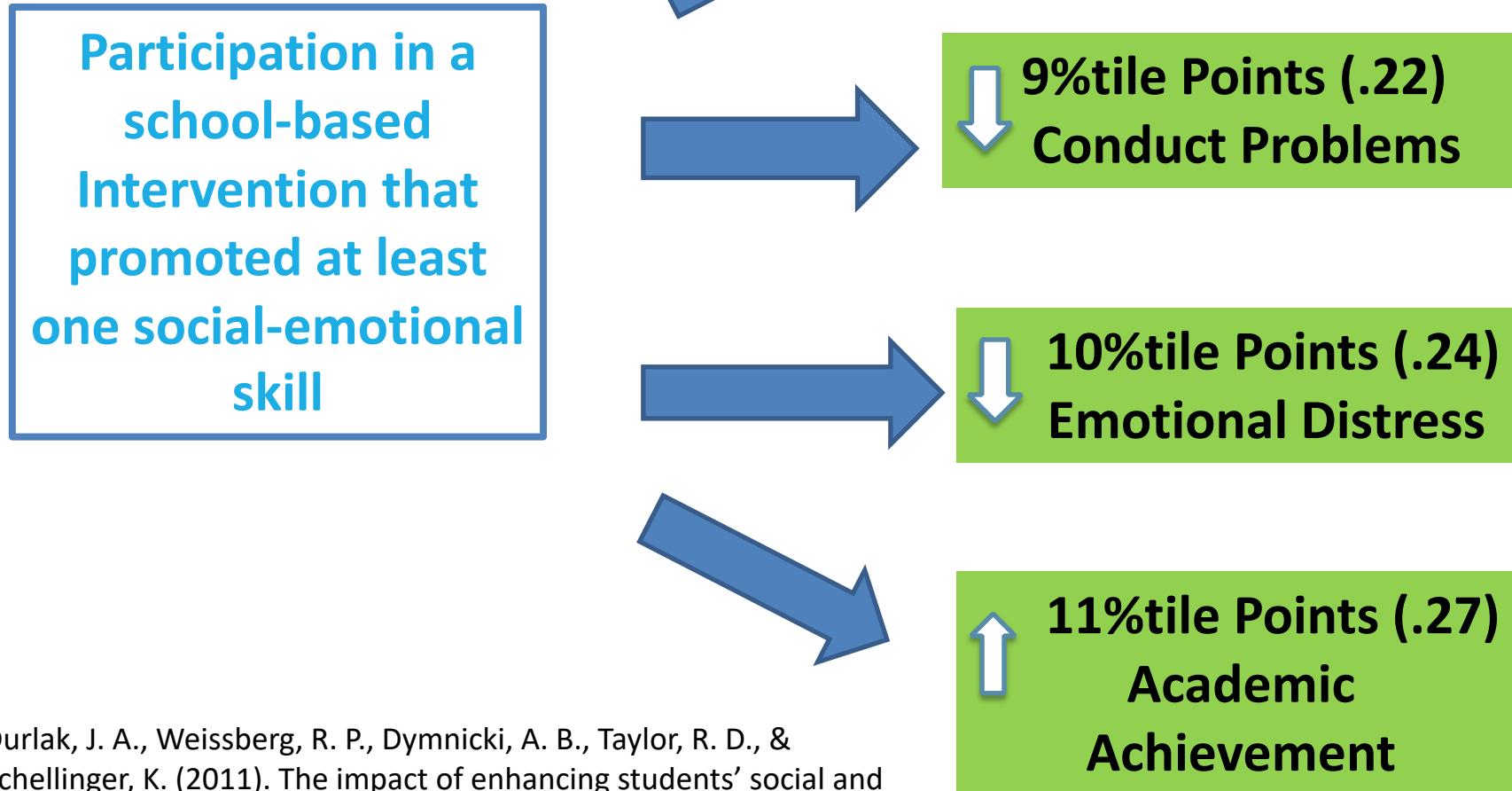
- Teachers who are stressed demonstrate greater negative interactions with students:
 - Sarcasm
 - Aggression
 - Responding negatively to mistakes
- *Classrooms led by a teacher who reported feeling overwhelmed (high burnout) had students with much higher cortisol levels*

Oberle & Schonert-Reichl (2016)





Durlak et al. (2011)



Durlak, J. A., Weissberg, R. P., Dymnicki, A. B., Taylor, R. D., & Schellinger, K. (2011). The impact of enhancing students' social and emotional learning: A meta-analysis of school-based universal interventions. *Child Development*, 82, 405-432.



PSYCHOLOGICAL FIRST AID:

Listen Protect Connect/Model and Teach



<https://traumaawareschools.org/pfa>

Copyright M. Schreiber, R.H. Gurwitch, & M. Wong, 2006

Adapted, M. Wong, 2012



National Association of School Psychologists



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PREPaRE Training Curriculum

In This Section

[About PREPaRE](#)

[PREPaRE Workshops](#)

[Need for Crisis Training in Schools](#)

[Holding a PREPaRE Workshop](#)

[Find a Local PREPaRE Trainer](#)



The PREPaRE curriculum has been developed by the National Association of School Psychologists (NASP) as part of NASP's decade-long leadership in providing evidence-based resources and consultation related to school crisis prevention and response. PREPaRE training is ideal for schools committed to improving and strengthening their school safety and crisis management plans and emergency response.

Upcoming Workshops

Check out upcoming workshops open to public registration around the country.

[Learn More](#)

Related Resources

<https://www.nasponline.org/professional-development/prepare-training-curriculum>

3. Early intervention and treatment

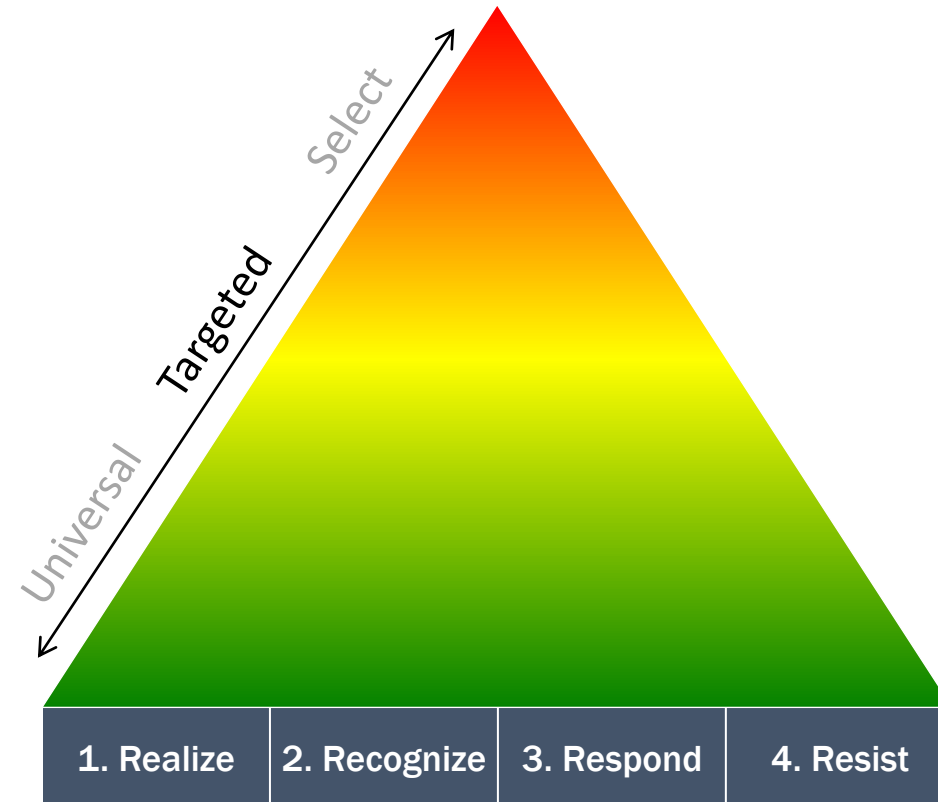


Targeted

Preventive interventions for students at-risk for mental health concerns or experiencing **mild distress/impairment**

Goals

- Psychoeducation about trauma and signs and impact
- Strengthening self-regulation skills
- Reinforcing personal and educational support systems

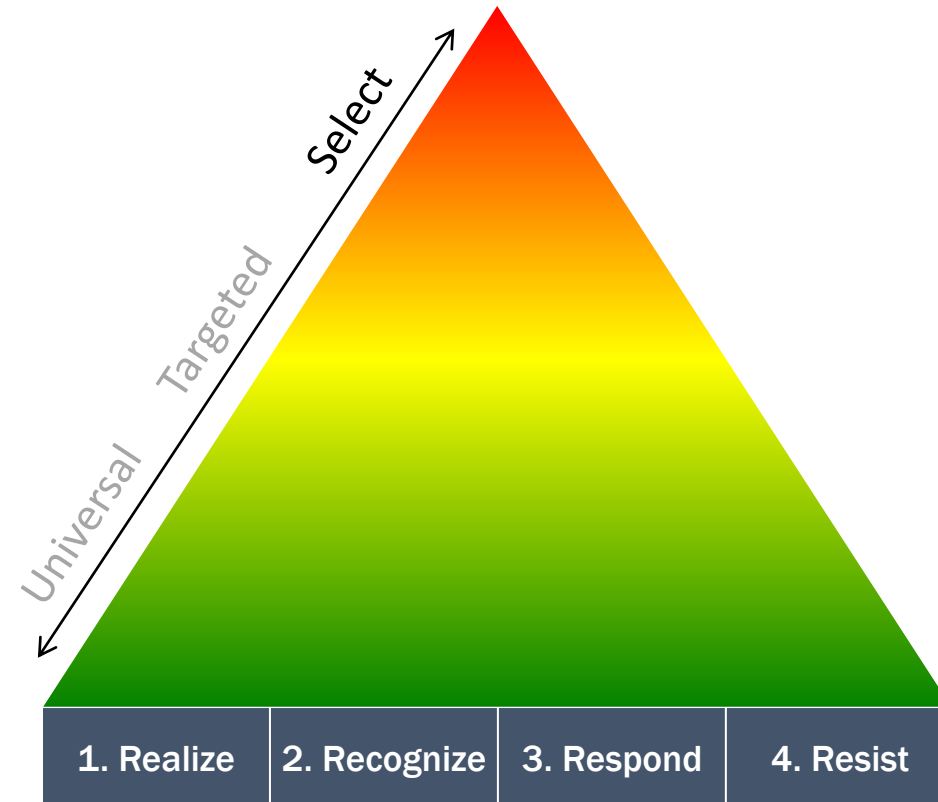


Select

Psychological interventions for students with mental health concerns or experiencing **moderate to severe distress/impairment**

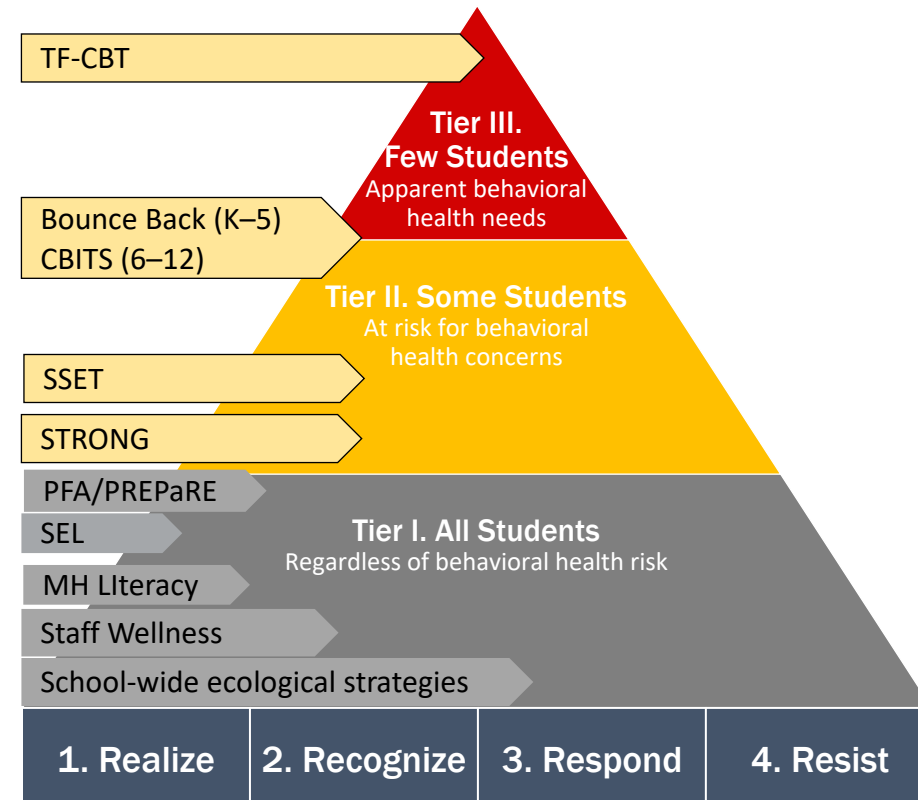
Goals

- Remediate adverse effects of trauma
- Avoid re-traumatization
- Ensure students get appropriate and effective treatment
- Address disorders that can impair learning
- Remediate adverse effects and avoid re-traumatization



Early Intervention and Treatment for Trauma

- **Screening/Identification** for trauma exposure and distress/functioning
- **Evidence-based interventions** – e.g., CBITS/Bounce Back, TF-CB SSET, STRONG
- Special education **accommodations**
- **Refer for evaluation** and appropriate treatment to **school and/or community services**





Toward a Blueprint for Trauma-Informed Service Delivery in Schools

Sandra M. Chafouleas¹ · Austin H. Johnson² · Stacy Overstreet³ · Natascha M. Santos⁴

Published online: 21 November 2015
© Springer Science+Business Media New York 2015

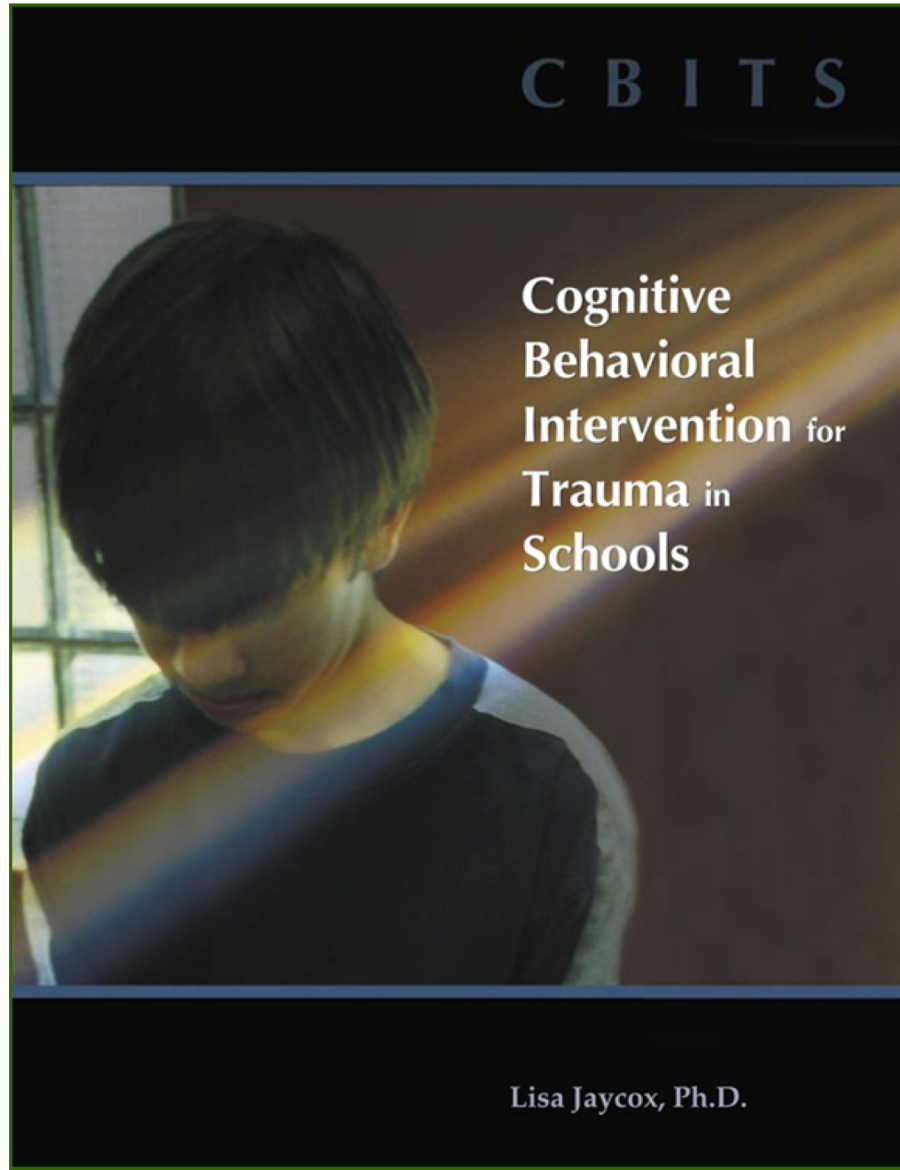
Abstract Recognition of the benefits to trauma-informed approaches is expanding, along with commensurate interest in extending delivery within school systems. Although information about trauma-informed approaches has quickly burgeoned, systematic attention to integration within multitiered service delivery frameworks has not occurred yet is essential to accurate, durable, and scalable implementation. In addition, there is a critical need to concurrently build a strong evidence base regarding trauma-informed service delivery in schools. In this paper, the literatures on trauma-informed approaches and multitiered frameworks for school-based service delivery are connected with the goal to provide suggestions toward building blueprints for trauma-informed service delivery in schools. Drawing from the literature on implementation blueprints for school-wide positive behavior supports, sections are organized around current knowledge about trauma-informed approaches with regard to blueprints for (a) implementation, (b) professional development, and (c) evaluation. Critical issues, strategy recommendations, and directions for research are discussed.

Keywords Trauma-informed · Response to intervention · Chronic stress · Multitiered frameworks

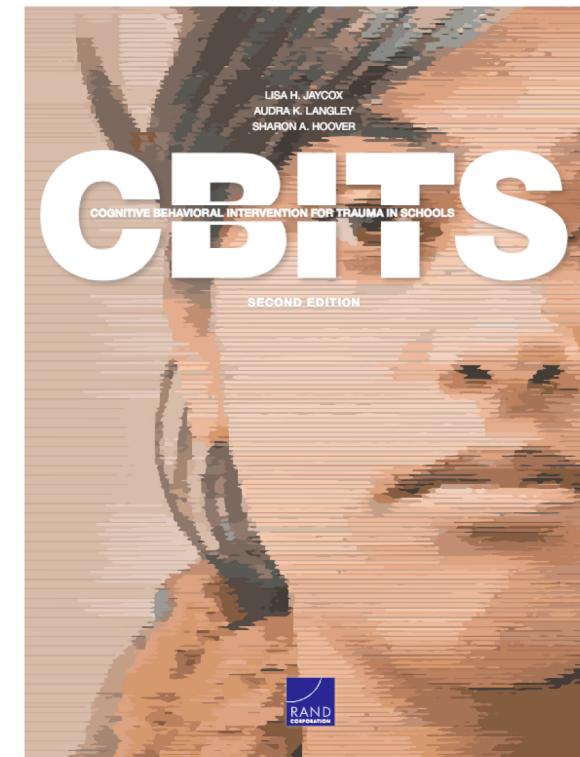
Recognition of the benefits to trauma-informed approaches is expanding (see Overstreet & Chafouleas, 2016), along with commensurate interest in extending delivery within school systems. Schools represent an opportune system for prevention and early intervention across domains related to child success. Historically, school-based outcomes have focused heavily on academic domains, yet there has been increasing acceptance and attention to the connection among social, emotional, behavioral, and mental health outcomes as facilitators or impediments to overall success in school (National Research Council and Institute of Medicine, 2009). Acknowledgment of this connection coupled with the push for service delivery frameworks using multitiered prevention logic has created a unique space to integrate trauma-informed approaches into school-based service delivery. Multitiered frameworks of service delivery are built on foundations involving early identification of risk, varied levels of intervention support designed to teach skills and prevent more serious problems,

- **Advantage of cognitive behavioral interventions**
 - time-limited
 - focus on teaching skills,
 - behaviorally oriented
 - adaptable to groups
- **Multitiered Prevention Framework**
 - A. the use of evidence-based practice when providing support to students
 - B. tiered organization of supports with increasing intensity
 - C. use of a data-based problem-solving framework for support decisions
 - D. decision rules for evaluating student response to support and subsequent modifications
 - E. measuring and maintaining treatment fidelity
 - F. identifying students who need support early

Chafouleas, S. M., Johnson, A. H., Overstreet, S., & Santos, N. M. (2016). Toward a blueprint for trauma-informed service delivery in schools. School Mental Health, 8(1), 144-162.



CBITS developed to help children in schools cope with trauma



Goals of CBITS

Symptom Reduction

- PTSD symptoms
 - General anxiety
 - Depressive symptoms
 - Low self-esteem
 - Behavioral problems
 - Aggressive and impulsive
-
- Build Resilience
 - Peer and Parent Support



Schools Provide Greater Access to Mental Health Services (Jaycox et al, 2009)



60
Clinic-based

14
Started care

9
Finished care

118
Randomized

**What you do is
extremely important!**



58
School-based

57
Started care

53
Finished care



- **Statewide Learning Collaborative**
 - 2-day training
 - Bi-weekly consultation
 - Audio fidelity monitoring/feedback
 - Data tracker
- **350 students**
 - 70 groups
 - 23 clinicians
- **90.3% completion rate**

SPECIAL ISSUE ARTICLE

Statewide Implementation of an Evidence-Based Trauma Intervention in Schools

Sharon A. Hoover
University of Maryland School of Medicine

Heather Sapere and Jason M. Lang
Child Health and Development Institute, Inc.

Erum Nadeem
Yeshiva University

Kristin L. Dean
RAND Corporation, Santa Monica, California

Pamela Vona
University of Southern California

The goal of the current article is to describe the implementation and outcomes of an innovative statewide dissemination approach of the evidence-based trauma intervention *Cognitive Behavioral Intervention for Trauma in Schools (CBITS)*. In the context of a 2-year statewide learning collaborative effort, 73 CBITS groups led by 20 clinicians from 5 different school-based mental health provider organizations served a total of 350 racially and ethnically diverse (66.9% Hispanic, 26.2% Black/African American, 43.7% White, and 30.1% Other), majority female (61%) children, averaging 12.2 years ($SD = 2.4$, range 8–19). Of the 350 children who began CBITS, 316 (90.3%) successfully completed treatment. Children demonstrated significant reductions in child posttraumatic stress disorder (PTSD) symptoms (42% reduction, $d = .879$) and problem severity (25% reduction, $d = .396$), and increases in child functioning, $t(287) = -3.75$, $p < .001$ (5% increase, $d = .223$). Findings point to the need, feasibility, and positive impact of implementing and scaling up school-based interventions for students suffering from posttraumatic stress.

Impact and Implications

In addition to demonstrating the positive impact of a school-based trauma intervention on students' psychosocial and academic functioning, the current study tested the implementation of an adapted learning collaborative model to support statewide implementation of trauma interventions in schools. This successful scaling up of a school-based trauma intervention offers a framework for other states on leveraging implementation drivers that promote adoption of evidence-based practices in schools. Implementation strategies included organizational and state leadership engagement, expert clinical consultation, measurement feedback data systems, and cross-site sharing and accountability.

Keywords: school-based trauma intervention, statewide school trauma implementation, Cognitive Behavioral Intervention for Trauma in Schools (CBITS), Connecticut trauma learning collaborative

Schools are increasingly recognized as critical venues to support students exposed to psychological trauma, including physical or sexual abuse, community or domestic violence, natural disasters,

accidents, and other potentially traumatic events (Chafouleas, Johnson, Overstreet, & Santos, 2016; Overstreet & Chafouleas, 2016). Schools may offer the safe and supportive environments necessary to buffer against the negative impacts of trauma, and can return students to the routines and rituals important to resuming everyday functioning after trauma exposure (Brymer et al., 2012; Dorado, Martinez, McArthur, & Leibovitz, 2016; Powell & Bui, 2016). In addition, school staff are well-positioned to identify and offer intervention support to students experiencing challenges after trauma exposure (Rolfes & Idsoe, 2011). Finally, students exposed to trauma are more likely than their nonexposed peers to suffer a variety of negative academic outcomes, including higher absenteeism and lower academic performance and graduation rates (Garbarino & Kostelny, 1992; Hurt, Malmud, Brodsky, & Gian-

Sharon A. Hoover, Department of Psychiatry, University of Maryland School of Medicine; Heather Sapere and Jason M. Lang, Child Health and Development Institute, Inc.; Erum Nadeem, Ferkauf Graduate School of Psychology, Yeshiva University; Kristin L. Dean, RAND Corporation, Santa Monica, California; Pamela Vona, Suzanne Dworak-Peck School of Social Work, University of Southern California.


Correspondence concerning this article should be addressed to Sharon A. Hoover, Department of Psychiatry, University of Maryland School of Medicine, 737 W Lombard Street, Room 400, Baltimore, MD 21201. E-mail: shoover@som.umaryland.edu

Addressing Trauma in the Classroom

Posted on December 7, 2010

Pia Escudero ([bio](#)) offers suggestions for helping teachers address mental health issues in the classroom.




Support for Students Exposed to Trauma

Provider Center
 Overview ▶
Training
 Ask an Expert
 Discussion Board
 Collaborative Workspace

Resource Center

Welcome to the Support for Students Exposed to Trauma Program!

You now have access to the free online training and resources.

The Support for Students Exposed to Trauma (SSET) team is here to help you at every stage of implementation, from preparation and training to ongoing support as you lead groups. That's why in addition to the online training, we've created several areas where you can interact with the developers of the SSET Program as well as other educators like you.

- [Ask an Expert](#) Submit questions directly to the developers of the SSET Program
- [Discussion Board](#) Connect with other educators running SSET groups
- [Collaborative Workspace](#) Share files with other group leaders


Be sure to visit our [Resource Center](#), a comprehensive library of implementation tools that allows you to:


- watch video Quick Tips with lesson-by-lesson instructions and advice for leading groups,
- access screening tools and suggested measures,
- download the program manual,
- read pre-training background information on trauma,
- check out helpful links, and more!

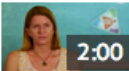
Whether you've led student support groups in the past or are planning to run a group for the first time, rest assured that we're here for you every step of the way!

[Manual](#)
[Training](#)


Implementation Advice

EXPERT ADVICE




2:19
[Adaptations for Educators](#)



2:00
[Components of the SSET Program](#)

[View more](#)

HAVE A QUESTION


[Ask an Expert](#)

PROVIDER TIPS


+0


In my group, I have a couple students who tend to dominate the conversation, so we started using a talking piece. Whoever is ho...

[More](#)

01/13/14

[Leave a tip for other providers](#)

Support for Students Exposed to Trauma (SSET) Program

www.ssetprogram.org

An Intervention for Elementary School Children Exposed to Traumatic Events: The Bounce Back Program

www.bouncebackprogram.org

- 10 Group Sessions— CBT Skills
- Parent Educational Session(s)
- 2-3 Individual Trauma Narrative Sessions (parent invited to 3rd)
- Weekly letters to parents
- Weekly emails to teachers

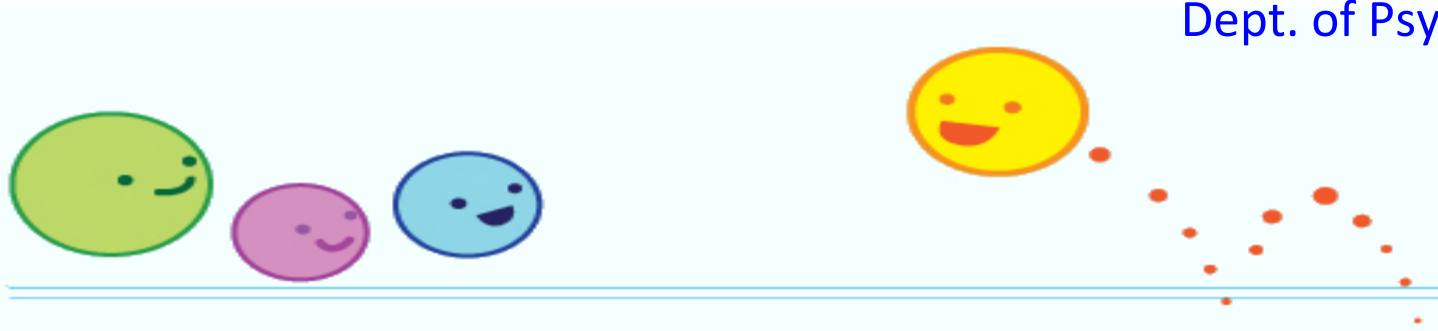
Audra Langley, Ph.D.

University of California Los Angeles

Dept. of Psychiatry and Biobehavioral Sciences

Lisa Jaycox, Ph.D.

RAND Corporation





Treatment and Services Adaptation Center

for Resiliency, Hope, and Wellness in Schools

The National Child Traumatic Stress Center has developed a series of free, online training to support trauma-informed schools and school-based behavioral health providers serving trauma exposed youth, <https://traumaawareschools.org/traumaInSchools>

- Psychological First Aid (PFA) for Schools – Listen, Protect, Connect, Model and Teach, <https://traumaawareschools.org/pfa>
- Bounce Back, <http://bouncebackprogram.com>
- Cognitive Behavioral Intervention for Trauma in Schools (CBITS), <http://cbitsprogram.org>
- Support for Students Exposed to Trauma (SSET), <https://ssetprogram.org>



Supporting Transition Resilience of Newcomer Groups





- School-based group intervention for newcomer students
- Pilot (Spring 2018) in eight schools in the Peel and Toronto Catholic District School Boards





STRONG Components

Session 1: My Inside Strengths and Outside Supports

Session 2: Understanding the Stress Response

Session 3: Normalizing Common Reactions to Stress and
Identifying Feelings

Session 4: Measuring and Managing Feelings

Session 5: Using Helpful Thoughts

Session 6: Steps to Success

Session 7: Problem-Solving

Session 8: Journey Narrative – Part I

Session 9: Journey Narrative – Part 2

Session 10: Graduation

Individual Session (Journey Narrative Preparation)

Individual Meeting with Parents/Caregivers

Parent Session

Teacher Session



STRONG Evaluation

Training feedback

- Knowledge and self-efficacy significantly increased
- 94% felt prepared to implement STRONG

Acceptability

- Clear need for a resilience-focused program for newcomer students
- STRONG program was an excellent fit

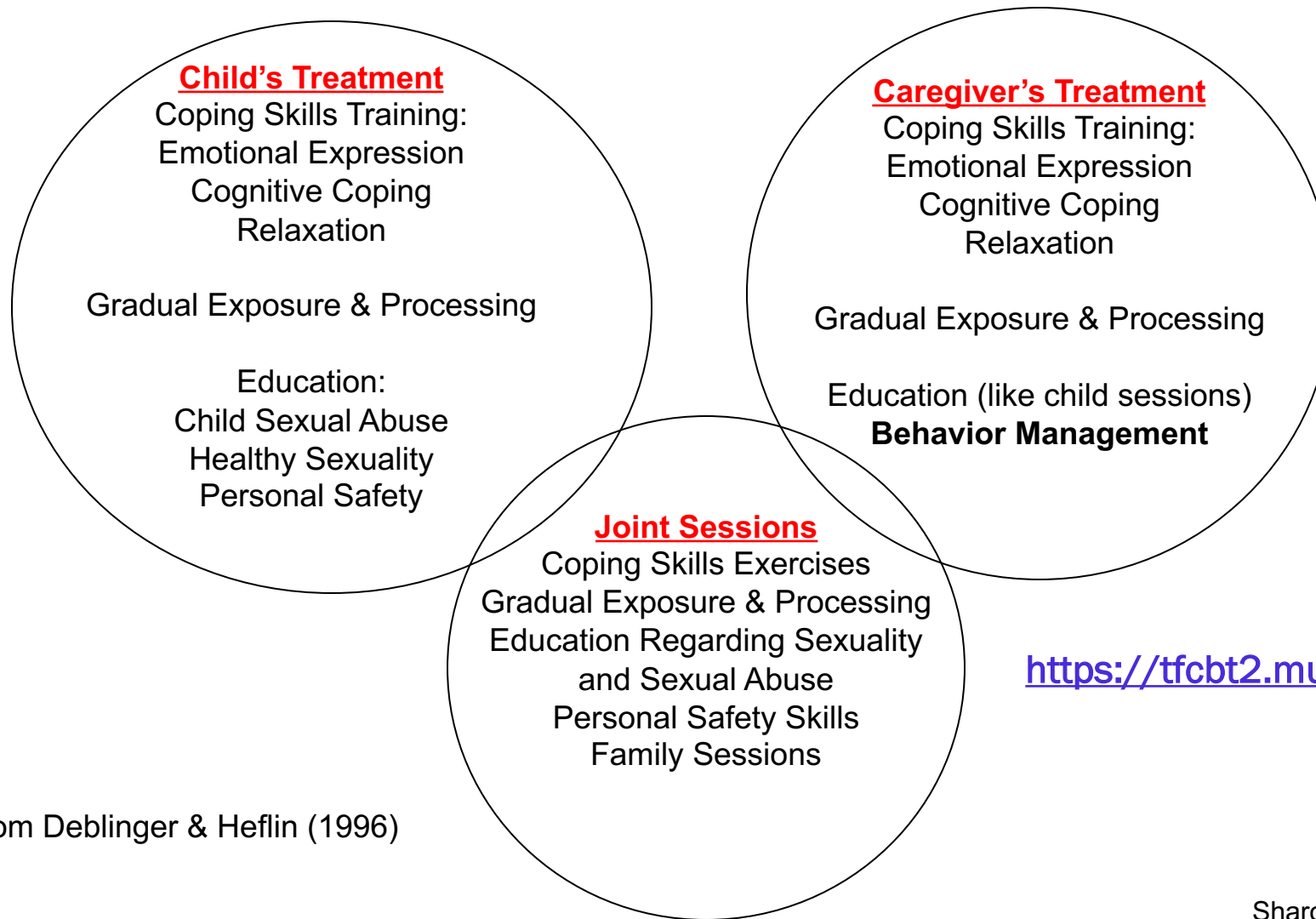
Impact

- Improvements in connections to students/staff, self-concept, skill acquisition
- Personal and professional benefits to implementing clinicians

Next steps: Larger pilot with adjustments to manual

Full reports available on Centre for School Mental Health (CSMH) – Western University website: <https://www.csmh.uwo.ca/research/strong.html>

Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)



<https://tfcbt2.musc.edu/>


From Deblinger & Heflin (1996)

National Child Traumatic Stress Network (www.nctsn.org)



Established by Congress in 2000 with a mission to:

Raise the standard of care and improve access to services for traumatized children, their families and communities throughout the United States.

**NCTSN**
LEARNING CENTER

The National Child Traumatic Stress Network

Psychological First Aid

Continuing Education

Military Families

Service Systems

Special Populations

Clinical Training


Help

➔

🔍

CONTACT US
For support issues, contact the NCTSN Help Desk at help@nctsn.org.
For questions, visit our [FAQ page](#).

[Home](#) / [Courses](#) / [Clinical Training](#) / [The 12 Core Concepts...](#) / [Enrollment options](#)



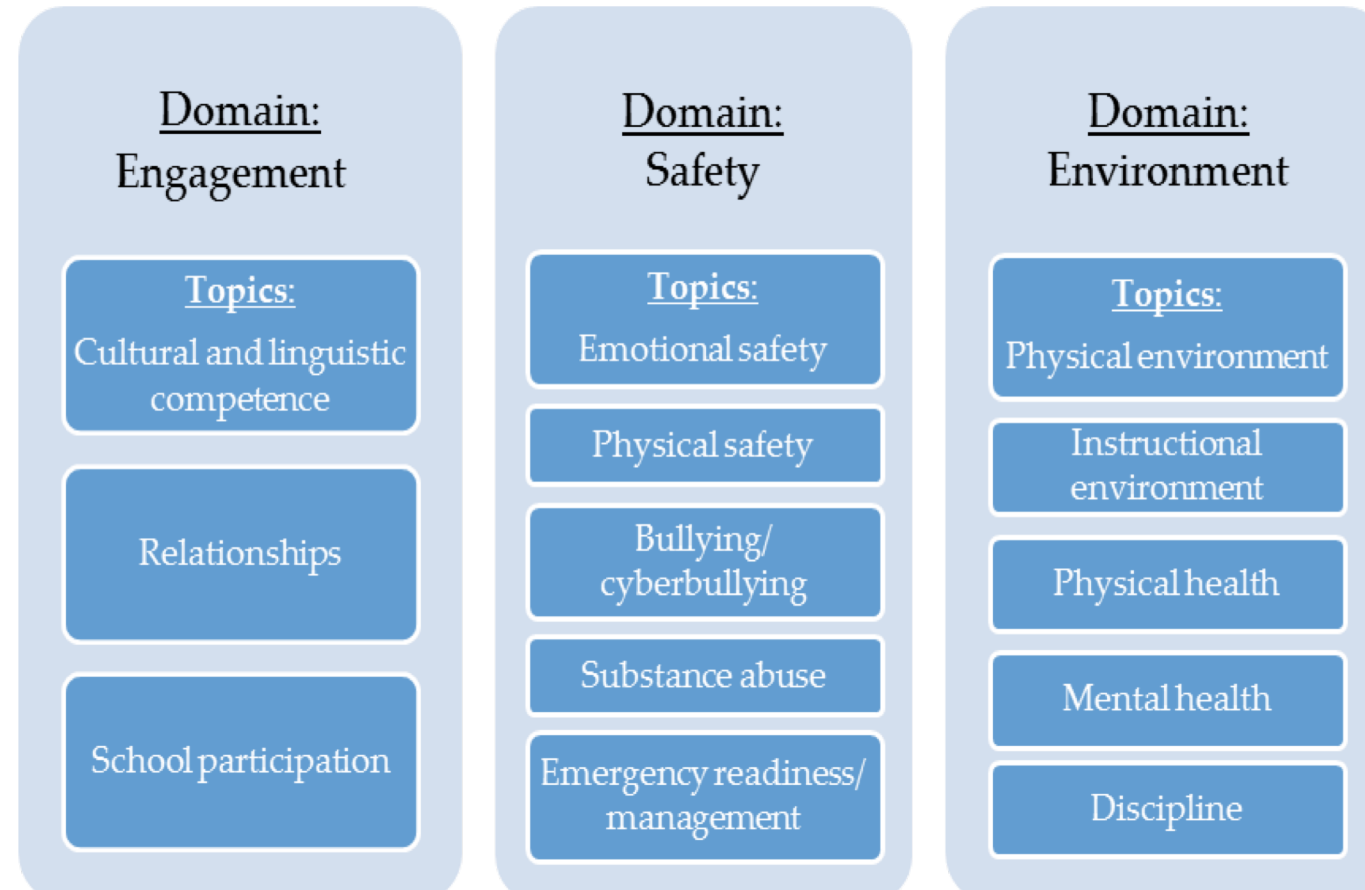
The 12 Core Concepts for Understanding Traumatic Stress Responses in Children and Families

The Core Curriculum on Childhood Trauma (CCCT) is a tool developed by the National Child Traumatic Stress Network to promote a trauma-informed mental health workforce. *The 12 Core Concepts for Understanding Traumatic Stress Responses in Children and Families* form the theoretical foundation and act as guiding principles for the CCCT. The main objective for these concepts is to provide practitioners with a shared vocabulary for conceptualizing and talking about traumatic events. This course contains interactive online lessons that lead you through each of the 12 Core Concepts.

Enrollment options



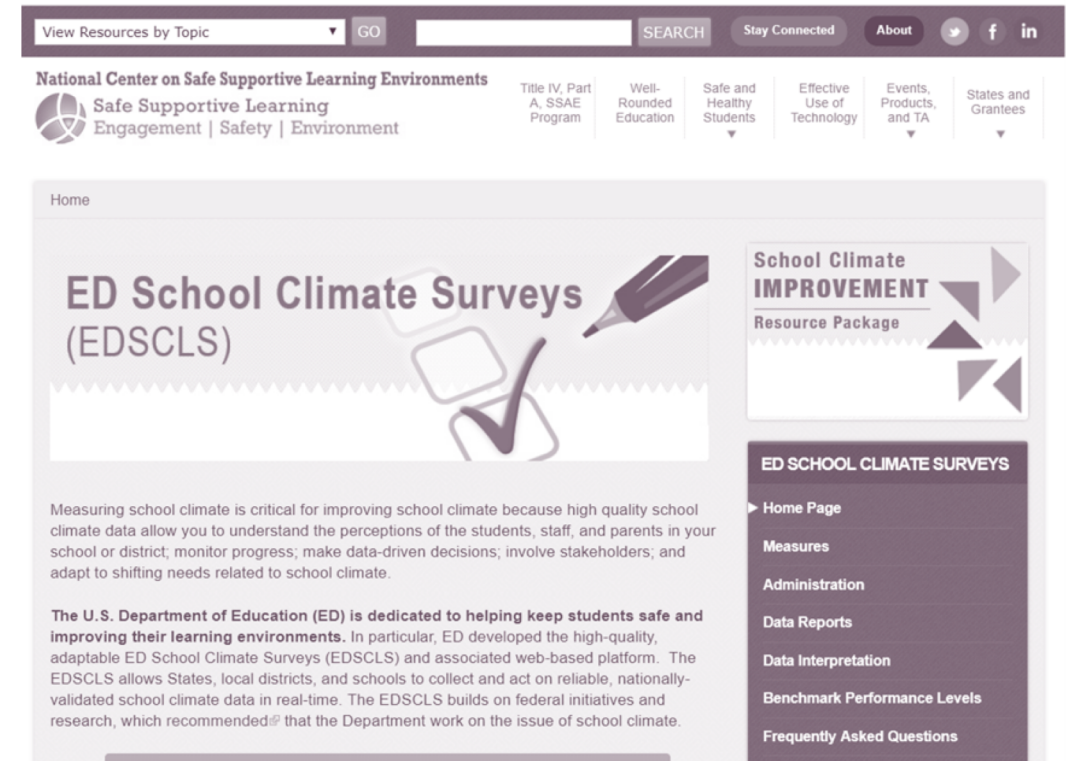
4. Assessing trauma responsiveness in schools





School Climate Assessment Tool

- School Climate Measurement Tool and Web-based Platform
 - U.S. Department of Education School Climate Surveys (EDSCLS)
 - Web-based administration
 - Student, parent, and instructional and non-instructional staff versions
 - Free, custom reports
 - Data stored locally



<https://safesupportivelearning.ed.gov/edscls/>



TIS Environmental Scan

- Organized around SAMHSA's 6 key principles of trauma-informed care.
- Observations take place across multiple settings and by multiple people.

KEY PRINCIPLES AND INDICATORS
SAFETY
Classrooms are arranged to minimize crowding and distraction.
Classrooms are actively supervised during instruction.
Activities are structured in predictable ways (e.g., explicit classroom routines, specific directions, etc.).
Changes, including new people and activities, are foreshadowed so students can predict what will happen next.

KEY PRINCIPLES AND INDICATORS
EMPOWERMENT, VOICE, AND CHOICE
Opportunities exist for students to learn and practice regulation of emotions and modulation of behaviors.
Information is presented and learning is assessed using multiple modes.
Opportunities exist for students to develop skills and build positive self-identity.
Opportunities exist for students to make choices during the school day.



TIS Discipline Policy Checklist

TIC Value	Discipline Practice	Is this practice in place? (Circle One)	Frequency Rating If YES, to what extent? Please circle a number to indicate. 1: I have seen this practice used in my school and/or I have used this practice in my classroom, but very rarely or inconsistently. 3: This practice is used in my school and/or I use this practice in my classroom about half of the time. 5: This is a practice embedded in my school's policies and is used very consistently in the school and/or in my classroom.
Safety	Disciplinary infractions are handled in a timely manner that is consistent with the standards outlined by the school.	Yes No	Extent: 1 2 3 4 5 Notes:
	Discipline is hands off, including no restraint.	Yes No	Extent: 1 2 3 4 5 Notes:
	Positive behavior is reinforced in a manner consistent with the standards outlined by the school.	Yes No	Extent: 1 2 3 4 5 Notes:
	Restorative solutions (e.g., restorative circles) are employed to foster a positive and communicative school environment.	Yes No	Extent: 1 2 3 4 5 Notes:
	Ally (teens) OR Check and Connect mentor (elementary) is used so all students have an adult at school with whom they feel safe.	Yes No	Extent: 1 2 3 4 5 Notes:



Attitudes Related to Trauma-Informed Care (ARTIC) Domain Names, Descriptions, and Example Items (Baker et al., 2015)

Subscale Name	Description	Example Items	
		TIC-Unfavorable Attitude	TIC-Favorable Attitude
Underlying Causes of Problem Behavior and Symptoms	Emphasizes internal and fixed vs. external and malleable	Students' learning and behavior problems are rooted in their behavioral or mental health condition	Students' learning and behavior problems are rooted in their history of difficult life events
Responses to Problem Behavior and Symptoms	Emphasizes rules, consequences, and eliminating problem behaviors vs. flexibility, feeling safe, and building healthy relationships	It's best to be very strict at first so students learn they can't take advantage of me	It's best to treat students with respect and kindness from the start so they know I care
On-The-Job Behavior	Endorses control-focused behaviors vs. empathy-focused behaviors	It reflects badly on me if my students are very upset	Being very upset is normal for many of the students I serve
Self-Efficacy at Work	Endorses feeling unable to meet the demands of working with a traumatized population vs. feeling able to meet the demands	I don't have what it takes to help my students	I have what it takes to help my students
Reactions to the Work	Endorses underappreciating the effects of vicarious traumatization and coping by ignoring vs. appreciating the effects of vicarious traumatization and coping through seeking support	Sometimes I think I'm too sensitive to do this kind of work	The fact that I'm impacted by my work means that I care
Personal Support of TIC ^a	Reports concerns about implementing TIC vs being supportive of implementing TIC	I am concerned that I cannot/will not be able to carry out all my responsibilities with respect to the trauma-informed care approach	I am optimistic that I can/will be able to carry out all my responsibilities with respect to the trauma-informed care approach
System-Wide Support for TIC ^a	Reports feeling supported by colleagues, supervisors, and the administration to implement TIC vs. not feeling supported	I am concerned that I do not/will not have enough support to implement the trauma-informed care approach	I think I do/will have enough support to implement the trauma-informed care approach



ARTIC

Attitudes Related to Trauma-Informed Care Scale
VERSION: ARTIC-45 EDUCATION



TRAUMATIC STRESS
INSTITUTE

People who work in education, health care, human services, and related fields have a wide variety of beliefs about their students, their jobs, and themselves. The term “student” is interchangeable with “client,” “person,” “resident,” “patient,” or other terms to describe the person being served in a particular setting.

Trauma-informed care is an approach to engaging people with trauma histories in education, human services, and related fields that recognizes and acknowledges the impact of trauma on their lives.

INSTRUCTIONS

For each item, select the circle along the dimension between the two options that best represents your personal belief during the past two months at your job.

Sample

1 2 3 4 5 6 7

Ice cream is delicious ○ ● ○ ○ ○ ○ ○ Ice cream is disgusting.

Note: In this SAMPLE ITEM, the respondent is reporting that he/she believes that ice cream is much more delicious than disgusting.

I believe that...

1 2 3 4 5 6 7

- | | | | |
|---|--|---------------|--|
| 1 | Students' learning and behavior problems are rooted in their behavioral or mental health condition. | ○ ○ ○ ○ ○ ○ ○ | Students' learning and behavior problems are rooted in their history of difficult life events. |
| 2 | Focusing on developing healthy, healing relationships is the best approach when working with people with trauma histories. | ○ ○ ○ ○ ○ ○ ○ | Rules and consequences are the best approach when working with people with trauma histories. |
| 3 | Being very upset is normal for many of the students I serve. | ○ ○ ○ ○ ○ ○ ○ | It reflects badly on me if my students are very upset. |
| 4 | I don't have what it takes to help my students. | ○ ○ ○ ○ ○ ○ ○ | I have what it takes to help my students. |



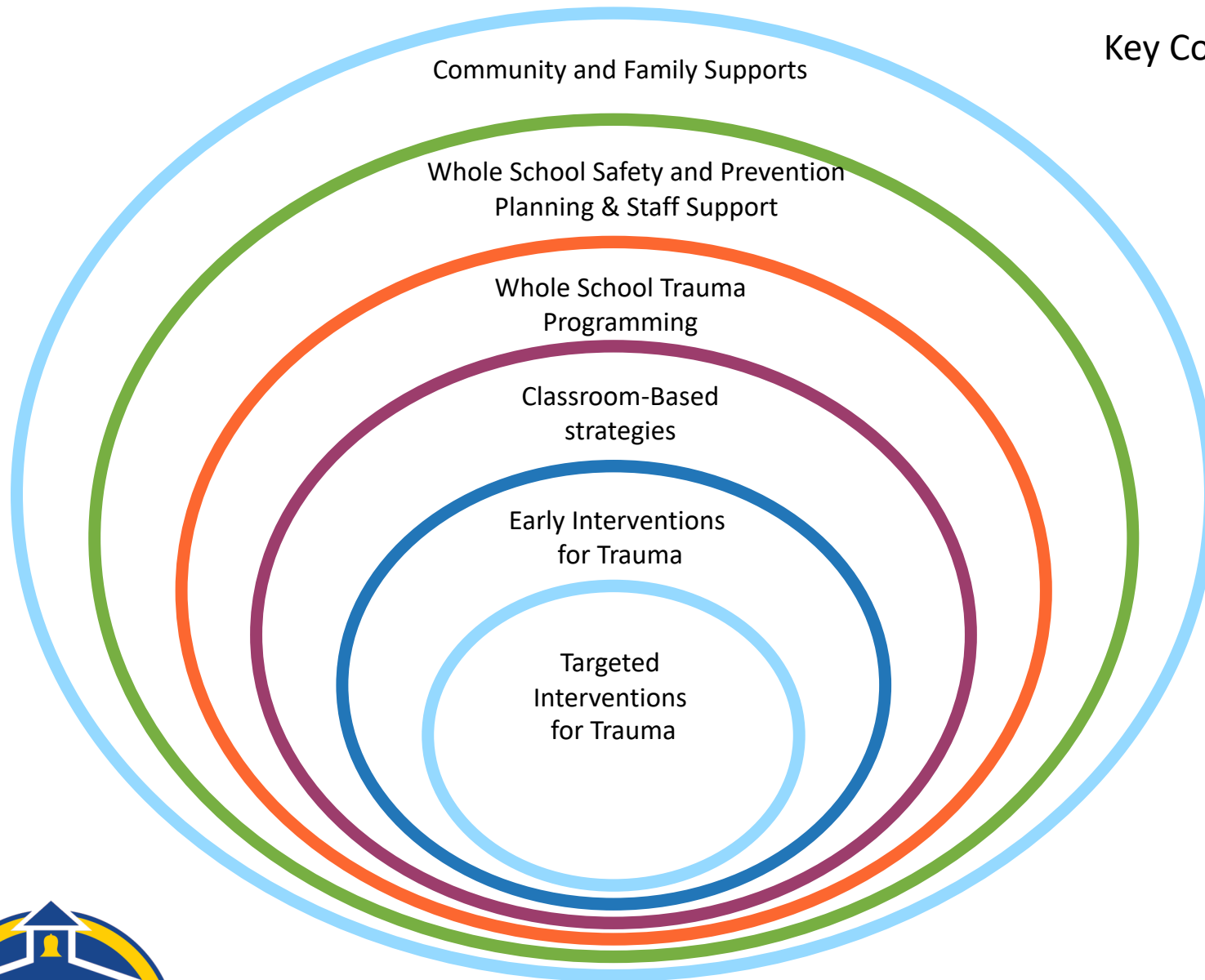
Trauma Responsive School Implementation Assessment

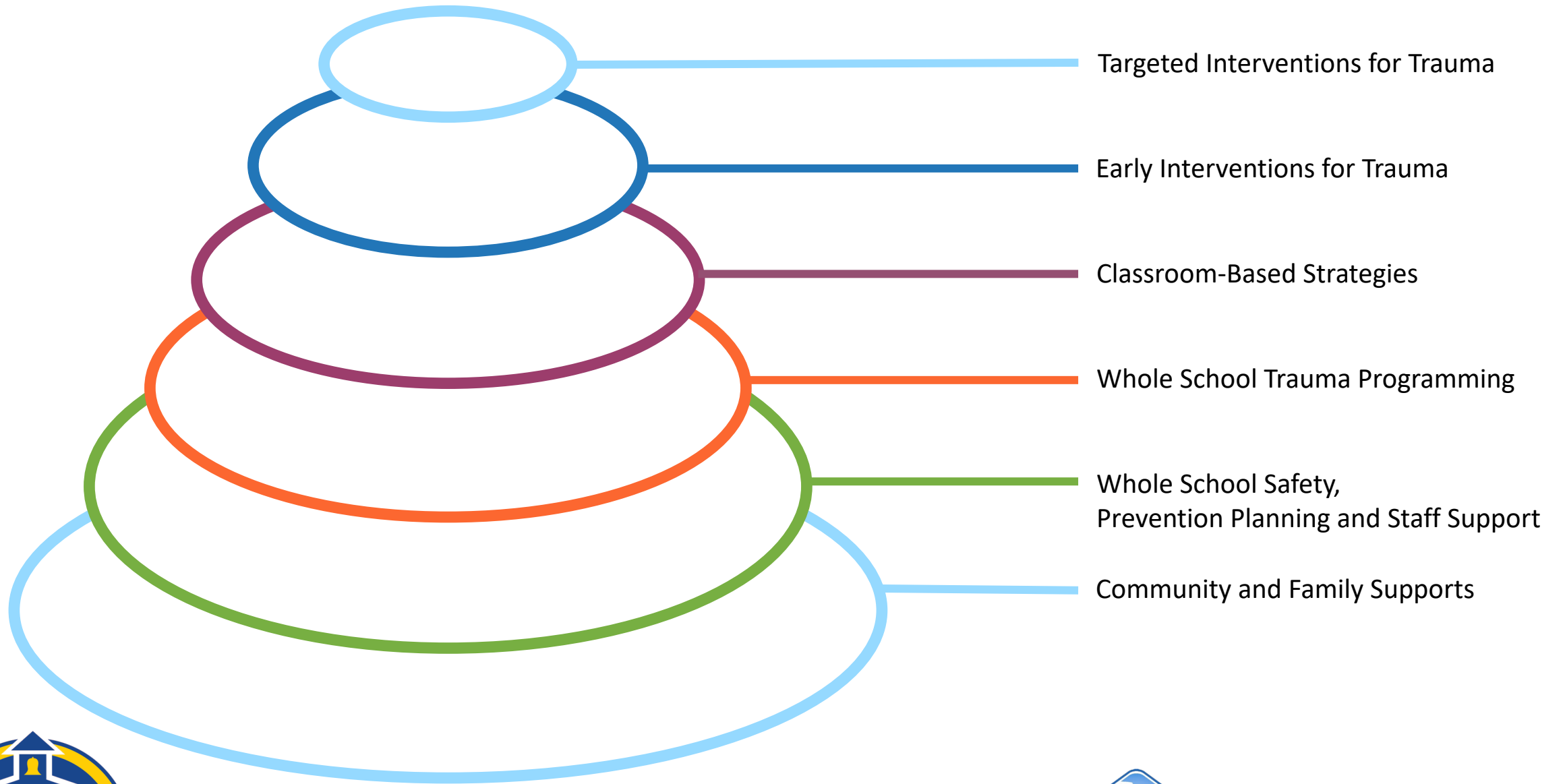


Trauma Responsive School- Implementation Assessment

- Calls for schools to become trauma-informed
- Administrators/decision makers have little if any guidance for putting this into action
- User-friendly online instrument for school administrators and other decision-makers to enhance trauma programming

Key Components of a Trauma-Responsive School





Community and Family Supports



- Staff trained to be sensitive to racial and ethnic sensitivities (i.e. language, immigration status)
- School maintains partnerships with community organizations serving racial and ethnically diverse groups (i.e. churches, health centers) to further support the families in need
- School routinely provides opportunities to engage families and the broader community about trauma and its impact.

Whole School Safety and Prevention Planning



- School climate assessment
- Trauma-informed emergency drills
- Clearly defined school wide behavioral expectations (e.g. PBIS)
- Adequate supervision
- Threat assessment strategy
- Bullying prevention

Whole School Staff Support



- Building staff awareness of compassion fatigue and STS
- Staff peer support for working with trauma exposed students
- Availability of on-campus resources for staff working with trauma exposed students

Whole School Trauma Programming



- Staff trained to provide emotional support to students following traumatic event (i.e. PFA for Schools, MH First Aid)
- Discipline policies that are sensitive to trauma exposed students
- School security and police trained to respond using tactics to de-escalate situations and avoid re-traumatization
- Restorative practices

Classroom-based Strategies



- Use of socio-emotional learning programs (e.g. Second Step)
- Safe and calm classroom settings
- Integration of trauma history into the IEP process

Early Intervention for Trauma



- Inclusion of trauma items in mental health assessments
- Consistent implementation of trauma-informed evidence-based practices
 - Cognitive Behavioral Intervention for Trauma in Schools (CBITS)
 - Support for Students Exposed to Trauma (SSET)
 - Bounce Back

Targeted Interventions for Trauma



- Multidisciplinary team meetings include trauma exposure in conversations about student performance
- Partnerships with community-based trauma-informed community mental health providers



School Admin

DEMO SCHOOL NAME

School Mental Health System

Mental Health Profile Updated:
March 24, 2017

Certificate

Report

Update

System Performance

Trauma Responsiveness

Screening and Assessment

Team Members

This is the intro paragraph.

Domain Name	Last Updated	Assessment	View Report
Whole School Safety Planning	September 21, 2017	Take Survey	View Report
Whole School Prevention Planning	September 21, 2017	Take Survey	View Report
Whole School Trauma Programming	September 21, 2017	Take Survey	View Report
Classroom Strategies	September 21, 2017	Take Survey	View Report
Prevention/Early Intervention Trauma Programming	September 21, 2017	Take Survey	View Report
Targeted Trauma-Informed Programming	September 21, 2017	Take Survey	View Report

Whole School Safety Planning

Page 1 of 1

Whole school safety planning is a comprehensive approach to creating a school campus where students feel safe and secure. Please answer the following questions about your school's safety policies and programs.

	1-Minimally comprehensive, only addresses immediate dangers	2	3	4-Very comprehensive
How comprehensive is your school's assessment of campus physical safety (e.g., conducted at an appropriate frequency, uses a structured checklist)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To what extent are students routinely supervised in a developmentally appropriate way across campus (including lunch rooms, hallways, playgrounds) recognizing that strategies vary by elementary, middle, and high school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To what extent does your school have a clearly defined strategy to determine when a student may present harm to another student or staff?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To what extent have school staff been trained in bullying prevention strategies?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Personalized report



OVERALL COMPOSITE SCORE: 1.25

Last Updated: October 13, 2017

Updated By: Amanda Meyer



Based on your responses, this is an *emerging domain* for your school. Initial actions schools often take to begin improving their whole school safety planning include:

- Conduct a crisis workshop training for school leadership.
- Identify "hot spots" on your campus that may require supervision.
- Conduct a needs assessment to develop an understanding of bullying in your school using surveys and/or focus groups.

For more in-depth guidance on these actions and next steps, please refer to the *Whole School Safety Planning Guide*.

About Whole School Safety Planning

Whole School Safety Planning includes procedures and activities for monitoring and maintaining physical safety on a school campus. Your school's Whole School Safety Planning score comprises your ratings on four indicators: (1) your assessment of the safety and predictability of your school campus; (2) implementing a standardized approach for adequate staff supervision of students across public spaces; (3) establishing and following a clearly defined process to determine when a student represents a harm to other students or staff; and (4) staff training in bullying prevention.



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Strategic Planning Guides



TRAUMA RESPONSIVENESS | Strategic Planning Guide

Please state a specific goal within this domain. (For example, if you selected the Family and Community Engagement domain, one goal might be to create school partnerships with diverse community organizations.)

GOAL: _____

How will you know if you've achieved success within this goal? (For example, if you selected the Family and Community Engagement domain and your goal is to create school partnerships with diverse community organizations, one way of measuring success might be that by the next academic school year, the school mental health team will develop a Memorandum of Understanding (MOU) with one community organization.)

INDICATOR OF SUCCESS: _____

What opportunities exist related to this goal?

- What have been our past successes?
- What current work is taking place related to this goal?
- What are our available resources (leadership, infrastructure, staffing, partnerships)?

What barriers exist related to this goal?

- What would prevent us from moving forward with this goal?
- What would we need to overcome this/these barrier(s)?



TRAUMA RESPONSIVENESS | Strategic Planning Guide

Who will be involved: List the individuals who will help move this goal forward and their role. Consider multidisciplinary stakeholders from the district, school, community, and family levels.

Individual	Role
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	

Identify 3-5 action steps that can be taken toward achieving this goal.

- 1.
- 2.
- 3.
- 4.
- 5.



Sample Implementation Guide

Background:

The *Whole School Safety Planning* domain includes indicators that represent a comprehensive approach to creating a school campus where students feel safe and secure. Your school's Whole School Safety score is a composite of four indicators:

- (1) **Predictable/Safe campus** – Utilize a comprehensive assessment of predictability and safety of your school campus
- (2) **Adequate supervision** - Implement a standardized approach for staff supervision of students across public campus spaces
- (3) **Threat assessment strategy** - Establish and following a clearly defined process to determine when a student represents a harm to other students or staff
- (4) **Bullying prevention** - Train staff in bullying prevention

School safety planning includes developing, implementing, and refining school protocols and procedures to increase school safety for everyone on campus. The indicators in this domain represent different types of planning your school or district can engage in to create a school campus where students feel safe and secure. These planning activities also include assessing current perceptions of campus safety and implementing processes to address safety concerns. Planning should be conducted through collaborative meetings with a range of stakeholders to ensure that school protocols adequately address the unique needs of each student, teacher, and staff member.

School safety planning equips schools to create a safe and supportive learning environment for teachers, staff, and students and is essential for students' academic and social success.

Importance of Safety Planning

School safety planning equips schools with the necessary tools to create a safe and supportive learning environment for teachers, staff, and students, and is essential for students' academic and social success. Specifically, creating and modifying safety protocols can prevent harm to students, staff, and property in school settings by providing staff with the necessary tools to adequately supervise students, assess student threats, and prevent bullying. Although school traumas are not always preventable, providing a safe school environment can help minimize harm and increase security across campus.

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Action Steps:

1. Create a predictable and safe campus.

- Conduct a crisis workshop to train leadership (e.g. NASP PREPaRE)
- Obtain feedback from staff and students on their perceptions of school safety and conduct a physical scan of school (i.e. security, condition of the building, and environmental hazards) and psychological safety of campus (i.e. welcoming environment, feeling secure).
- Identify the top 3 safety concerns based on the physical scan and feedback from students and staff.
- Designate a core safety team to address safety concerns, conduct trainings for all school leadership and staff, and provide ongoing skill development with teachers to create a physically and psychologically safe campus.
- Create SMART (specific, measurable, achievable, results-focused, and time-bound) goals that are actionable to address most pressing safety concerns.
- Establish crisis procedures for a variety of individual, school, or community crises.
- Ongoing skills development with teachers and incorporation of safety indicators into standard coaching practice.

2. Conduct needs assessment and provide training to staff on adequate supervision.

- Determine staff capacity and needs for providing appropriate supervision in public spaces based on the assessment.
- Identify "hot spots" (e.g. hallway, cafeteria, bus line, etc.) where student safety may be more likely compromised and create routines/rituals for students when in hot spots.
- Provide adequate training to teachers, supervisors, security and/or disciplinarians, and support staff on monitoring students across settings on the school campus, and de-escalation techniques to decrease potential danger to students and staff, and damage to property.
- Determine protocols to address any issues that arise.

3. Develop a threat assessment strategy.

- Conduct crisis training workshop for school leadership (ex. NASP PREPaRE Workshop 1)

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Staff Self Care


Engagement




Trauma Responsive Schools Guide: Whole School Safety Planning




School Safety Video Resources (video explanation of procedures)




Straight 'A' Safety Improvement Toolkit




Comprehensive School Safety Planning: Checklist for Developing School Emergency Operations Plans




Comprehensive School Safety Planning: Checklist for Developing School Emergency Operations Plans (modifiable doc)




School Safety and Security Toolkit




School Supervision Problem Areas: What a School Can Do to Help Ensure Adequate Supervision




School Safety Video Resources (video explanation of procedures)




Threat Assessment Checklist for K-12



Threat Assessment for School Administrators and Crisis Teams



Threat Assessment: Predicting and Preventing School Violence



Virginia Model for Student Threat Assessment

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