IMPROVING SCHOOL OUTCOMES FOR TRAUMA-IMPACTED STUDENTS

National Dropout Prevention Center

TRAUMA-SKILLED SCHOOLS MODEL

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INTRODUCTION

by **Dr. Bill Daggett, Founder and Chairman, Successful Practices Network** and **Ray McNulty, President, Successful Practices Network**

Over the last 15 years we have noticed a steady and at times overwhelming shift in the challenges that are presented to our schools. These new challenges are different from the continued focus on raising content mastery and student performance levels. They are deeper and outside of the general scope of traditional educator training. High numbers of students are negatively impacted by adverse childhood experiences (ACEs), the traumas and stressors that can alter the beliefs and mindsets of children and frequently produce negative school behaviors and interfere with learning (Adverse Childhood Experiences, 2018). For these students, doubling down on instruction is not likely to produce increased content mastery. No longer can we define our role as only academic. No longer can we ignore the social and emotional needs of our students and hope for outside help. Trauma-impacted students need relationships and experiences that reshape mindsets and build resiliency to succeed in school. Educators are increasingly aware of trauma's existence and are attempting to become more "trauma informed" and "trauma sensitive". Action, however, not just information and sensitivity, is required if we are to reach, teach, and graduate this growing segment of our student population.

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Understanding of trauma, including its presentations, its causes, and its effects, is prerequisite to becoming trauma skilled, to altering detrimental student mindsets, and to achieving desired student outcomes, but additional steps are necessary. We must rearrange schools and instruction to meet the essential resiliency needs of trauma-impacted students, and all staff members must become skilled in use of the strategies and interventions that trauma-impacted students sometimes require. Additionally, school leaders must deliberately and continuously assess, maintain, and validate the school's trauma-skilled status if gains in behaviors and achievement are to be sustained. This work is critical, given what we know about the negative impact of trauma and the positive impact of happiness on learning.

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STATEMENT OF PROBLEM

High numbers and percentages of students in America's schools have experienced trauma, and the number of trauma-impacted youth is on the rise; for many of these students, trauma adversely influences learning and behavior (Children and Trauma, 2008). The traumas that children experience are many, varied, and often extend beyond single occurrences. Traumas may be single events, such as the loss of a parent, a violent domestic crime, or a destructive act of nature. Traumas may be ongoing horrific acts, such as repeated sexual abuse, a pattern of adult-on-child violence, or exposure to repeated conflict in the home. Traumas may be chronic and the result of circumstances, such as homelessness, generational poverty, or foster care placement (Children and Trauma, 2008).

"The traumas that children experience are many, varied, and often extend beyond single occurrences."

Finkelhor, Turner, Shattuck, and Hamby (2015) found that 67.5% of children had experienced or witnessed at least one form of violence, crime, or abuse within the prior year; 50% had more than one exposure; and 15% had six or more exposures. Approximately 21% of America's children live in families with incomes below the federal poverty level (Child Poverty, n.d.). Each year, approximately 2.5 million children are homeless in America (Broman, 2017). Fifty-seven percent (57%) of homeless children experience at least one day each month without food, and almost half of children in shelters report conflict with and/or physical harm at the hands of a family member (FInkelhor, Turner, Ormrod, Hamby, & Kracke, 2009). If the behavior and learning of even only half of these students are adversely impacted by traumas, then we have a significant problem.

First-hand traumatic experiences were the primary traumatic influence of previous generations of students. Today's students experience first-hand traumas in addition to virtual, reported, broadcast, and perceived traumas. Alarmingly, a Kaiser Family Foundation study estimated a daily average of five-and-a-half hours of media use for children ages 8-10, eight hours and 40 minutes for those aged 11-14, and just under eight hours for those aged 15-18 (Rideout, Foehr, & Roberts, 2010). The trauma landscape our children can discover and view today is wider, and the lines between first-hand trauma and virtual trauma are blurred (Behm-Morawitz, 2013; Dibbets &

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Schulte-Ostermann, 2015; LaMotte, 2017; Slater et al., 2013; Visch, Tan, & Molenaar, 2010) as children increasingly access and focus their attention on media-transmitted acts of violence, graphic reports of terrorism, crime programing, and news from war zones.

There is little doubt that every school enrolls students who have had adverse childhood experiences. There is evidence that many schools enroll hundreds of trauma-impacted students. Since most schools are ill equipped to handle this rate of trauma, positive student outcomes suffer.

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The Impact of Trauma on Behavior and Learning

Even for educators who themselves may not have had significant adverse childhood experiences, it is easy to understand how traumatic childhood events can influence attitudes, emotional health, school behavior patterns, student engagement, and learning.

Research shows that stress and the effects of trauma have a significant impact on brain function (Aupperle, Melrose, Stein, & Paulus, 2012; Brain Architecture, n.d.). When individuals encounter stressful or traumatizing events, the amygdala sounds an alarm. This, in turn, elevates stress hormones and initiates physical symptoms and reactions usually associated with alarm (e.g., increased heart rate and rapid breathing). The body prepares for the required flight, fight, and freeze impulses. We know the feeling when scared or in panic. In normal circumstances, the cognitive brain then receives signals and processes the context to discern whether danger is imminent. If it is not, the body responds and adjusts to a normal state (Kozlowska, Walker, Mclean, & Carrive, 2015).

In *The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma*, Dr. Bessel van der Kolk (2015) states: "The stress hormones of traumatized people, in contrast, take much longer to return to baseline and spike quickly and disproportionately in response to mildly stressful stimuli" (p. 45). This can result in behavioral outbursts or incidents that are typically viewed as defiant and disorderly. For a trauma-impacted student, the behavior may be the result of a hypervigilant perspective that perceives threat even in a welcoming and safe environment (van der Kolk, 2015).

Trauma also impacts skills and abilities that are foundational to learning, demonstration of learning, and relational interaction (Tate & Johnson, 2018). Students affected by trauma and stress may have difficulty with memory, recall, and response to

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instructions (“Executive Function and Self-Regulation”, n.d.). It may be difficult for these students to express thoughts and feelings or to interpret nonverbal signals and expression from others (“The Role of Adverse Childhood Experiences,” 2018; van der Kolk, McFarlane, & Weisaeth, 1996), including from classmates and teachers.

Consider the ramifications of an impromptu writing assignment on a student whose brain is not able to manifest these skills. Executive functions of prioritization, problem solving, and sequential organization are also difficult for students dealing with stress and trauma. Imagine being faced with a history or math exam with these handicaps. Challenging assignments and activities like the aforementioned can be stressful even for students who are capable and prepared. Students facing stress and trauma, even when capable and prepared, may not be able to perform and fulfill expectations. This brings an additional measure of stress that may result in stress hormone spikes and disproportionate response (Cole et al., 2005; Overstreet & Mathews, 2011).

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Trauma-Impacted Students: An At-Risk Population

Educators have long known that strong correlations exist between unacceptable school behavior, poor attendance, low grades, and non-graduation. In 2007, the Consortium of Chicago School Research found that Chicago high school freshmen with D grade averages had a 28% graduation rate, those with a C grade average had a 72% graduation rate, and those with a B grade average had a 93% graduation rate (Freshman Year, 2007). In 2016, the Georgia Department of Education found that, statewide, students with 11 to 14 absences in eighth grade achieved a 61% graduation rate five years later, while those with one to five absences in eighth grade achieved an 80% graduation rate (Woods, 2016).

Historically, we've considered at-risk youth—those who exhibit risk factors associated with non-graduation—as a somewhat general and generic population and attempted to address their lack of success with multiple and "shotgun approach" interventions. Dropout prevention and at-risk programs are often collections of "random acts of dropout prevention" (e.g., tutoring, mentoring, credit recovery, truancy intervention, alternative school, service learning) that accumulated over time and that are offered to or imposed on students thought to be "at risk."

"To achieve better school outcomes for these students, we must critically consider our current approach."

A significant portion of our students are trauma-impacted, exhibiting risk indicators and failing their academic work. Many are not responding well to the interventions we're using, even when those interventions have been successful with other at-risk youth in some settings. Pamela Canton, Senior Advisor at *Turnaround for Children*, a nonprofit founded after 9/11, described our failure to address trauma's impact on school performance as one of the most under-appreciated and under-recognized sources of the achievement gap (Tate & Johnson, 2018). Given the size of this population and our current focus on trauma knowledge without a focus on trauma skills, trauma-impacted students may represent our largest, unserved at-risk subgroup and our best opportunity to rapidly and significantly improve graduation rates. To achieve better school outcomes for these students, we must critically consider our current approach and develop and implement a different model to address the needs of this at-risk subgroup.

Educators responsible for the behavioral and academic success of students have traditionally viewed childhood trauma as a specific and concrete experience. Evidence of this is seen in common initial questions, such as "Who experienced trauma?", "What was the trauma?", and "What will correct the damage?". Yet, most educators will never know all of the "who" and "what" of childhood trauma. Therefore, a treatment that relies on identification will benefit only some of the trauma-impacted students at best and will never correct most of the negative behavior and low achievement that trauma causes at school.

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“Knowing how trauma influences behavior and learning, meeting the resiliency needs of traumatized students, and skillfully applying skilled actions are more likely to produce the desired student outcomes than simply knowing about trauma.”

It is the position of the National Dropout Prevention Center that, for educators, knowledge of the specific trauma event is not as important as knowledge of how trauma influences child behavior and learning and how these influences must delineate both systemic support for the needs of trauma-impacted youth and staff skills to address issues as they arise. Stated differently, knowing how trauma influences behavior and learning, meeting the resiliency needs of traumatized students, and skillfully applying skilled actions are more likely to produce the desired student outcomes than simply knowing about trauma.

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Mandates for Change

A different and proactive educator approach to trauma is the right thing to do if we are to achieve better outcomes for these students. However, a different approach may be mandated. There are signals that educators could soon be required to implement piecemeal trauma remediation as a consequence of litigation, legislation, research findings, and an increased focus on school safety.

In 2015, an unsuccessful suit against the Compton Unified School District in California attempted to establish "complex trauma" as a type of disability under the Americans with Disabilities Act and under Section 504 of the Rehabilitation Act (Resmovits, 2015). Two years later in a different but successful case, families of nine children who were members of the Havasupai Tribe in Colorado sued the U.S. Bureau of Indian Education. The plaintiffs claimed that the bureau had failed to provide adequate education for these students, in part because the students were trauma-impacted. The court ruled that the students in question were disabled based on "their exposure to complex trauma and adversity, including, but not limited to: 'experiences of physical and sexual violence, involvement in the child welfare and juvenile justice systems, alcohol and substance abuse in the family and community, extreme poverty, denial of access to education, and historical trauma" (Renick, 2018).

"It is likely that future litigation and legislation will focus on trauma incidents, the assignment of responsibility, and mandates for schools."

Trauma has been directly linked to school safety. In just one example, Peter Langman, author of *Understanding High School, College, and Adult Perpetrators* (2015), identified "traumatized shooters" as a category of intruders that represents a specific threat to school safety. Langman noted that traumatized shooters come from dysfunctional families. They may live in poverty or have been abused in the home or outside the home. They likely have faced instability in their home living environments and sometimes are in and out of foster care.

The link to school violence will presumably lead to mandated action to address trauma. Pennsylvania State Senators Pat Browne (R-Lenhigh) and Vincent Hughes (D-Philadelphia) recently announced a proposal to create a "trauma-informed system of education" based on a requirement that all school personnel receive trauma-informed training (Wolfman-Arent, 2018).

It is expected that future litigation and legislation will focus on trauma incidents, the assignment of responsibility, and mandates for schools. It is likely and understandable that legal systems, protective services, and therapy providers will focus on the individual child, treatments, and recovery. It is equally likely that mandates for schools will default to the

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typical legislated solutions of training and personnel—in this case, mandated trauma training for educators and additional staff designated to treat those we can identify.

Before schools are mandated to provide externally determined and overly simplistic solutions, educators have a window of opportunity to maintain control and act in their trauma-impacted students' best interests. We can step ahead of the issue to offer a model of action that goes beyond knowledge and define on our terms what we should and will do to assure success for these students.

Moving Beyond Trauma Informed to Trauma Skilled

If we are to do the best thing and achieve school success for the maximum number of these students, educators' reaction and approach to trauma must go beyond "trauma informed" and "trauma sensitive." To do this, we must change some current beliefs and practices and must deliberately and proactively act differently.

"Before schools are mandated to provide externally determined and overly simplistic solutions, educators have a window of opportunity."

First, we must stay focused on what is realistically achievable in schools. Educators are sometimes sidetracked by the broader discussion of mental health, stress, and trauma issues as evidenced by some of our common first reactions and initial questions. We often hear the educator reaction, "*We need to put a stop to the infliction of trauma on children."* While true, doing so will require societal changes that are far beyond the capacity of educators and schools. Another common educator reaction goes something like, "*We need to identify students who are trauma-impacted and provide the treatment or therapy they need to*

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recover." Also true, but not a comprehensive solution for schools. As educators, delivery of individualized treatment and therapy is outside our expertise, and we can never identify all, or even most, of our trauma-impacted students.

Second, we must focus on what we are responsible for and what we know how to do. There is truth in statements such as "*We are educators, not mental health professionals."* As educators, we know how to organize schools, influence student behaviors, and facilitate learning. Our approach to trauma should appeal to what we as educators know—understanding how trauma impacts behavior and learning. From there, we can organize school environments and processes accordingly, stage instruction to maximize behavioral and academic success for trauma-impacted students, and equip staff with skills to address trauma-related issues as they arise.

"Information and sensitivity fall short if new behaviors are not agreed upon and if they vary widely among staff."

Third, we must go beyond awareness and sensitivity of trauma issues and become full-scale trauma-skilled schools. While awareness and sensitivity are positive beginnings, they assume—and require—that we use information and sensitivity to change our behavior toward students. Yet information and sensitivity fall short if new behaviors are not agreed upon and if they vary widely among staff.

To achieve the best outcomes for the most students, all educators and support staff in a school must not only have a shared understanding of trauma and speak a common language about it, they must also acquire shared trauma-related skills, behave consistently and in unison toward trauma-impacted students, and be able to articulate and justify their behaviors in terms of desired student outcomes. As educators, we have learned the power of cohesive action to address challenges, such as campus security or implementation of curriculum standards. The same cohesive action is required to clearly define and adopt a consistent and proactive model to become "trauma-skilled."

Questions to distinguish "trauma-informed" from "trauma-skilled" may be:

- *Are only teachers trauma-informed, or are all staff members trauma-informed?*
- *Can all staff members articulate the critical resiliency needs of trauma-impacted students, and do they behave in ways that meet those needs?*
- *Do teachers address routine tasks, such as making classroom assignments and implementing classroom rules, differently because they are trauma-informed?*
- *Do rule enforcers, such as bus drivers and disciplinarians, communicate rules and norms consistently and in a manner that is nonthreatening to trauma-impacted students?*

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In trauma-skilled schools, all adults *share common knowledge*, work in concert to provide *consistently delivered supports* for trauma-impacted students, and have the same set of *skills to consistently prevent and react to* students' trauma-prompted actions.

The Trauma-Skilled Schools Model

"We must change some current beliefs and practices and must deliberately and proactively act differently."

Over a three-year period, the National Dropout Prevention Center (NDPC) intentionally interacted with well over a thousand educators to dialogue about issues related to trauma, school culture, and effective strategies. Presenters at NDPC conferences demonstrated and discussed programs and school efforts that had yielded positive results. Many educators shared their struggles and concerns about the issue. NDPC examined a number of approaches to trauma-informed care, such as the works of the Trauma and Learning Policy Initiative (a collaboration of Massachusetts Advocates for Children and Harvard Law School), The National Institute for Trauma and Loss in Children, Crisis Prevention Institute, Hope 4 The Wounded, and others.

NDPC's review of trauma theories, models, and practices finds that a number of individuals and organizations are doing valuable work around trauma on behalf of schools and students. This review, however, also finds that a trauma strategy gap exists. Educators want better school outcomes for their trauma-impacted students and need a specific and deliberate road map that yields improved behavior and achievement for them. As a result of analyzing research and synthesizing what we have learned, NDPC has developed the Trauma-Skilled Schools Model to address the trauma strategy gap and help schools move from concern to action.

The National Dropout Prevention Center Trauma-Skilled Schools Model uses a process by which educators can move beyond being merely trauma informed and trauma sensitive. The process guides all personnel and the school as a cohesive unit to acquire knowledge, deliver supports, and master the skills to foster successful outcomes for trauma-impacted students. The process extends to include steps which assess, implement, verify, and maintain trauma-skilled school status. All steps are necessary to sustain the model and to achieve desired student outcomes over time.

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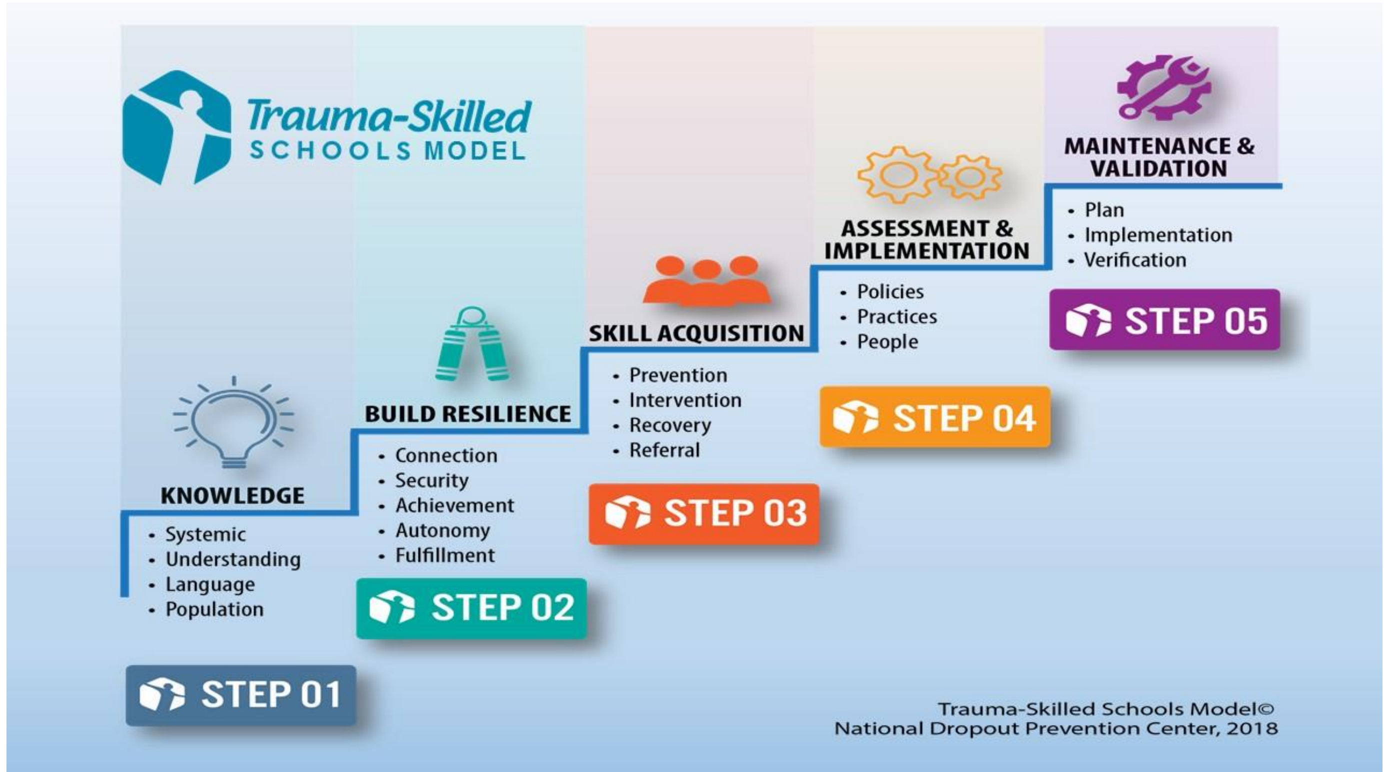

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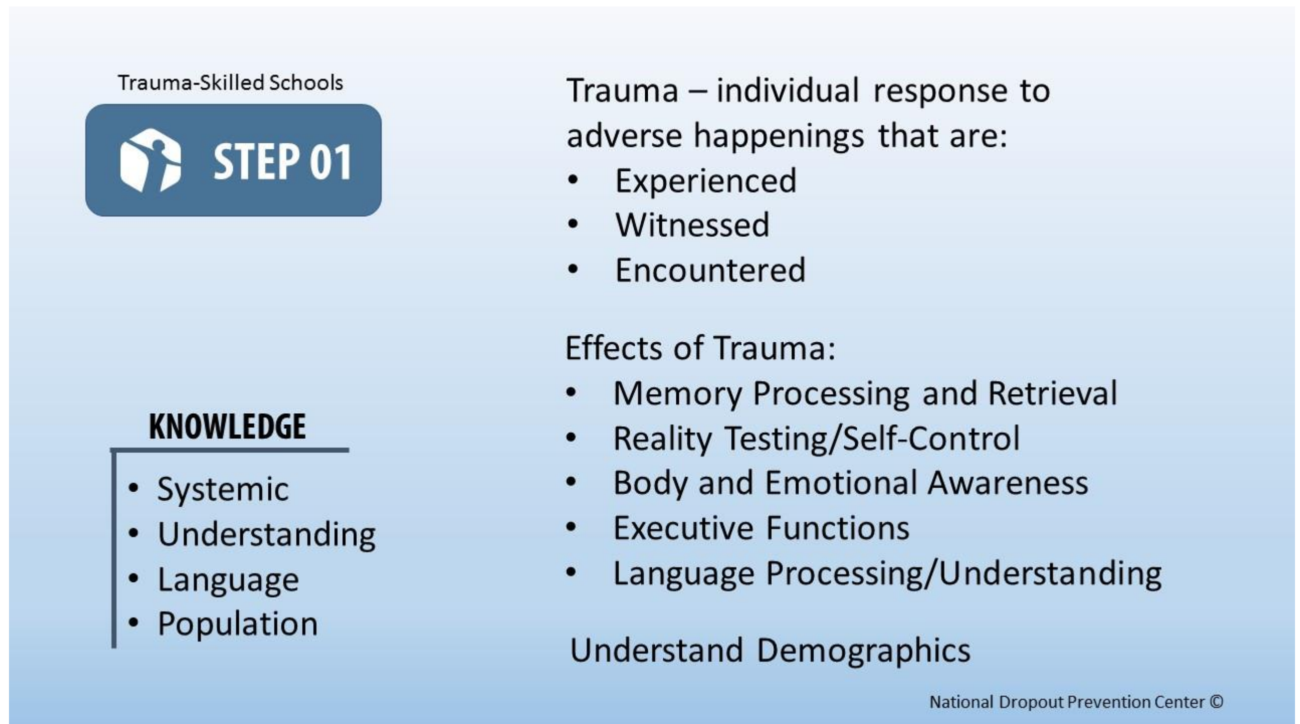
Step One: Knowledge



A trauma-skilled school establishes a foundational body of shared knowledge, vocabulary, and concepts among all staff regarding adverse childhood experiences and their impacts on behavior and learning. Establishment of this knowledge base is typically accomplished through professional learning, which must meet several critical requirements if the school is to move past knowledge to action.

Components of trauma-skilled knowledge:

- *All staff members who shape the school experience of student—and not just teachers and certified personnel—must acquire common knowledge and understanding.*
- *Professional development must impart a broader educator concept of trauma to include first-hand, virtual, circumstantial, second-hand, and perceived traumas.*
- *Professional development must focus educators beyond the trauma event to address the influence of trauma on beliefs, assumptions, reactions, and learning.*
- *Professional development must primarily focus on the two areas of trauma impact that educators can influence: school behavior and learning.*

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Step Two: Support for Critical Needs

Trauma-Skilled Schools

BUILD RESILIENCE

- Connection
- Security
- Achievement
- Autonomy
- Fulfillment

Build a systemic, intentional, and consistent culture that fosters key RESILIENCE FACTORS

- Caring adult relationship(s)
- Secure, accepting environment
- Strengths-based approach that fosters success
- Options in academics, discipline, and self-management
- Awareness of and orientation toward others

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All staff members must understand that trauma-impacted youth are very likely to be deficient in one or more of the five essential resiliency factors. These resiliency factors are:

- *Connection*
- *Security*
- *Achievement*
- *Autonomy*
- *Fulfillment*

All staff members must understand that the approach to assist trauma-impacted youth is not rooted in accommodation. The overall goal is to help students develop resiliency so that they can build the capacity to handle difficult circumstances and manage the impact of stress and trauma in their lives.

One of the greatest tools to this end is the establishment of a school culture and practices that focus on the development of the five foundational resiliency factors. The school culture and practices should foster:

Connection: Every student should have at least one connection with a positive, caring adult who is committed to adding value to the student.

Security: School should be a place where students are accepted, understood, and safe. Rituals, routine, and a sense of predictability and belonging are key to this resilience factor.

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Achievement: Every student needs a sense achievement. A strengths-based approach, rather than a deficiency orientation, can aid in the development of this factor.

Autonomy: Students of trauma often feel trapped, helpless, and out-of-control. Options and choices can build an internal locus of control, a sense of responsibility and self-management, and collaborative skills.

Fulfillment: The capstone of these skills is the awareness of and concern for others. Students need opportunities to assist and meet the needs of others.

All staff members must have a working concept of these five essential resiliency factors and their importance in the mental health of young people. All staff members must understand that fulfillment of these five critical resiliency factors is the foundation of coping, behaving, and learning. They must also understand that deficiencies in these areas are predictive of frustration, resistive behaviors, and lack of academic focus.

More important, all staff members and the school as a unit must act on the understanding of these needs. Student experiences must be structured, and instruction must also be delivered, in ways that allow opportunities for trauma-impacted students to cultivate, reinforce, and experience these critical resiliency factors. Examples of such experiences include:

- *Does a teacher allow students to choose among several ways to demonstrate mastery of a key concept to experience a sense of autonomy, or does the teacher dictate a single way that mastery must be demonstrated?*

- *Does the discipline policy allow continued positive personal contact while the student experiences consequences, or does policy require isolation as a consequence and thus deny trauma-impacted students the interpersonal connections they may desperately need for recovery?*

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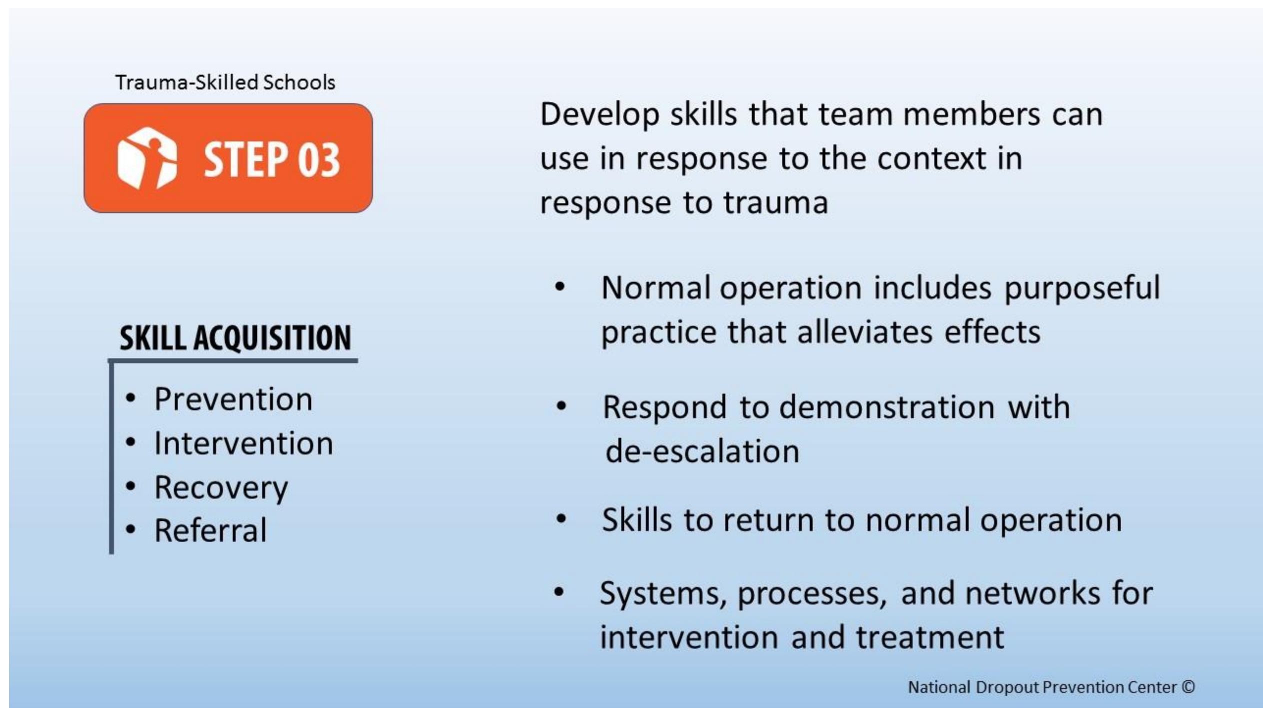
Step Three: Skills



All personnel must be skilled in each of the four basic educator strategies for success with trauma-impacted students. These strategies are:

Prevention: Preventing negative impact of trauma on learning and behavior

Knowing that the effects of stress and trauma often enter the school building with students, educators must make a daily habit of utilizing classroom activities and practices that allow students to de-stress and engage the rational and cognitive activity of the brain. These purposeful activities help students function cognitively and manage behavior.

> Example: *Knowing that many incidents that cause or re-trigger stress occur during lunch, a teacher can begin the after-lunch class with a physical mindfulness activity that will allow students to disengage from stress and trauma and prepare for cognitive performance.*

Educators must recognize and avoid school day and classroom situations, including those resulting from their own behaviors, that may trigger negative reactions or inattention of trauma-impacted students. They must master and utilize activities and strategies that minimize problematic behaviors.

> Example: *Knowing that unexpected loud noises can trigger a student affected by stress and trauma, an assistant principal intentionally speaks softly when beginning announcements over the school intercom.*

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Intervention: Intervening effectively when trauma-impacted students fail to learn or behave appropriately

Educators must be able to spot early signs of negative behaviors that may be trauma-related, know how to positively reframe and redirect those behaviors, and simultaneously be able to minimize the impact of those behaviors on other students.

> Example: *A bus driver remembers an older student speaking harshly to a younger student the previous day. He suspects early stage bullying or displaced aggression; so when the older student gets on the bus, the driver asks him to sit in the front seat and help him watch for traffic congestion.*

Educators must be able to recognize possible trauma-related barriers to learning and be able to quickly alter the instructional situation to remove the barrier.

> Example: *A teacher is aware of a reoccurring class change conflict between two students and notices that one of the students is not engaged in today's lesson. So she quietly asks that student to help her organize materials after class and then go to the next class later with a pass.*

Recovery: Facilitating quick and positive student recovery when incidents occur

Educators must be able to quickly and positively contain and deescalate the occurrence of negative behaviors and learning interruptions that may be trauma related, be able to minimize the traumatic effect on observing students, and be able to guide all students to learn from the incident and resume learning.

> Example*: When a student stands in class and states, "This is stupid stuff" and bolts from the room, the teacher signals an available colleague to find the student. Returning her attention to the classroom, the teacher provides a sensory, mindfulness activity that puts students at ease and then proceeds with the activity.*

Referral: Facilitating referral to treatment when needed

The trauma-skilled school must have readily available sources of treatment and therapy for trauma-impacted students who are identified and exhibit trauma symptoms. Educators must know treatment options, know when and how to quickly and appropriately refer trauma-impacted students to treatment and therapy, and be able to remove barriers to accessing services as needed. The trauma-skilled school must establish and maintain relationships with service providers for seamless and timely access. The trauma-skilled school must have positive and trusting relationships with parents and families that encourage their referral to and participation in treatment as needed.

> Example: *A middle grade student said to two different teachers, "Please don't call my dad about my assignments. I'll get them done." The teachers compared notes and informed the school counselor. The school counselor then discussed home conditions*

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with the student and asked the student to have his mother stop by the school for a conversation and recommended family counseling.

Schools and school districts should develop and maintain partnerships with local mental health and counseling services that allow access to therapeutic services known to be effective in working with trauma.

Example: *Knowing a significant portion of its student body is dealing with issues of trauma, the Director of Student Services develops a partnership with the local public health agency to provide certification in Eye Movement Desensitization and Reprocessing Therapy (EMDR) and Somatic Experiencing Therapy for two school therapists, with arrangement for on-site appointments for selected students.*

The Importance of Step 1, Step 2, and Step 3

Step 1, Step 2, and Step 3 are foundations of the NDPC Trauma-Skilled Schools Model for several reasons:

- Knowledge and sensitivity alone will not produce significant gains in the school success of trauma-impacted students. Deliberate and proactive action steps on behalf of these students are required.
- Appropriate, carefully scripted, cohesive, and positive actions by educators are necessary to help trauma-impacted students behave and learn. Because negative human interactions were the source of most childhood trauma, similar interaction patterns must be avoided. Further, positive interactions are necessary to counter fear, change assumptions, and develop individual resilience. For these students, a single trauma-reminding interaction with a single educator can negate months of resiliency factor gains.
- When addressing complex issues that are largely outside the control of schools, educators must be proactive and take decisive actions that are within their sphere of influence. Childhood trauma is a broad and complex societal issue, but structuring schools to achieve the best behavior and learning for trauma-impacted students is a clear responsibility of educators.

It is important to note what the NDPC Trauma-Skilled Schools Model is and is not. It is not a program or product, a solution that will end childhood trauma, or a crisis recovery model. It is a road map to alter the staff behaviors, institutional practices, and the organizational policies of a school or school system (people, practices, policies) to achieve better student outcomes, particularly for the subgroup of at-risk students who are trauma impacted. Further, it is a way to make sure that school personnel and the school as an organization are not an unintentional source of trauma and do not contribute to the impact of trauma that already exists from other sources.

Achieving and Maintaining Trauma-Skilled Schools Status

Step 4 and Step 5 of the model establish an implementation framework for school leaders to self-assess, pinpoint areas for improvement, and verify and maintain trauma-skilled status. By deliberately establishing, maintaining, and verifying the Trauma-Skilled Schools Model, educators will not only do the right thing for trauma-impacted students and achieve

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better school outcomes for all students, they will also assure families, legislators, and litigators that they are appropriately and aggressively meeting the educational needs of trauma-impacted youth.

Step Four: Assessment and Implementing the Model

Trauma-Skilled Schools

STEP 04

ASSESSMENT & IMPLEMENTATION

- Policies
- Practices
- People

- State, District, Local
  Academic, Discipline, Operational
- Interventions, Communications
  Transitions, Instruction, Classroom Management
- Positions, Placement, Personalities, Internal and External Resources

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Trauma-skilled school status can be implemented and assessed by considering each component of the Trauma-Skilled Schools Model (knowledge, supports, and skills) through the leadership lens of policies, practices, and people.

Policies: When creating policy, leaders and policymakers must consider the positive and negative implications for trauma-impacted students. This must include asking themselves if existing policies (school board policies and administrative rules) have unintended negative implications for trauma-impacted students, limit their opportunity to experience the five resiliency factors, or restrict educators from practicing the four basic strategies for success with trauma-impacted students.

Examples of policies counterproductive to trauma-impacted students include:

- *A directive by a curriculum administrator that at least 80% of all professional development for high school teachers must address the teacher's academic content area: such a policy could restrict the potential for all staff to learn and master the skills/strategies for success with trauma-impacted students.*
- *A school board policy that allows no academic makeup work for absences due to disciplinary suspension: this is likely to limit the trauma-impacted student's achievement experience.*

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Practices: Leaders must consider and analyze the school's culture, climate, assumptions, norms, and procedures to identify and eliminate practices that may be interpreted as threatening by, or be detrimental to, trauma-impacted students. Consideration of current practices should assume that trauma-impacted students are likely to be deficient in and hypersensitive to one or more of the five essential resiliency factors (connection, security, achievement, autonomy, and fulfillment). Therefore, focus should be on identification and modification of practices that may trigger negative behaviors or impede learning.

Leaders might consider:

- *Is the practice of awarding no partial credit for using the right formula but reaching the wrong answer the best way to help a trauma-impacted student experience achievement?*
- *Does the practice of posting the names of students whose assignments are past due help or harm the trauma-impacted student who is security-deficient?*

Leaders must encourage the replacement of counterproductive practices with practices that help trauma-impacted students experience and develop the five essential resiliency factors.

Leaders might consider:

- *Can an effective cross-age peer-tutoring program help trauma-impacted students experience connection and achievement?*
- *Can a service learning program that allows trauma-impacted students to visit and read to elderly nursing home residents allow trauma-impacted students to experience fulfillment?*

People: Leaders must consider the knowledge, understanding, and actions of staff. It is essential that all, not just some, staff members know, understand, and do the things necessary to support and deal with trauma-impacted students. Staff turnover necessitates an ongoing process for bringing new personnel to actionable levels of knowledge as soon as possible. Leaders must also reinforce and maintain functional levels of staff knowledge, understanding, and action over time.

Leaders may ask:

- *What do our people know and do and what are they capable of doing relative to implementing each component of the Trauma-Skilled Schools Model?*
- *Are all staff members equally knowledgeable of how adverse youth experiences influence behavior and learning?*
- *Do all staff members share common concepts and vocabulary relative to trauma?*
- *Do all staff members conduct their work and instruct so that students positively experience and grow in the five resiliency factors trauma-impacted students need?*
- *To what extent do all staff members effectively implement the strategies and interventions trauma-impacted students need?*

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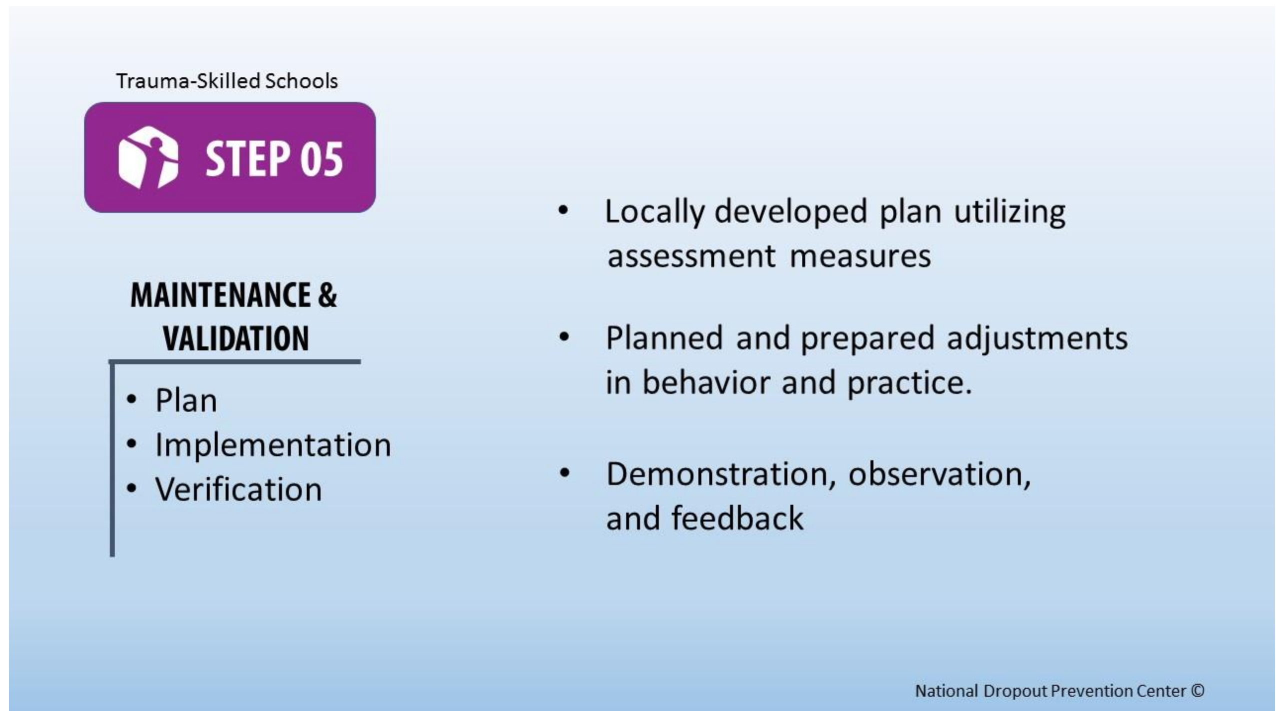
Step Five: Maintaining Trauma-Skilled Schools Status



The history of school improvement is filled with examples of seemingly good initiatives and models that were implemented, neglected over time, and eventually abandoned as ineffective.

Schools and school districts can significantly improve student outcomes by implementing and assessing the three steps of the NDPC Trauma-Skilled Schools Model (Achieving Trauma Knowledge, Institutionalizing Trauma Supports, and Developing Trauma Skills). However, simple adoption of the model will have little value over time if not maintained. Long-term effectiveness of the Trauma-Skilled Schools Model and sustained higher levels of student achievement require deliberate planning, plan monitoring, and verification.

1. The Trauma-Skilled Plan

A stakeholder-developed, locally contextualized, and formally adopted plan should be in place to create, maintain, and enhance the school's or district's levels of Trauma Knowledge, Trauma Supports, and Trauma Skills. While the Trauma-Skilled Schools Plan may be a free-standing document or a component of a larger school improvement plan, it should be carefully developed and owned by stakeholders, contain measurable objectives, have specific action steps, and include periodic measures and reporting of implementation progress.

2. Plan Implementation and Maintenance

Implementation of the school or district Trauma-Skilled Plan should be regularly documented, implementation should be annually assessed, and implementation progress

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should be annually reported. Key stakeholders should annually update the plan, and all school staff members should be periodically informed of the plan, implementation progress, and plan updates.

3. Validation of the Trauma-Skilled Schools Model

In schools, initiatives that are monitored and reviewed tend to be implemented with fidelity and produce results, while those that are not monitored and reviewed tend to lose focus and not survive. The National Dropout Prevention Center recommends that Trauma-Skilled Schools utilize an external resource to periodically verify implementation of the model's key components, maintenance of staff knowledge and skills, the existence of a meaningful plan, and periodic assessment of progress and status. External validation of the Trauma-Skilled School status also provides periodic external expertise, frees existing staff of the task, and provides credible evidence that the school is aggressively and appropriately addressing the educational needs of trauma-impacted students. Most important, external validation documents that the school has moved beyond trauma-informed, takes the trauma issue seriously, and is taking strategic and decisive action to achieve results. The National Dropout Prevention Center offers National Trauma-Skilled Schools Certification for schools and districts desiring to validate, maintain, and be recognized for implementation of the Trauma-Skilled Schools Model.

Guidance, professional development, tools, resources, support for developing the Trauma-Skilled Plan, and verification of implementation and maintenance to achieve National Trauma-Skilled Schools Certification are available from the National Dropout Prevention Center.

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