



A PACER Policy Brief

Trauma-Informed Schools in Pennsylvania: Aligning Expansion with High-Quality Implementation

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Introduction: State and national momentum around trauma-informed schools

Over a hundred bills or resolutions related to school safety have been introduced in state legislatures across the country in the wake of recent tragic school shootings. Many of these proposals focus on immediate security measures, and others have included initiatives to improve school culture and climate through larger, system-level changes. One such initiative that has received significant support is the expansion of trauma-informed approaches in schools.

The National Child Traumatic Stress Network (NCTSN) defines a trauma-informed school system as “one in which all teachers, school administrators, staff, students, families, and community members recognize and respond to the behavioral, emotional, relational, and academic impact of traumatic stress on those within the school system.”¹ Trauma-informed approaches in fields outside of education have yielded promising results around discipline and climate indicators, and there is a growing body of evidence that the approach can produce benefits in school settings as well.²

Trauma-Informed Schools

A holistic approach to education in which all teachers, school administrators, staff, students, families, and community members recognize and respond to the behavioral, emotional, relational, and academic impact of traumatic stress on those within the school system.

Over the past year, the Pennsylvania General Assembly and the Governor’s Office have taken several steps to address school safety, including calls for expanding trauma-informed approaches. For example:

- In June 2018, the General Assembly passed Act 44, which calls for each school entity to provide employees with mandatory school safety training that will address situational awareness, trauma-informed education, behavioral health, suicide and bullying, substance use, and emergency training drills; employees are to complete a minimum of three hours of training every five years.³
- Governor Wolf created a School Safety Task Force, whose recommendations released in August 2018 emphasized, among other reforms, the need for “enhanced social and emotional learning for

¹ The National Child Traumatic Stress Network. (2017). Trauma-Informed Schools for Children in K-12: A System Framework. Retrieved from https://www.nctsn.org/sites/default/files/resources/fact-sheet/trauma_informed_schools_for_children_in_k-12_a_systems_framework.pdf

² McNerney, M & McKlindon, A. (December 2014). Unlocking the Door to Learning: Trauma-Informed Classrooms & Transformational Schools. Education Law Center of Pennsylvania. Retrieved from <https://www.elc-pa.org/wp-content/uploads/2015/06/Trauma-Informed-in-Schools-Classrooms-FINAL-December2014-2.pdf>

³ Pennsylvania General Assembly. Act 44 of 2018. Retrieved from <http://www.legis.state.pa.us/cfdocs/legis/li/uconsCheck.cfm?yr=2018&sessind=0&act=44>

students”, to “increase access to mental health services,” and to “adopt trauma-informed approaches”.⁴

- In October 2018, in a follow-up to Act 44 and the Task Force report, State Senators Vincent Hughes and Pat Browne sponsored Senate Bill 1271, which proposed a “trauma-informed system of education”; there are plans to reintroduce a modified version of the bill in 2019.⁵ Provisions of the bill related to K-12 education required school board members, appointees to boards of trustees at charter schools, and school staff to undergo a minimum of one hour of training on trauma-informed approaches to education. Training would include information about recognizing the signs of trauma in students, best practices for trauma-informed schools and classrooms, and school policies related to trauma-informed education, such as positive behavioral interventions and supports, restorative justice, and resiliency. Training on trauma-informed approaches would also be added to post-baccalaureate certification programs and the Pennsylvania Leadership Standards.⁶

At the national level, the Every Student Succeeds Act (ESSA) also supports trauma-informed practices. Specifically, ESSA includes Student Support and Academic Enrichment Grants (SSAE) that support students and schools in high-need districts via “comprehensive school-based mental health services and supports and staff development for school and community personnel working in the school that are based on trauma-informed practices that are evidence-based” (Section 4108).⁷ The Pennsylvania Department of Education highlighted its work to embed culturally responsive and trauma-informed concepts and competencies within professional development programs and resources available for Pennsylvania educators in its ESSA plan submitted to the federal government.⁸

This momentum to expand trauma-informed approaches in schools has received broad support in the mental health and education communities. Yet many policymakers and school leaders still have questions about this type of intervention, particularly in school settings.

In this brief, we aim to contribute to a wider understanding of trauma-informed schools by:

- Defining childhood trauma and the characteristics of trauma-informed approaches,
- Summarizing the existing research about the prevalence of childhood trauma in Pennsylvania,
- Identifying the relationship between trauma and student learning and behavior,
- Summarizing the evidence about the impact of trauma-informed schools,
- Highlighting examples of trauma-informed approaches to education in Pennsylvania, and
- Providing lessons from other states engaged in trauma-informed education.

We also provide recommendations on how policymakers could ensure that new initiatives for trauma-informed schools in Pennsylvania are designed for high-quality implementation.

⁴ 2018 Pennsylvania School Safety Report. Retrieved from <https://www.governor.pa.gov/wp-content/uploads/2018/08/20180827-Gov-Office-School-Safety-Report-2018.pdf>

⁵ Pennsylvania Senate Bill 1271. Retrieved from <http://www.legis.state.pa.us/cfdocs/billinfo/BillInfo.cfm?year=2017&sind=0&body=S&type=B&bn=1271>; Pennsylvania Senate Senate Co-Sponsorship Memoranda. Retrieved from: <https://www.legis.state.pa.us/cfdocs/Legis/CSM/showMemoPublic.cfm?chamber=S&SPick=20190&cosponId=28069>

⁶ This program applies to school or system leaders who seek a certificate as a principal, vice principal, assistant principal, superintendent, assistant superintendent, intermediate unit executive director, assistant intermediate unit executive director, or director of an area vocational-technical school.

⁷ Every Student Succeeds Act. Retrieved from <https://www.ed.gov/essa>

⁸ Pennsylvania ESSA Consolidated State Plan. (January 12, 2018). Retrieved from <https://www.education.pa.gov/Documents/K-12/ESSA/Resources/PA%20ESSA%20Consolidated%20State%20Plan%20Final.pdf>

Defining childhood trauma and trauma-informed approaches

What is childhood trauma?

Experts in the trauma field have developed multiple definitions for the term. The Substance Abuse and Mental Health Services Administration (SAMHSA) reviewed these definitions and conceptualized trauma using the “three Es”; this definition was included in Senate Bill 1271:

*Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual’s functioning and mental, physical, social, emotional, or spiritual well-being.*⁹

The harmful “event, series of events, or set of circumstances” that are experienced during childhood are commonly referred to as **adverse childhood experiences (ACEs)**. While there is no single agreed-upon list of ACEs, the landmark Kaiser Permanente Adverse Childhood Experiences (ACEs) study included seven categories of adverse childhood experiences identified through previous research: psychological abuse, physical abuse, sexual abuse, exposure to domestic violence, living with household members who experienced addiction or substance use disorders, living with household members who experienced mental illness, and the imprisonment of a household member.¹⁰ Since the original ACEs study, others have expanded the list of adverse childhood experiences to include physical and emotional neglect, parental separation and divorce, exposure to violence outside of the home, homelessness, bullying, discrimination based on race or ethnicity, and income insecurity.¹¹ These studies have documented the clear link between exposure to ACEs and a wide range of adverse health and social consequences, including obesity, heart disease, diabetes, cancer, stroke, depression, substance use disorders, low academic achievement, and lost time from work.¹²

Characteristics of a trauma-informed approach

Systems and organizations across service sectors can implement trauma-informed approaches. SAMHSA’s concept of a trauma-informed approach is grounded in a set of “four Rs,” or assumptions, explained as follows:

*A program, organization, or system that is trauma-informed realizes the widespread impact of trauma and understands potential paths for recovery; recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system; and responds by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively resist re-traumatization.*¹³

⁹ Substance Abuse and Mental Health Services Administration. (2014) SAMHSA’s Concept of Trauma and Guidance for a Trauma-Informed Approach. HHS Publication No. (SMA) 14-4884. Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved from https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/docs/samhsa_trauma_concept_paper.pdf

¹⁰ Felitti, V. J., Anda R.F., Nordenberg, D., Williamson, D.F., Spitz, A.M., Edwards, V., Koss, M.P., & Marks, J.S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) Study. *American Journal of Preventive Medicine*, 14(4), 245-258. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/9635069>

¹¹ Sacks, V & Murphey, D. (2018). The prevalence of adverse childhood experiences, nationally, by state, and by race or ethnicity. *Child Trends*. Retrieved from <https://www.childtrends.org/publications/prevalence-adverse-childhood-experiences-nationally-state-race-ethnicity>

¹² Centers for Disease Control and Prevention at https://www.cdc.gov/violenceprevention/acestudy/about_ace.html

¹³ Substance Abuse and Mental Health Services Administration (2014). SAMHSA’s Concept of Trauma and Guidance for a Trauma-Informed Approach. HHS Publication No. (SMA) 14-4884. Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved from: https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/docs/samhsa_trauma_concept_paper.pdf

The six key principles identified by SAMSHA as fundamental to a trauma-informed approach are summarized in Table 1.¹⁴

Table 1. SAMSHA’s six key principles of a trauma-informed approach

PRINCIPLE	DESCRIPTION
1. Safety	Promoting a sense of physical and psychological safety throughout the organization, including understanding how safety is defined by those served.
2. Trustworthiness and transparency	Building and maintaining trust between the organization and those served.
3. Peer support and mutual self-help	Empowering individuals who have experienced trauma, or their caregivers, to provide key supports to one another in trauma recovery.
4. Collaboration and mutuality	Cultivating relationships across all parties (e.g., staff to staff, service recipients to staff, service recipients to service recipients) that are collaborative and meaningfully share power and decision-making.
5. Empowerment, voice, and choice	Understanding the history of diminished voice and eliminating power differentials toward supporting choice in goalsetting and cultivating self-advocacy skills.
6. Cultural, historical, and gender issues	Actively rejecting cultural stereotypes and biases and responding to the racial, ethnic, and cultural needs of those served.

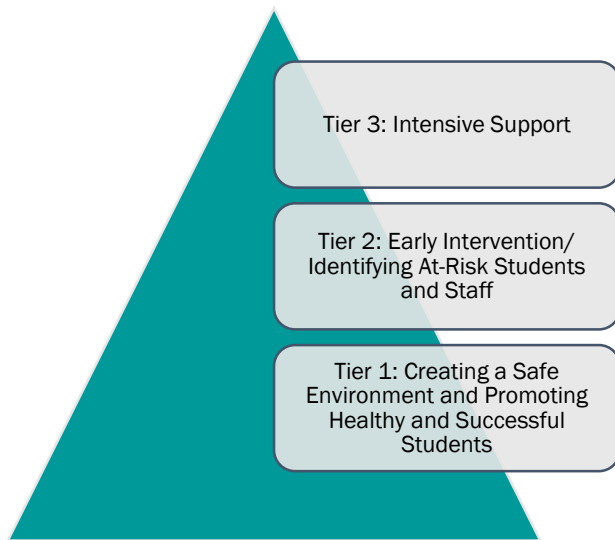
Best practices for trauma-informed schools

Proponents of trauma-informed education emphasize that the approach is not simply an additional program that fits on top of or into an existing school structure. Rather, it is an entirely new systemic approach that impacts every aspect of school operations and personal interactions.

Trauma-informed schools often respond to student needs using a multi-tiered approach, as shown in Figure 1.

¹⁴ Ibid.

Figure 1. Multi-tiered trauma-informed approach¹⁵



At the Tier 1 level, components typically include revisions to disciplinary policies, social and emotional learning, schoolwide culturally responsive education about trauma, and parent and caregiver education and engagement. Group and individualized intensive supports (e.g., cognitive behavioral therapy and wraparound services) are based on screenings that identify students' exposure to trauma and fall under Tiers 2 and 3. Schools implementing trauma-informed approaches often develop community partnerships and collaborate across child services to coordinate care.¹⁶

It is critical to understand that “adopting a trauma-informed approach means creating shifts of thought at the organizational level, no small task.”¹⁷ This requires system-level changes in both policy and practice, considerable action planning, strong leadership, and financial resources.¹⁸ The field is still learning about implementing trauma-informed approaches in schools, but some promising practices have been identified as crucial to successful implementation of a trauma-informed approach in schools:

Support for a trauma-informed approach from all levels of staff. Because trauma-informed education is so comprehensive, school staff at every level (school teachers, staff, and administrators) need to receive training to understand the issue in order to participate in an informed decision-making process about appropriate interventions.¹⁹ Massachusetts Advocates for Children emphasize that “the whole staff needs time to learn together and develop a collective sense of urgency.”²⁰ Studies have found that teacher support for such interventions is especially critical.²¹ Over time, concrete evidence of outcomes, such as improved behavior and performance, is also needed to sustain support for the work.

Professional development for all levels of staff. All staff should receive assistance to recognize behaviors that may be reactions to trauma, as well as training in how to assist students or refer them to support services. While an introductory training is a necessary place to start, it is “not sufficient to ensure effective and efficient implementation.”²² Staff training should cover three core areas:

¹⁵ The National Child Traumatic Stress Network. (2017). Creating, Supporting, and Sustaining Trauma-Informed Schools: A System Framework. Retrieved from

https://www.nctsn.org/sites/default/files/resources/creating_supporting_sustaining_trauma_informed_schools_a_systems_framework.pdf

¹⁶ Overstreet, S. & Chafouleas, S. (2016), Trauma-Informed Schools: Introduction to the Special Issue. *School Mental Health*, 8: 1–6.

¹⁷ Phifer, L.W. & Hull R. (2016) Helping students heal: Observations of trauma-informed practices in the schools. *School Mental Health*, 8(1): 201-205.

¹⁸ Substance Abuse and Mental Health Services Administration. (2016). SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach. HHS Publication No. (SMA) 14-4884. Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved from https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/docs/samhsa_trauma_concept_paper.pdf

¹⁹ Baweja, S., DeCarlo Santiago, C., Vona, P., Pears, G., Langley, A., & Kataoka, S. (2015). Improving implementation of a school-based program for traumatized students: Identifying factors that promote teacher support and collaboration. *School Mental Health*, 8:120–131; Chafouleas, S. M., Johnson, A. H., Overstreet, S., & Santos, N. M. (2015). Toward a blueprint for trauma-informed service delivery in schools. *School Mental Health*, 8: 144-162.

²⁰ Cole, S. F., Eisner, A., Gregory, M., & Ristuccia, J. (2013). Helping traumatized children learn: Volume 2. Boston: Massachusetts Advocates for Children. Retrieved from <https://traumasensitiveschools.org/tlpi-publications/download-a-free-copy-of-a-guide-to-creating-trauma-sensitive-schools/>

²¹ Baweja, S., DeCarlo Santiago, C., Vona, P., Pears, G., Langley, A., & Kataoka, S. (2015). Improving implementation of a school-based program for traumatized students: Identifying factors that promote teacher support and collaboration. *School Mental Health*, 8:120–131

²² Chafouleas, S. M., Johnson, A. H., Overstreet, S., & Santos, N. M.

- 1) Strengthening relationships between children and adults and conveying the vital role staff play as caring adults in the lives of traumatized children and their caregivers,
- 2) Identifying and using outside supports, and
- 3) Helping children affected by trauma modulate their emotions and gain social and academic competence.²³

In schools that decide to implement a trauma-informed approach, professional development needs to be intensive and sustained over time. In some cases, schools provide staff with ongoing coaching to support their efforts.

Collaboration between schools, community resources, and families. For example, the Mobilizing Action for Resilient Communities (MARC) program, which works in 14 sites across the country (including Philadelphia), is built on networks that include educators, physicians, social service providers, first responders, family members, and other stakeholders who work to create resilient communities. Such networks may be especially valuable for schools in rural areas where school-based mental health professionals may not be available.²⁴

Self-care for school personnel working with students who have experienced trauma. Any educator who works directly with traumatized students is vulnerable to the residual effects of trauma, often referred to as compassion fatigue or secondary traumatic stress. These effects include being physically, mentally, or emotionally worn out, or feeling overwhelmed by students' traumas. Schools and districts with trauma-informed approaches need to provide resources not just for students, but also for staff who recognize that they have compassion fatigue.²⁵

These practices are also reflected in the ten core areas of a trauma-informed school system outlined by the *NCTSN Framework for Trauma-Informed Schools* (Figure 2).²⁶

(2015). Toward a blueprint for trauma-informed service delivery in schools. *School Mental Health*, 8: 144-162.

²³ Cole, S. F., O'Brien, J. G., Gadd, M. G., Ristuccia, J., Wallace, D. L., & Gregory, M. (2005). *Helping traumatized children learn*. Boston: Massachusetts Advocates for Children. Retrieved from <https://traumasensitiveschools.org/tlpi-publications/download-a-free-copy-of-helping-traumatized-children-learn/>

²⁴ Phifer, L.W. & Hull R. (2016) Helping students heal: Observations of trauma-informed practices in the schools. *School Mental Health*, 8(1): 201-205.

²⁵ The National Child Traumatic Stress Network. (October 2008). Child Trauma Toolkit for Educators. Retrieved from http://tsaforschools.org/_static/tsa/uploads/files//self-carenctsn.pdf

²⁶ The National Child Traumatic Stress Network. (2017). Trauma-Informed Schools for Children in K-12: A System Framework. Retrieved from https://www.nctsn.org/sites/default/files/resources/fact-sheet/trauma_informed_schools_for_children_in_k-12_a_systems_framework.pdf

Figure 2. National Child Traumatic Stress Network (NCTSN) Framework for Trauma-Informed Schools

1. **Identification and Assessment of Traumatic Stress:** Adopt school policies that support the screening and identification of students with trauma exposure as a significant prevention and intervention strategy, within a context of having a response plan in place for identified students.
2. **Prevention and Intervention Related to Traumatic Stress:** Provide adequate supports (referrals and access to trauma-informed evidence-based prevention and intervention resources) for all school stakeholders (students, families, teachers, administrators, and other school personnel).
3. **Trauma Education and Awareness:** Establish routine professional development to help educators, administrators, and allied professionals develop a shared understanding of trauma's impact on learning and build student coping and protective skills.
4. **Partnerships with Students and Families:** Include students and family members as full partners in the creation of a trauma-informed school system and in the planning of trauma-informed practices to strengthen trust and acceptance.
5. **Creation of a Trauma-Informed Learning Environment:** Teach and learn about the wellness of all students, including the modeling of healthy social-emotional skills by school personnel and the integration of trauma-informed practices across school-wide behavioral programming.
6. **Cultural Responsiveness:** Promote culturally appropriate responses to trauma and encourage staff to recognize differences in individual experiences and responses to trauma, including help-seeking behaviors following a trauma.
7. **Emergency Management/Crisis Response:** Follow clear and well-communicated procedures to mitigate, prepare for, respond to, and recover from emergencies/crises.
8. **Staff Self-Care and Secondary Traumatic Stress:** Provide training and support for self-care and secondary traumatic stress activities to help staff, teachers, and school personnel respond to and recover from traumatic events.
9. **School Discipline Policies and Practices:** Adopt school discipline policies and practices that begin with prevention and progress to include disciplinary actions that combine a school safety goal with student skill-building that supports reintegration into the academic setting.
10. **Cross-System Collaboration and Community Partnerships:** Adopt policies and practices that encourage school personnel to collaborate to ensure trauma-informed approaches span all aspects of the school environment, including classrooms, health services, administration, school discipline and attendance, guidance, and extracurricular programming, and incorporate family and community partners.

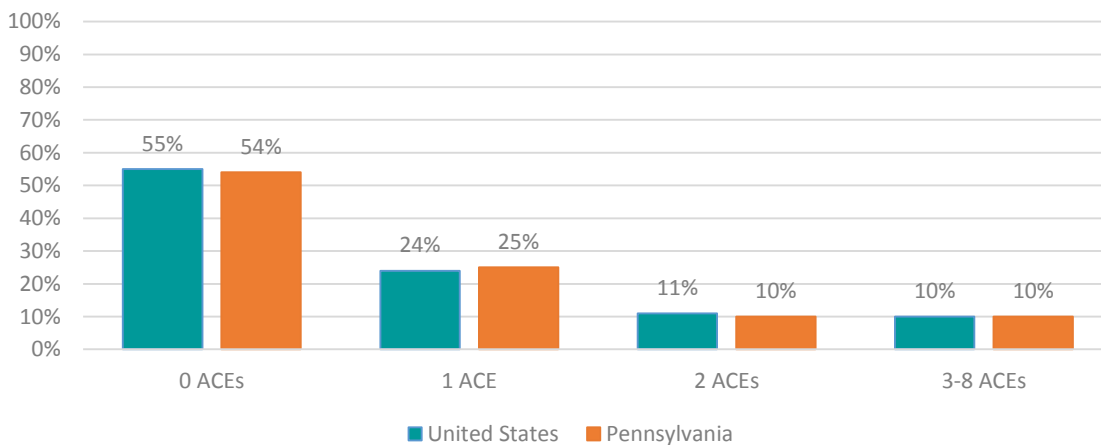
The research base: Prevalence and impact of childhood trauma and the promise of trauma-informed schools

Prevalence of childhood trauma

Adverse childhood experiences (ACEs) are common nationally and in Pennsylvania. The landmark Kaiser Permanente ACEs study, which has been continued by the Centers for Disease Control and Prevention (CDC), found that almost two-thirds of survey participants²⁷ reported at least one ACE, and more than one in five reported three or more ACEs.²⁸ Similarly, while the percentage of children exposed to trauma varies by sample, data source, assessment tool, and definition, a systematic review reported that about two out of every three school-age children are likely to experience at least one traumatic event by age 17.²⁹

Child Trends used the 2016 National Survey of Children’s Health (NSCH) to examine the prevalence of ACEs, as reported by a parent or guardian, nationally and by state. As shown in Figure 3, the percentage of children in Pennsylvania who have experienced ACEs is similar to national averages.³⁰

Figure 3. Percentage of children in the United States and Pennsylvania that have experienced ACEs



ACEs are also common in Philadelphia. The Philadelphia Expanded ACE Study, conducted in 2012-13, expanded the initial list of ACEs to include those more likely to be experienced by children raised in urban settings. The study found that 37 percent of Philadelphia participants experienced four or more items from the expanded list. The study also found that over 40 percent of Philadelphia adults witnessed violence while growing up, including seeing or hearing someone be beaten, stabbed, or shot.³¹

²⁷ Over 17,000 Health Maintenance Organization members from Southern California receiving physical exams completed confidential surveys regarding their childhood experiences and current health status and behaviors: <https://www.cdc.gov/violenceprevention/acestudy/about.html>

²⁸ Centers for Disease Control and Prevention at <https://www.cdc.gov/violenceprevention/acestudy/about.html>

²⁹ Perfect, M., Turley, M., Carlson, J. S., Yohannan, J., & Gilles, M. S. (2016). School-related outcomes of traumatic event exposure and traumatic stress symptoms in students: A systematic review of research from 1990 to 2015. *School Mental Health*, 8: 7-43.

³⁰ Sacks, V. & Murphey, D. (February 20, 2018) The prevalence of adverse childhood experiences, nationally, by state, and by race or ethnicity. Child Trends. Retrieved from <https://www.childtrends.org/publications/prevalence-adverse-childhood-experiences-nationally-state-race-ethnicity>

³¹ The Philadelphia ACE Project at <http://www.philadelphiaaces.org/philadelphia-ace-survey>

Trauma's impact on school experiences

There is consensus that traumatic stress in children can have negative impacts in multiple areas, including cognitive, academic, and behavioral outcomes. These impacts have been detailed in the findings of a systematic review of 83 empirical studies³² and include:

- **Cognitive outcomes.** Studies have shown that experiencing trauma has a negative impact on IQ scores, memory, verbal ability, and attention.
- **Academic outcomes.** Trauma negatively impacts academic achievement, as measured by grades and state math and English assessments. Poor attendance, increased disciplinary referrals, and higher suspension rates have also been associated with trauma.
- **Social-emotional and behavioral outcomes.** Whether *external* (e.g., disruptive behaviors, aggression, hyperactivity, or defiance) or *internal* (e.g., sadness, depression, anxiety, withdrawal, or low self-esteem), negative social-emotional and behavioral outcomes are also linked to experiencing trauma.

Outcomes of trauma-informed approaches in schools

Independent evaluations of trauma-informed approaches in school settings are limited, but the existing research shows promise. Despite the documentation of the prevalence and impact of trauma among children, there is little independent research on established *school-wide* intervention models. There is some evidence that such models show promise in developing an awareness of trauma among school staff, increasing the use of trauma-informed practices, and recognizing the signs of trauma in students. Documented outcomes from such programs also include increased engagement and attendance and decreased disciplinary office referrals, physical aggression, and suspension.³³ Trauma-informed practices have also been associated with improvements in coping skills, discipline, and graduation indicators over multiple years.³⁴ However, additional evidence is needed, as these findings are not all based on rigorous, independent studies. Overstreet and Chafouleas argue that “the current evidence-base for trauma-informed schools is limited by its almost exclusive reliance on uncontrolled and/or advocacy-driven program evaluation studies.”³⁵

Evaluations of the Cognitive Behavioral Intervention for Trauma in Schools (CBITS) model used at the Tier 3 level provide stronger evidence of impact. However, CBITS is designed to reduce posttraumatic stress disorder (PTSD) symptoms, depression, and anxiety *among children with PTSD symptoms*; it is not a school-wide model and thus represents only part of a trauma-informed approach. The intervention includes ten sessions that teach small groups of students about cognitive-behavioral skills, several individual therapy sessions, optional work with parents, and one teacher education session. These services are provided by mental health professionals, which limits the number of schools that might be able to implement the program due to a lack of access to such professionals. A randomized experimental study of CBITS that included a pre-test and follow-up data collection found positive intervention effects, including lower PTSD

³² Perfect, M., Turley, M., Carlson, J. S., Yohannan, J., & Gilles, M. S. (2016). School-related outcomes of traumatic event exposure and traumatic stress symptoms in students: A systematic review of research from 1990 to 2015. *School Mental Health, 8*:7-43.

³³ Dorado, J.S., Martinez, M., McArthur, L.E., & Leibovitz, T. (2016). Healthy Environments and Response to Trauma in Schools (HEARTS): A whole-school, multi-level, prevention and intervention program for creating trauma-informed, safe and supportive schools. *School Mental Health, 8*: 163-176; Perry, D.L., & Daniels, M.L. (2016). Implementing trauma-informed practices in the school setting: A pilot study. *School Mental Health, 8*:177-188; Shamblin, S., Graham, D., & Bianco, J.A. (2016). Creating trauma-informed schools for rural Appalachia: The Partnerships Program for enhancing resiliency, confidence and workforce development in early childhood education. *School Mental Health, 8*: 189-200.

³⁴ Verbitsky-Savitz, N., Hargreaves, M.B., & Penoyer, S., et al. (2016). Preventing and Mitigating the Effect of ACEs by Building Community Capacity and Resilience: APPI Cross-Site Evaluation Findings. Washington, DC: Mathematica Policy Research.

³⁵ Overstreet, S. & Chafouleas, S. (2016). Trauma-Informed Schools: Introduction to the Special Issue. *School Mental Health, 8*: 1-6.

symptoms and lower levels of depression.³⁶ Another randomized experimental pilot study of a modified CBITS initiative that used non-clinical school personnel to provide ten lessons on cognitive behavioral skills also resulted in decreases in PTSD symptoms and depression.³⁷

Trauma-informed approaches to education in Pennsylvania

In addition to the actions by the Governor and the General Assembly, the Pennsylvania Department of Education (PDE) has taken some steps to promote trauma-informed education. As mentioned previously, Pennsylvania's ESSA plan emphasizes the need to embed culturally responsive and trauma-informed concepts and competencies within professional development programs and identifies resources available for Pennsylvania educators. On its website, PDE has also posted materials and a link to a resource toolkit for schools interested in implementing trauma-informed services.³⁸ Likewise, Pennsylvania's Office of Child Development and Early Learning (OCDEL) publishes resources that address trauma³⁹ and advertises the availability of "onsite coaching/consultation and group training to support the use of developmentally appropriate, culturally responsive, trauma-informed practices" for early education providers.⁴⁰

Examples of trauma-informed approaches in Pennsylvania schools

There are many trauma-informed initiatives already being implemented in schools across Pennsylvania. In preparing this brief, we spoke with experts in the field who identified promising initiatives, highlighted below.

Trauma-informed approaches in Philadelphia: One of the goals in the School District of Philadelphia's (SDP) Action Plan 3.0 is to "equip staff to recognize and appropriately address students' social-emotional and behavioral needs through trauma-informed practice."⁴¹ Foundational trauma-awareness training has been provided through the SDP Office of Prevention and Intervention to district-level and school-based employees. School-based staff have received targeted training to deepen their understanding of the impact of trauma and provide strategies to prevent re-traumatization, improve behavior and learning, and reduce over-identification for specialized mental health and juvenile justice services. Professional development providers in the district have included Thomas Jefferson University and the Lakeside Global Institute.

School readiness to implement trauma-informed practices varies across the District, and the SDP Office of Prevention and Intervention individualizes training, coaching, and consultation for schools accordingly. SDP has begun infusing trauma-informed practices in schools that have complementary frameworks, such as Positive Behavioral Interventions and Supports (PBIS), already in place. Schools without existing frameworks and with lower levels of readiness are eligible to receive school-wide training and coaching to build awareness of the effects of trauma, strategies to prevent re-traumatization, adult self-care strategies, and alternatives to suspension.

³⁶ Stein, B., Jaycox, L., Kataoka, S., Wong, M., Tu, W., Elliott, M., & Fink, A. (2003). A mental health intervention for school children exposed to violence: A randomized controlled trial. *Journal of the American Medical Association*, 290, 603-611.

³⁷ Jaycox, L. H., Langley, A. K., Stein, B. D., Wong, M., Sharma, P., Scott, M., & Schonlau, M. (2009). Support for students exposed to trauma: A pilot study. *School Mental Health*, 1: 49-60.

³⁸ Pennsylvania Department of Education at <https://www.education.pa.gov/Schools/safeschools/resources/Pages/Trauma-Information.aspx>

³⁹ The Pennsylvania Key at <http://www.pakeys.org/resources-to-address-trauma/>

⁴⁰ Pennsylvania's Office of Child Development and Early Learning. (2018). Guidelines to Support Implementation of OCDEL Announcement on Suspension and Expulsion: Developing Policy at <http://www.pakeys.org/wp-content/uploads/2018/02/Guidelines-to-Support-Implementation-of-OCDEL-Announcement-of-Suspension-and-Expulsion-Developing-Policy.pdf>

⁴¹ School District Of Philadelphia: Action Plan 3.0 at http://thefundsdop.org/uploads/Action-Plan-3.0-FINAL-3-4-15_.pdf

Mastery Charter Schools, the largest charter network in Philadelphia, began to implement trauma-informed approaches in 2014-15. Mastery's plan requires trauma-informed training for all staff, builds professional learning communities for school-based staff to reflect on the effects of their backgrounds and experiences on their work, implements social and emotional learning curricula at the elementary and secondary levels, and forms a transformational culture committee for continuous improvement.⁴²

The Philadelphia ACE Task Force, a network of partners working to create a resilient community dedicated to "preventing and mitigating the impact of ACEs," is part of Mobilizing Action for Resilient Communities, a collaborative of 14 communities across the country "actively engaged in building the movement for a just, healthy and resilient world."⁴³

Trauma-informed approaches in Pottstown:

The Pottstown School District (PSD) and Pottstown Early Action for Kindergarten Readiness (PEAK) have implemented several strategies to create a trauma-informed culture shift throughout the district. PSD and PEAK lead the Pottstown Trauma Informed Community Connection (PTICC), a collection of community organizations working together to create a safe, trauma-responsive culture in the community. Some of the strategies that PSD has implemented include:

- **Social and Emotional Learning (SEL)** curricula for students in pre-K through 12th grade. PSD also integrates SEL into all parts of the day;
- **Training** for PSD educators and staff on the science behind trauma, how to implement trauma-informed practices, and self-care practices for secondary traumatic stress. Training also helps participants reflect on how their own experiences influence their interactions with students; and
- **Behavioral and mental health support** provided by school-based guidance behavioral health specialists, for all eligible students. Insured students are covered through their health care plans, and the district covers fees for uninsured students. A resource coordinator, who connects students to necessary services, is contracted through a partner agency at no cost to the district. The PSD PEAK program also employs a behavioral health specialist and a social-emotional learning specialist who work with all 3- to 5-year-olds enrolled in the PEAK Pennsylvania Pre-K Counts program.

Comparing Positive Behavioral Interventions and Supports (PBIS) and Trauma-Informed Schools

Positive Behavioral Interventions and Supports (PBIS) is a proactive "systems approach" to discipline that promotes appropriate student behavior. PBIS has been implemented in hundreds of schools and districts across Pennsylvania and is supported by numerous government agencies and non-profit organizations through the Pennsylvania Positive Behavior Support Network, which coordinates training and technical assistance for early childhood and school-age settings.

Because PBIS and trauma-informed schools include three tiers of services, share some potential outcomes, and can be integrated in the same school in a complementary manner, they are commonly conflated. However, they differ in important ways. PBIS is focused on improving school safety and behavior. The focus of a trauma-informed approach is broader and more flexible. In a trauma-informed school, the entire staff is trained to understand the signs, symptoms, and impact of trauma and to respond in ways that actively resist re-traumatization. Trauma-informed schools provide universal supports that are sensitive to the unique needs of all students and also recognize the critical nature of self-care for faculty and staff.

⁴² McInerney, M & McKlinton, A. (December 2014). Unlocking the Door to Learning: Trauma-Informed Classrooms & Transformational Schools. Education Law Center of Pennsylvania. Retrieved from <https://www.elc-pa.org/wp-content/uploads/2015/06/Trauma-Informed-in-Schools-Classrooms-FINAL-December2014-2.pdf>

⁴³ Mobilizing Action for Resilient Communities (MARC) at <http://marc.healthfederation.org/about>

Trauma-informed approaches in Pittsburgh: The Fellowship of Orthodox Christians United to Serve (FOCUS) is a growing trauma-informed movement that is building the potential to grow into Pittsburgh public schools. FOCUS currently provides a 15-week Behavioral Health Community Organizer Training to prepare behavioral health organizers to implement trauma-informed interventions in the community.⁴⁴ In addition, the Allegheny County Department of Human Services is renowned for its Data Warehouse that integrates client and service data from a wide variety of behavioral health, child welfare, and education agencies and includes a data-sharing agreement with Pittsburgh Public Schools and multiple other school districts in the county.⁴⁵ This type of data-sharing can facilitate trauma-informed approaches and increase collaboration across schools and service providers.

Trauma-informed approaches throughout the state: Two of the most prominent trauma-informed models currently being implemented in Pennsylvania are the Sanctuary Model and the Neurologic Initiative. Their characteristics are summarized in Table 2.

Table 2. Spotlight on two trauma-informed models used in Pennsylvania Schools

	SANCTUARY MODEL⁴⁶	NEUROLOGIC INITIATIVE⁴⁷
Goal	Build a respectful and safe culture, as measured by the following goals: Culture of Nonviolence, Emotional Intelligence, Social Learning, Shared Governance, Open Communication, Social Responsibility, and Growth and Change.	Provide school staff with information and strategies to help all students, both those impacted by trauma and not impacted by trauma, learn more effectively.
Implementation	<ul style="list-style-type: none"> • Evaluation of organization, needs assessment • Training, including introduction to the material, orientation and ongoing sessions, and psychoeducation • Planning implementation through ongoing meetings • Practice implementing the model throughout the school (from teachers to leadership)⁴⁸ 	<ul style="list-style-type: none"> • Four-hour NeuroLogic training and nine once-a-month process coaching sessions, primarily for teachers and some administrative staff • Implementation embraced by all levels of the school (from teachers to leadership)
Tiers	<ul style="list-style-type: none"> • Focus on Tier 1 (primarily training) • Students needing more intensive services would proceed through an evaluation and intervention process. 	<ul style="list-style-type: none"> • Focus on Tier 1 (primarily training) • NeuroLogic can provide training around more targeted intervention systems.
Requires whole school involvement or buy-in	✓	✓
Includes emphasis on staff self-care	✓	✓
Evidence base	Scientific Rating of 3 (Promising Research Practice) by the California Evidence-Based Clearinghouse for Child Welfare (2011) ⁴⁹	<ul style="list-style-type: none"> • Rooted in neuroscientist Dr. Bruce Perry's Neurosequential Model⁵⁰ • Evaluations in progress

⁴⁴ Focus Pittsburgh at <https://focusnorthamerica.org/centers/pittsburgh/>

⁴⁵ Allegheny County Data Warehouse at <https://www.alleghenycountyanalytics.us/index.php/dhs-data-warehouse/>

⁴⁶ Created by Dr. Sandra Bloom, the model is designed to transform the culture of a variety of organizations and has been adapted for schools.

⁴⁷ Created for schools by Kathy Van Horn at the Lakeside Global Institute, the initiative is largely rooted in the neuroscience research by Dr. Bruce Perry and the Child Trauma Academy.

⁴⁸ The California Evidence-Based Clearinghouse for Child Welfare at <http://www.cebc4cw.org/program/sanctuary-model/detailed>

⁴⁹ Ibid.

⁵⁰ Perry, B. D. (2006). "Applying principles of neurodevelopment to clinical work with maltreated and traumatized children: The neurosequential model of therapeutics."

Lessons from other states engaged in trauma-informed education

Several states have emerged as national leaders in developing policies and initiatives around trauma-informed schools.⁵¹ Below, we highlight several promising models:

- **Massachusetts:** In 2014, state law established the Safe and Supportive Schools Framework, which:
 - 1) Requires the state Department of Elementary and Secondary Education to develop a *statewide Safe and Supportive Schools Framework* consistent with the framework recommended by the Behavioral Health and Public Schools Task Force that was recently convened in Pennsylvania;
 - 2) Enables and encourages all schools to develop *action plans* for implementing the Safe and Supportive Schools Framework to be included in the required School Improvement Plans;
 - 3) Provides a *self-assessment tool* to help schools create their action plans and, subject to appropriation, provides technical assistance to schools and districts;
 - 4) Establishes a *Safe and Supportive Schools Grant Program* to fund exemplar schools that serve as models; and
 - 5) Establishes a *Safe and Supportive Schools Commission* to assist with statewide implementation of the Safe and Supportive Schools Framework and to make ongoing recommendations and propose drafts of legislation.⁵²
- **Oregon:** In 2016, HB 4002 directed the Oregon Department of Education and the Chief Education Office to jointly develop a statewide education plan to address chronic absenteeism in public schools. The state plan established a pilot program to fund school districts and education service districts⁵³ to decrease rates of school absenteeism by using trauma-informed approaches that are “based in schools and take advantage of community resources.” The pilot program requires wide coordination with health and community-based organizations, professional development for school staff, and designation of a “trauma specialist” who oversees the implementation of the plan and uses evidence-based approaches tailored to the community.⁵⁴
- **Washington and Wisconsin:** These states provide schools with extensive professional development resources to support trauma-informed education. In Washington, a Compassionate Schools Initiative provides resources to schools considering trauma-informed approaches. A handbook, “The Heart of Learning and Teaching: Compassion, Resilience, and Academic Success,” provides information about trauma and learning, self-care, classroom strategies, and building parent and community partnerships.⁵⁵ In Wisconsin, the state has created the Trauma Sensitive Schools Online Professional Development Learning System, a free, online, on-demand system consisting of learning modules, supplemental readings, and implementation tools.⁵⁶

Each state includes professional development about trauma as a key component. Legislation in Massachusetts and Oregon also includes the development of a statewide plan or framework and funding to support implementation. Legislation in Oregon and the handbook developed in Washington also emphasize leveraging community partnerships.

⁵¹ The Education Commission of the States at https://www.ecs.org/wp-content/uploads/State-Information-Request_Trauma-Informed-Schools.pdf

⁵² Trauma and Learning Policy Initiative (TLPI) at <https://traumasensitiveschools.org/get-involved/safe-and-supportive-schools/>

⁵³ Education Service Districts in Oregon provide regional services to their component school districts, primarily in areas that the school districts alone would not be able to adequately and equitably provide: <https://www.oregon.gov/transparency/pages/esdtransparency.aspx>

⁵⁴ ACES Too High News at <https://acesoohigh.com/2016/04/03/oregon-governor-kate-brown-signs-landmark-trauma-informed-education-bill-into-law/>

⁵⁵ State of Washington: Office of the Superintendent of Public Instruction at <http://www.k12.wa.us/CompassionateSchools/default.aspx>

⁵⁶ Wisconsin Department of Public Instruction at <https://dpi.wi.gov/sspw/mental-health/trauma/modules>

Recommendations for Pennsylvania education leaders

Senate Bill 1271 included a call for training school staff on trauma-informed approaches and the inclusion of trauma-informed approaches in teacher preparation program curricula. These practices would move Pennsylvania closer to realizing a fully trauma-informed educational approach. However, to fully implement such interventions, the following policy recommendations could be considered:

Ensure that schools adopting a trauma-informed approach provide professional development that reflects the complexity and sensitivity of the topic. While a one-hour foundational professional development session is a necessary starting point, it is not sufficient for schools that decide to adopt a trauma-informed approach. For example, the basic training provided by Lakeside Global Institute is four hours long, and their NeuroLogic Initiative Training is an additional four hours of lecture, small group discussion, and activities. NeuroLogic follow-up coaching occurs once a month over nine months.

Encourage the state to establish grant funding for schools implementing a trauma-informed approach. Experts do not recommend *requiring* the adoption of trauma-informed approaches, because it is important that school staff fully support the model based on its merits. However, as described above, both Massachusetts and Oregon established state grant programs to support the development of trauma-informed schools. The Commonwealth could similarly support this work by providing targeted grant funding to Pennsylvania schools and districts that elect to adopt an initiative.

Require statewide and whole-school planning for trauma-informed approaches in schools. As mentioned previously, legislation in Massachusetts and Oregon requires the development of a statewide plan or framework. At the local level, Massachusetts encourages the development of “action plans” that integrate trauma sensitivity throughout the school’s core operations to ensure that system-level change is taking place. Pennsylvania could include such planning requirements in legislation or regulation.

Encourage schools to leverage additional community resources to support students. In order to effectively implement a trauma-informed initiative, it is critical for schools to identify and effectively coordinate with external mental health and behavioral services. Schools should leverage these resources to help students fully participate in the school community. Resources that provide staff with confidential opportunities to discuss student needs and the personal impacts of their work are equally important.

Incorporate trauma-informed approaches into existing state and local school policies and procedures. Research shows that, to facilitate adoption and implementation, successful school initiatives need to fit into the existing school context.⁵⁷ To ensure the successful integration of a school-wide trauma-informed approach, policymakers and educators need to review the policies and protocols associated with the day-to-day activities and logistics of a school, such as discipline policies and safety planning. For example, when implementing a trauma-informed approach in a school with an existing multi-tiered support system (e.g., Positive Behavioral Interventions and Supports), it would be important to align trauma-informed interventions within existing service tiers where possible.⁵⁸

Fund independent research on the impact and implementation of trauma-informed initiatives in Pennsylvania. While trauma-informed schools are becoming more common across the country, there is

⁵⁷ Baweja, S., DeCarlo Santiago, C., Vona, P., Pears, G., Langley, A., & Kataoka, S. (2015). Improving implementation of a school-based program for traumatized students: Identifying factors that promote teacher support and collaboration. *School Mental Health, 8*:120–131; Chafouleas, S. M., Johnson, A. H., Overstreet, S., & Santos, N. M. (2015). Toward a blueprint for trauma-informed service delivery in schools. *School Mental Health, 8*: 144-162.

⁵⁸ Pennsylvania Community of Practice. Alignment of the PBIS Framework and Trauma Informed Classrooms/Trauma Sensitive Schools. (May 2018). Executive Guidance for School Leaders: Brief #2 at <http://intranet.bloomu.edu/documents/mcdowell/pk12/AlignmentPBISTraumaInCare.pdf>

limited independent research on the impact and implementation of these school-wide initiatives. Therefore, Pennsylvania legislation could include funding for evaluation studies to increase knowledge in the field, sustain the work with stronger evidence of impact, and provide lessons on implementation.

Closing thoughts

Recent momentum to develop a “trauma-informed” education system provides an important opportunity for Pennsylvania schools. Adverse childhood experiences have a clear negative impact on learning, outcomes, and behavior. While more independent evaluations of these approaches in school settings are needed, trauma-informed education shows promise. State policymakers can build on this work by supporting legislation aligned with the promising practices outlined in this brief, as well as other initiatives that would expand and study high-quality trauma-informed approaches in Pennsylvania schools.

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