

ISSUE BRIEF



JULY 2015

ADDRESSING CHILDREN'S TRAUMA: A TOOLKIT FOR OHIO SCHOOLS

The place was cramped, with hardly any room for 10-year-old Jackson to move around, let alone space for his mother, brother or the other roommates who shared the small apartment.¹ Unfortunately, it was the best Jackson's family could afford. His mother, the sole caregiver and breadwinner of the family, worked long hours, struggled to put food on the table, and often felt she was barely keeping it together.

The stress of their poverty and the violence Jackson and his brother witnessed daily in their neighborhood often overwhelmed them. Jackson acted out in school, expressed little to no interest in learning, and got bad grades. During class, he routinely checked out, staring off into space. At other times, he was disruptive; unable to sit still and be quiet, he started talking and walking around. His teachers assumed his "bad" behavior was deliberate and something he could control. Even if they had known about his home life, his teachers might have dismissed it, missing the connection between the trauma of an overburdened parent and Jackson's behavior and test grades.

In fifth grade, Jackson was sent to the principal's office for ignoring his teacher's instructions, where the principal suspended him from school. Jackson's case is not exceptional; 95 percent of suspensions nationally are attributed to "disruptive behavior" or "other" while only five percent are due to violent or drug-related behavior.² In Ohio, more than half of all out of school suspensions are for "disobedient or disruptive behavior."³



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These punishments are doled out carelessly, disregarding the risk to the child: one single suspension doubles the likelihood of repeating a grade and triples the chances of becoming involved with the juvenile justice system.⁴

In sixth grade, a school with better trauma-related practices reached out to Jackson. They convinced him to meet with a mental health counselor and to study with a tutor every day. They worked with his mother to attend the school's group sessions for parents. Jackson's new teacher kept a close eye on him and made sure that her positive reinforcement far outweighed any stern talk.

Some days Jackson still feels unfocused. Unlike his previous school, his new one allows him to take breaks and move around when he feels restless, distressed, or overwhelmed. This way, instead of getting sent to the principal’s office, Jackson can regroup and get back to learning. By the end of the first full year at the new school, Jackson made tremendous progress: he started taking ownership of his work and finally reached grade level in math. Jackson is on track to graduate, along with 97 percent of his classmates, compared to the 68 percent district-wide graduation rate.

Jackson is one of the lucky ones. In a more common narrative, he would have gone back to the same school only to be suspended again and again, funneled into the school-to-prison pipeline.⁵ His academic progress would have continued to decline, his juvenile and eventually adult criminal record would have grown, his health — physical and psychological — would have deteriorated.

At a school that doesn’t respond to the cognitive, emotional, and physical demands of trauma, a student like Jackson barely stands a chance. Especially when parents are incapable of providing the necessary care and support or are the source of trauma, schools are essential to the success of a trauma-affected child. By simply being aware and sensitive to the impacts of trauma, schools can serve an important and missing role for vulnerable children. For a child like Jackson, trauma-sensitivity could mean the difference between a high school diploma and the trauma-reinforcing downward spiral of a juvenile record.

This issue brief follows up on Children’s Defense Fund-Ohio’s January 2014 issue brief, *Building Trauma-Informed Systems of Care for Children in Ohio*, to explain how trauma affects brain development, school behavior, school performance, and how schools across the country and in Ohio are addressing this issue and seeing results. The brief provides an extensive

guide to the role schools can play in preventing, dealing with, and recovering from trauma. In an accompanying appendix, there is a comprehensive list of resources that Ohio schools and communities can use to more effectively address trauma, help children perform well and achieve in school, and empower teachers to better meet student needs. These resources will assist schools charged with helping children like Jackson thrive.

WHAT IS TRAUMA?

Trauma is the emotional, psychological, and physiological damage caused by heightened stress during a threatening, violent, or life-changing experience.⁶ Trauma might be caused by physical abuse, but it could also come from an over-extended caregiver, food insecurity, unemployment, prejudice, crowded living, evictions, unsafe neighborhoods, witnessing violence, or other stressors — many of which are common experiences of children living in poverty.⁷ Researchers use the term “chronic stress” to describe stress that is ongoing, resulting in prolonged activation of the body’s stress response system. A related term, “toxic stress” refers to stress — often resulting from strong, frequent, or prolonged adversity — that negatively affects the brain and other organ systems. Therefore, a single severely distressing event, chronic stress, or toxic stress can all result in trauma.

Even after a stressful or traumatic event has passed, a child’s brain and body continue to react as if the stress were present due to chronic activation of the body’s stress response system.⁸ This chronic stress response can disrupt development of brain architecture, increasing the risk for stress-related diseases and cognitive impairment, which can persist into adulthood.⁹ Fortunately, research has demonstrated that supportive, responsive relationships with caring adults early in life can prevent or reverse the damaging effects of toxic stress.¹⁰ Therefore, for a trauma-affected child, early intervention is critical.

Poverty has been linked to poorer student performance in Ohio schools¹¹ and has also been shown to affect

brain development.¹² Poverty can dramatically enhance stress by increasing stress on parents, reducing resources available to address that stress, and increasing the likelihood of hunger, over-crowding, instability, and many other disadvantages that accompany insufficient resources to take care of basic needs. Poor families are also more likely to be exposed to violence.¹³ However, research suggests “that poverty itself cannot fully account for differences in executive function among children” and that “stress — above and beyond poverty — has a significant impact on how well a child can engage his or her

the brain networks responsible for these abilities. Blaming a trauma-affected child for having an outburst in class is like blaming a child who has the flu for having a fever.

WHAT DOES TRAUMA IN SCHOOL-AGED CHILDREN LOOK LIKE?

BEHAVIOR

Emotional damage from a traumatic event may result in physical symptoms like headaches and stomachaches, inconsistent or impulsive behavior, sleep disturbances, depression, angry outbursts, over- or under-reaction to

Trauma Symptom	Brain Etiology ¹⁵
Impaired intellectual ability and worse academic performance	Decreased cerebral volume and reduced connective tissue between hemispheres (corpus callosum)
Difficulty regulating emotions	Hypersensitivity and increased volume of brain regions involved in emotional arousal and reactivity (anterior cingulate, amygdala, prefrontal cortex)
Difficulty focusing, remembering instructions, multi-tasking, and controlling impulses	Impaired executive function (prefrontal cortex, striatum)
Selective attention to and difficulty disengaging from threat-related cues	Dysfunction in brain regions implicated in processing emotional and social clues (amygdala, superior temporal gyrus)
Impaired verbal, visual, and global memory	Impaired memory networks (hippocampus, frontal cortex)
Low energy, apathy, lack of motivation, reward-seeking behavior, and substance abuse	Dysfunction of reward pathways (mesolimbic dopamine, basal ganglia)

executive capacity.”¹⁴ Traumatic experiences extend beyond economic hardship and impact students at every socioeconomic level. Ameliorating poverty and changing school practices are essential to reducing child trauma exposure.

TRAUMA AND THE BRAIN

Trauma can physically alter normal development of brain structures and their connections. A trauma-affected child exhibiting troubling behavior, emotions, or abnormal cognitive performance does so not by conscious choice but because trauma has impaired

loud noises or sudden movements, rage, lashing out, hurting oneself or others, hypervigilance, or physical and emotional withdrawal.¹⁶ Trauma-affected children often feel anxiety and fear that the trauma could happen again. Due to this heightened sensitivity to danger, any form of stress can be seen as a threat. As a result, trauma-affected students might react aggressively when they think others are violating their personal space, feel inclined to fight when criticized or teased by others, be resistant to changes or transitions, or blow up when an authority figure corrects them, tells them what to do, or punishes them.¹⁷

For example, one little boy in a kindergarten in Canton, OH repeatedly talked about suicide.¹⁸ When something unexpected happened he would scream at the top of his small lungs and go into a fetal position. His teacher had to hold him in his lap to calm him down.

SCHOOL PERFORMANCE

Trauma makes learning difficult because it affects brain networks involved in learning, emotion, and behavior. Trauma-affected children have trouble paying attention or sitting still; others struggle to control their anger or

fear, causing them to lash out. This can lead to poorer school performance and greater risk of suspension.

How trauma plays out depends on a number of factors including age, personal and family history, and type and severity of trauma.¹⁹ Regardless of the specific presentation, trauma creates challenges that students struggle to overcome each day, inside and outside of the classroom. Table 1 describes how trauma impairs brain function and impacts school performance.

Table 1. Impacts of trauma on cognition and educational goals²⁰

Negative Effects of Trauma on Cognition (the mental processes of learning and understanding)	Impacts of Trauma on Educational Goals ²¹
<ul style="list-style-type: none"> • Impaired attention, memory, concentration, and other cognitive domains • Reduced ability to focus, organize, reason abstractly, and process information • Interference with problem solving, planning, and retaining and recalling information • Overwhelming feelings of frustration and anxiety 	<ul style="list-style-type: none"> • Lower grades • More negative remarks in student’s records • More absences • Decreased graduation rates • More suspensions and expulsions • Decreased reading ability

All children can be affected by trauma, and how trauma manifests itself can depend on the age of that child. Table 2 provides some common ways that trauma can impact behavior and school performance by school age group. Understanding that trauma can manifest itself very differently in each child is critical for a teacher to be able to consistently identify trauma-affected students.

Table 2. Effects of trauma on behavior and school performance²¹

School Age Group	Behavior	School Performance
Preschool	Bed-wetting, thumb-sucking, regressing to simpler speech, clingy behavior, separation anxiety, temper tantrums, becoming withdrawn or subdued, difficulty falling or staying asleep, nightmares, angry outbursts, fears, distress	Lack of developmental progress, decreased attention, unexplained absences
Elementary School	Stomachaches, headaches, pains, irritability, aggression, anger, inconsistency, whining, moodiness, increased activity level, withdrawal, statements and questions about death and dying, difficulty with authority or criticism, anxiety, fear, worry, avoidance behavior, emotional numbing	Reduced academic performance, impaired attention and concentration, more school absences
Middle and High School	Feelings of shame and guilt, fantasies about revenge and retribution, self-destructive or accident-prone behaviors, recklessness, shifts in interpersonal relationships, irritability, withdrawal, avoidance behavior, emotional numbing	Changes in academic performance, attendance, and behavior

THE LIFE-LONG IMPACTS OF CHILDHOOD TRAUMA

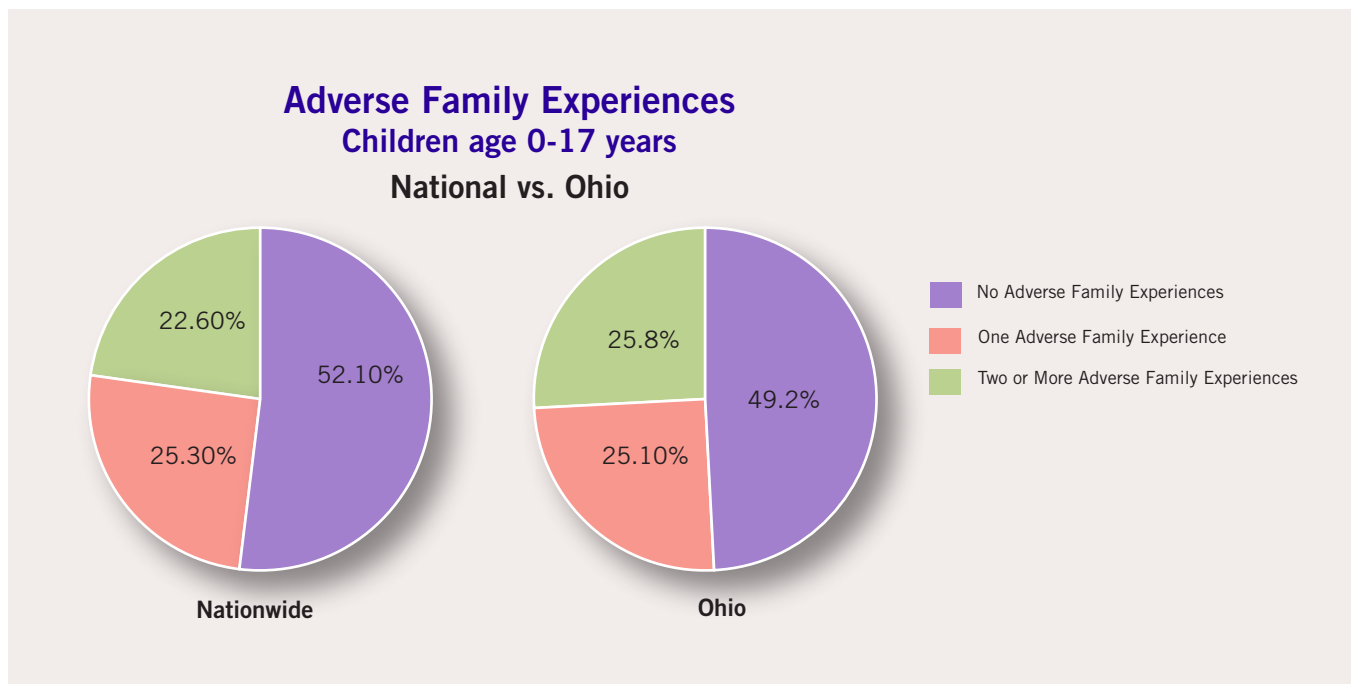
PREVALENCE OF CHILDHOOD TRAUMA

According to the 2011-12 National Survey of Children’s Health (NSCH), about one in four children in the United States ages 0-17 have experienced one adverse family experience²³ and 22.6 percent have experienced two or more adverse family experiences.²⁴ This translates to nearly 35 million children nationwide who may have encountered some degree of early childhood trauma, although some of these experiences may be far less severe.²⁵ Ohio is similar to the nation: more than half, or about 1.3 million, of Ohio’s children have experienced at least one traumatic experience, and about one in seven children has been exposed to three or more traumatic experiences — each with various levels of adversity.²⁶ The Adverse Childhood Experiences (ACEs) Study found a relationship between the number of adverse early experiences and poor health outcomes in adulthood.²⁷ The authors of a recent analysis of the survey data also reported that for “41 percent of kids who have had at least three of these experiences, their parents say they are demonstrating these negative behaviors like bullying,

arguing frequently with their parents and others” and that “almost half are showing signs of low levels of engagement in school, and 20 percent have repeated a grade.”²⁸ Ohio is in the highest quartile for state prevalence of adverse experiences related to violence, domestic violence, incarceration, and death, and that Ohio has the highest prevalence in all 50 states of children aged 0-5 witnessing violence (6 percent).²⁹ The actual numbers may be higher, due to under-reporting and the fact that the survey only covered nine types of traumatic experiences.³⁰

IMPACTS OF TRAUMA ON CHILDREN AND SOCIETY

Exposure to trauma is associated with a higher risk of school dropout, which increases the probability of other risks, such as imprisonment.³¹ Trauma-affected children are often labeled as disruptive, defiant, and poor learners, and are at high risk of disconnecting from school.³² Given that trauma interferes with behavior and cognition, it is not surprising that 25 percent of abused children need special education services³³ and that trauma-affected children are often mislabeled as having diagnoses such as attention deficit disorder (ADD), oppositional-defiant disorder, and conduct disorder.³⁴

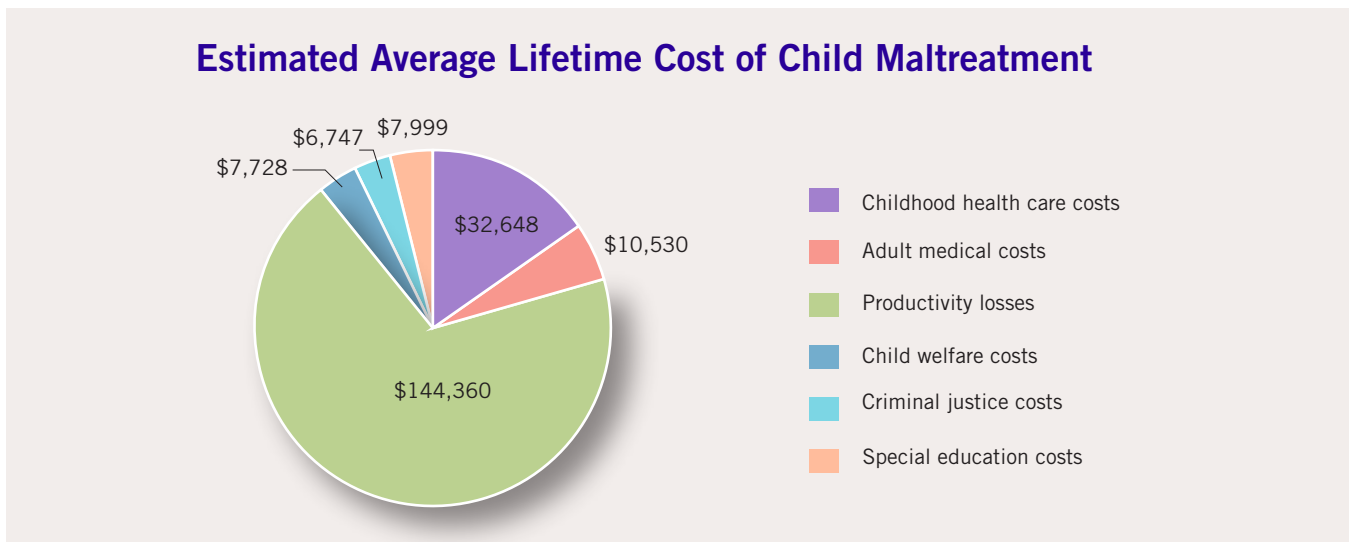


ISSUE BRIEF • Addressing Children’s Trauma: A Toolkit for Ohio Schools

The negative impacts of childhood trauma do not stop at high school graduation. The ACEs Study found associations between early trauma and increased drug use and abuse, disease, disability, and social problems across a person’s lifetime.³⁵ Low-income students

and students of color are particularly vulnerable, in part because of differential access to mental health care.³⁶ Addressing childhood trauma is a way to deal with many crucial issues, including, but not limited to, success in school.

The following chart displays data from Centers for Disease Control and Prevention Press Release 2012 on the breakdown of costs to society per child affected by child abuse and neglect, which is, on average, \$210,012 per child.³⁷ Total costs of trauma in children are estimated at well over \$100 billion annually.³⁸



SCHOOLS CAN MAKE A DIFFERENCE

Children spend much of their day in school. Schools are a crucial place for children to begin to understand others and interact with the world,³⁹ and are sometimes the most accessible way for children to obtain mental health treatment and services.⁴⁰ Even in the absence of mental health services, schools can play an important role in a child’s healing process by creating a safe and secure environment, promoting healthy relationships, and teaching self-management and coping skills.⁴¹ Various evidence-based practices reduce stress and improve academic performance;⁴² and, most importantly, any caregiver or teacher can implement them.

On the other hand, schools that fail to recognize and respond appropriately to trauma can re-traumatize children who are already suffering and struggling to make it through their days. Removing students from

the classroom, suspending or expelling them, and subjecting them to contact with school resource officers are counter-productive disciplinary responses in general, but are particularly harmful when used in response to behaviors caused by trauma. Zero tolerance policies and practices in schools like suspension and expulsion are major contributors to the school-to-prison pipeline — pushing children out of school and into the juvenile justice system. Many of these children likely have experienced trauma — research shows that the majority of youth involved in our nation’s juvenile justice systems have experienced traumatic events. At least 75 percent have experienced traumatic victimization.⁴³ Schools are in a position to stop this trend, and reverse the harms caused by trauma in children’s lives.

Understanding the role of trauma in behavioral, social, and cognitive problems is the first step to creating a school environment where students affected by trauma can succeed. Susan Cole, director of the Trauma

Learning Policy Initiative, described understanding trauma as the “missing piece to school reform.”⁴⁴ By providing a stable, supportive environment, a trauma-informed school can reduce the adverse effects of trauma on brain development and behavior to help every child succeed in school and after.

WHAT IS A TRAUMA-INFORMED SCHOOL?

Trauma-informed care means that every adult who interacts with a child at school understands and responds appropriately to the impact of trauma on the child. Trauma-sensitive schools acknowledge the prevalence of traumatic occurrences in students’ lives, foster an environment of support, are sensitive to unique needs of students, and are mindful of avoiding re-traumatization.⁴⁵ Trauma-informed care should be school-wide. It should involve all school personnel so that children feel safe and supported in the classroom, in the halls, on the bus, in the cafeteria, and on the playground. A trauma-informed school works with the local police department, including any school resource officers assigned to the school building; departments of children and family services; mental health services; youth services; counseling agencies; and other community and national resources to help children succeed.

Trauma-informed care is not the same as a new reading program with a specific set of instructions.⁴⁶ Rather, it is a more informed lens an educator can look through when determining the right activity or approach. The more a person understands how the brain functions, the better decisions she or he can make.

DISCIPLINE IN A TRAUMA-INFORMED SCHOOL

To implement a trauma-informed approach, schools must first re-examine disciplinary policies. Suspension and expulsion policies ignore underlying causes of behavior, like trauma, and focus only on removing students from school. For vulnerable children without a stable, nurturing home environment, removal from the safe haven of school exacerbates trauma occurring at home.⁴⁷ Exclusionary discipline should not be

used when so many children have been affected by trauma, especially because “there is no research base to support frequent suspension or expulsion in response to non-violent and mundane forms of adolescent misbehavior; large disparities by race, gender and disability status are evident in the use of these punishments; frequent suspension and expulsion are associated with negative outcomes; and better alternatives are available.”⁴⁸ Trauma-informed schools de-emphasize suspension and expulsion, and instead regard disobedient and disruptive behavior as possible manifestations of trauma. In trauma-informed schools, staff try to understand roots of behavior and figure out what they can do to make children feel safe and supported, as the following anecdote from a school in Washington state describes:

When Ashley blew up at her teacher and dropped the F-bomb, she was sure it meant automatic suspension,⁴⁹ but when she went to the principal’s office, he didn’t yell at her, he didn’t send her home. Instead, he asked her what was wrong, what she was feeling, and why. Ashley was shocked, but just seconds passed before words of anger and frustration about her alcoholic father and unmet promises came tumbling out. She ended with an apology to the principal. She also made her own choice to apologize to the teacher. Rather than being kicked out of school, Ashley was sent to in-school suspension in a quiet and comforting room where she could talk to a teacher, catch up on homework, and think. Under a zero-tolerance policy, Ashley would have been unsupervised during an out-of-school suspension; she would have fallen behind her classmates on her schoolwork; and her teacher might never have received an apology. “Just by asking kids what’s going on with them, they just started talking. It made a believer out of me right away,” reported the principal. Zero tolerance doesn’t work; treating students with dignity does.

BENEFIT TO SCHOOLS

A trauma-informed approach is essential for student success and will boost school performance and effectiveness. Trauma-informed schools can expect improvements in academic achievement, test scores, school climate, and teacher satisfaction, safety, and retention. Trauma-informed care can reduce behavioral outbursts, absences, detentions, suspensions, and dropouts. It can ease bullying, harassment, the need for special education services, and stress for students and staff.⁵⁰

Trauma-informed care also reduces the risk of compassion fatigue or secondary stress, which can occur when teachers feel unable to cope with their students’ intense needs. Providing teachers and other school staff with the training and resources to help students, therefore, also benefits the well-being of teachers.

WHAT DOES A TRAUMA-INFORMED SCHOOL LOOK LIKE?

Various experiences can prompt schools to try trauma-informed approaches. A single individual may start a program after learning about childhood trauma at a conference. Some schools investigate trauma when confronted with challenging behaviors, or when teachers begin voicing frustration about their inability to reach children. Other schools have long histories of violence, poverty, disability, emotional disturbances, drug abuse, or homelessness among students. With the help of resources and specialists, most schools have found success through staff training in trauma-awareness and practices that emphasize trauma-sensitivity, which can be implemented by any caregiver.

While there is variation in how schools implement trauma-informed care, there are several common characteristics that every trauma-informed school should incorporate. The Substance Abuse and Mental Health Services Administration recommends adherence to six key principals that can be applied to any trauma-

informed care setting, including schools’:

- 1) **Safety:** School personnel and students should feel physically and psychologically safe in their physical environment and interpersonal interactions.
- 2) **Trustworthiness and transparency:** Organization decisions should be conducted with transparency with the goal of building and maintaining trust.
- 3) **Peer support:** Individuals who have experienced trauma should support one another and use their lived experience to promote recovery and healing.
- 4) **Collaboration and mutuality:** Schools should foster healthy relationships in the classroom and at all other levels of the organization to promote healing.
- 5) **Empowerment, voice, and choice:** School personnel and students should feel empowered to voice their feelings and opinions and share in decision-making.
- 6) **Cultural, historical, and gender issues:** Schools should create an accepting environment that incorporates policies, protocols, and processes sensitive to racial, ethnic, and cultural needs of individuals.⁵¹

Each of these characteristics can be fostered by a positive, supportive school environment that nurtures students and the adults who teach and work in schools.

Appendix 1 describes some of the trauma-informed care programs being tried across the United States and in Ohio. Some prominent examples are Arnone Elementary in Brockton, Massachusetts and Lincoln High School in Walla Walla, Washington, which have seen dramatic drops in school suspensions (40 and 83 percent, respectively) among other benefits, including reduced teacher stress and increased graduation rates.⁵² Some exemplary schools in Ohio that have implemented trauma-informed practices are also detailed in Appendix 1. Among these are Luis Muñoz Marin K-8 School, Lincoln-West High School, Belden Elementary, Westerville City Schools, and South-Western City Schools. Cleveland’s social emotional learning program, an effort with deep support from school administrators and the teacher’s union,

has been cited as a national model.⁵³ Cincinnati's Community Learning Centers have helped to transform 34 Cincinnati schools and ensured that human services and wraparound services can be accessed through the school building, setting in place the groundwork to deepen their trauma-informed approach.⁵⁴

To implement these programs, schools used online resources, books, manuals, self-training, in-state training, out-of-state training, and consulting services. Appendix 2 provides an annotated list of resources about the impacts of trauma on children, including tools for implementing trauma-informed care, and funding opportunities for developing trauma-informed practices.

POTENTIAL CHALLENGES FOR IMPLEMENTING TRAUMA-INFORMED CARE

Staff and administrative resistance to change

Educators and school staff may resist implementing trauma-informed practices for various reasons: a lack of resources to effectively introduce new tactics and skills, a commitment to existing practices, and insufficient time, energy, or fear of change. Educators, staff, administrators, and other caregivers must be open to learning and changing the way they interact with students for trauma-informed care to be effective, especially when it comes to disciplinary practices. Additionally, school staff who do want to make changes must be afforded the time and resources to acquire new skills and implement new practices. To minimize resistance, school leaders and administrators must encourage staff feedback, consider their concerns, and adapt recommendations in response to their needs.

Misconceptions about the meaning of trauma-informed care

"Trauma-informed" could be misinterpreted as "soft." This can be an especially challenging perception to overcome when teachers and school staff have always used harsh discipline, like suspensions, to address undesirable behavior, and they don't have systems in



Photo © Dean Alexander Photography

place to implement alternatives. Trauma-informed care is not a substitute for discipline, and discipline need not exacerbate trauma to be effective. Rather, trauma-informed discipline begins when schools attempt to understand a child's viewpoint, recognize that certain disciplinary actions only re-traumatize children, and seek alternative ways to teach appropriate behavior. Suspensions and expulsions should be reserved for extreme, emergency circumstances involving violent behavior, and should never be a first line response to disruptive or disobedient behavior, especially when the child in question has suffered trauma. A trauma-informed approach deals effectively with disruptive or rude behavior, without requiring harsh, exclusionary disciplinary measures.

Misinterpretation of intentionality of children's behaviors

Educators often see willful or malicious intentions as the cause of children's disobedient or disruptive behavior. However, in the vast majority of situations, this is not the case. For children who have experienced trauma, brain architecture changes impair their

ability to exercise full control over their behavior and emotions, and consequent inappropriate actions stem from a physiologically heightened stress response system. Trauma-informed educators are careful to recognize this distinction so they don’t take the act personally and can respond appropriately to help children process stress.

Compassion fatigue and secondary traumatic stress

Compassion fatigue and secondary traumatic stress set in when adults or other students in the classroom or school are physically, mentally, or emotionally worn out, or are feeling overwhelmed by students’ traumas.⁵⁵ Schools must be sensitive to the fact that working with trauma-affected children can have negative effects on other students and staff. Part of being trauma-informed means being aware of secondary trauma, and building support systems for staff to prevent and address secondary trauma.

Staff turnover

A trauma-sensitive environment should create a sense of continuity and dependability, where teachers and staff can develop trustworthy relationships with their students. This is difficult to cultivate with high turnover. A study of over 85,000 New York City fourth- and fifth-grade students over eight years found that students who experienced higher teacher turnover had lower test scores in English and math and that the effects were strongest in schools with more low-performing and minority students. This suggests that trauma-affected students would be particularly vulnerable to the negative effects of teacher turnover.⁵⁶ Moreover, each time a new staff member comes to a school, that member must be trained in trauma-awareness, which costs time and money. Reducing teacher turnover should be a priority for trauma-informed schools. A trauma-sensitive school takes care of its staff by equipping them with the skills and resources to minimize stress, implementing teacher support programs, and encouraging self-care to minimize secondary trauma.⁵⁷ Trauma sensitivity improves a school environment for students and staff

alike, which may translate into reduced turnover.⁵⁸

Resource constraints

Formal training and certification programs for trauma-informed care can be costly, but many resources are free, such as the Trauma and Learning Policy Initiative’s (TLPI) two volumes of *Helping Traumatized Children Learn*, training materials in *Cognitive Behavioral Intervention for Trauma in Schools (CBITS)*, as well as many articles and websites. Positive, preventive approaches to teaching, as well as modeling behavior standards that require an investment of time or money — like Positive Behavior Interventions and Supports (PBIS) — have been shown to be cost-beneficial in the long run.⁵⁹ Information about funding opportunities and available resources can be found in Appendix 2.

POLICY RECOMMENDATIONS

Many teachers, counselors, and administrators have taken the lead in schools all over the country to put in place creative, low-cost, effective practices to help address the impacts of trauma on their students. Motivated leaders can make great strides in improving their school’s approach to traumatized students, even in the absence of systemic solutions. Some states, however, have taken steps toward a more systemic approach. In 2000, Massachusetts held the first conference on the impact of trauma on learning and in 2004 the Massachusetts state legislature created the Safe and Supportive Learning Environments grant program to provide funds for schools to experiment with trauma-sensitive approaches.⁶⁰ Washington State has initiated several pilot school programs and fostered collaboration among educational professionals from public schools, universities, and the Washington State Office of the Superintendent of Public Instruction to publish a comprehensive book to further the trauma-sensitive schools movement.⁶¹

Ohio has the potential to be a national leader in trauma-informed care. The Public Children Services Association of Ohio (PCSAO)⁶² and the Ohio Trauma

Consortium⁶³ have both worked to bring more attention to how trauma affects foster children. PCSAO has also advocated for policy changes and funding to confront this issue and has partnered with other agencies to further this cause. In 2013, Akron Children's Hospital was awarded a \$1.6 million federal grant over four years to create the Akron Children's Center for the Treatment and Study of Adverse Childhood Events. This effort trains clinicians and educators in identifying and helping trauma-affected children, conducts research, and provides services and support to children and families who have experienced psychological trauma.⁶⁴ The Greene County Educational Service Center in Yellow Springs has pioneered the Stakeholders to Partner Project, which creates an enhanced continuum of care between Greene County schools, the juvenile justice system, and community mental health agencies. Collaboration helps school and juvenile justice personnel identify early warning signs and symptoms of youth mental health and trauma issues, make referrals for services, and link youth to mental health resources in the community.⁶⁵ The Ohio Department of Mental Health and Addiction Services recently launched a statewide trauma-informed care initiative to broaden access to trauma-informed interventions by helping practitioners, facilities and agencies become competent in trauma-informed practices.⁶⁶ As part of the plan, the department organized a Trauma-Informed Care Summit in July 2014. Although both the initiative and the summit focused on mental health, substance abuse, and developmental disabilities, schools have attended regional meetings to learn about trauma and how best to respond at the district and building level.⁶⁷ The effect of trauma on learning and behavior was also a key topic at the 2014 Ohio Department of Education Office of Exceptional Children's Special Education Leadership Conference.⁶⁸ These are all promising signs of deeper and more holistic approaches addressing the impact of trauma on children throughout Ohio.

Below are policy recommendations to bring about more comprehensive change in Ohio.

Ohio has the potential to be a national leader in trauma-informed care. The Public Children Services Association of Ohio (PCSAO) and the Ohio Trauma Consortium have both worked to bring more attention to how trauma affects foster children.

- 1. The Ohio legislature must provide Ohio public schools with funding to develop school-wide plans addressing the needs of traumatized children.** These plans should include administrative infrastructure to integrate trauma-informed approaches throughout the school day; training for staff; clinical support; strategies to partner with parents, who may also be suffering from trauma; teaching techniques that help traumatized students master academic work; ways to use nonacademic activities to support traumatized children; individual and group supports to help students control emotions and behavior; links to mental health services; reviews of existing school policies to improve trauma-sensitivity; and collaborations with community organizations, including domestic violence agencies.
- 2. Encourage early identification of trauma-affected children, and implement interventions to reduce ineffective, punitive responses to children who are already suffering.** Some good work is being pioneered in Ohio, providing a foundation upon which to build and expand current efforts. Ohio should convene trauma experts, educators, executive and legislative leaders, and advocates to

develop a statewide plan that addresses the impact of trauma on learning and behavior, outlines what schools can do to respond effectively, and works toward eliminating punitive approaches like suspension, expulsion, and referral to the juvenile justice system.

3. **Teachers, school administrators, and other adults who interact with children in school must have access to training to learn how to work with children who have experienced trauma.** State certifications for administrators and teachers should require courses on issues such as identifying trauma, understanding the impact of trauma on learning, partnering with parents of traumatized children, and enabling traumatized children to succeed. Administrators and teachers should also be educated about collaborating with mental health professionals and other experts. Finally, teachers and other adults in schools should have resources to prevent and treat secondary trauma.
4. **Community Learning Centers should be examined as a model approach.** This model integrates trauma-informed approaches throughout the school environment, and delivers wraparound services on site, using existing funding mechanisms available through Medicaid, federally qualified health centers, and other sources.
5. **Where mental health professionals are already working with schools through partnerships and mental health school-based responder programs, they should be trained in how to respond to trauma-related behavioral problems and should assist educators in identifying and referring trauma-affected students for treatment. Where such partnerships are not already in place, schools and communities should work toward creating opportunities to integrate mental health services into schools.** State licensing for mental health professionals and other school personnel should include training on the impact of trauma on

learning and behavior. Professionals with expertise in child trauma should develop guidelines for assessing student needs. Reimbursement for mental health and special education evaluations should be sufficient to ensure that trauma can be considered. Programs already in place that provide school-based mental health responders in Ohio schools — such as those in Summit County⁶⁹ — should be replicated and adapted to address concerns about trauma.

6. **The Ohio Department of Education should provide ongoing information and support to schools and should incorporate trauma informed care into its school climate guidelines.** Massachusetts recommended developing an office on trauma and schools to provide best practices and curricula for traumatized students; consulting on how to connect schools to families and to other resources in the community; and reviewing school policies and state law to integrate them with the best current research on trauma.

CONCLUSION

Childhood trauma can adversely impact academic achievement, social and emotional development, and mental and physical health in extensive and life-long ways. Among other risks, a trauma-affected child is 150 percent more likely to use illicit drugs, 59 percent more likely to be arrested as a juvenile, 28 percent more likely to commit criminal behavior in adulthood, and 25 percent more likely to experience delinquency, teen pregnancy, or low academic achievement.⁷⁰ Despite these odds, a more promising future is possible. Supportive relationships with caring adults early in life can prevent or even reverse trauma’s harmful effects. Schools can make this difference. By becoming trauma-informed, educators and school staff can create a compassionate, sensitive, and safe environment where all children can succeed.

Endnotes

- ¹ This story was adapted from “Teaching Through Trauma: How poverty affects kids’ brains” written by Annie Gilbertson at Southern California Public Radio (<http://www.scpr.org/blogs/education/2014/06/02/16743/poverty-has-been-found-to-affect-kids-brains-can-o/>).
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ISSUE BRIEF

Addressing Children's Trauma: A Toolkit for Ohio School

CDF Mission Statement

The Children's Defense Fund Leave No Child Behind® mission is to ensure every child a *Healthy Start*, a *Head Start*, a *Fair Start*, a *Safe Start* and a *Moral Start* in life and successful passage to adulthood with the help of caring families and communities.

CDF provides a strong, effective and independent voice for *all* the children of America who cannot vote, lobby or speak for themselves. We pay particular attention to the needs of poor children, children of color and those with disabilities. CDF educates the nation about the needs of children and encourages preventive investments before they get sick, drop out of school, get into trouble or suffer family breakdown.

CDF began in 1973 and is a private, nonprofit organization supported by individual donations, foundation, corporate and government grants.

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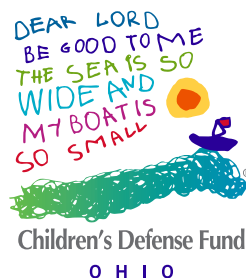
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Neuroscience and Public Policy Graduate Student and Policy Matters Intern

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Appendix 1: Examples of Trauma-Informed Care Programs in the United States

School (location)	Program Description	Outcomes/Expected Benefits	Resources for TIC replication
<p>Arnone Elementary, Brockton Public Schools (Massachusetts)</p>	<p>300 of 1,400 teachers in Brockton Public Schools took a course about teaching traumatized children, developed by the Trauma and Learning Policy Initiative (TLPI).¹ The schools implemented two programs: Collaborative & Proactive Solutions helps educators understand behaviorally challenging students and how to work with them.² The second program, Positive Behavioral Interventions and Supports (PBIS), is based on the belief that teaching behavioral expectations and rewarding students for following them is a much better approach than responding to misbehavior.³</p>	<p>Arnone experienced a 40 percent drop in suspensions¹</p> <p>CPS was associated with reduced teacher stress and reductions in student discipline referrals.⁴</p> <p>PBIS has been linked to gains in literacy, more minutes spent in academic instruction, reductions in problem behavior,⁵ reductions in student suspensions and office disciplinary referrals,⁶ improved overall organizational health,⁷ and improvements in children’s behavior problems, concentration problems, social-emotional functioning, and pro-social behavior.⁸ PBIS has also been shown to be cost beneficial.⁹</p>	<p>Download free copies of Volumes 1 and 2 of Helping Traumatized Children Learn, produced by TLPI, at http://traumasensitiveschools.org/tlpi-publications/.</p> <p>An in-depth description of CPS, a video tour of this approach, free web-based resources, as well as opportunities for live training workshops and consultation can be found at http://www.livesinthebalance.org.</p> <p>To start using PBIS, check out http://www.pbis.org/school and http://www.pbis.org/training.</p>
<p>Lincoln High School, Spokane Public School District (Walla Walla, Washington)</p>	<p>At the encouragement of Natalie Turner, an expert in creating trauma-free schools from the Area Health Education Center, Lincoln High adopted new discipline policies that replace punishment with a system that provides kids with the tools and skills to recognize, understand, and control stress.¹⁰ Turner’s two simple rules are 1) Take nothing a raging kid says personally and 2) Don’t mirror the kid’s behavior.¹⁰ Turner’s model is based on Attachment, Self-Regulation and Competency (ARC), developed at the Trauma Center at Justice Resources Institute.¹¹ Turner was also influenced by the trauma-sensitive classroom movement described in the book, Helping Traumatized Children Learn, a publication from TLPI.¹²</p>	<p>In the 2009-10 school year there were 798 suspensions, 50 expulsions, and 600 written referrals. The following school year, after the school had implemented trauma-informed care practices, there were only 135 suspensions, 30 expulsions, and 320 written referrals.¹⁰ The school reforms also reduced the number of seniors failing to graduate from 46 percent to 24 percent, half of whom were staying in school to earn their diplomas.¹³</p> <p>ARC has been associated with reductions in PTSD symptoms and externalizing and internalizing behaviors.¹⁷</p>	<p>The ARC manual and affiliated handouts are available for purchase on the Publications & Products section of the web site, http://www.traumacenter.org/products/arc_purchase.php.</p> <p>Download FREE copies of Volumes 1 and 2 of Helping Traumatized Children Learn, produced by TLPI, at http://traumasensitive-schools.org/tlpi-publications/.</p>

Continue next page

School (location)	Program Description	Outcomes/Expected Benefits	Resources for TIC replication
<p>Highlands School District (Natrona Heights, PA)</p>	<p>In 2010 Highlands became the first public school district in the nation to train in the Sanctuary model.¹⁵ Landa Harrison of the Sanctuary Institute explained that the first steps for the district will be to determine the adversities faced by students and staff and then to address the trauma using effective communication.¹⁶</p> <p>The Sanctuary Model, a trauma-informed full-system approach, creates a nurturing therapeutic environment that supports children impacted by trauma, helps them reorganize their self-defeating beliefs and instills hope for the future.¹⁷</p>	<p>Benefits that Highlands hopes to gain include improvement in staff and leader job satisfaction, increase in positive behavior of staff and students, less turnover of staff, and an increased sense of community.¹⁸</p>	<p>An overview of Highlands' model can be found at http://www.goldenrams.com/Page/15 and tips for parents and teachers on managing strong emotional reactions to traumatic events can be found at http://www.goldenrams.com/Page/516.</p> <p>To learn more about applying the Sanctuary model visit http://www.sanctuaryweb.com/.</p>
<p>El Dorado Elementary (San Francisco, California)</p>	<p>The UCSF Healthy Environments and Response to Trauma (HEARTS) Program helped El Dorado Elementary create “peace corners,” “buddy classrooms,” and “Wellness Centers,” safe spaces to recover from distress and get back to learning. These are not spaces for punishment, time-out, or in-school suspension. When necessary, a student might be disciplined by being sent to another teacher’s classroom to sit for a half an hour, asked not to participate in learning with his or her classmates, or in extreme situations, such as physical violence or other highly aggressive behavior, a child could be suspended.¹⁹ El Dorado later incorporated the restorative practices of PBIS and Safe and Civil Schools.²⁰</p> <p>The school offers a before- and after-school program so that kids have a safe place to be from 7:30 am until 6 pm.¹⁹</p> <p>Working with children who have experienced trauma can also take a toll on teachers and other staff. Therefore, teachers were offered wellness groups.</p> <p>A data system was used to track location and time of referrals to the principal’s office for behavioral issues in order to identify which students were most in need of help and which teachers were most in need of assistance and guidance.</p>	<p>In the year before HEARTS was introduced, there were 674 referrals to the principal’s office for inappropriate behavior and 80 suspensions. Three years later, at the end of the pilot program, there was a 75 percent drop in referrals to 175 and only 17 suspensions. Anecdotally, the assistant principal reports a dramatic reduction in fights, eruptions of rage, and running away.¹⁹</p> <p>Before these programs were implemented, Principal Tai Schoeman reported that 40-50 kids, one fifth of the students, were erupting in rages or running away every day. Two years after the program began, there were only 10-15 kids with problematic behaviors requiring special attention on a daily basis.¹⁹</p> <p>Programs that are supportive and sensitive to the strain on teachers from working with trauma-affected students are believed to reduce risk of teacher burnout and increase the likelihood that teachers will stick around and enjoy teaching.¹⁹</p>	<p>To learn more about the HEARTS, visit http://coe.ucsf.edu/coe/spotlight/ucsf_hearts.html.</p> <p>For more information about Safe & Civil schools visit http://www.safeandcivil-schools.com.</p> <p>To start using PBIS, check out http://www.pbis.org/school and http://www.pbis.org/training.</p>

School (location)	Program Description	Outcomes/Expected Benefits	Resources for TIC replication
<p>Rutland City Public Schools (Vermont)</p>	<p>Rutland City Public Schools are certified in Dr. Perry's Neurosequential Model of Therapeutics (NMT) from the Child Trauma Academy, a collaborative, interdisciplinary virtual network for learning about trauma and tools for implementing TIC.²¹ All staff also took the 5-hour introductory course on the Neurosequential Model in Education (NME).²² Rutland City Schools followed up with a one-day in-person training event by Dave Melnick, Director of Outpatient Services for the Northeastern Family Institute (NAFI), on the role of empathy and understanding in working with children and adolescents who have experienced trauma.²³ Rutland City Public Schools are also collaborating with Randy Sprick, founder of Safe & Civil Schools to deliver 6-8 in-person training sessions to each school over the course of one year.</p> <p>Copies of <i>Helping Traumatized Children Learn</i> were downloaded and distributed to all school principals and administrators, who in turn often made them available to teachers and other staff.</p> <p>The school has also established an interdisciplinary team that meets every other week to discuss a specific case. Each meeting focuses entirely on how to help one particular student succeed.</p>	<p>Principal Bliss reports that many more teachers now take the time to listen and develop supportive relationships with students exhibiting trauma-based behaviors. Teachers that have embraced trauma-informed care, Bliss says, are "saving those kids." There has also been a decline in behavioral referrals and an increase in therapeutic work.</p> <p>Collaborative programs that involve the whole community have the potential to address sources of trauma in children rather than trying to put the pieces back together after trauma has occurred.</p>	<p>The Child Trauma Academy offers in-person training as well as online videos, training materials, courses, tools, free articles, and other resources. For more information visit http://childtrauma.org/</p> <p>For more information about Safe & Civil schools visit http://www.safeandcivil-schools.com.</p> <p>Download FREE copies of Volumes 1 and 2 of <i>Helping Traumatized Children Learn</i>, produced by TLPI, at http://traumasensitiveschools.org/tlpi-publications/.</p>

Continue next page

School (location)	Program Description	Outcomes/Expected Benefits	Resources for TIC replication
<p>Oyler Community Learning Center (Cincinnati, Ohio)</p>	<p>A Community Learning Center (CLC) is “a school that serves as a community hub, utilizing school space during extended hours, on weekends and through the summer to provide additional academic support, health resources, social services, arts programming, and civic and cultural opportunities to students, their families and the community.”²⁴ Oyler is a Pre-K to 12 school that began the process of becoming the largest community learning center in the country in 2006. All CLCs have co-located mental health partners to provide both therapeutic and prevention services. These expanded health services help to remove non-academic barriers and support student academic achievement.²⁵ At Oyler, this team includes 3 full-time therapists, 1 part-time therapist, a full-time family case worker, a part-time nurse practitioner and a part-time therapist to see parents.²⁶</p> <p>Cincinnati Public Schools (CPS) receive funding from various foundations, contract with community agencies, and the Community Learning Center Institute, a local non-profit organization and a partner with CPS, provides Resource Coordinators at seven schools at no cost to the district.²⁷</p>	<p>At Oyler, Resource Coordinator Jami Harris-Luggen reports that because of the integrated model, there are no missed appointments or no-shows for mental health appointments and therapists develop trusting relationships with their student-clients and their families.</p> <p>An independent evaluation of CLC data is conducted annually to assess progress and provide recommendations. According to this data, a total of 2,233 CPS students received treatment through school-based mental health partners, 74% of students across CPS who were referred for services received treatment, and Resource Coordinators and the CLC teams continue to work with the School Based Mental Health Network of eight agencies to eliminate barriers to mental health and increase the number of students served.²⁸</p>	<p>A bipartisan-sponsored bill in 2014 authorized “school districts and community schools to initiate a community learning process to assist and guide school restructuring”²⁹ which will help to establish a framework modeled after Cincinnati Public Schools’ community learning centers for other Ohio schools.</p> <p>CPS steps for transforming a school into a Community Learning Center can be found at http://www.cincinnati.org/about-us/what-is-a-clc/steps-for-transformation.</p>
<p>Luis Muñoz Marin K-8 School and Lincoln-West High School (Ohio)</p>	<p>In 2014, Noah Borrero, an associate professor of urban education and social justice, led a daylong training session for teachers from Luis Muñoz Marin K-8 School and Lincoln-West High School to learn strategies for developing relationships and educating children touched by trauma.</p> <p>The Center for Transformative Teacher Training (CTT) has also been working with the schools to become culturally sensitive and to use “positive narration,” akin to PBIS.</p>	<p>Jeffery Keruski, Principal of Luis Muñoz Marin reported that after this training, behavior has dramatically improved and discipline problems have dropped significantly.³⁰</p> <p>CTT has been shown, in classrooms grades 3-12, to provide teachers with skills maintained over time, positively influence teacher and student behavior, and reduce off-task student behavior.³¹</p>	<p>The Center for Transformative Teacher Training offers a variety of programs and online training, described in greater detail at http://transformativeteachertaining.com/programs.php. Noah Borrero is an associate at the Center.</p>

Continue next page

School (location)	Program Description	Outcomes/Expected Benefits	Resources for TIC replication
<p>Belden Elementary (Canton, Ohio)</p>	<p>In January 2010, Barbara Oehlberg, a retired Cleveland City Schools family life counselor and author of several books on trauma-informed care in schools, led 21 hours of training that included an explanation of trauma and its roots in neuroscience, videos by Dr. Bruce Perry from the Child Trauma Academy, and in-person consultation. Fourteen staff members including teachers, a guidance counselor, librarian, intervention specialist, and others participated.³²</p> <p>As part of the program, each classroom created a “Safe Place,” a concept originated by Dr. Becky Bailey, where children can calm down when feeling distressed. Teachers also regularly discussed feelings and emotions with their students.³³</p>	<p>After the first semester of this program during the 2009-2010 school year, Belden moved up in the Ohio State Department of Education state report card rankings from Academic Emergency to Academic Watch. And, after a full year of the program, Belden moved up yet another level to Continuous Improvement.³⁴</p>	<p>To learn more about how to set up a “Safe Place,” watch this video by Dr. Bailey https://www.youtube.com/watch?v=aUMc3fW-gLEk. Learn more about Dr. Bailey’s teaching philosophy of conscious discipline at http://consciousdiscipline.com/.</p> <p>Barbara Oehlberg has published multiple books on trauma and education, available at http://www.reachingdifficultkids.org/book.html.</p>
<p>Westerville City Schools (Ohio)</p>	<p>Building Better Lives is a community-wide initiative by the Family and Children First Council (FCFC) that encourages everyone providing services to children and families to understand the impact of trauma on a child’s brain, learning, and behavior and to implement strategies to support healthy development and improve educational and health-related outcomes.³⁵</p> <p>Thanks to funds from FCFC, more than 150 staff members (about 15 percent of total district staff) have voluntarily taken the five-hour introductory course in Dr. Perry’s Neurosequential Model in Education (NME), offered online by the Child Trauma Academy.²²</p> <p>Teachers started incorporating more movement in the classroom rather than forcing kids to sit still all day.³⁶ Teachers also made it a priority to work with parents to understand a child’s history in order to determine Individualized Education Plans.</p>	<p>According to Special Education Coordinator Suzanne Kile, every teacher that completed the training and responded to an attitudinal survey reported being less frustrated with student behavior than in the past.³⁷ Teachers also reported thinking more about each child’s emotional state during instruction; and when students are not in the right state for learning, teachers are incorporating brain-informed strategies to help students regulate and focus on instruction.</p> <p>Julie Buzard and Carol Taylor from FCFC emphasized that the single most important benefit from the training was that teachers began looking at children’s behaviors differently.³⁶</p>	<p>To learn more about Building Better lives, visit http://helpmykid.org/building-better-lives-initiative. The Child Trauma Academy offers in-person training as well as online videos, training materials, courses, tools, free articles, and other resources. For more information visit http://www.childtrauma.org/.</p>

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School (location)	Program Description	Outcomes/Expected Benefits	Resources for TIC replication
South-Western City Schools (Ohio)	<p>The district has brought in specialists to help train staff on topics including the brain basis of trauma, mindfulness, and how to listen to stories from trauma survivors. All school personnel participate in a training session once or twice a year where they are educated on trauma and how to recognize it, and are provided with both internal and external resources for handling trauma.</p> <p>Through their partnership with TLC, Southwestern City Schools started implementing Structured Sensory Intervention for Traumatized Children, Adolescents & Parents, a field-tested evidence-based practice, with programs for different age groups, based on structured sensory therapy, sensory-based activities, and cognitive-reframing.^{38,39}</p>	<p>Michael Markowitz, a consultant for Crisis Oriented Planning & Educational Services (COPES),⁴⁰ reported that in one instance, several students were deeply affected by a traumatic event and SITCAP proved helpful for most of the kids, and only a few required additional supports outside of school. This example illustrates that interventions, like SITCAP, can improve mental health in the district without requiring outside clinical support.</p>	<p>To learn more about SITCAP, visit https://www.starr.org/content/structured-sensory-interventions-traumatized-children-adolescents-adults-and-parents-sitcap[®]</p>

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Appendix 2: Resources for Beginning Trauma-Informed Practices

GENERAL EDUCATION ON CHILDHOOD TRAUMA

2014 Franklin County Children's Report: How Toxic Stress Threatens Success

Report on how poverty, stress, and trauma undermine children's success and how to develop and support resilient children. It provides examples of local programs, community efforts, and investments to counter child trauma and stress in Franklin County. http://liveunitedcentralohio.org/download/initiatives/champion_of_children/2014_FCC_Report_140620.pdf

Australian Child & Adolescent Trauma, Loss & Grief Network

This website provides information, webinars, and resources about trauma and children. <http://earlytraumagrief.anu.edu.au/>

Center on the Developing Child

This Harvard University website provides science and policy-related information on early development, brain architecture, toxic stress, and other key concepts to understand the effects of trauma on children. <http://developingchild.harvard.edu/>

Center for Mental Health in Schools

The Center was created to pursue theory, research, practice and training to address mental health and psychosocial concerns through school-based interventions. It offers toolkits, factsheets, and publications about mental health issues in schools. <http://www.smhp.psych.ucla.edu/>

Essential Trauma Informed Practices in Schools

PowerPoint presentation created by Barb Iversen and Shannon Cronn from the Arizona Department of Education School Safety and Prevention that defines trauma, explains how trauma impacts child behavior and learning, and identifies important trauma-informed practices in a school setting. <http://www.azed.gov/prevention-programs/files/2013/12/trauma-informed-schools-barb-iversen.pdf>

The Language of Trauma and Loss

This website provides teachers with information about the effect of trauma and loss in children, explains the teacher's role in identifying and referring students affected by trauma, and provides professional development videos and reference materials. <http://westernreservepublicmedia.org/trauma/>

The National Child Traumatic Stress Network website

The Network was established to improve access to care, treatment, and services for traumatized children and adolescents exposed to traumatic events. The website provides extensive information, resources, and products. To see a list of clinical treatment and trauma-informed service approaches used by NCTSN and their factsheets, go to Resources → Topics → Treatments that Work → Promising Practices. <http://www.nctsn.org/products>

Optimum Learning Environments for Traumatized Children: How Abused Children Learn Best in School

Dr. Dave Ziegler describes why a child affected by trauma might struggle in school and elements that should be avoided or enhanced in school settings.

http://www.jaspermountain.org/optimum_learning_environment.pdf

Professional Quality of Work Life

This website provides information about compassion issues that teachers working with traumatized youth might experience that affect their professional quality of life including satisfaction and compassion fatigue, burnout, secondary traumatic stress, vicarious traumatization and vicarious transformation. The website provides information, presentation tools, downloadable PowerPoint slides, and manuals for handling these issues.

http://proqol.org/Home_Page.php

Trauma-Informed Care for Children Exposed to Violence: Tips for Teachers

Handout developed by the Safe Start Center for teachers on understanding trauma, identifying signs of trauma in different age groups, and suggestions for what teachers can do to help

<http://www.justice.gov/sites/default/files/defendingchildhood/legacy/2011/09/19/tips-teachers.pdf>

Trauma-Sensitive School Checklist

Checklist for assessing how trauma-sensitive a school already is
<http://sspw.dpi.wi.gov/files/sspw/pdf/mhtraumachecklist.pdf>

Why Schools Need to Be Trauma Informed

Article by Barbara Oehlberg on the need for schools to be trauma-informed which discusses brain development, what it means for a school to be trauma-informed, and accruable benefits to schools.
<https://www.starr.org/sites/default/files/articles/whyschoolsneed.pdf>

TRAINING/CONSULTING (IN-PERSON OR ONLINE)

Center for Transformative Teacher Training

Organization that provides professional development to transform teaching in traditionally underserved communities. They offer in-person training as well as one online course. Their No-Nonsense Nurturer Course and Building Equitable Classrooms series have considerable content about the trauma that many students have experienced and how to best address students with traumatic experiences.

<http://transformativeteachertraining.com/programs.php>

Child Trauma Academy (CTA)

CTA is a collaborative, interdisciplinary virtual network for learning about trauma and tools for implementing trauma-informed care. CTA offers training and certification in the Neurosequential Model (NMT), a developmentally-informed, biologically-respectful approach to working with at-risk children, through in-person or recordings. CTA also offers two online courses in the Neurosequential Model in Education (NME) which is designed to help educators understand NMT and to apply that knowledge to teaching and learning. CTA also offers a number of online training materials and resources.

<http://childtrauma.org/>

Cognitive Behavioral Intervention for Trauma in Schools (CBITS)

CBITS, is a school-based program that uses cognitive behavioral techniques like relaxation, social problem solving, and cognitive restructuring to help students who have experienced trauma reduce symptoms of post-traumatic stress disorder (PTSD), depression, and behavioral problems, and to improve functioning, grades and attendance, peer and parent support, and coping skills. CBITS offers a host of free resources including both online and in-person training on how to implement CBITS in a school.

<https://cbitsprogram.org/>

Conscious Discipline

Conscious Discipline is a comprehensive social-emotional learning and classroom management program based on current brain research. They offer workshops, conferences, and customized solutions such as on-site training, on-site coaching, or off-site coaching. A variety of resources, video, and products are also available.

<http://consciousdiscipline.com/>

National Institute for Trauma and Loss in Children (TLC)

TLC provides online or partially in-person training to become a Certified Trauma Specialist. They provide books, handbooks, and other resources for implementing trauma-informed practices.

<https://www.starr.org/training/tlc/certification/level-1-specialist-certification>

Trauma-Informed Yoga Training

Street Yoga offers a national training program to individuals with 20-30 hours of personal yoga experience on how to adapt yoga for working with youth experiencing trauma. A school wanting to implement these practices could send interested school personnel training in teaching yoga and starting a program.

<http://streetyoga.org/training/training-overview/>

LOCAL TRAINING AND CONSULTING

Bellefaire

Clinical counselors and social workers from Bellefaire work in schools throughout Cuayahoga and Lorain counties, including over 60 Cleveland schools. Services include assessment; wrap-around/community psychiatric treatment and prevention for Pre-K-12 students with mental health needs, including trauma-related issues. They work with educators to provide consultation, prevention services, or therapeutic interventions.

<http://www.bellefairejcb.org/counseling/school-based-counseling>

Positive Education Program Consultation and Training Services

Positive Education Program (PEP) was established in collaboration with area superintendents more than 40 years ago to support school districts in serving challenging students. PEP recently underwent a three-year initiative to become fully certified by Sanctuary as a trauma-informed organization. Today, PEP operates several Day Treatment Centers, Connections, Early Childhood Plus, and PEP Assist. Through PEP Assist, PEP provides consultation and training for school districts which are guided and supported by a trauma-informed perspective. Some districts use PEP Assist to provide targeted consultation for students who are having difficulty managing the classroom environment while others use it to deliver training to build competencies of the district's professionals. Services are always tailored to meet a district's needs.

<http://www.pepcleve.org/assist.aspx>

OUT-OF-STATE TRAINING AND CONSULTING

The Center for Transformative Teacher Training

The Center for Transformative Teacher Training offers a variety of programs and online training opportunities to improve classroom management and promote student academic success, including training on cultural sensitivity and positive narration.

<http://transformativeteachertraining.com/index.php>

Child Trauma Academy

The Child Trauma Academy is a collaborative, interdisciplinary virtual network for learning about trauma and tools for implementing trauma informed care. CTA offers training courses in the Neurosequential Model in Education (NME) as well as online videos, training materials, online courses, tools and other resources.

<http://childtrauma.org/>

Collaborative & Proactive Solutions (CPS)

CPS, developed by psychologist Ross Greene, is a model to help educators understand behaviorally challenging students and how to work with them to achieve better outcomes. Online training includes audio programming and demonstration videos specifically designed for educators and schools. CPS provides FREE web-based resources. Dr. Greene and his colleagues also offer further training through live workshops and consultation.

<http://www.livesinthebalance.org/>

Safe & Civil Schools

Safe & Civil Schools is a training initiative to create emotionally and physically safe school environments that foster independence, integrity, confidence, self-control, kindness, literacy, and responsibility. They offer workshops and in-service trainings, consultation, books, and DVDs on professional development for K-12 educators.

<http://www.safeandcivilschools.com/>

The Sanctuary Model

The Sanctuary Model, a trauma-informed full-system approach, creates a safe, nurturing therapeutic environment that supports children and youth impacted by trauma and helps them reorganize their self-defeating beliefs and get hope for the future. Resources and opportunities for training and education are available on the Sanctuary Model.

<http://www.sanctuaryweb.com/>

BOOKS/MANUALS FOR SELF-TRAINING

Calmer classrooms: A guide to working with traumatized children

Commissioned by the Child Safety Commissioner, this booklet assists kindergarten, primary and secondary teachers, and other school personnel to understand trauma in children and to introduce educators to the calmer classroom model which focuses on developing a relationship between the teacher and the child.

http://www.cyp.vic.gov.au/childsafetycommissioner/downloads/calmer_classrooms.pdf

Child Trauma Toolkit for Educators

Developed by the National Child Traumatic Stress Network, this toolkit provides detailed information on trauma in children, self-care for educators, and suggestions for educators on helping a traumatized child.

http://rems.ed.gov/docs/NCTSN_ChildTraumaToolkitForEducators.pdf

Conscious Discipline

Conscious Discipline, a teaching philosophy designed by Dr. Becky Bailey, is a research-based comprehensive self-regulation program that combines social-emotional learning with discipline and guidance.

http://consciousdiscipline.com/downloads/research/2014_new_research_summary--FINAL.pdf

Edgework Consulting

The passionate team of master practitioners in organizational and team development, program design, training and facilitation at Edgework Consulting offer various publicly available tools and resources, including resources on trauma-sensitive sport programs. Although the resources are specific to sport-based intervention, the guiding principles could easily be applied off the field or court and in the classroom to help children heal after trauma.

<http://www.edgeworkconsulting.com/assets/PlayingToHealEdgeworkJUNE2013.pdf>

<http://www.edgeworkconsulting.com/assets/The-Power-of-Sports-in-Working-With-Youth-Affected-by-Complex-Traumafor-websitev1.pdf>

The Heart of Learning: Compassion, Resiliency, and Academic Success

This handbook compiled by the Office of Superintendent of Public Instruction and Western Washington University staff provides recommendations for teachers on how to interact with trauma-affected students on a daily basis. It is available for download for free.

<http://www.k12.wa.us/compassionateschools/heartoflearning.aspx>

Helping Traumatized Children Learn

The Trauma and Learning Policy Initiative (TLPI) has published two volumes of Helping Traumatized Children Learn, both of which are downloadable for free. Volume 1: A Report and Policy Agenda summarizes research in psychology and neurobiology on trauma in childhood and introduced the Flexible Framework, a tool to help any school create a trauma-sensitive learning environment. Volume 2: Creating and Advocating for Trauma-Sensitive Schools is a guide for creating trauma-sensitive schools and a policy agenda to provide support for school to become trauma-informed.

<http://traumasensitiveschools.org/tlpi-publications/>

How Schools Can Help Students Recover from Traumatic Experiences: A Tool Kit for Supporting Long-Term Recovery

This toolkit produced by the RAND organization helps schools promote long-term recovery in students affected by trauma. It aims to help schools determine the best approach by comparing programs on several dimensions and providing information on how to obtain each program's manual and other aids.

http://www.rand.org/content/dam/rand/pubs/technical_reports/2006/RAND_TR413.pdf

Making It BETTER: Activities for Children Living in a Stressful World

Written by Barbara Oehlberg, this book provides more than 70 practical group activities for children aged 3-10 who have been affected by trauma to help them engage in self-healing and self-empowerment. Extensive background information complements the wide range of healing art, play, and language arts activities.

<http://www.redleafpress.org/Making-It-Better-P22.aspx>

Making Space for Learning: Trauma-Informed Practice in Schools

Australian Childhood Foundation produced this resource guide for schools to learn about the effects of trauma on child development and functioning, to promote principles for trauma-informed schools, and to provide trauma-sensitive strategies schools can implement.

<http://www.childhood.org.au/~media/Files/Fundraising%20files/Fundraising%20resource%20files/Making%20space%20for%20learning%20ACF.ashx>

NCTSN Learning Center: Special Topics

The Learning Center provides links to free resources available through the NCTSN that functions as an online classroom where participants can explore the resource, hear how others in the field are using it, what others think, and keep up to date on related activities.

<http://learn.nctsn.org/course/index.php?categoryid=6>

Positive Behavioral Interventions & Supports

Positive Behavioral Interventions and Supports (PBIS), also known as SWPBS (School-Wide Positive Behavior Supports), emphasizes proactive strategies for defining, teaching, and supporting appropriate student behaviors to create a safe, positive school environment. It is based on the belief that teaching behavioral expectations and rewarding students for following them is much better than waiting for misbehavior to occur before responding.¹ More than 16,000 schools across the US currently use PBIS.² The Technical Assistance Center on Positive Behavioral Interventions and Supports, established by the U.S. Department of Education's Office of Special Education Programs (OSEP), provides resources to assist states, districts, and schools to establish, improve, and sustain the PBIS framework.

<http://www.pbis.org/training>

Program Manual: Support for Students Exposed to Trauma: The SSET Program

Produced by the RAND organization and sponsored by the National Institute of Mental Health, this document provides a group leader training manual, lesson plans, and lesson materials and worksheets to assist in the implementation of SSET, a series of support groups that use a structured approach to reduce distress from exposure through skill-building techniques.

http://www.rand.org/content/dam/rand/pubs/technical_reports/2009/RAND_TR675.pdf

Reaching and Teaching Stressed and Anxious Learners in Grades 4-8: Strategies for Relieving Distress and Trauma in Schools and Classrooms

Written by Barbara Oehlberg, this important resource helps educators understand how trauma and stress interfere with cognitive skills, and how classroom and school activities can be used to restore feelings of safety, empowerment, and well-being.

<https://us.sagepub.com/en-us/nam/reaching-and-teaching-stressed-and-anxious-learners-in-grades-4-8/book227993>

Structured Sensory Intervention for Traumatized Children, Adolescents & Parents (SITCAP)

SITCAP is a field-tested, evidence-based practice, with specific programs for different age groups, based on structured sensory therapy, sensory-based activities, and cognitive-reframing.

<https://www.starr.org/content/structured-sensory-interventions-traumatized-children-adolescents-adults-and-parents-sitca-0>

Supporting and Educating Traumatized Students: A Guide for School-Based Professionals

This guide, written by Eric Rossen and Robert Hull, provides recommendations to non-clinically trained educators on how to support trauma-affected students, keeping in context developmental and cultural considerations.

<https://global.oup.com/academic/product/supporting-and-educating-traumatized-students-9780199766529?cc=us&lang=en&>

¹ U.S. Office of Special Education Programs, "Positive Behavioral Interventions & Supports."

² Stevens, "Massachusetts, Washington State Lead U.S. Trauma-Sensitive School Movement."

Trauma Center at Justice Resource Institute – ARC

The Trauma Center at Justice Resource Institute developed Attachment, Self-Regulation and Competency (ARC), a framework for intervention with youth and families who have experienced traumatic stress which targets attachment, self-regulation, and competency. The ARC manual and affiliated handouts are available for purchase on the Publications & Products section of the Trauma Center web site. The Trauma Center also offers various training and education opportunities and resources.

http://www.traumacenter.org/products/arc_purchase.php

FINDING FUNDING OPPORTUNITIES

A Guide to Private Funding to Support Child Traumatic Stress and Other Trauma-Focused Initiatives

Produced by The National Center for Child Traumatic Stress, this guide provides information and guidance on how to access private funding opportunities to support the development and implementation of trauma-informed initiatives.

http://www.nctsn.org/sites/default/files/assets/pdfs/Private_Funding_Guide_Final.pdf

NCTSN Funding Opportunities

NCTSN provides links to sources of information about federal and private funding opportunities for organizations that want to expand trauma-informed care practices.

<http://www.nctsn.org/resources/sustainability/funding-opportunities>

U.S. Department of Education

Various grants are offered through the U.S. Department of Education to help schools develop safe and supportive school environments.

Project Prevent

Project Prevent is a grant program to help schools identify students at-risk for trauma, offer mental health services for trauma or anxiety, and implement other school-based prevention programs.

<http://www2.ed.gov/programs/projectprevent/index.html>

Grants for the Integration of Schools and Mental Health Systems

This grant program aims to increase student access to quality mental health care by linking school systems with mental health systems.

<http://www2.ed.gov/programs/mentalhealth/index.html>

Safe Schools-Health Students Initiative

This grant program helps create safe and drug-free schools, promote healthy child development, and prevent violence.

<http://www2.ed.gov/programs/dvpsafeschools/index.html>