Trauma-Informed Care in Schools: What We Know (And Still Don't Know), And Why That Matters for Marginalized Youth In K-12

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Today's Agenda

- This presentation will pose a number of difficult and important questions regarding Trauma-Informed Care (TIC) in K-12 schools, framed by this overarching question: what do we REALLY know about TIC in schools, particularly TIC in marginalized school communities? Using ideas from implementation science and race and equity frameworks, participants will reflect on how to ensure that the important work of TIC is carried out in rigorous and culturally-responsive ways, without it becoming yet another educational trend that fades away.

Dr. Michael S. Kelly

- Author of over 80 articles, books, and book chapters on school mental health and EBP
- SSW in practice (1992-2006)
- Professor since 2006 at Loyola
- Director of the Loyola Family and School Partnership Program (FSPP): 1,400 SSW trained since 1998
- Founder and Director of the School Mental Health Advanced Practice Program (SMHAPP), a 15-credit, 99% online, 2-year program for school clinicians
- To date, the SMHAPP has had 4 cohorts of school clinicians from 8 states

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Today's Agenda

- Opener #1: Getting to know the Room

- Opener #2: My sons' school TRS-IA

- Our study: what's a systematic review, and what does it mean when there's an empty one?

- ACEs & critiques of trauma

- The UK offers some cautionary tales

- 1619 Project & Transgenerational Trauma

- TIC from a racial inequity lens

- Questions For You

Some Disclaimers

- This presentation is largely focused on TIC (trauma-informed care) at the school-level, not at Tier 3

- Several Tier 2 & 3 interventions for youth dealing with trauma have strong evidence for them (which is great!)

- Measurement issues—"it's hard to measure a movement."

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TRS-IA For The BoyFarm's Middle School

Understanding this Summary

This report is generated based on the information you provided for the trauma survey. The composite score for each domain is the average of your ratings for every item within the domain.

Composite scores of 1.0-1.9 are classified as **"Emerging"** areas, 2.0-2.9 are classified as **"Progressing"** areas, and 3.0-4.0 are classified as areas of **"Mastery."**

TRAUMA RESPONSIVENESS DOMAINS

MASTERY
Composite Score

3.0 .... Whole School Safety Planning

PROGRESSING
Composite Score

2.1 .... Whole School Prevention Planning

2.3 .... Family and Community Engagement

EMERGING
Composite Score

1.5 .... Whole School Trauma Programming

1.5 .... Classroom Strategies

1.0 .... Prevention/ Early Intervention Trauma Programming

1.5 .... Targeted Trauma-Informed Programming

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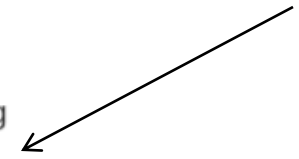**EMERGING**

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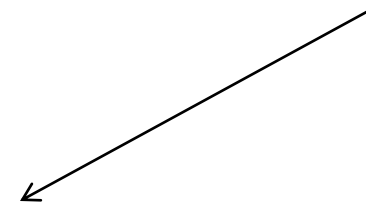
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Critiques of ACEs

"The ACE checklist is a collection of *very diverse and ambiguous items* that cannot be presumed to necessarily represent traumatic experiences.

Items variously:

• Represent circumstances that are not typically traumatic.

• Reflect the respondent's past or current psychopathology.

• Make equivalent and traumatic vastly different experiences, many neutral and some that are positive.

• Reinterpret a personal vulnerability due to familial transmission of psychopathology, either direct or indirect, rather than simply an exposure to events.

• Ignore crucial contextual information, including timing of events.

There is reason not to assume that higher summed scores for the ACE represent more exposure to trauma than lower scores."—("Stop using the Adverse Childhood Experiences Checklist to make claims about trauma causing physical and mental health problems," Coyne, 2017)

Elizabeth Perry @eperryinsights · Oct 31

There's the difference. #ACEs are valuable population based data. Treatment for individuals must be tailored to the nuances of the specific effects on them. Use the collective data to motivate social change. Serve individuals as fits them uniquely. Now I get your message @BDPerry

> **Bruce D. Perry** @BDPerry · Oct 30
>
> Replying to @CourtneyBrenne3
>
> The ACE studies are landmark and important epidemiological reports. But population based correlations shouldn't be conflated with the complexities of individual developmental risk.

💬 1   ⟲ 22   ♡ 70   ⬆

Bruce D. Perry @BDPerry · Oct 30

Very important to read this brief but very timely & important commentary. Why it's time to ACE the way we measure the bad things that happen to children - ACAMH

> Why it's time to ACE the way we measure the bad thi...
>
> By measuring Adverse Childhood Experiences (ACE's)

Critiques of ACEs: Sources

Jerrim, J. and de Vries, R. (2017) The limitations of quantitative social science for informing public policy, *Evidence and Policy* 13(1): 117-133.

Lacey, R. E., & Minnis, H. (2019). Practitioner Review: Twenty years of research with adverse childhood experience scores–Advantages, disadvantages and applications to practice. *Journal of Child Psychology and Psychiatry*.

White, S., Edwards, R., Gillies, V., & Wastell, D. (2019). All the ACEs: A Chaotic Concept for Family Policy and Decision-Making?. Social Policy and Society, 18(3), 457-466.

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Systematic Review Steps (Greenlagh, p. 117)

1. State review objectives and outline eligibility criteria (today's work)
2. Search for evidence (including gray lit)
3. Tabulate/code each study you find and assess methodological quality
4. Apply eligibility criteria, explain your exclusions
5. Analyze results of eligible studies and synthesize the data if appropriate
6. Prepare a critical summary of the review

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Maynard, B. R., Farina, A., Dell, N. A., & Kelly, M. S. (2019). Effects of trauma-informed approaches in schools: A systematic review. *Campbell Systematic Reviews, 15(1-2)*, e1018.

sswn

ABOUT ⌄   INTERVENTIONS ⌄   TOOLS FOR PRACT

SLOW DOWN: WHAT WE DON'T KNOW (YET) ABOUT TRAUMA-INFORMED APPROACHES IN SCHOOLS

Posted by Michael Kelly | Jul 17, 2019 | Interventions, Research That Matters, Tier 1, Tier 2, Tier 3 | 0 ⌘ | ★★★★★

DOI: 10.1002/cl2.1018

SYSTEMATIC REVIEW

Campbell Collaboration   WI

Effects of trauma-informed approaches in schools: A systematic review

Brandy R. Maynard[1] | Anne Farina[2] | Nathaniel A. Dell[1] | Michael S. Kelly[3]

[1]School of Social Work, Saint Louis University, St. Louis, Missouri
[2]Department of Social Work, Seattle University, Seattle, Washington
[3]School of Social Work, Loyola University Water Tower Campus, Chicago, Illinois

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Brandy R. Maynard, School of Social Work, Saint Louis University, Tegeler Hall, 3550 Lindell Boulevard, St. Louis, MO 63103.
Email: brandy.maynard@slu.edu

1 | PLAIN LANGUAGE SUMMARY

1.1 | The review in brief

Despite growing support and increased rate of which trauma-informed approaches are being promoted and implemented in schools, evidence to support this approach is lacking.

1.2 | What is this review about?

Exposure to different types of trauma have been associated with varying types and complexity of adverse outcomes, including adverse effects on cognitive functioning, attention, memory, academic performance, and school-related behaviors. Given the growing research on trauma and increased knowledge about the prevalence, consequences and costs associated with trauma, there have been increased efforts at the local, state and federal levels to make systems "trauma-informed" (Lang, Campbell, & Vanerploeg, 2015). While the intent of creating trauma-informed approaches in schools is a noble one, relatively little is known about the benefits, costs, and how trauma-informed approaches are being defined and evaluated (Berliner & Kolko, 2016).

Trauma-informed approaches include programs, organizations, or systems that realize the impact of trauma, recognize the symptoms of trauma, respond by integrating knowledge about trauma policies and practices, and seeks to reduce retraumatization. At least two of the three key elements of a trauma-informed approach must have been present: Workforce development, trauma-focused services, and organizational environment and practices, which differ from trauma-specific interventions designed to treat or otherwise address the impact/symptoms of trauma and facilitate healing.

What is the aim of this review?
This Campbell systematic review sought to examine the effects trauma-informed schools on trauma symptoms/ mental health, academic performance, behavior, and socioemotional functioning. Although we conducted a comprehensive search to find studies testing trauma-informed approaches in schools, no studies met the inclusion criteria.
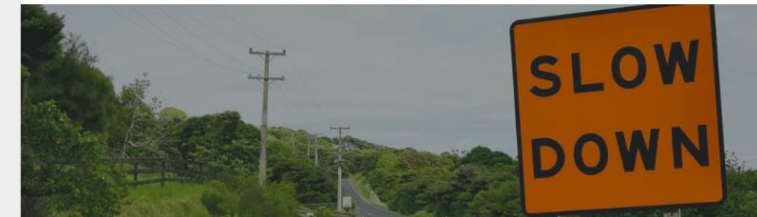
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FIGURE 1   SAMHSA's trauma-informed approach (Lang et al., 2015). SAMHSA, Substance Abuse and Mental Health Services Administration

Our TIC Systematic Review: Inclusion Criteria

1. Must have used a randomized or quasi-experimental study design
2. Studies must have been conducted in a school setting serving PreK-12 (or equivalent) students.
3. Studies must have assessed effects of a trauma-informed approach, defined as a program, organization, or system that realizes the impact of trauma, recognizes the symptoms of trauma, responds by integrating knowledge about trauma policies and practices, and seeks to reduce re-traumatization. At last two of the three key elements of a trauma-informed approach must have been present: Workforce development, trauma-focused services, and organizational environment and practices (Hanson & Lang, 2016).
4. This approach is distinguished from trauma-specific interventions, which are specific interventions designed to treat or otherwise address the impact/symptoms of trauma and facilitate healing.

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Our TIC Systematic Review: Inclusion Criteria

5. Studies must have measured a student-level outcome related to trauma symptoms/mental health, academic performance, behavior, or socio-emotional functioning.

6. We did not limit studies based on publication status, geographical location or language. We searched for studies that had been published in the last 10 years, as this is a relatively recent movement.

7. 9 major research article databases, 5 research registries, and over 10 sources for unpublished "gray literature" were searched through Fall 2017.

8. After full-text reports were uploaded into a software tool, 2 reviewers then independently screened each of the full-text reports for eligibility using a screening instrument (see review protocol, Maynard et al., 2017).

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Our Findings
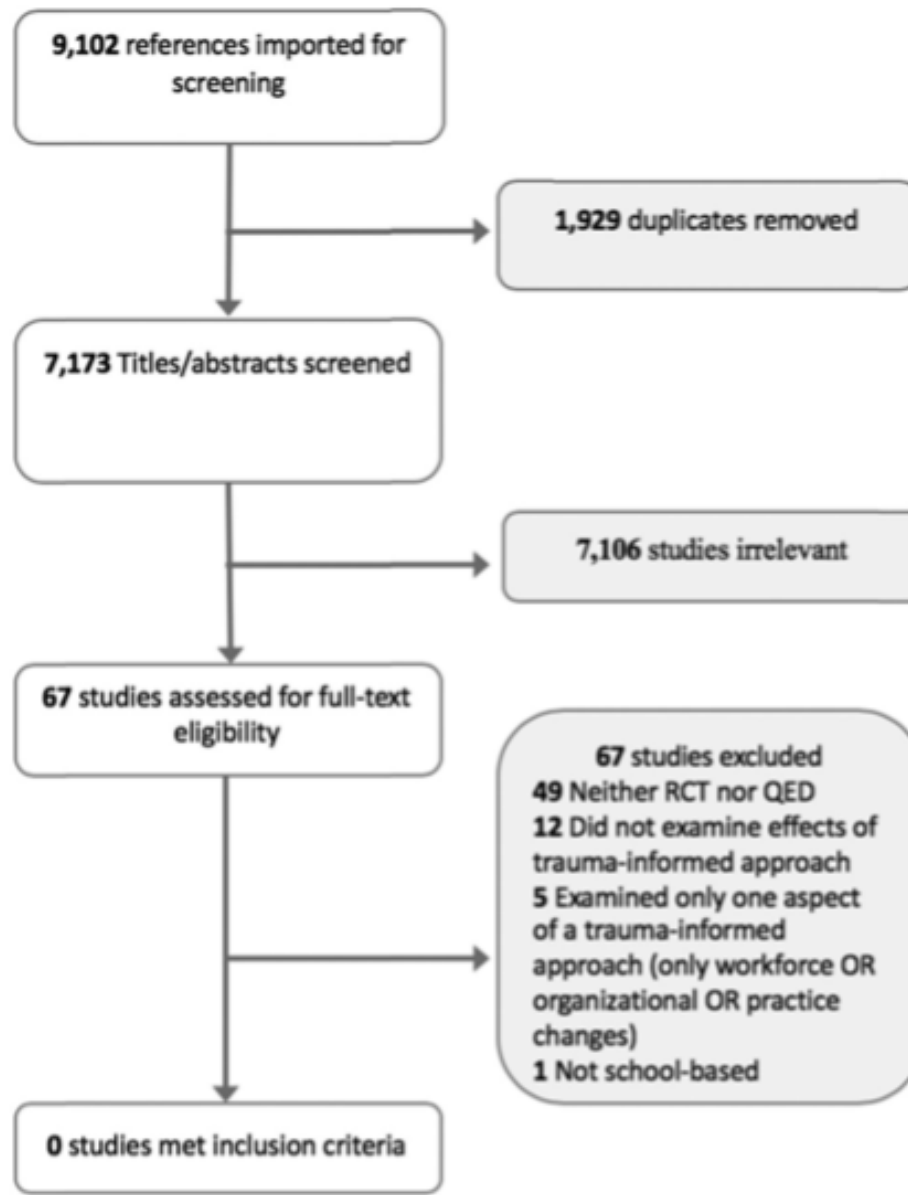
FIGURE 2 Search and selection flowchart

Our TIC Systematic Review: Implications

*We can draw from Clark & Dede's scaling framework for educational innovations (2009):
1)Depth/Effectiveness of the Innovation
2)Innovation Sustainability
3)Innovation Spread
4)Innovation Adoption
5)Innovation Evolution/Further Adaptation
*However, of the five components of Clark & Dede's scaling framework for educational innovations, the only two that appear to be active with the trauma-informed approach are the "spread" and "adoption" of the trauma-informed framework; however, loosely it appears to be presently defined.

Limitations Of Our TIC Systematic Review

This empty review comes at an admittedly early stage in American schools' embrace of the trauma-informed approach. Many innova- tions in education start with a great deal of excitement and moral fervor that is often not matched by rigorous evaluation of the interventions or curriculum being implemented (Walker, 2004). The trauma-informed approach appears to be no exception…

In just a short period of time, the trauma-informed approach has already begun to "spread" into American K-12 education at a rapid clip, and appears to also be being largely "adopted" in many schools. This rapid spread and adoption has the potential to quickly become another example of an education trend that falters without evidence to sustain it (Baker, 2007; Dearing et al., 2015).

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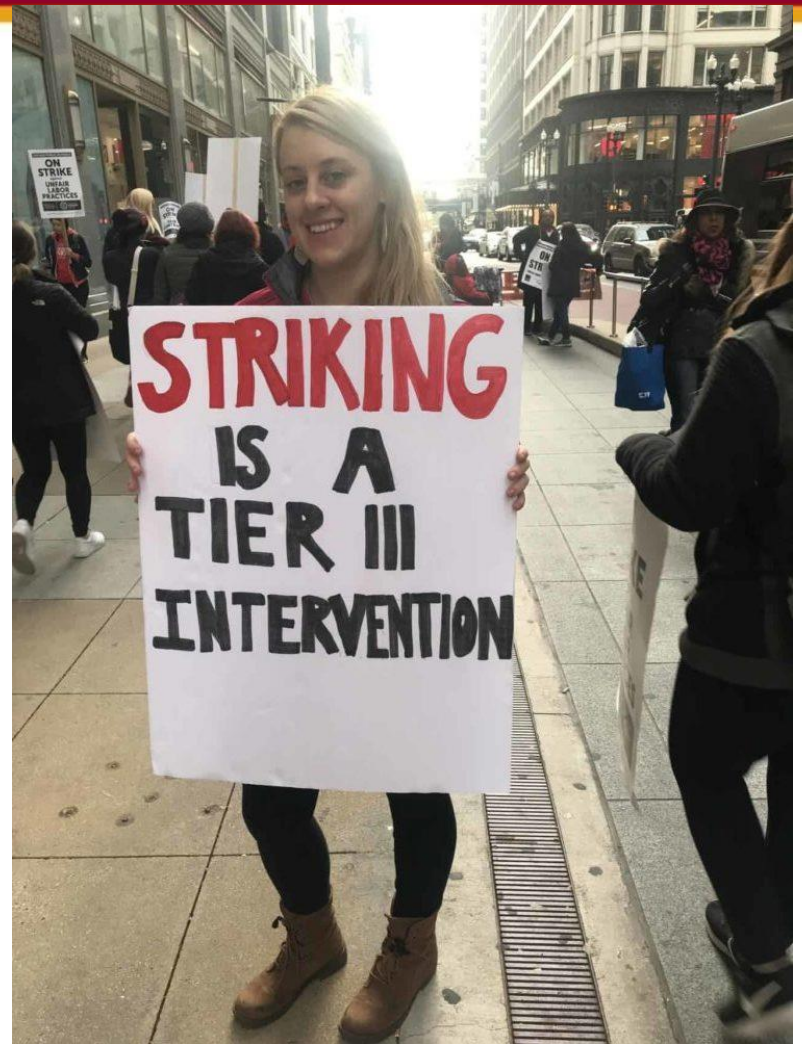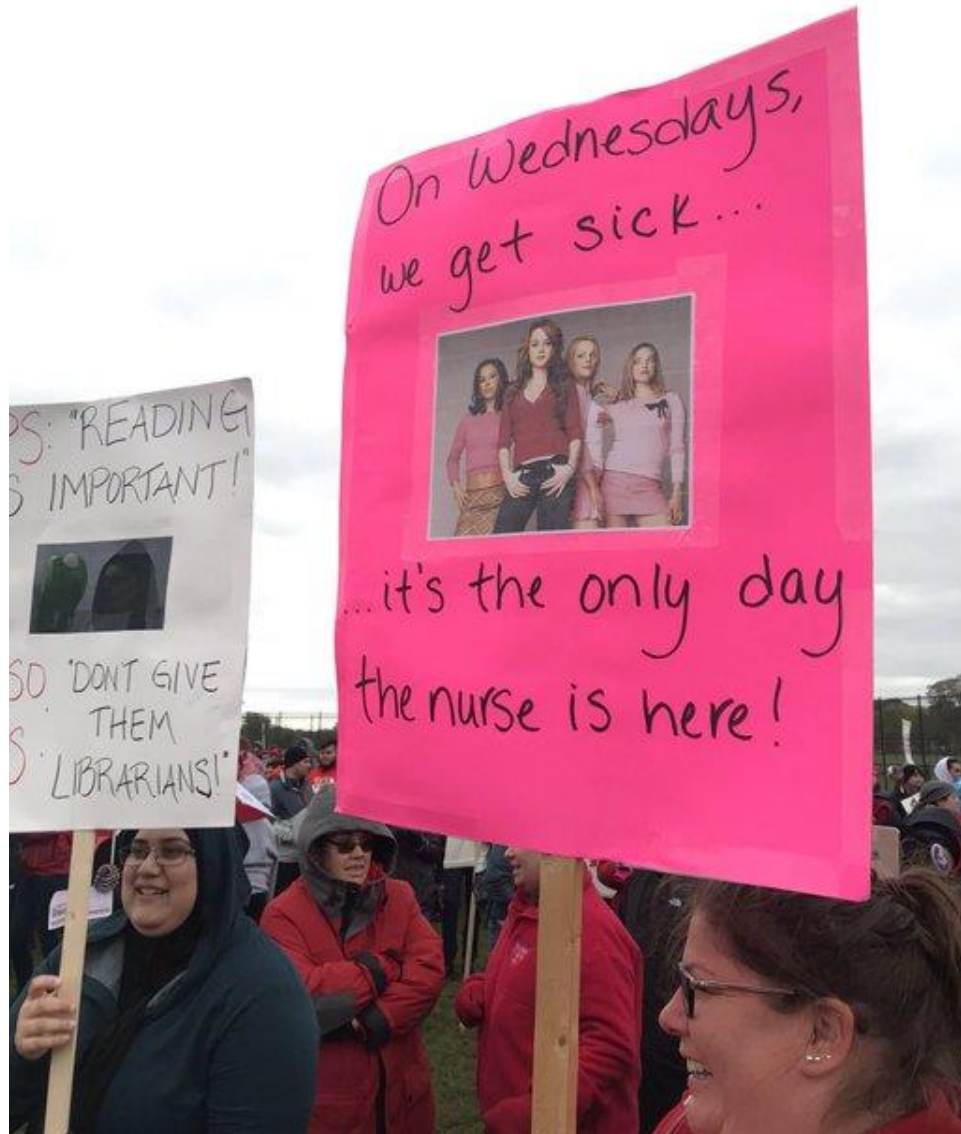
Grassroots Collab
@GrassrootsChi

"Why do you claim were so loud when you're deaf to our cries?" bars by China, a poet from @GKMC18, out here supporting her slam poetry coach at her high school. #PutItInWriting #faircontractsnow

The New York Times

1619 Project, NYT Magazine, August, 2019

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Dr. Rupa Marya, UCSF at xMed, Nov. 6, 2019
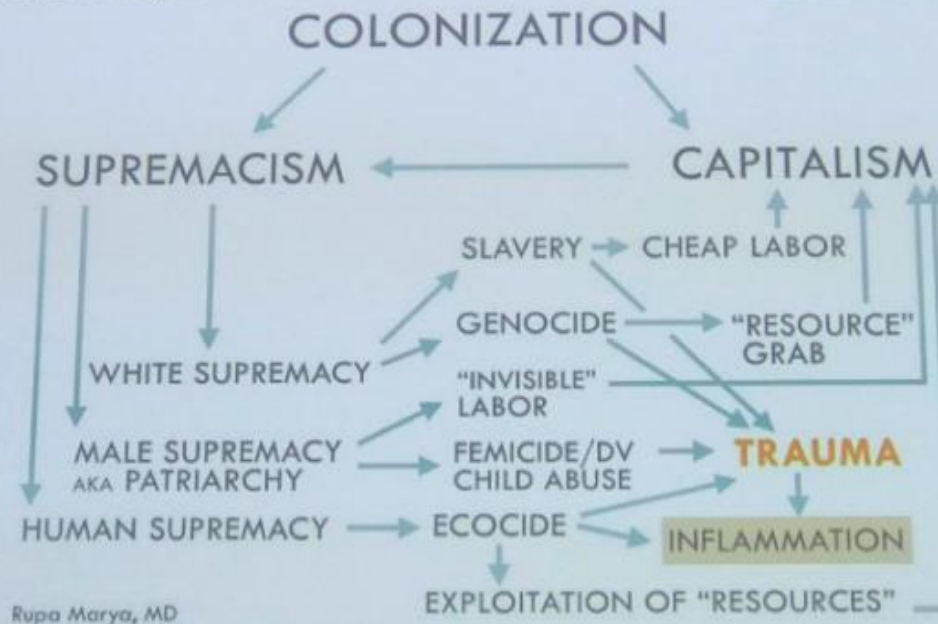
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MIND

Can We Really Inherit Trauma?

Headlines suggest that the epigenetic marks of trauma can be passed from one generation to the next. But the evidence, at least in humans, is circumstantial at best.

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December 10, 2018

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"These are, in fact, extraordinary claims, and they are being advanced on less than ordinary evidence," said Kevin Mitchell, an associate professor of genetics and neurology at Trinity College, Dublin. "This is a malady in modern science: the more extraordinary and sensational and apparently revolutionary the claim, the lower the bar for the evidence on which it is based, when the opposite should be true."

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The idea that we carry some biological trace of our ancestors' pain has a strong emotional appeal. It resonates with the feelings that arise when one views images of famine, war or slavery. And it seems to buttress psychodynamic narratives about trauma, and how its legacy can reverberate through families and down the ages. But for now, and for many scientists, the research in epigenetics falls well short of demonstrating that past human cruelties affect our physiology today, in any predictable or consistent way.

"CDC: Childhood Trauma Tied to Poor Health," U.S. News & World Report, 11/5/19

- Compared with men and white adults, women, American Indians and Alaska Natives, black adults and people of other races or ethnicities were more likely to experience four or more types of adverse childhood experiences, the study found. Higher levels of ACEs among minorities may be tied to "living in under-resourced neighborhoods and from historical and ongoing trauma caused by systemic racism or multigenerational poverty," the researchers wrote.

Your School Self-Assessment

1)Most of my students rated PBIS/MTSS implementation as being between a 7-8 at the same time most noted disproportionality in SpEd & Discipline as well as other evidence of structural racism.

2)So…what do you think is going on? How can MTSS be working so well potentially and yet racial inequity persists in most of the schools they're interning in this year?

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Your School Self-Assessment

Furthermore, my students brought up some tough questions to me:

--Can a school be trauma-informed if it has uniformed police officers patrolling its halls?

--*Can a school be trauma-informed if it regularly conducts live simulation-style active shooter drills?*

--What if it's a school that has a dress code that appears to disproportionally target girls for how they dress?

--*What if it's a school where the teachers are miserable and showing signs through their behavior of having trauma themselves?*

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Basic Principles for Equity Literacy

An important aspect of equity literacy is its insistence on maximizing the integrity of transformative equity practice. We must avoid being lulled by popular "diversity" approaches and frameworks that pose no threat to inequity—that sometimes are popular *because they are no real threat to inequity*. The basic principles of equity literacy help us ensure we keep a commitment to equity at the center of our equity work and the broader equity conversation.

1. The **Direct Confrontation** Principle: There is no path to equity that does not involve a direct confrontation with inequity. There is no path to racial equity that does not involve a direct confrontation with interpersonal, institutional, and structural racism. "Equity" approaches that fail to directly confront inequity play a significant role in sustaining inequity.

2. The **"Poverty of Culture"** Principle: Inequities are primarily power and privilege problems, not primarily cultural problems. Equity requires power and privilege solutions, not just cultural solutions. Frameworks that attend to diversity purely in vague cultural terms, like the "culture of poverty," are no threat to inequity.

3. The **Equity Ideology** Principle: Equity is more than a list of practical strategies. It is a lens and an ideological commitment. There are no practical strategies that will help us develop equitable institutions if we are unwilling to deepen our understandings of equity and inequity.

4. The **Prioritization** Principle: Each policy and practice decision should be examined through the question, "How will this impact the most marginalized members of our community?" Equity is about prioritizing their interests.

5. The **Redistribution** Principle: Equity requires the redistribution of material, cultural, and social access and opportunity. If we cannot explain how our equity initiatives redistribute access and opportunity, we should reconsider them.

6. The **"Fix Injustice, Not Kids"** Principle: Educational outcome disparities are not the result of deficiencies in marginalized communities' cultures, mindsets, or grittiness, but rather of inequities. Equity initiatives focus, not on fixing marginalized people, but on fixing the conditions that marginalize people.

7. The **One Size Fits Few** Principle: No individual identity group shares a single mindset, value system, learning style, or communication style. Identity-specific equity frameworks (like group-level "learning styles") almost always are based on simplicity and stereotypes, not equity.

8. The **Evidence-Informed Equity** Principle: Equity initiatives should be based on evidence for what works rather than trendiness. "Evidence" can mean quantitative research, but it can also mean the stories and experiences of marginalized people in your institution.

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TIC In Schools Requires Complex Changes

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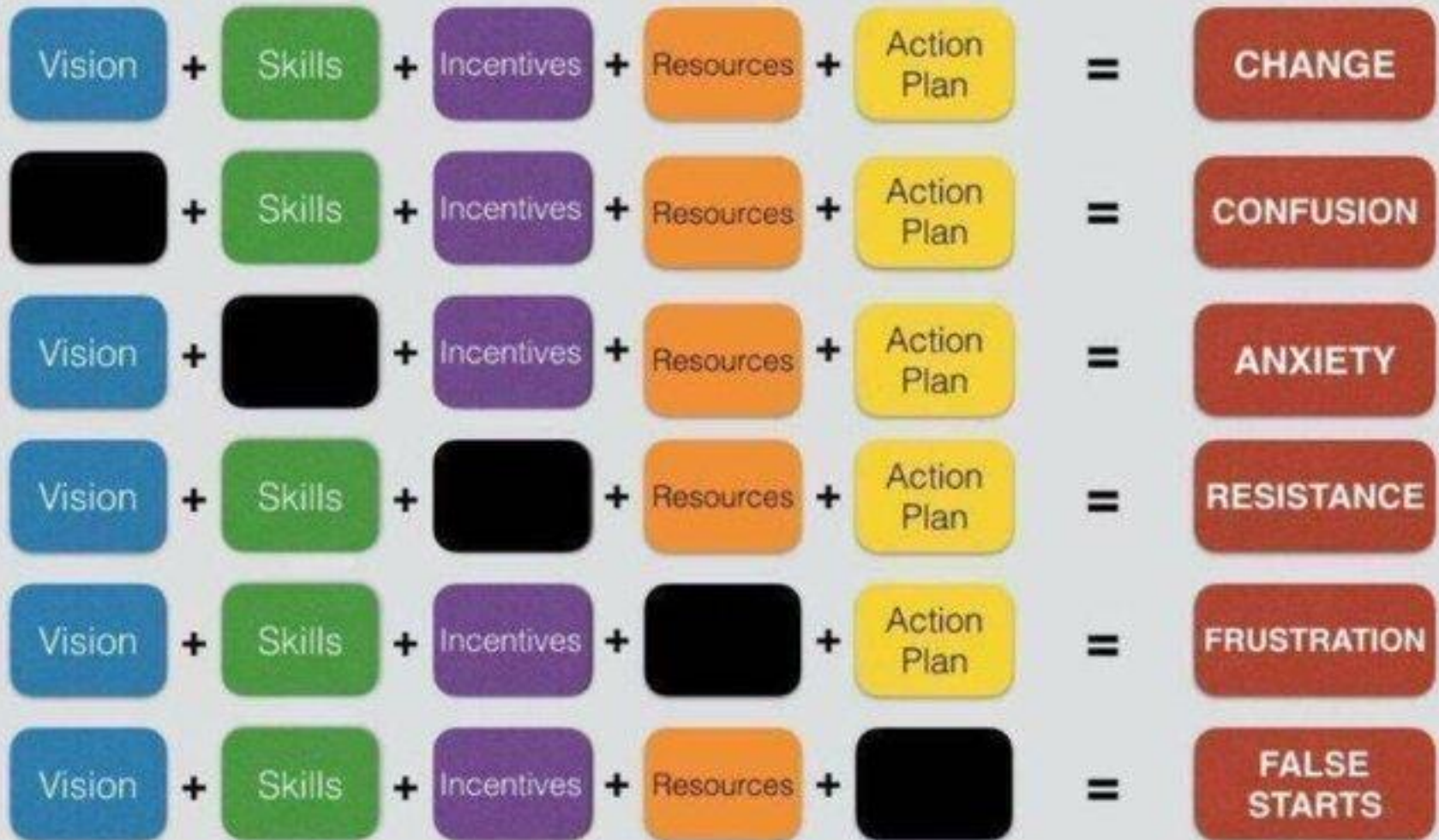1.5 .... Whole School Trauma Programming

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Managing Complex Change

Vision	+	Skills	+	Incentives	+	Resources	+	Action Plan	=	CHANGE
	+	Skills	+	Incentives	+	Resources	+	Action Plan	=	CONFUSION
Vision	+		+	Incentives	+	Resources	+	Action Plan	=	ANXIETY
Vision	+	Skills	+		+	Resources	+	Action Plan	=	RESISTANCE
Vision	+	Skills	+	Incentives	+		+	Action Plan	=	FRUSTRATION
Vision	+	Skills	+	Incentives	+	Resources	+		=	FALSE STARTS

"Managing Complex Change," Lippit, 1987

Possible Take-Aways

"From this review, it seems like the most prudent thing for school leaders, policymakers, and school mental health professionals to do would be proceed with caution in their embrace of a trauma-informed approach as an overarching framework and conduct rigorous evaluation of this approach. ***We simply do not have the evidence (yet) to know if this works, and indeed, we do not know if using a trauma-informed approach could actually have unintended negative consequences for traumatized youth and school communities***. We also do not have evidence of other potential costs in implementing this approach in schools, whether they be financial, academic, or other opportunity costs, and whether benefits outweigh the costs of implementing and maintaining this approach in schools. " (Maynard et al. 2019)

Possible Take-Aways

Christian Kerr Is A Voting Social Worker
@SocialWhatNow

Replying to @SchoolSocWork @PeopleValues and 4 others

Beware the co-option of good intentions. Critically examine the framing of social problems as emanating from those most affected by them. Be sceptical of and challenge the casting of politically-mandated inequalities as mental health problems.

4:58 PM · Nov 6, 2019 · Twitter for Android

5 Retweets   **13** Likes

Possible Take-Aways

Dr. Johanna Thomas, LMSW
@PhDandPearls

My baby today after school. She came home crying about the death of a pet. Except death was on her mind because they had an active intruder drill and she was worried about dying and if she'll see her dead pet. Our kids don't have to live like this. Join @MomsDemand now. #Enough

So What Do We Want To Do About This?

Basic Principles for Equity Literacy

An important aspect of equity literacy is its insistence on maximizing the integrity of transformative equity practice. We must avoid being lulled by popular "diversity" approaches and frameworks that pose no threat to inequity—that sometimes are popular *because they are no real threat to inequity*. The basic principles of equity literacy help us ensure we keep a commitment to equity at the center of our equity work and the broader equity conversation.
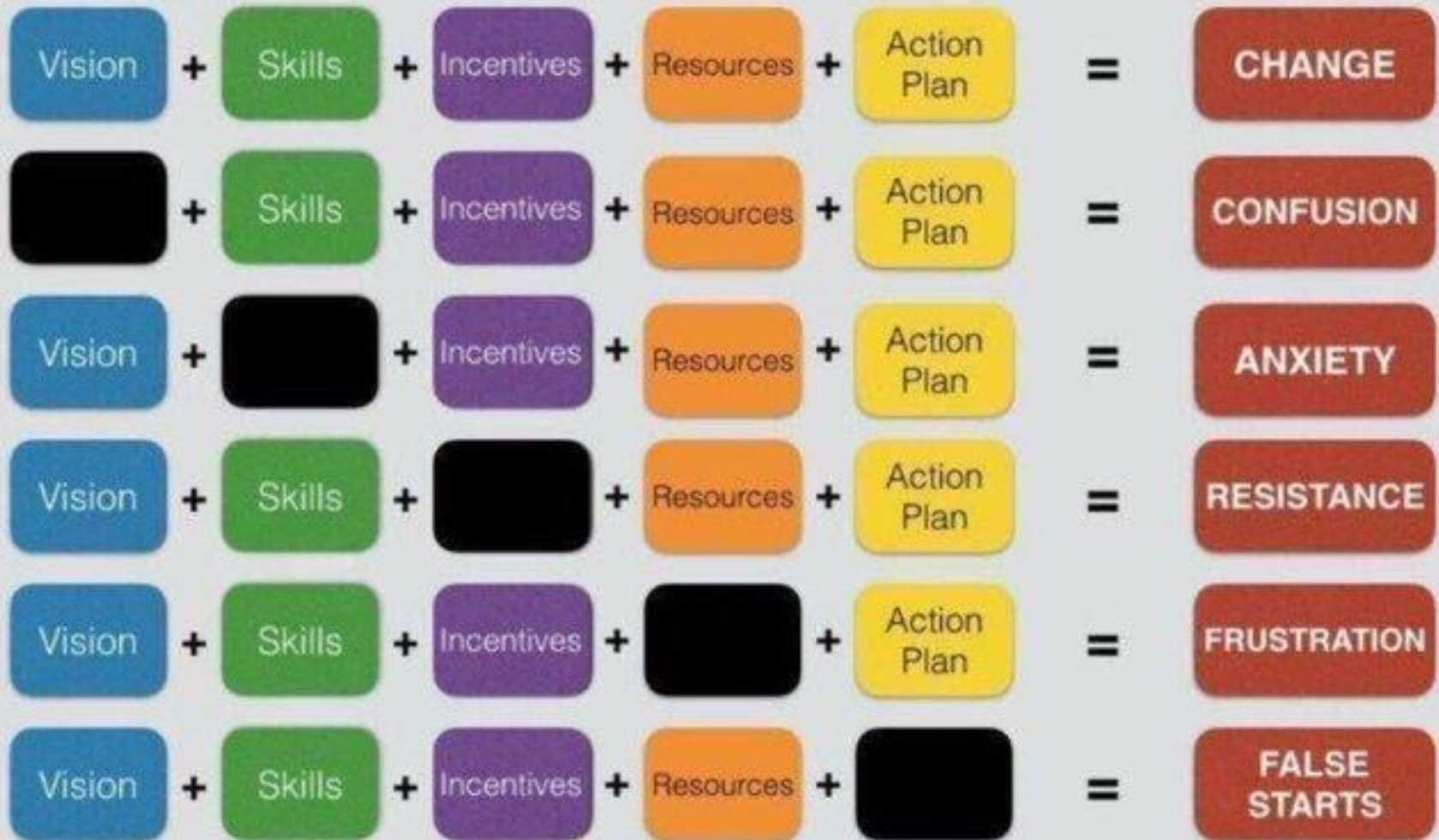
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Managing Complex Change

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Vision	+	Skills	+	■	+	Resources	+	Action Plan	= **RESISTANCE**
Vision	+	Skills	+	Incentives	+	■	+	Action Plan	= **FRUSTRATION**
Vision	+	Skills	+	Incentives	+	Resources	+	■	= **FALSE STARTS**

"Managing Complex Change," Lippit, 1987

SELF-CARE: ONE SCHOOL SOCIAL WORKER'S JOURNEY

Posted by Megan Tracy | Jan 3, 2019 | Reflections on Practice, Tools for Practice | 0 ● |

★★★☆☆

My journey into the world of self-care began this summer at the Loyola Annual Family School Partnership Summer Institute. As a member of the School Mental Health Advanced Practice Program (SMHAPP) through Loyola University Chicago School of Social Work, I attended the institute a day early and had the pleasure of meeting some

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P **PINTEREST**

• SSWN: Re-launched in November 2016
3,900 FB likes, 1,400+ Twitter Followers, Articles posted are regularly read by 5-10,000 school clinicians
• SSWNetwork: Launched in August 2018
As of today, 2,058 school clinicians have joined the site

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SELF-CARE: ONE SCHOOL SOCIAL WORKER'S JOURNEY

Posted by Megan Tracy | Jan 3, 2019 | Reflections on Practice, Tools for Practice | 0 ⊕ |

★★★☆☆

My journey into the world of self-care began this summer at the Loyola Annual Family School Partnership Summer Institute. As a member of the School Mental Health Advanced Practice Program (SMHAPP) through Loyola University Chicago School of Social Work, I attended the institute a day early and had the pleasure of meeting some

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• Tell the story of your school's implementation of TIC by submitting an article to SSWN

• Join SSWNetwork and post your work on TIC and Racial Inequity work in our Topics section, and collaborate with 2,000+ other clinicians grappling with these issues

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Trauma-Informed Care in Schools: What We Know (And Still Don't Know), And Why That Matters for Marginalized Youth In K-12

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