Trends & Resources

Building Trauma-Informed Schools and Communities

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Traumatic events such as the school shootings in Sandy Hook and Columbine naturally call national media attention to the need for support services to assist the affected children and families. Much less in the media eye are the children attending school each week affected by toxic stress and trauma as a result of adverse childhood experiences such as chronic neglect and family violence. Regardless of the root of the trauma, those working in a capacity to support children can benefit from gaining a deeper understanding of how trauma affects child development and what intervention efforts have been effective in helping children heal. In addition, student support staff can be instrumental in advocating for changes in school and service system policies and protocols that exacerbate, rather than ameliorate, the experiences of trauma-affected children. This article focuses on the impact of trauma on development and the promise of trauma-informed schools. It examines how this approach may hold the key to improving the emotional and physical safety of students, while also improving academic and behavioral outcomes.

Toxic Stress and Trauma

Childhood stress can be thought of as a continuum. On one end is normative, developmentally appropriate stress that helps build resiliency and coping skills. Examples of this would be a child having to wait to open presents or having to make a choice between two favorite activities. On the other end of the continuum is traumatic stress, which can be defined by its unpredictability and the feelings of horror and helplessness it elicits. Physical abuse, domestic and community violence, motor vehicle accidents, chronic painful medical procedures, and natural disasters are all potentially traumatic experiences. On the continuum near the trauma end is toxic stress, stress that is so emotionally costly that it can affect brain development and other aspects of a child’s health. Toxic stress can occur when a child experiences strong, frequent, and prolonged adversity; for example, when a child is being raised with severely depressed or drug-addicted parents or a child is suffering from emotional or physical neglect (Garnen et al., 2012; Lieberman, 2012).

Impact of Trauma and Toxic Stress on Development

Research from across disciplines underscores the impact of trauma on all aspects of a child’s development. Neuroscientists studying the impact of trauma on brain development have determined that these experiences actually alter brain structure. Dr. Bruce Perry, director of the Child Trauma Academy, explained: “When a child is threatened, various neurophysiological and neuroendocrine responses are initiated. If they persist, there will be ‘use-dependent’ alterations in the key neural systems involved in the stress response” (Perry, 2000, p. 50). This, in part, is responsible for the hypervigilant “fight, flight, or freeze” state of many trauma-affected children. These easily overstimulated children have difficulty with emotional self-regulation and struggle to put feelings into words. Anger, often accompanied by physical aggression, may be their most readily expressed emotion (Cross, 2012; Perry, 2006). Significant adversity in childhood is also linked to impaired cognitive and physical development. A key research finding is that the more adversity a child faces, the greater the odds of long-term developmental consequences. Thus, children living with caregiver mental illness, substance abuse, and neglect are put at even greater risk when also affected by school or community trauma (Shonkoff & Richmond, 2008). It is important for school support staff to understand that trauma-affected children are often mislabeled with.

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attention deficit disorder, oppositional-defiant disorder, conduct disorder, and other diagnoses that prevent exploration of effective interventions for healing from the trauma (Perry, 2006).

**EFFECTIVE INTERVENTIONS**

Early prevention and intervention are essential considerations for programs designed to be responsive to trauma-affected children. Positive, nurturing experiences in early childhood build the foundation for lifelong learning and good health. Conversely, adverse experiences during the time that the brain is most rapidly developing lead to the most severe impact on development (Perry, 2009; Shonkoff & Richmond, 2008). Schools interested in becoming trauma-responsive must partner with early care and education programs to design a continuum of support services across the prenatal through college age spectrum. In addition, assessment at any age must include a thorough exploration of an individual's early childhood experiences and, if applicable, interventions that respond to the developmental impact that likely occurred at the time of trauma exposure. The very same traumatic experience will affect a toddler and a first-grader differently, and, thus, different interventions will be required. A teenager who was affected by trauma in her younger years will need interventions designed to address how trauma affected that earlier stage of development. To this end, Perry and his colleagues at the Child Trauma Academy have developed the Neurosequential Model of Therapeutics (Perry, 2009). Based on Perry’s research and others, Multiplying Connections, a trauma-informed training initiative, created the mnemonic CAPPD that can be used to guide schools interested in creating more trauma-responsive systems. That acronym is summarized below:

Calm: aims to keep both you and the child(ren) you work with in a relaxed, focused state.

Attuned: asks you to be aware of children’s nonverbal signals: body language, tone of voice, emotional state. These signals tell you how much and what types of activity and learning the child can currently handle.

Children affected by trauma often experience both life and their trauma in the midbrain, the sensory part of the brain, rather than in the “thinking/learning” neocortex. Consequently, it is helpful to learn to connect with the child(ren) who have experienced trauma on an emotional, sensory level before moving to a cognitive level.

Present: requires that you focus your attention on the child(ren) you are with, that you be in the moment. Pervasive mistrust of others is a key characteristic of children who have experienced trauma. Despite their wariness, these children need to and, with support, can form secure relationships with loving adults.

Predictable: asks that you provide children with routine, structured, and repeated positive experiences that they need to thrive. Children who have experienced trauma view the world as scary and unreliable. Being predictable in your actions and routines will help children feel safe.

Don’t let Children’s Emotions Escalate Your Own: requires you to remain in control of your emotions and of your expression of them. When children lose control and become angry, frustrated, overly excited, or scared, our own emotions can spiral out of control as well. When this happens, we can escalate the situation and trigger further trauma responses in children.

These and other guidelines in developing trauma-informed schools such as the 18 teaching suggestions in Making SPACE for Learning (Australian Childhood Foundation, 2010, pp. 65–66) can help innovative leaders with implementation. As with any new idea that requires a paradigm shift, school communities may not fully embrace this approach at first.

**CHALLENGES WITH IMPLEMENTATION**

There are inherent challenges in altering the traditional approaches to student behavior in school settings. Change can be difficult at any level, but in complex systems it is time-consuming and requires commitment across all levels (Barrow, McMullin, Tripp, & Tsemberis, 2012). A primary challenge is the existing organizational cultures of schools, with their oral histories and shared traditions that are clung to fervently by long-time teachers and staff (Hodas, 2006). “That’s not the way we do things here” can present a significant barrier to adopting new approaches such as trauma-informed schools. Another challenge noted by Hodas (2006) is the belief that addressing students’ traumatic experiences is the equivalent of “being soft.” This perception can add another issue for school personnel who believe in a discipline-oriented or more confrontational style of interaction with students not responding positively to a normative classroom setting.

Hodas (2006) cited the challenge of staff who interact directly with children and youths being ill-equipped to handle the depth of feelings and mental health needs of those suffering from trauma. Recommendations include providing intense training, supervision, ongoing technical assistance, and continual staff development on subjects such as brain development and trauma (Oehlberg, 2008). Ensuring that the cultures of the students, the school, and...
the community are integrated in the new paradigm is another important element in implementation that can derail an otherwise well-formed plan (Barrow et al., 2012).

Other challenges include a lack of recognition of

- the individual and collective needs of the population served
- the trauma histories and experiences of identified children
- the potential positive or negative impact of each helping adult
- the intentionality of students' behaviors
- the countertransference by staff, teachers, and administrators (Hodas, cited in Hodas, 2006).

Commitment to adopting a trauma-informed approach will require the full support and commitment of the leadership at each school, starting with the principal or coprincipals. Principal Jim Sporleader of Lincoln High School in Walla Walla, Washington, led his school's transformation by using a trauma-informed approach during the 2010–2011 school year (Stevens, 2012). Based on data gathered and compared with the previous year, suspensions dropped from 798 to 135 (85 percent reduction), expulsions dropped from 50 to 30 (40 percent reduction), and written referrals were cut in half from 600 to 320 (Stevens, 2012). This significant reduction in discipline issues is one of the positive outcomes noted when school leadership, despite challenges in implementation, commits to a change in school climate and culture through trauma-informed approaches.

Stevens (2012) wrote that, although site-based decision making is needed to meet the specific needs of each school's population, district and board of education approval is also needed to begin implementation. Buy-in needs to occur from all aspects of the school and its community to improve site-based student learning outcomes (Stevens, 2012).

**IMPLICATIONS FOR SCHOOL SOCIAL WORK**

Because the development of a trauma-informed system requires collaboration between all who touch the life of a child, school social workers are well suited to take a leadership role in moving their school communities forward. First, school social workers can take the initiative to become trauma-informed practitioners. Then, school social workers can assist their school communities in developing trauma-responsive practices. The state of Washington is a frontrunner in bringing a trauma-informed lens to education through its Compassionate Schools Initiative. The Washington State Superintendent of Public Instruction Office created a handbook titled *The Heart of Learning and Teaching: Compassion, Resilience, and Academic Success* (Wolpow, Johnson, Hertel, & Kincaid, 2011) that can be a resource, available via free download, for those schools wishing to adopt a compassionate approach to learning and teaching. Information from the guidebook has been expanded upon to create the “10 Principles of Compassionate Schools” (Washington State Superintendent of Public Instruction Office, 2011):

1. Focus on culture and climate in the school and community.
2. Train and support all staff regarding trauma and learning.
3. Encourage and sustain open and regular communication for all.
4. Develop a strengths-based approach in working with students and peers.
5. Ensure discipline policies are both compassionate and effective (restorative practices).
6. Weave compassionate strategies into school improvement planning.
7. Provide tiered support for all students based on what they need.
8. Create flexible accommodations for diverse learners.
9. Provide access, voice, and ownership for staff, students, and community.
10. Use data to identify vulnerable students and determine outcomes and strategies for continuous quality improvement.

School social workers can coordinate the building of collaboration between parents, foster parents, K–12 schools, public health, child welfare, early childhood education, mental health providers, and others involved in serving trauma-affected children. The Principles of Compassionate Schools can be used to assess current policies and practices within the school and community and determine where changes need to be made.

One such collaboration effort coordinated by a credentialed school social worker is in process in a rural county in northern California. The need for a more qualified workforce has been identified as...
Whether in urban, suburban, or rural settings, coordinators, and teachers, are involved in social workers, school counselors, after-school programs is being developed to offer research-informed knowledge base of trailing participants.

To this end, a cadre of multidisciplinary local trainees are being established to further the skill and knowledge base of training participants.

CONCLUSION

Whether in urban, suburban, or rural settings, trauma-informed schools and 0-to-5 programs have the capacity to meet the needs of children and youths suffering from the effects of familial substance abuse, community and neighborhood violence, child abuse and neglect, forced separation through foster care or parental incarceration, and other traumatic experiences. By ensuring the emotional and physical safety of all students inside the school, on school grounds, and on busses, “the power of relationships will be acknowledged and practiced... [in] a school climate of respect and generosity of spirit” (Oehlberg, 2008, p. 3).

As the nation attempts to understand its most recent school shooting, the effects of trauma are felt on a grander scale. Perhaps this change in interactions with children and youths will help ameliorate the hurt and pain that many students carry during and after they finish their K–12 educational experience. It might also prevent actions intended to seek vengeance on a school site where wounds were reopened or initially inflicted.

REFERENCES


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