



Supporting Students with a History of Trauma

Implementing Districtwide Trauma-Informed Practice

This Guide Will Help Users:

- Build staff knowledge about the prevalence of trauma and its impact on students' emotional, behavioral, and academic outcomes
- Provide targeted support to students exhibiting more acute symptoms of trauma exposure
- Implement a range of strategies to support the social, emotional, and mental well-being of teachers and staff

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Executive Summary

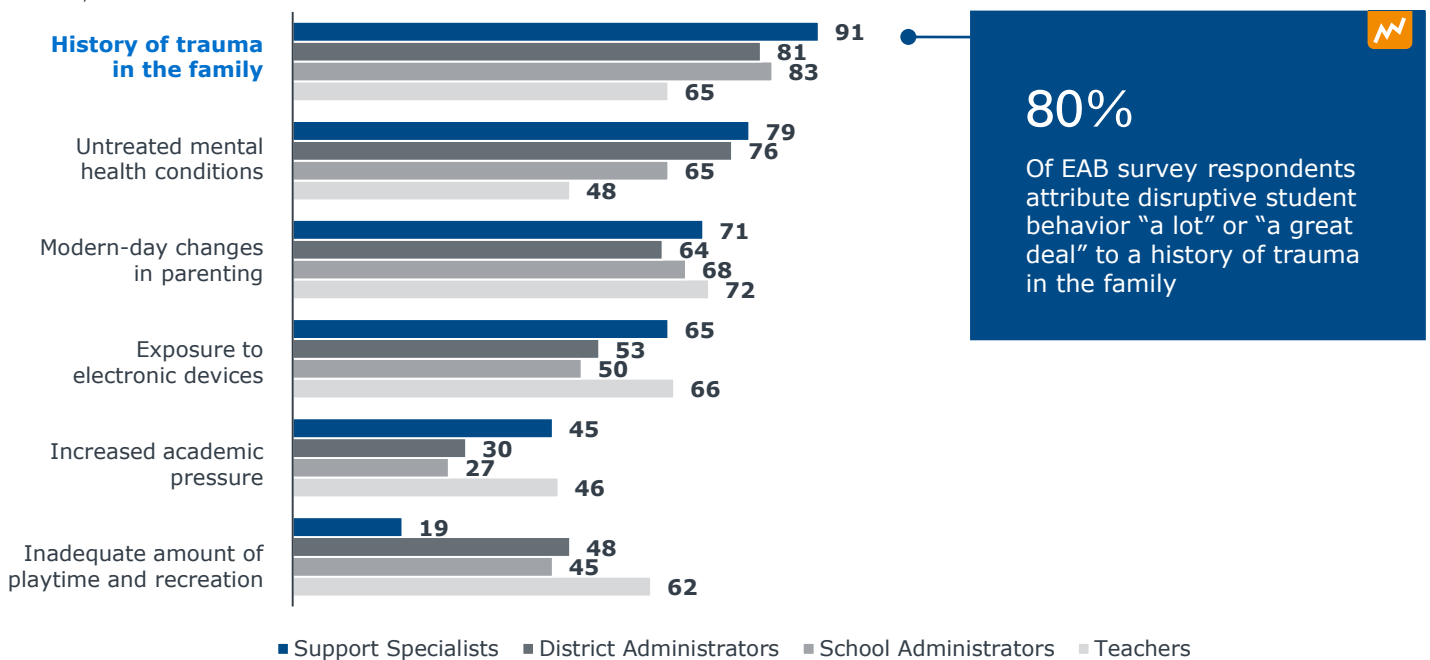
Increasing Concern over the Prevalence of Trauma in Families and Communities

A 2017 analysis conducted by the Child and Adolescent Health Measurement Initiative found that 46% of children nationwide have faced at least one adverse childhood experience (ACE) including abuse, neglect, and parental substance abuse, incarceration, divorce, or mental illness. Additionally, 20% of children have faced at least two of these experiences.

EAB's 2018 survey on behavioral disruptions and more than 150 accompanying research interviews highlighted significant and widespread concern over trauma in students' families and communities. The majority of educators nationwide express feeling ill-equipped to recognize the signs and symptoms of trauma and manage students' resulting social, emotional, and behavioral challenges in a supportive way.

To what degree do you attribute disruptive behavior to each of the following?

% of respondents responding "a lot" or "a great deal", EAB Disruptive Behavior Survey
n=150-1,477



Children Who Face Adverse Events More Likely to Struggle in School

High levels of toxic stress that result from early adverse experiences have been linked to several long-term, negative social, emotional, and health-related outcomes. In the short term, these experiences also have a direct impact on students' functioning in school.

Toxic stress limits healthy development of the parts of the brain responsible for planning complex cognitive behavior, expressing personality and emotions, making decisions, and moderating social behavior—all functions integral to social, emotional, and academic success.

2x

Children ages 6+ with two or more ACEs are **twice as likely to be disengaged from school**

4x

Children ages 3 to 5 with two or more ACEs are four times more likely to:

- Have trouble **calming themselves down**
- Be **easily distracted**
- Struggle to **make and keep friends**

Executive Summary

Districts Largely Take a Fragmented Approach to Trauma-Informed Care

Over the past decade, various organizations including state departments of education, non-profit organizations, and private companies have developed frameworks (e.g., the Missouri Trauma-Informed Schools Initiative, the Sanctuary Model) to guide schools in taking a trauma-informed approach to educating students.

Despite growing awareness and attention school systems are struggling implement systemic change.



Trauma-informed care efforts **exist at the individual staff level** (e.g., book reads, conference attendance)



District-sponsored trauma training is available, but **optional** for interested staff

Hardwire a Trauma-Sensitive Approach to Effectively Meet Student Needs

Because the brain is still so malleable, the earliest grades represent a critical period to mitigate the effects of toxic stress. Schools have the opportunity to improve student outcomes through consistent support, intervention, and positive skill building.

Adopting a trauma-sensitive approach to education requires ongoing staff commitment to creating a safe school environment, implementing restorative practices, and building student skills through positive social, emotional, and behavioral supports. To promote efficacy and long-term sustainability, districts must also mitigate the mental and emotional demands placed on staff supporting students with a history of trauma.

How To Use This Toolkit

This resource provides a guide with accompanying templates to help districts and schools plan for and implement trauma-informed practice. The toolkit suggests a range of strategies to educate staff about childhood trauma, implement evidence-based programs that meet student needs, and support the well-being of staff.

Key Steps to Implementing Trauma-Informed Care



IMPLEMENT A UNIVERSAL TRAUMA-INFORMED APPROACH

Train all staff on the core principles and practices of trauma-informed care



OFFER SPECIALIZED SUPPORTS FOR HIGH-NEEDS STUDENTS

Implement evidence-based programs for students with higher levels of trauma



SUPPORT STAFF SOCIAL-EMOTIONAL WELL-BEING

Mitigate compassion fatigue and prevent staff burnout

Sources: EAB interviews and analysis.



Implement a Universal Trauma-Informed Approach

Description

Trauma-informed practice begins with making all school staff aware of the broad impact of trauma and toxic stress and then equipping staff with the skills to create a safe environment for learning.

To achieve desired results, trauma-informed care must be an integrated part of the overall framework for how staff interact with all students, identify needs, and provide services and supports.

Use the following tools to develop a plan for educating all staff about the prevalence and impact of childhood trauma, and building staff capacity to interact with students in ways that mitigate (not exacerbate) trauma and toxic stress.

Resources

Owner/Facilitator: Superintendent



Tool 1: Implementation Planning Discussion Guide

Tool 2: Trauma-Informed Care Professional Development Content Checklist

Tool 3: Staff Development Planning Template

Overview

- 1 Set a timeline for training all staff on the core principles of trauma-informed care.** To ensure consistency in every classroom and school, trauma-informed care training cannot be optional. Plan a scope and sequence of training that will reach all staff leveraging a combination of district or building PD days and team or grade-level meetings. Remember to include all support staff (e.g., bus drivers, cafeteria staff, security guards) as well.
- 2 Develop training content or select a training provider.** Some districts with the capacity and expertise choose to develop their own training modules internally or in partnership with local organizations. Alternatively, districts can work with national and/or regional organizations that offer ready-made training modules, resources, and services (*see p. 7 for a resource list*).
- 3 Recruit trauma-informed care implementation leaders to support training rollout.** Recruit implementation leaders at each school site to become experts in trauma-informed care. This builds internal capacity to deliver training and to provide ongoing coaching and implementation support. Aim for representation from clinicians as well as teachers and administrators in each building.

1 | Implementation Planning Discussion Guide



Developing and Sustaining Expertise in Trauma-Informed Care

- 1 How can we ensure that all staff understand the prevalence, impact, and warnings signs of trauma? What is our strategy for providing staff the **professional development** they need to become informed about trauma-informed care principles and core practices?

- 2 How can we ensure **sustainability of this expertise**? Who can we appoint to serve as district- and school-based experts to continue to share this information with all incoming staff?

- 3 Where are we likely to experience **resistance to proposed changes** to discipline or instruction? What can we do to mitigate these potential challenges?

- 4 Who are likely to be our biggest supporters and **champions of this initiative**? How can we elevate their roles so they have a leadership opportunity and can carry enthusiasm for the work to and through their school(s)?

2 | Trauma-Informed Care PD¹ Content Checklist

Use the checklist below as a guide to building your own trauma-informed care training program or for vetting training offerings when partnering with an external organization.



Informational Topics for All Staff

- Child development, attachment, and the effects of early adversity
- Definition of developmental trauma
- Prevalence of trauma
- Neurobiology of trauma
- Particular types of trauma (e.g., historical trauma, racial trauma, complex trauma)
- Impact of trauma on learning
- Impact of trauma on behavior
- Experiences of particular groups of students (e.g., LGBTQ youth, youth of color, refugees)
- Core principles of trauma sensitivity
- Secondary traumatic stress and vicarious trauma



Skill-Building Topics for All Staff

- General trauma-sensitive practices
- Trauma-informed crisis intervention and de-escalation strategies
- Culturally responsive practices
- Strategies for engaging youth and families
- Strengths-based approaches to working with youth
- Self-care strategies
- Restorative practices
- Positive behavioral supports



Specialized Trauma-Related Topics

- Classroom strategies for promoting safety (*teachers*)
- Social and emotional competencies and curricula (*teachers*)
- Trauma-sensitive assessment and evaluation practices (*student services staff*)
- Evidence-based, trauma-specific mental health interventions for addressing trauma (*student services staff*)
- Trauma-informed special education (*special education, student services staff*)



Prominent sources of information, training, and support materials on trauma-informed practice, surfaced through our research, include:

- Helping Traumatized Children Learn (traumasensitiveschools.org)
- National Child Traumatic Stress Network (nctsn.org)
- Attachment & Trauma Network (creatingtraumasensitiveschools.org)
- ACEs Connection (acesconnection.com)
- Center for Childhood Resilience (childhoodresilience.org)
- The Trauma-Informed Care Project (traumainformedcareproject.org)
- National Center on Safe Supportive Learning Environments (safesupportivelearning.ed.gov)
- Trauma Smart (traumasmart.org)
- The Sanctuary Model (sanctuaryweb.com)

1) Professional development.

3 | Staff Development Planning Template

Use the following template to plan the scope and sequence of trauma-informed care training for each major constituency across the district including teachers, administrators, clinical staff, and support staff.

Clearly defined learning outcomes and follow-up actions will ensure staff effectively build a knowledge base and skillset related to trauma-informed care.

Constituency: _____

Trauma-Informed Care Professional Development Topic	Date Scheduled	Target Completion	Learning Outcomes/ Measures	Follow-up Actions
<i>Include title and brief description</i>			<i>What will staff know or be able to do immediately as a result of this training?</i>	<i>How will staff build upon or keep this training relevant going forward?</i>

Sources: EAB interviews and analysis.



Offer Specialized Supports for Higher-Needs Students

Description

Even with implementation of universal trauma-sensitive practices and supports, students who experience acute levels of trauma, chronic trauma, or post-traumatic stress may need small group and/or one-on-one interventions to heal, build resiliency, and achieve success in school. Several trauma-specific treatments are now available that can be used in a variety of settings, and have robust evidence of safety and effectiveness.

Use the following tools to guide your assessment and implementation of specialized treatments to support students with a history of trauma.

Resources

Owner/Facilitator: Assistant superintendent, principal, student services director



Tool 4: Evidence-Based Practice Resource Sheet

Tool 5: Trauma Warning Signs Checklist

Overview

- 1 Choose a trauma-specific treatment that best meets the needs of the students in your district.** Pay close attention to the evidence that indicates positive outcomes for your intended population (e.g., age, symptoms, culture, family environment). Also note any prerequisite clinical competencies that staff need prior to training or implementing a certain program. Some districts may have the internal expertise to deliver an intervention while others may need to hire personnel or partner with community mental health providers.
- 2 Share the warning signs of trauma and the process for referring students of concern for additional services with all school staff at the start of each school year.** Small group and individual interventions are typically designed for students who meet certain symptom types and severity levels. While these students may surface through regular grade-level or student service team meetings, it is important that all staff are aware of the subtle warning signs of trauma and how to connect students with support services.
- 3 Work closely with teachers and parents to ensure students transition in and out of treatment sessions with support.** Recalling and processing trauma may make it difficult for students to stay focused during the school day. Collaborate with teachers to carefully plan when during the day the student should receive treatment (e.g., at the end, before a lunch or recess period). As treatment progresses, highlight specific ways coping skills and strategies can be reinforced in the classroom and at home.

4 | Evidence-Based Practice Resource Sheet

Select specialized interventions based on the symptoms and needs of the students in your district or school. The intervention highlighted below was profiled in EAB’s 2018 research on “Managing Behavioral Disruptions in Early Grades” as a best practice for schools supporting students with a history of trauma.

The student services team and/or trauma-informed care leads should review the “intervention in brief” to assess the fit of this particular program with your student population and use the additional resources referenced to guide your selection of specialized supports.

Intervention in Brief: Cognitive Behavioral Intervention for Trauma in Schools ([CBITS](#))



Program Overview

- **School-based trauma intervention** intended for delivery by mental health clinicians
- **Developed by a team of clinician-researchers** from the RAND Corporation, the University of California Los Angeles (UCLA), and Los Angeles Unified School District



Program Goals

- **Aims to reduce symptoms of PTSD,** depression, and behavior problems, and to improve functioning and coping skills
- **Designed for students in grades 5-12** and adapted for elementary school students through the “[Bounce Back](#)” program



Implementation Details

Weekly, 1 hour sessions use cognitive-behavioral techniques (e.g., relaxation, social problem solving, cognitive restructuring, exposure)

10 Group sessions

1-3 Individual sessions

2 Parent sessions



Evidence of Effectiveness

Clinical and randomized controlled trials show that participating students demonstrate fewer symptoms of post-traumatic stress, depression, and psychosocial dysfunction:

42% Reduction in **PTSD symptoms**

14% Reduction in **behavior problems**



For more evidence-based programs to support students with a history of trauma, please review:

- The California Evidence-Based Clearinghouse for Child Welfare ([CEBC](#))
- Annie E. Casey Foundation Blueprints for Healthy Development ([Blueprints](#))
- Institute of Education Sciences (IES) What Works Clearinghouse ([WWC](#))

5 | Trauma Warning Signs Checklist

Use the checklist below to inform teachers of the warning signs indicating a student may be experiencing or have a history of trauma. This checklist can serve as a quick reference sheet for staff and also as a referral form to connect students of concern with additional support services.

Date of referral:

Student name:

Referral made by:

Brief description of your observations/concerns:

Common warning signs and symptoms of trauma (check all that apply):

Avoidance

- Withdrawn
- Anxious
- Isolates
- Shuts-down
- Hypersensitive – easily startled
- Easily distracted
- Missing school

Emotional Instability

- Anger
- Outbursts
- Desire for revenge
- Bitterness
- Restlessness
- Suicidal thoughts

Extreme Fearfulness

- Overprotective of self
- Irrational fears

Physical Symptoms

- Stomach pain
- Headaches
- Body aches
- Frequently sick
- Frequently uses the bathroom
- Low energy level – wants to sleep
- Unexplained weight loss

- Aggression
- Resentfulness
- Feelings that everything is unfair
- Cries easily
- Emotional swings
- Self-harm – cutting, burning

- Overprotective of loved ones
- Irrational perception of danger

Other: _____

Does the student know you are making the referral?

- Yes
- No

Information received:

- First hand
- Informed by another staff member
- Informed by another student



Support Staff Social-Emotional Well-Being

Description

The majority of teachers experience ongoing mental and emotional stress as part of such a demanding job. But teachers who work with students exposed to trauma are at greater risk of compassion fatigue and burnout as a result of hearing about students' experiences and dealing with the negative effects.

Destigmatizing mental health needs and emotional exhaustion and creating formal structures to support teacher well-being are critical to the sustainability of trauma-informed practice.

Create support systems grounded in self-assessment of the signs and symptoms of emotional distress to reduce teacher burnout and enable teachers to support the social-emotional needs of their students more effectively.

Resources

Owner/Facilitator: Superintendent, principal



Tool 6: Burnout/Compassion Fatigue Information Sheet

Tool 7: Burnout/Compassion Fatigue Self-Assessment

Tool 8: Self-Care Practice Assessment

Tool 9: Self-Care Planning Template

Overview

- 1 Increase awareness of the effects of occupational stress and trauma to improve teacher self-care planning.** Provide mandatory PD on burnout and compassion fatigue for all staff when implementing trauma-informed care. Informational sessions are most effective when paired with self-assessments and self-care planning exercises, which ensure staff incorporate basic self-care strategies into their routines and reflect on when they may need more support from school administrators or professional services.
- 2 Develop formal structures for ongoing peer support.** Create a schedule of monthly or bi-monthly meetings for teachers to reflect on challenges in their work and share strategies to support their own well-being. Carving out meeting time during a regularly scheduled staff meeting or professional development day ensures all staff can participate. Based on the needs and interests of staff, meetings may incorporate different wellness strategies such as mindfulness, meditation, or exercise.
- 3 Embed ongoing peer support and accountability for self-care with designated wellness partners.** Pair staff members up as "wellness partners" to connect outside of group meetings when they are grappling with difficult circumstances in their school or classroom. Remember that staff pairs do not have to be in the same grade level, building, or professional role. Wellness partners should regularly remind each other to follow through on their self-care strategies and seek additional help when needed.

6 | Burnout/Compassion Fatigue Information Sheet



Definitions

Compassion fatigue: the physical, mental, and emotional strain experienced by those who work with traumatized people. Over an extended period of time, this strain can result in withdrawal from or indifference toward the suffering of others.

Vicarious trauma: emotional distress resulting from hearing about the traumatic experiences of someone else. Distress may result from hearing someone’s trauma story, witnessing the aftermath of a traumatic event, retelling a student’s story, or seeing images related to trauma. Individuals with severe symptoms could be diagnosed with post-traumatic stress disorder (PTSD).

Burnout: emotional exhaustion, depersonalization, and a sense of reduced personal accomplishment. Burnout develops as a result of general occupational stress, but is not used exclusively to describe the effects of indirect trauma exposure.



Warning Signs

Hypervigilance	Excessive anxiety, alertness for potential threats or dangers at and outside of work; always being “on” and “on the lookout”
Poor boundaries	Lacking a balanced sense of your role; you take on too much, step in and try to control events, have difficulty leaving work at work, or take work too personally
Avoidance	Coping with stress by shutting down and disconnecting
Numbing	Unable to remain emotionally connected to your work
Addictions	Attaching to distractions to check out from work and/or personal life
Chronic exhaustion/ physical ailments	Experiencing physical, emotional, spiritual fatigue or inexplicable aches and pains exceeding what you expect for an ordinary busy day or week
Minimizing	Trivializing a current experience by comparing it with another situation that we regard as more severe
Anger and cynicism	Using cynicism or anger to cope with other intense feelings that you may not understand or know how to manage
Feelings of professional inadequacy	Becoming increasingly unsure of yourself professionally, second-guessing yourself, feeling insecure about tasks you once felt confident performing

Sources: “[Building Trauma-Sensitive Schools Handout Package](#),” U.S. Department of Education National Center on Safe Supportive Learning Environments; EAB interviews and analysis.

6 | Burnout/Compassion Fatigue Information Sheet



Risk Factors

Any professional who works directly with children, especially children exposed to trauma, is at risk of compassion fatigue and burnout; additional factors that increase risk include:



Female gender



**Inexperience
in the field**



**Degree of
exposure**



**Prior trauma
exposure**



Young age



Action Steps

1. Increase your knowledge and awareness of the effects of occupational stress and trauma
2. Assess your current level of burnout and compassion fatigue; the following two tools may be helpful in your assessment:
 - Professional quality of life scale ([ProQOL 5](#))
 - [Compassion fatigue self-test](#)
3. Stay connected to other people and groups that are supportive and nourishing
4. Identify and incorporate specific self-care strategies for promoting resilience and maintaining a healthy work–life balance (e.g., exercise, good nutrition, supportive networks)



These information sheets were adapted from the U.S. Department of Education’s resources for “Building Trauma-Sensitive Schools.” Click [here](#) for more trauma-informed care training materials, events, and implementation supports.

7 | Burnout/Compassion Fatigue Self-Assessment

Recognize the warning signs: Becoming aware of the effects your work has on you is essential to helping you take care of yourself. Think about the warning signs of compassion fatigue and burnout, and consider whether they are present in your daily life.

Even if you are not frequently exposed to student trauma, you may be struggling with issues of burnout. Check back regularly to see how things are going and determine if you need to make adjustments to your self-care plan.

Warning Sign	Yes or No	If Yes, Describe the Effect on You
Increased anxiety or concern about safety	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Intrusive, negative thoughts and images related to your students' traumatic experiences	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Difficulty maintaining work-life boundaries	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Avoiding people, places, and activities that you used to find enjoyable	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Feeling emotionally numb, disconnected, or unable to empathize	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Experiencing feelings of chronic exhaustion and related physical ailments	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Regularly feeling angry and/or cynical about students, staff, and your work	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Feeling inadequate in your work and questioning whether what you do matters	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Sources: "Building Trauma-Sensitive Schools Handout Package," U.S. Department of Education National Center on Safe Supportive Learning Environments; EAB interviews and analysis.

8 | Self-Care Practice Assessment

Assess your self-care practice: Many strategies are available to support self-care and reduce the signs and symptoms of burnout. Complete the self-care self-assessment below; this tool provides ideas about how to practice self-care across many areas of your life. Remember that no one strategy works for everyone.


Rate how often you do each of the below strategies using the following scale:

5–Frequently **4**–Sometimes **3**–Rarely **2**–Never **1**–It never even occurred to me

Physical Self-Care 	
	Get regular preventive medical care
	Take time off when you are sick
	Get emergency medical care when needed
	Exercise and/or do physical activity that is fun for you (e.g., walk, run, hike, lift weights, go to the gym, yoga, martial arts)
	Get away from stressful technology (e.g., cell phone, computer, social media, e-mail)
	Avoid excessive use of alcohol and other substances
	Get enough sleep
	Eat regularly (i.e., breakfast and lunch)
	Eat healthfully
	Take vacations, mini-vacations, or day trips
	Get massages
	Other:

8 | Self-Care Practice Assessment

Emotional Self-Care 	
	Express emotions (e.g., anger, worry) in a constructive way
	Stay in contact with important people in your life
	Treat yourself kindly (i.e., supportive inner dialogue or self-talk)
	Feel proud of yourself
	Reread favorite books, review favorite movies
	Identify and seek out comforting activities, objects, people, places
	Spend time with others whose company you enjoy
	Find things that make you laugh
	Allow yourself to cry
	Other:

Workplace or Professional Self-Care 	
	Identify projects or tasks that are exciting, growth promoting, and rewarding for you
	Ask for help when needed, get support from colleagues and/or administrators
	Say no sometimes to extra responsibilities, communicate and/or negotiate your needs
	Pursue regular learning and professional development opportunities
	Have a peer support group
	Make time for thinking, completing tasks
	Take time to chat with coworkers
	Take time to eat lunch
	Other:

Sources: "Building Trauma-Sensitive Schools Handout Package," U.S. Department of Education National Center on Safe Supportive Learning Environments; EAB interviews and analysis.





8 | Self-Care Practice Assessment


Psychological Self-Care 	
	Go see a therapist or counselor for yourself
	Make time for self-reflection (e.g., your dreams, thoughts, imagery, and feelings)
	Write in a journal
	Say no sometimes to extra personal responsibilities
	Take a step to decrease stress in your life
	Make time for prayer, meditation
	Share with and/or ask for help from others
	Engage your intelligence in a new area—go to an art museum, performance, sports event, exhibit, or other cultural event
	Read literature unrelated to work
	Spend time outdoors
	Contribute to or participate in causes you believe in
	Express gratitude
	Participate in a spiritual gathering, community, or group
	Celebrate milestones with rituals that are meaningful to you
	Remember and memorialize loved ones who have died
	Listen to inspiring music, sing
	Do something at which you are a beginner
	Other:

Sources: "Building Trauma-Sensitive Schools Handout Package," U.S. Department of Education National Center on Safe Supportive Learning Environments; EAB interviews and analysis.

9 | Self-Care Planning Template

Adopt specific strategies: based on your responses to the self-care self-assessment, list 1–2 things in each area that you already do and 1–2 things that you would like to do to take care of yourself. Then choose 3–5 things from your list that you can make a commitment to doing in the next month.

Area	Already Do	Would Like to Do
Physical 		
Emotional 		
Professional 		
Psychological 		
Committed to Doing in the Next Month: <ul style="list-style-type: none"> • • • • • 		
Wellness Partner:		

 These templates were adapted from the U.S. Department of Education’s resources for “Building Trauma-Sensitive Schools.” Click [here](#) for more trauma-informed care training materials, events, and implementation supports.

Sources: “[Building Trauma-Sensitive Schools Handout Package](#),” U.S. Department of Education National Center on Safe Supportive Learning Environments; EAB interviews and analysis.



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