BeyondBehavior

Trauma-Informed Classrooms and Schools

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Childhood emotional, physical, and/or sexual trauma is a common experience. Research indicates that as many as 68% of children experience at least some form of trauma event (Pappano, 2014). Although many children will not experience post-traumatic effects of such experiences, many students with disabilities, particularly students with emotional and behavioral disorders (EBD) have experienced trauma such as abuse or neglect (Jaudes & Mackey-Bilaver, 2008; Milot, Ethier, St-Laurent, & Provost, 2010). For example, in one recent study of children in the child welfare system it was found that the most common disability present in children with substantiated maltreatment was emotional disturbance (Lightfoot, Hill, & LaLiberte, 2011). Furthermore, it is estimated that about 30% of adolescents with EBD have experienced trauma or show signs of post-traumatic stress disorder (Mueser & Taub, 2008). Thus, teachers of students with EBD need to be aware of the impact of trauma on children and the most effective ways to address their educational and social needs.

The purpose of this article is to discuss the nature of childhood trauma with an emphasis on its impact in educational settings. A particular focus will be on multitiered, research-based strategies for supporting students who have experienced trauma. I begin by discussing the impact of trauma on children, followed by a brief description of trauma-informed practice. The major emphasis of the article is a discussion of specific supports and interventions along with additional considerations for supporting implementation of trauma-informed practices.

Trauma and its Effect on Children in Schools

The American Psychological Association (APA; 2015) describes trauma as "an emotional response to a terrible event." The APA also indicates that such trauma can lead to challenges with emotional regulation, social relationships, and the development of physical symptoms due to anxiety. Traumatic experiences may include physical or sexual abuse, neglect, experiencing or witnessing domestic violence, exposure to community and school violence, natural or man-made disasters, terrorism, suicides, and war.

Trauma can take many forms and may involve the family, a community, or even an entire nation. For example, some communities and schools have high rates of refugees who may have experienced trauma in their native country through violence, famine, or displacement (e.g., Ellis, MacDonald, Lincoln, & Cabral, 2008). Trauma can relate to individual incidents (e.g., terrorism, school shootings) or day-to-day life (e.g., abuse, neglect; American Association of Children's Residential Centers, 2014).

Tragically, people often hear of horrific tragic events in the news media such as school shootings or terrorism. Such events may be traumatizing to children. As damaging as these events can be, most students, including a number of students with disabilities such as EBD, experience trauma (Jonson-Reid, Drake, Kim, Porterfield, & Han, 2004; Romano, Babchishin, Marquis, & Frechette, 2014) through what has been referred to as adverse childhood experiences, or ACEs. A large study conducted between 1995 and 1997 by the Centers for Disease Control (Felitti et al., 1998) found that ACEs are very common. ACEs include 10 different experiences grouped into three overarching categories: abuse, neglect, and household dysfunction. Results from the ACEs study indicate that roughly 64% of people experience at least one ACE with 22% of the population experiencing three or more ACEs. *Table 1* provides specific information about the prevalence of each ACE. ACEs are associated with a number of deleterious outcomes including significant health problems later in life (e.g., obesity-related illnesses) and early death.

More closely related to school-based challenges, ACEs are associated with social, emotional, and cognitive impairment, engaging in high-risk behaviors, disability, and social problems (http://www.cdc.gov/violenceprevention/acestudy/), all of which are common in students with EBD (Walker, Ramsey, & Gresham, 2004). It has been found that the more ACEs a child experiences (referred to as an ACE score), the higher the likelihood of experiencing these negative outcomes. These challenges can manifest themselves in a number of school-based academic and behavioral challenges such as aggression, attendance problems, depression, inattention, anxiety/withdrawal, and delayed language and cognitive development (Lansford et al., 2002; Veltman & Browne, 2001). Given the common nature of ACEs and other traumatic experiences and their direct impact on educational progress of students, it is critical that educators engage in trauma-informed educational practices.

Trauma-Informed School Practices

While research and theory has been put forth in the mental health

Table 1 Types and Prevalence of Adverse Childhood Experiences

Adverse Childhood Experiences	Prevalence (percentage)
Abuse	
Emotional abuse	10.6
Physical abuse	28.3
Sexual abuse	20.7
Neglect	
Emotional neglect	14.8
Physical neglect	9.9
Household dysfunction	
Mother treated violently	12.7
Household substance abuse	26.9
Household mental illness	19.4
Parental separation or divorce	23.3
Incarcerated household member	4.7

and social services fields regarding trauma-informed practices (Knight, 2015), the discussion of trauma-informed practice in schools is less common. This is somewhat troubling given the finding that schools are often the primary provider of mental health services for children (Evans, Stephan, & Sugai, 2014). Trauma-informed practice is focused on practice that, "encourages . . . providers to approach their clients' personal, mental, and relational distress with an informed understanding of the impact trauma can have on the entire human experience" (Evans & Coccoma, 2014, p. 1). According to the National Center for Trauma-Informed Care (NCTIC, 2015), a trauma-informed approach can be applied to a program, organization, or system that

1. Realizes the widespread impact of trauma and understands potential paths for recovery;
2. Recognizes the signs and symptoms of trauma in the clients, families, staff, and others involved with the system;
3. Responds by fully integrating knowledge about trauma into policies, procedures, and practices; and
4. Seeks to actively resist retraumatization (Substance Abuse and Mental Health Services Administration [SAMHSA], 2014).

With the high prevalence of trauma in school-age children and youth, it is likely that many students who have experienced trauma may not receive special education services, including support under the emotional disturbance category. Furthermore, "trauma-informed" is not just applied to specific practices but, rather, encompasses an entire organizational structure and is reflected in its purpose, policies, and mission (NCTIC, 2015). Thus, trauma-informed practice should focus on educational strategies across a continuum of multitiered systems of support (MTSS) such as school-wide positive behavioral interventions and supports (SWPBIS; Horner, Sugai, & Anderson, 2010). Below are multitiered supports that adhere to many of the goals and principles of trauma-informed organizations. These include supports for student safety, positive interactions, culturally responsive practices, peer supports, targeted supports, and strategies that support the individualized needs of students.

Safety and Consistency

A key principle of trauma-informed educational practice is the development of a safe environment. While safety is important for all students, it is especially important for students who have experienced trauma. Many traumatic experiences threaten a child's safety (e.g., physical abuse, witnessing domestic violence) and it is important to avoid retraumatizing victims. In systems of SWPBIS, establishing a safe environment is critical and often done through the development, teaching, and reinforcement of three to five school-wide expectations (Horner et al., 2010). For example, one school/class-wide expectation might include "be safe." This would be taught and enforced throughout the school. Although this is a universal intervention that has demonstrated effects for all students (Horner et al., 2010), having similar expectations across school environments also helps traumatized children's need for consistency (Pappano, 2014). Children who have experienced trauma may need additional supports to ensure consistency in their environment including advanced warnings for transitions, reminders, or specific information about changes in the routine. For example, if students normally transition from reading to math but a field trip is occurring after reading, students who have experienced trauma may need additional reminders or specific prompts about changes in the schedule.

Positive Interactions

High rates of positive interactions including behavior specific praise statements are a common, evidence-based universal strategy. Benefits of high rates of praise statements include improved academic engagement and reduced behavioral difficulties (Conroy, Sutherland, Snyder, Al-Hendawi, & Vo, 2009). Research has long indicated the need to increase and maintain higher rates of positive interactions for students with EBD, particularly those who have experienced trauma (Fisher, Gunnar, Chamberlain, & Reid, 2000). Positive interactions can include tangible rewards, behavior specific praise statements (e.g., "excellent job following directions!"), or noncontingent praise, which includes general positive interactions with students to create a welcoming environment (e.g., "Great to see you today, Ramon!").

Culturally Responsive Practice

Trauma-informed schools also need to be culturally sensitive and responsive to the needs of the

Table 2 Purposes of Sample Screening Tools

Screening Tool	Externalizing Behavior Problems	Internalizing Behavior Problems
Behavioral and Emotional Screening System (BASC-2 BESS; Kamphaus & Reynolds, 2007)	X	X
Strengths and Difficulties Questionnaire (SDQ; Goodman, 2005)	X	X
Student Risk Screening Scale (SRSS; Drummond, 1994)	X	
Student Internalizing Behavior Screener (SIBS; Cook et al., 2011)		X
Systematic Screening for Behavior Disorders (SSBD; Walker, Severson, & Feil, 2014)	X	X

diversity within its walls. Different cultures have varied expectations for gender roles, norms for adult–child interactions, and behavioral norms in different contexts (Sugai, O'Keeffe, & Fallon, 2012). Because cultures may vary significantly, it is important to have regular contact with families and ensure that school staff has at least beginning knowledge of the mores and norms of diverse cultures. For a number of reasons, this is particularly important for children who have experienced trauma. For example, if a child has been traumatized due to experiences fleeing from a country with significant civil strife, this information can be used to avoid traumatization.

Also, understanding the subtleties of language across cultures is helpful. Sugai et al. (2012) give the example of a teacher stating "you didn't push in your chair" as causing behavior management challenges in a class where the teacher from a dominant culture interprets this statement as a command while the student interprets it simply as a statement of fact. While this could cause challenges for any student from a cultural minority, it can be even more challenging for students who have experienced trauma, given the potential increase in anxiety it may cause when teacher and student expectations are different.

Peer Supports

Peer supports in mental health settings for children who have experienced trauma often mean having peers who have experienced similar hardships working together to address needs (SAMHSA, 2014). Although a public school may or may not pair children together for such treatment, the use of peer supports can be an excellent universal strategy. Peer supports may include options such as peer tutoring (Bowman-Perrott et al., 2013), which places all children, including children who have been traumatized, into an empowering leadership role. Peer tutoring also provides structured opportunities to interact positively with peers in an academically engaging manner. This can support feelings of success and self-efficacy which may be helpful during recovery and, more generally, promote positive development (Benight & Bandura, 2004).

Targeted Supports

Targeted supports, often implemented within MTSS/SWPBIS systems as Tier 2 interventions, can be helpful in addressing a number of the social and behavioral challenges experienced by children who have been traumatized. A number of supports and interventions targeted toward students with more challenging emotional and behavioral difficulties are available. Within systems of MTSS, supports including screening, check-in/check-out (CICO), and social skills instruction may be particularly effective (Bruhn, Lane, & Hirsch, 2014).

Screening is a systematic process used to identify students at risk who may benefit from additional support (Oakes, Lane, Cox, & Messenger, 2014). Screening is an important practice for any school when implementing a multitiered system of support. However, it is particularly helpful for identifying challenges often associated with traumatization including aggression, defiance, depression, and anxiety. Although screening students found to be at risk for EBD does not specifically identify students who have been traumatized, the screening process can be helpful for identifying all students in need of behavioral support, including a number of students experiencing challenges due to trauma. When screening in a trauma-informed school, it is important to have processes that identify students who have externalizing (e.g., aggression, disruptions) *and* internalizing (e.g., withdrawal, sadness, anxiety) behavior problems, given that both are associated with trauma. *Table 2* contains a partial list of screening tools that screen for various types of challenges.

Students identified for targeted supports may receive one of a menu of interventions to address their areas of risk. One evidence-based intervention that may benefit children exposed to trauma is check-in/check-out (CICO; Crone, Hawken, & Horner, 2010). Briefly, CICO includes a student being assigned a mentor, regular prompts for expected behavior, positive adult interaction including feedback on progress towards meeting behavioral expectations, and positive reinforcement for meeting goals. CICO may be beneficial to children that have experienced trauma given its focus on predictable, scheduled check-ins and the scaffolding of a

positive and productive teacher–child relationship (Crone et al., 2010).

Another intervention that may be beneficial is social skills instruction. Children who have experienced trauma may struggle with a number of social skills related to organization, anger management, and problem solving (van der Kolk, 2005). Effective social skills instruction includes explicit teaching, modeling, and practicing elements, including multiple opportunities to practice the skill with feedback.

Individualized Supports

Students who have been traumatized may exhibit a number of challenging behaviors. The multifaceted nature of these challenges often makes such students candidates for individualized behavior support. Fortunately, there are significant commonalities between individualized behavior supports and trauma-informed practice including individualized planning, client voice, empowerment, and family supports (Eber, Breen, Rose, Unizycki, & London, 2008). Individualized supports are informed by data collected from functional behavioral assessments (FBA; Crone, Hawken, & Horner, 2015). Completion of the FBA includes determining the environmental variables that predict and maintain problem behavior. For example, people or specific situations that remind the student of their traumatic experience may trigger a student's aggressive behavior in the classroom. When these triggers are identified, support plans can be developed that remove or adjust these antecedents (Crone et al., 2015). For example, if a student exhibits challenging behavior after hearing loud noises like a fire alarm, a plan can be put into place to alert the student to when a fire drill is going to occur. Or, the student can be removed from the setting just before the fire alarm sounds.

In addition to function-based supports for students with or at risk for EBD who have been traumatized, the NCTIC (2015) suggests that there is a need to focus on student empowerment, voice, and choice in the process of individualized support planning. These features can often be found in wraparound supports. Wraparound supports include family collaboration and natural environmental supports that focus on the student/family's strengths, assets, and needs rather than the problem (Eber et al., 2008). For example, rather than focusing singularly on a student's poor peer interactions, wraparound supports could be designed around the student's particular interests and his or her potential need for more positive connections with peers.

Additional Considerations

In addition to practices across all tiers, other organizational considerations are helpful to consider when supporting the educational and social success of children who have been traumatized. These include issues related to strengths-based approaches and vicarious traumatization (American Counseling Association, 2011).

Use of a Strengths-Based Approach

Although children exposed to trauma face a number of educational and social challenges, it is important to identify strengths-based approaches when working with students with traumatic histories. Many of the practices and assessment strategies that are beneficial to students with EBD, including those that have been traumatized, focus inordinately on the emotional/behavioral deficits of the population (e.g., depression, aggression, attention problems). It is imperative that these needs be addressed. However, students also need to experience significant moments of success during their school day. Finding times for students to showcase their strengths and offering choices during the day to provide opportunities for students to engage their interests are also critical. Some students that have been traumatized currently live in the environment where the trauma occurred. For example, they may be currently living with a family member who is physically abusive. In such instances, providing a safe, trusting environment where students feel successful can be just as powerful as other evidence-based interventions (NCTIC, 2015). Additionally, NCTIC emphasizes the need for victims of trauma to be empowered and have a voice and say in the decisions made about their lives. This is done through collaborative planning that involves both the child, as appropriate, as well as the family. Providing such empowering experiences is particularly important when planning individualized behavior supports (Brown, Anderson, & De Pry, 2015).

Addressing Vicarious Traumatization

While much of our work as professionals in trauma-informed schools needs to focus on the unique needs of children who have experienced such hardships, it is also important to address the needs of adults who work directly with children. One challenge that can be accompanied with working with children exposed to trauma is vicarious traumatization. Vicarious traumatization has also been referred to as compassion fatigue, secondary traumatic stress, or secondary victimization (American Counseling Association, 2011). Essentially, vicarious traumatization occurs when a professional working with children exposed to trauma "experiences" the trauma. According to the American Counseling Association, vicarious traumatization may include a preoccupation with the traumatic event(s), avoidance of talking or thinking about traumatic events, being in a persistent state of arousal, losing sleep over children under one's care, anger, and difficulty discussing feelings.

Addressing vicarious traumatization requires an awareness of one's internal emotional state and

emotional self-monitoring. In the absence of supports to address vicarious traumatization and other challenges associated with working with children exposed to trauma, professionals can succumb to stress, burnout and, ultimately, leave the field. Supports for educators can be both informal and formal. Formal mentoring programs can be utilized as a form of emotional support and guidance for implementing practices (Israel, Kamman, McCray, & Sindelar, 2014). In a trauma-informed school, typical teacher mentoring programs could include components related to trauma including professional development. School-based clinicians such as counselors, social workers, and psychologists can also be helpful with processing the emotional strain that can come with addressing the needs of traumatized children. These professionals could be helpful with individual or small group sessions with teachers or through providing training on various ways to deal with the stress of teaching students with challenging emotional and behavioral needs. Book study or facilitated workshops can also be helpful. For example, a group of teachers could read and practice the activities found in *Stress Management for Teachers* (Herman & Reinke, 2015). Such resources provide coping strategies to address the rigors of stressful classroom experiences. Finally, it is important for educators to increase the amount of positive experiences they have in their own lives, particularly around teaching. It can be helpful to celebrate the "small" successes within a seemingly vast sea of challenges.

Application of Trauma-Informed Approaches in the Classroom

Mrs. Seeley is a classroom teacher in a diverse community with a number of students from various socioeconomic, linguistic, and cultural backgrounds. She has 25 students in her class and a number have experienced trauma. She begins each day by greeting her students individually and positively as they walk into the classroom. Upon the start of class she reviews the behavioral expectations, providing specific examples of what expected behavior looks and sounds like. Then, Mrs. Seeley makes sure all students know the schedule for the day, which is also posted on the bulletin board. Additionally, she spends an extra minute with Ellie, a student who experienced abuse and was recently removed from her home, to remind her of her specific goals on her CICO intervention and to provide additional encouragement. Despite the traumatic experiences, Ellie's school social, academic, and behavioral functioning have improved since beginning CICO because of the increased structure, prompting, predictability, and opportunities to build a more trusting relationship with her teacher.

After a recent screening of students for academic and behavioral risk, Mrs. Seeley identified the need for additional academic supports for several students, including Abdulla, an English language learner who spent several months in a refugee camp. She has decided to implement peer tutoring. Ellie is a strong reader and is paired with Abdulla for this intervention. This boosts Ellie's confidence and gives Abdulla additional practice developing reading fluency and vocabulary. Abdulla, a previously withdrawn student, has begun interacting more frequently with his classmates.

Mrs. Seeley is proud of her students and feels she has created a safe, responsive, proactive environment. On days when she experiences frustration or is emotionally triggered by one of her student's traumatic experiences, she takes time to meet with the school counselor to discuss the issue and also uses deep breathing and meditation exercises to avoid getting overwhelmed emotionally. Mrs. Seeley has created a trauma-informed environment in her classroom and has incorporated her individualized programming with the multitiered school-wide supports in place for all students, particularly students who have experienced trauma.

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