

# Serving Students with Histories of Trauma

Developing Comprehensive Support Systems for Early Elementary School Students

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### **Table of Contents**

1) Executive Overview	4
Key Observations	
2) In-Classroom Support Systems	5
PBIS & Tier I Support	
Tier II and Tier III Support Services	6
Data Tracking Systems	8
3) Service Coordination	11
External Support Services	11
Stakeholder Coordination	
4) Professional Development Resources	13
Staff Professional Development Sessions	
Stakeholder Buy-In	15
3) Research Methodology	16
Project Challenge	16
Project Sources	
Research Parameters	17

### 1) Executive Overview

#### Key Observations

Contacts at most profiled districts emphasize the importance of robust Tier I support systems (i.e., generalized practices that serve all students) to cultivate a positive school-wide climate and address behavioral issues early. Officials at most profiled districts agree that high-quality Tier I supports effectively mitigate most behavioral issues. Contacts at District E cite that Tier I services adequately serve 90 percent of district students. The remaining 10 percent of district students require more specialized Tier II support services (e.g., check-in and check-out practices) or maximally specialized Tier III support services (e.g., referrals to mental health providers). Strong Tier I solutions can reduce strain on Tier II and Tier III service providers and ease access for the students most in need of these services, such as students with high ACE scores (a measure of Adverse Childhood Experiences).

behavior, which monitors student behavioral shifts over time. In contrast, *District A* and *School E* screen students for indicators of trauma specifically. Contacts at **District B** use the BIMAS-2 (Behavior Intervention Monitoring Assessment System 2) assessment to track student behavior. This screener monitors internalized and externalized student challenges. Schools collect data each semester, enabling school officials to analyze changes in student behavior regularly. This data collection practice helps schools measure the value of interventions for students with histories of trauma, such as de-escalation techniques and social-emotional learning curricula. To screen students for histories of trauma, **District A** administers the UCLA PTSD Reaction Index for students with demonstrated emotional disabilities. **School E** has administered the St. Christopher's ACE assessment in the past for all middle school students.

Contacts at District B use a general screening system to track student

Robust professional development programs ensure that staff and teachers implement support services and practices effectively. Twenty centralized District F trainers offer multiple opportunities for trauma-related professional development, including education on conflict de-escalation strategies. The district offers related behavioral intervention training sessions three times per week. Centralized administrators at District B hold monthly, day-long staff meetings, which periodically include professional development sessions related to behavioral intervention practices. Staff members participate in monthly small-group professional development sessions to supplement the learning at the larger monthly staff meetings. District-level professional development coaches lead each small-group meeting.

Officials at District F, School E, and School G cite the importance of gaining buy-in from teachers to effectively implement student support systems.

Officials at District F describe implementation challenges at one school where administrators and teachers disagreed on the value of new behavioral intervention practices. Contacts share that it is helpful to demonstrate the value of these practices, as opposed to administrators implementing them without any teacher buy-in. This approach minimizes backlash from teachers who might feel that administrators are encroaching on their personal classroom territory. Contacts at School G provide teachers with clear examples of students' traumatic experiences to gain their buy-in for new trauma-focused practices.

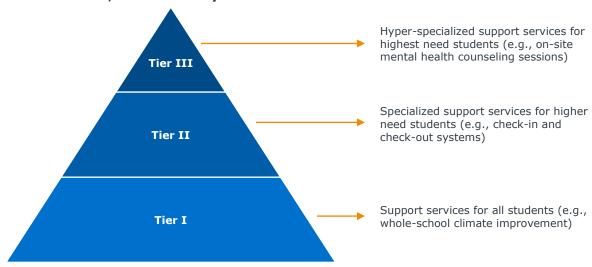
### 2) In-Classroom Support Systems

### PBIS & Tier I Support

### All Profiled Districts Serve Students through a Tiered Support System Often Based on the PBIS Model

While all profiled districts report using a tiered support system in general, four of seven profiled districts explicitly mentioned using the PBIS (Positive Behavioral Interventions and Supports) model. Administrators implement the PBIS model to inform social-emotional practices across the school community. The PBIS model delineates between three tiers of student support. Tier I supports serve all students and often focus on cultivating a positive school-wide climate. Tier II supports provide students in need with more specialized assistance within the school itself. Tier III supports include the most specialized services, helping students with severe needs. Schools often include services from external partners in their Tier III apparatus. Common PBIS practices include developing ways to acknowledge when students meet school-wide behavioral expectations (Tier I), developing individualized behavior plans (Tier III), and convening behavioral support teams to assist specific students (Tier III).

### Overview of Tiered Support Systems for Students with Histories of Trauma, as Defined by PBIS<sup>2</sup>



### Robust Tier I Support Systems Minimize Strain on Tier II and Tier III Services

Contacts at **District F** cite that 90 percent of the district's students have their needs met by Tier I services. Strong Tier I support systems decrease the strain on more specialized Tier II and Tier III services by proactively serving students' needs before these needs escalate. Thus, students more in need of specialized services, such as students with histories of trauma, can more easily access individualized Tier II and Tier III services.

Administrators at **District A** and **School E** organize mindfulness meditation training with students to improve student behavior. In mindfulness-focused activities,

<sup>&</sup>lt;sup>1</sup> Positive Behavioral Interventions & Supports. U.S. Department of Education, 2018. <a href="https://www.pbis.org">https://www.pbis.org</a>
<sup>2</sup> Positive Behavioral Interventions & Supports. U.S. Department of Education; Office of Special Education Programs, 2018. <a href="https://pbis.org">https://pbis.org</a>

teachers lead students in brief meditation sessions to help students become more aware of their own thoughts and feelings. These practices have been shown to increase attention spans and decrease disruptive behavior.3 At School E, contacts describe that teachers who engage in mindfulness meditation sessions with students midway through the school day notice a decrease in disruptive behavior during the second half of the day.

#### **Incorporate External Curricular Resources to Reinforce Tier I Services**

For more information about innovative disciplinary practices, please see our recent report **Behavior** Management and **Disciplinary** Strategies.

Administrators at District B, School C, and District F use a variety of external curricular resources to supplement organic school culture improvement practices. These prepackaged resources typically focus on social-emotional learning and building students' social-emotional skills. Common resources include Second Step, a set of social-emotional skill-building curricular resources,4 and the PAX Good Behavior Game, which provides students with a point system to track their own behavior as a classroom group.<sup>5</sup> District B also incorporates restorative justice and Responsive Classroom practices into its schools as Tier I supports. Restorative justice is a model for addressing disciplinary issues from a more developmental, rather than punitive, perspective. Responsive Classroom focuses on building social-emotional skills in students, 6 but it differs from Second Step in that it provides teachers with strategies to support students, rather than providing actual curricular resources.

#### Tier II and Tier III Support Services

#### Tier II and Tier III Support Systems Provide Specialized Services to Students with Unique Needs

Administrators at all profiled districts offer students in need, including students with histories of trauma, a variety of specialized Tier II and Tier III support services. Tier II and Tier III services provide supplemental assistance to students with greater than normal demonstrated need. Some common practices include one-on-one sessions with school psychologists and/or school social workers, group therapy sessions, and individualized behavior plans. School and/or district funding cover the cost of many of these programs for students.

School staff and teachers at School C and School G use check-in and check-out systems, a PBIS practice where students meet with in-school behavioral mentors at the beginning and end of each school day. These mentors can be any member of the school community, but school social workers or school counselors often serve in this role. At **School E**, the school social worker sees eight to nine students per day to provide them with the resources to self-regulate their behaviors (e.g., self-relaxation techniques) when in the classroom. Federal Title I and private funding support programs for students with histories of trauma at School E. A graduate student intern assists the school social worker two days per week and carries a caseload of nine additional students, adding valuable capacity to the school's support system for students with histories of trauma.

Mindful Schools. Mindful Schools, 2018. https://www.mindfulschools.org

Second Step. Committee for Children, 2018. <a href="https://goodbehaviorgame.org">www.secondstep.org</a>
PAX Good Behavior Game. PAXIS Institute, 2018. <a href="https://goodbehaviorgame.org">https://goodbehaviorgame.org</a>
Responsive Classroom. Responsive Classroom, 2018. <a href="https://responsiveclassroom">https://responsiveclassroom</a>

<sup>&</sup>lt;sup>7</sup> Positive Behavioral Interventions & Supports. U.S. Department of Education, 2018. https://www.pbis.org

#### Common External Student Support Services in Use at Profiled Districts<sup>8,9,10,11,12</sup>



- Three-tiered support service model designed to enhance students' socialemotional well-being and growth
- Funded by the US Department of Education's Office of Special Education **Programs**



#### **Second Step**

- Curricular resources designed to support students' social-emotional development
- Managed by the Committee for Children
- Curricular Resource kits cost between \$400 and \$4,500, depending on the resources' breadth



#### **Good Behavior Game**

- · Activity that enables students to self-monitor classroom behavior in the form of a game played throughout the school day
- Managed by the PAXIS Institute
- Resource kits costs roughly \$300 per classroom, plus variable training costs



#### **Responsive Classroom**

- Organization offering a wide variety of professional development resources for teachers to build their social-emotional teaching skills
- One-day workshops begin at \$200 per participant and four-day workshops cost roughly \$730 per participant



#### **Restorative Justice**

- Provides schools with methods to address disciplinary issues from a development perspective, rather than from a punitive perspective
- Center for Community Justice offers training sessions that cost between \$100 and \$7,500, depending on session length and group size

#### Staff at *District A* Utilize a Specialized Classroom for **Students Who Need Supplementary Social-Emotional** Support

In **District A**, when administrators refer students with histories of trauma to special education programs, students can access a specialized social-emotional learningfocused classroom as a part of their individualized education program (IEP). The classroom's role as an IEP-accessed service means that eligible students can access it at no additional cost. School officials select teachers and para-educators for this program based upon the staff members' ability to maintain a calm classroom atmosphere and tolerate traditionally disruptive behaviors. Staff members associated with this classroom are trained in trauma-related classroom practices. The classroom also has a dedicated school counselor to assist its students' heightened needs. Students can access this classroom on a regular schedule throughout the school week (as determined by their IEP), and also on an ad-hoc basis in the event of an acute

Positive Behavioral Interventions & Supports. U.S. Department of Education, 2018. https://www.pbis.org

Second Step. Committee for Children, 2018. <a href="https://goodbehaviorgame.org">www.secondstep.org</a>
 PAX Good Behavior Game. <a href="https://goodbehaviorgame.org">PAX Good Behavior Game. PAXIS Institute, 2018. <a href="https://goodbehaviorgame.org">https://goodbehaviorgame.org</a>
 Restorative Practices for Schools Training Options. Center for Community Justice, 2015. <a href="https://centerforcommunityJustice.org/restorative-pratices-for-schools-training-options/">https://centerforcommunityJustice.org/restorative-pratices-for-schools-training-options/</a>
 Responsive Classroom. Responsive Classroom, 2018. <a href="https://responsiveclassroom.org">https://responsiveclassroom.org</a>

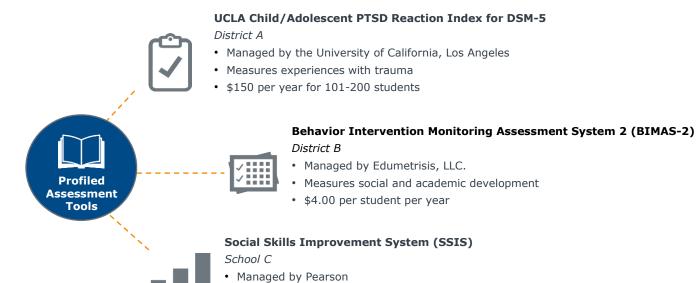
need. In this specialized setting, students engage in social skill-building group sessions and mindfulness exercises, which work to center students mentally. Staff members also work individually with students and help students identify stimuli that trigger disruptive behavior.

#### Data Tracking Systems

### **Profiled Districts Equip Service Coordinators with Robust Behavior Data Tracking Tools**

**District A, District B, School C, District D, School E**, and **School G** provide school clinicians (e.g., school social workers, school psychologists) with systems to track student behavioral data. In District B and School C, behavioral specialists screen all students on their behavioral health. At District A, District D, School E, and School G, school officials screen and track behavior of students with demonstrated behavioral needs, based upon referrals from other members of the school community.

#### Student Behavior Assessments Used at Profiled Districts 13,14,15



Measures social and academic development

• \$54 per set of 10 screening guides

Officials at District B collect data on all students at multiple points in an academic year, using the BIMAS Universal Screener. Administrators at **District D** gather data on students accessing in-school clinicians (e.g., school psychologists, school social workers) throughout a student's time seeing that clinician. The use of several data collection points enables school officials to track trends in student behavior and analyze the effectiveness of certain behavioral interventions. District D and School E both screen students for impacts of trauma specifically. While contacts at District D could not identify the precise proportion of students with histories of trauma, contacts at School E note that roughly one third of the school's middle school students have experienced at least four traumatic events (ACE assessment method described below).

<sup>&</sup>lt;sup>13</sup> Social Skills Improvement System (SSIS) Performance Screening Guide. Pearson, 2018. <a href="https://www.pearsonclinical.com/education/products/100000356/social-skills-improvement-system-ssis-performance-screening-guide-type-state-state-system-spis-performance-screening-guide-type-stat

<sup>\*\*</sup>Behavior Intervention Monitoring Assessment System 2. Edumetrisis, LLC., 2018. edumetrisis.com/products/282-bimas-2

15 Pynoos, Robert S, and Alan Steinberg. The UCLA Child/Adolescent PTSD Reaction Index for DSM-5. University of California, Los Angeles, 2013. Tda, ucla, edu/sites/default/files/UCLA PTSD Reaction Index Flver.odf

### Officials at *School E* Used Formal ACE Assessments to Track Student Trauma

Administrators at all but one profiled district elect not to identify students' specific ACE scores (a prominent metric tracking Adverse Childhood Experiences). However, administrators at **School E** have used St. Christopher's ACE screening assessment, excerpted below, to track student experiences with trauma. Contacts at School E report using this assessment for all middle school students in the past and would like to use it for additional students in the future. When officials at School E administered this assessment to its middle school students, roughly one third of students registered four or more ACEs. Instead of ACE-specific assessments, the other profiled districts track trauma using other metrics, such as the UCLA Child/Adolescent PTSD Reaction Index and the Child PTSD Symptom Scale.

#### **Excerpt of ACE Assessment Used at School E**

#### Adverse Childhood Experiences Questionnaire (ACE-Q) Child

Section 1: At any point since your child was born...

- Your child's parents or guardians were separated or divorced
- Your child lived with a household member who served time in jail or prison
- Your child lived with a household member who was depressed, mentally ill or attempted suicide
- Your child saw or heard household members hurt or threaten to hurt each other
- A household member swore at, insulted, humiliated, or put down your child in a
  way that scared your child OR a household member acted in a way that made
  your child afraid that s/he might be physically hurt

Section 2: At any point since your child was born...

- · Your child was in foster care
- Your child experienced harassment or bullying at school
- Your child lived with a parent or guardian who died
- Your child was separated from her/his primary caregiver through deportation or immigration
- Your child had a serious medical procedure or life threatening illness

### **Sources of Student Trauma Vary Between Profiled Districts**

Anecdotally, contacts note some common sources of trauma, which range significantly from district to district. Some major sources include immigration and natural disasters (cited by contacts at **School G**), substance abuse (cited by contacts at **School C**), and economic hardship (cited by contacts at **District A** and **District F**). Administrators can predict some sources of trauma such as economic hardship. However, other sources are far less predictable, such as the struggles experienced by School G's new population of immigrant families from Puerto Rico. Thus, it is crucial for schools to proactively create strong support systems to best respond to new and unexpected sources of trauma.

#### **Common Cited Sources of Student Trauma**



#### Q

### **Contact Districts Cannot Pinpoint Exact Shifts in Prevalence of Student Trauma**

Contacts could not speak to exact shifts in prevalence of student trauma but did note that these specific trauma drivers were relatively new to their respective school communities. Contacts at **District D** did state, however, that they have generally seen the prevalence of students with histories of trauma increase recently. These contacts believe that this increase may be attributable to schools' improved identification of these students, as opposed to increases in actual cases of trauma.

### 3) Service Coordination

### External Support Services

### **External Partner Organizations Scaffold In-School Support System for Students with Heightened Needs**

Often, administrators at profiled districts provide students with access to additional specialized services if internal, school-level services cannot adequately serve a student's needs. These out-of-school services typically operate as partnerships with external service providers, as opposed to as a part of the school itself. Mental health providers are by far the most popular external service partner at profiled districts. These partners can provide students with more tailored support than is available through a school psychologist. At **School G**, school officials help students and their families schedule appointments with local mental health providers and coordinate transportation to the provider if needed to overcome any access barriers. At **District B**, **School C**, and **District D**, schools host mental health providers on-site to ease access for students who might find it logistically difficult to access a provider outside of school. Costs to students depend on the specific stipulations of the individual care providers, but students can use health insurance to defray these costs substantially.

At District B, school-based clinicians operate in a fee-for-service model, but costs to the student vary by provider. To standardize practices across providers, the school district coordinates a collaborative group for the over 25 external mental health providers working within District B. The district expects all providers to participate in the collaborative group, but it does not formally require active participation. Contacts at District B also report challenges associated with the fee-for-service model, where providers may keep students in their care for longer than necessary to increase revenue. This, in turn, limits service access for other students in need of mental health support. Although financial barriers may remain for some students, health insurance programs such as Medicaid provide substantial financial assistance.

#### Profiled Districts Participate in Collaborative Groups to Develop Best Practices in Student Support Services

**District B** and **School C** participate in service provider collaboration groups to develop innovative and effective ways to assist students with histories of trauma. This collaborative group at District B, profiled above, meets regularly to discuss the best ways to assist students.

At School C, district administrators meet with officials in other districts who manage similar student services to learn best practices from one another. This program operates under the collaborative leadership of several state-level education-related professional association groups. All school districts within the state are eligible to participate, but must apply to the program and commit \$5,000 annually to social-emotional learning efforts.

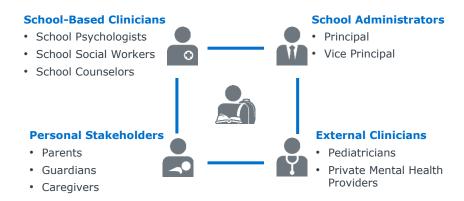
#### Stakeholder Coordination

### **Engage a Diverse Group of Individuals to Support Students with Histories of Trauma**

To best serve students with histories of trauma, profiled districts recommend involving a diverse group of stakeholders to support student needs. At **District A**, **District B**, **School C**, **District D**, **School E**, and **School G**, when students reach a level of need exceeding what Tier I supports can alleviate, school officials coordinate

discussions of how to best serve the student. These groups typically include school psychologists, school social workers, teachers, family members/guardians, and school administrators. At District A, school psychologists also engage the student's pediatrician because these professionals often have a much more nuanced understanding of the student's background and health history. This knowledge enables pediatricians to serve as a particularly helpful resource when crafting effective intervention plans.

#### Stakeholder Support Network for Students with Histories of Trauma



### **Include Graduate Student Interns to Grow Support System Capacity**

**District D** and **School E** include interns in students' support networks. These interns typically study social work or psychology in local graduate programs and gain valuable work experience while also increasing schools' capacity to serve more students with histories of trauma. Contacts at District D also use these internship opportunities to build talent pipelines for the district's social-emotional support network.

### **Include Para-Educators in Professional Development Sessions to Maximize their Effectiveness**

Contacts at **District A**, **District D**, **School E**, and **School G** report that paraeducators and teachers' aides play a key role in providing students with histories of trauma the support that they need throughout the school day. Contacts at School G emphasize that para-educators are under-appreciated, given the vital ways that they support students (e.g., developing meaningful connections with students, deescalating especially disruptive student behaviors).

District D invites para-educators to all staff professional development training sessions, and District A trains some para-educators in specialized skills (e.g., conflict de-escalation) to address the unique needs of students with histories of trauma.

### 4) Professional Development Resources

## Staff Professional Development Sessions

### Leverage All-Staff Professional Development Sessions to Address Trauma-Related Behavioral Issues

Contacts at **District A**, **School C**, **District D**, **and School E** use regular professional development sessions to teach staff members about the value of trauma-informed practices. In some cases, these professional development sessions occur before students return for the new school year during staff professional development periods. Other profiled districts offer these training sessions more frequently.

For example, **District F** offers behavioral intervention training three times every week, focusing on topics such as verbal and physical conflict de-escalation. Twenty district-employed coaches lead these training sessions for District F teachers, with the goal of training 1,000 staff members annually. Contacts at **School G** avoid addressing student trauma in staff-wide professional development sessions due to concerns over a lack of existing teacher support for trauma-related classroom practices.

#### **/**

### **Broad-Reaching Professional Development Sessions Build Valuable Predictability for Students**

Contacts at **District F** cite the benefits of broad-reaching professional development sessions in creating consistent expectations and practices across the school community. These contacts find consistency especially important for the well-being of students with histories of trauma, who often lack consistency in other areas of their lives.

Centralized administrators at **District B** hold monthly day-long staff meetings, which include professional development sessions related to behavioral intervention practices. Additionally, staff members participate in monthly small-group professional development sessions to supplement the larger monthly staff meetings. District-level professional development coaches lead these small-group meetings.

Some profiled districts require all staff members to attend these training sessions, while others hold optional sessions. Administrators at District A and District B require all staff members to attend. District D requires all school clinicians (e.g., social workers, psychologists) to attend these training sessions. Administrators do not require staff members to attend these professional development sessions at School C and School G.

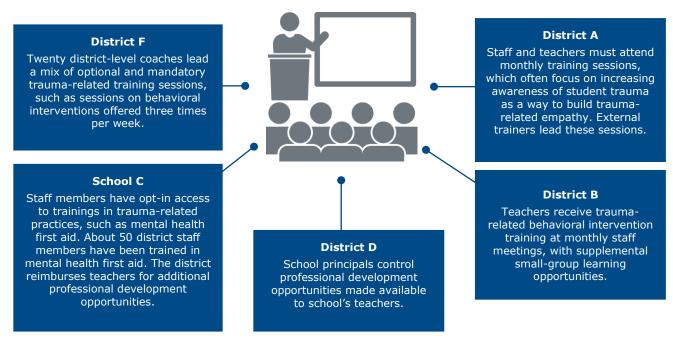


### Contacts at *District F* Warn that Mandatory Practice Implementation May Prove Counterproductive

Contacts at **District F** report that mandatory professional development sessions on trauma-informed practices or mandated implementation of trauma-informed practices can have negative effects on teacher morale and buy-in. Teachers might resist mandatory strategies because they see mandates as encroachment upon their independent classroom territory.

Contacts at **District B** gain organic teacher buy-in by sharing students' experiences with trauma with their teachers. By giving teachers clear examples of how trauma effects student behavior, officials convince teachers of the value of trauma-related practices. Maintaining a focus on genuine buy-in through similar methods could ease practice implementation within any school community.

### **Summary of Trauma-Related Professional Development Opportunities at Profiled Districts**



### **Consider Internal Trainers for Trauma-Related Professional Development Sessions**

In some districts, external trainers teach district staff members how to lead training sessions related to behavioral interventions and then these district staff members coordinate professional development sessions for other staff across the district. At **District A** and **School E**, external experts in trauma-related practices directly lead professional development sessions for all district staff.

Contacts at **District F** prefer internal professional development coaches to external trainers, due to internal trainers' knowledge of the district's unique characteristics.

Contacts report that external trainers and consultants often attempt to implement practices without understanding district context. This makes these practices less effective than those implemented with unique components of the district in mind.

#### Stakeholder Buy-In

### **Share Stories of Students' Experiences with Trauma to Gain Teacher Buy-in for Trauma-Related Practices**

Multiple profiled districts report that it is particularly challenging to gain buy-in from teachers for trauma-informed classroom practices. According to contacts at **School G**, teachers often assume that student behavior simply reflects student choice. Contacts at **School E** express that students with histories of trauma often cannot control their behavior, but it is difficult to convince teachers that these students do not actively choose to act disruptively. Contacts at School G also believe that schools' heightened focus on academic performance and standardized test scores makes it challenging for teachers to focus on students' mental and emotional well-being.

Contacts see value in giving teachers clear examples of students' traumatic experiences when possible. This helps teachers contextualize student behavior and develop empathy for students' struggles. With this method, contacts at **District B** report that teachers have become more attuned to the unique needs of students with histories of trauma and have become much more enthusiastic about integrating trauma-informed practices into their classrooms.

Similarly, contacts at School G describe how one teacher did not understand the importance of trauma-related classroom practices until an official explained the ways a specific elementary school student struggled daily with the foster care system.

### **Ensure Administrator Buy-In to Coordinate Practice Implementation Successfully**

Contacts at **District F** describe that one particular school community struggled to implement support services for students with histories of trauma. These contacts suggest that the implementation challenges stemmed largely from a lack of firm administrative leadership within the school community. This school ultimately only achieved full implementation of these practices once the district installed new, firmer leadership at the school. This shift indicates the value of administrative buy-in for the successful implementation of support services for students with histories of trauma.

Contacts at **District D** note that individual school principals determine which professional development resources to provide to the school's teachers. Therefore, teachers only receive training sessions on how to serve students with histories of trauma if the principal elects to provide these sessions. This case further underscores the importance of gaining administrative buy-in for these types of practices in order to adequately equip teachers with the skills that they need to help these students.

Though contacts did not explicitly cite tactics used to gain administrator-level buy-in, the strategies depicted above to gain teacher buy-in likely could be adapted to engage administrators as well.

### 3) Research Methodology

#### Project Challenge

Leadership at a member institution approached the Forum with the following questions:

- What percentage of elementary students at contact districts display behavioral issues or receive additional support services based on high ACE scores?
  - How has this percentage changed in the past five years?
- Do contact districts determine common sources of trauma in students with high ACE scores potentially driving behavioral issues? If so, how?
- What support services do contact districts offer elementary students with high ACE scores who also demonstrate executive functioning deficits and significant behavioral issues?
- How do contact districts allocate resources to support students with behavioral issues linked to high ACE scores?
- Do contact districts offer any out-of-school support services to students with high ACE scores and their families?
- Do contact districts partner with any external organizations to provide additional support services to students with high ACE scores and their families?
- What general education classroom practices do contact districts use to support students with high ACE scores' social-emotional needs?
- What professional development opportunities do contact districts provide classroom teachers and support staff to assist students with high ACE scores?
- What effect, if any, does the presence of para-educators have on students' behavioral issues?

#### **Project Sources**

The Forum consulted the following sources for this report:

- EAB's internal and online research libraries (eab.com)
- The Chronicle of Higher Education (<a href="http://chronicle.com">http://chronicle.com</a>)
- National Center for Education Statistics (NCES) (<a href="http://nces.ed.gov/">http://nces.ed.gov/</a>)
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#### Research Parameters

The Forum interviewed district-level managers of support programs for students with histories of trauma as well as school-level mental health providers at school districts and schools throughout the United States.

#### A Guide to Institutions Profiled in this Brief

Institution	Location	Approximate Enrollment
District A	Northeast	1,300
District B	Northeast	53,000
School C	Northeast	800
District D	Mid-Atlantic	48,600
School E	Mid-Atlantic	300
District F	Pacific West	57,000
School G	Northeast	200