A TRAUMA-INFORMED APPROACH FOR MARYLAND SCHOOLS

The Maryland State Department of Education

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EQUITY AND EXCELLENCE

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EXECUTIVE SUMMARY

Pursuant to MD Education Article §7-427.1 *Trauma-Informed Approach,* the Maryland State Department of Education (MSDE) is required to expand the use of trauma informed approaches in schools and intensively train schools on becoming trauma informed.

The *Trauma-Informed Approach Guidance* was developed to provide a framework to Local School Systems (LSSs) in establishing a holistic approach to education in which all teachers, school administrators, staff, students, families, and community members recognize and effectively respond to the behavioral, emotional, relational, and academic impact of stress on those within the school system. The purpose of this guide is to assist LSSs in implementing trauma-informed approaches through a multi-tiered system of support.

Research has long supported the critical roles that schools can and do play in supporting development beyond academic instruction. Schools most often provide a safe haven where children build relationships with trusted adults who contribute to their healthy development. At the same time, the demands and expectations of school can be especially challenging for students who experience traumatic stress, and factors such as negative school climate and poor teacher-student relationships can make school a place that worsens symptoms of trauma or even re-traumatizes an individual.

In June 2020, MSDE established a trauma-informed approach work group to accomplish the tasks outlined in the aforementioned legislation. The work group consisted of representative from varying agencies across Maryland, including but not limited to, the Maryland Department of Health, and the Maryland Department of Human Services with a range of expertise in the areas of trauma, trauma-informed practices, adverse childhood experiences (ACEs), multi-tiered systems of support, resilience, and childhood development. The goal of the workgroup was to establish a shared vision and definition for a trauma-informed approach for LSSs in Maryland. The work group would also create guidelines for trauma-informed approaches to assist school systems with:

(a) Implementing a comprehensive trauma-informed policy at school;
(b) The identification of a student, teacher, or staff member who has experienced trauma;
(c) For schools participating with the "Handle with Care" program the appropriate manner for responding to a student who is identified as a "Handle with Care" student; and
(d) Becoming a Trauma-Informed School that promotes healing.

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INTRODUCTION

Adversity and trauma have a significant impact on the learning and lives of individuals. During the last decade, there has been an increase in public awareness of the impact of trauma on the lives of individuals. Addressing trauma early in life through trauma-informed approaches can improve outcomes for individuals. MD Education Article §7-427.1) directed the MSDE to develop guidance in support of schools implementing a trauma-informed approach. Trauma affects a person's quality of life across all domains (behavioral, emotional, and psychological). In the United States, 90 percent of students attend public schools where most remain for 13 crucial years of development. Public schools are the ideal place to mitigate the impact of childhood trauma by creating a healthy school ecosystem that addresses the needs of the whole child.

Adverse childhood experiences refer to a set of experiences a young person may go through, such as parental substance abuse or incarceration, divorce, or exposure to violence. The concept of ACEs has broadened to include other social influencers of physical and mental health such as housing and food insecurity and poverty. A large body of research indicates that the more ACE's a child goes through, the more likely they are to suffer negative or damaging health and academic outcomes. Some ACE's constitute traumatic events that can lead young people to experience post-traumatic stress. According to research, before the age of four, approximately 26 percent of students experience trauma with almost 80 percent of the trauma occurring in the home by their parents. Traumatic stress is multi-generational. Parents and caretakers who experienced trauma as children and especially those whose trauma has gone unaddressed are at risk of repeating a cycle within their own families. The forthcoming strategies and approaches outlined within this guidance document are designed to ensure that students have the support needed to graduate and live productive lives through the implementation of trauma-informed approaches that impact all individuals, students, caregivers, and school staff.

Being trauma-informed is not enough, being trauma-responsive is the goal. Children are exposed to different degrees of trauma and have their own unique set of circumstances that can protect them against that trauma. The other half of the equation is resiliency. Resiliency is defined as the ability to overcome and be successful despite exposure to risk. Some children need protective factors strengthened to help buffer against risk. As such, there is a current shift to trauma-responsive education in classrooms and schools across the country. Being trauma-responsive requires the integration of trauma-informed principles into staff behaviors and practices that improves their interactions with all students. Additionally, this includes mental health support provided by school psychologists, school counselors, and other school employed staff, as well as community partners who provide trauma specific supports and treatment.

Research shows that responding to trauma early increases the likelihood of success as behaviors due to trauma histories intensify as students get older, including the use of alcohol, drugs, and other risky behaviors. The trauma-responsive approach is inclusive of a strength-based approach that promotes healing. Interventions focus not just on "what happened to you" as an individual, but also "what is right with you" and capitalizes upon individuals' strengths.

Interventions must focus on the systematic factors (e.g., racism, poverty) that contribute to adversity and trauma, and on the collective impacts of adversity and trauma on communities. Strengths-based and healing-centered approaches can leverage community assets, including the cultural and social factors that strengthen individual and community identities and connections. This is sometimes referred to as the "fix injustices, not kids" principle.

Individuals embracing a growth mindset setting high expectations focused on achievement, despite existing and prior circumstances, will advance efforts toward equitable opportunities and positive lifestyle outcomes. The shift in mindset from one of "learned helplessness to learned optimism" pertains to ALL, not just those subjected to trauma. At the same time, approaches to address trauma must consider system factors (and not just individual factors) that contribute to the negative impacts of trauma. It is not enough to ask our children to adopt a "growth mindset" or to establish greater social emotional competencies if they are not simultaneously supported by system interventions that reduce or eliminate toxic and stressful environmental factors that lead to adversity and trauma.

The MSDE recognizes that building and maintaining trauma-informed approaches in schools requires systems to first build an awareness of trauma among stakeholders, then design, support and engage stakeholders in the implementation of practices that are trauma-responsive. The trauma-informed work must include the supporting of adults who serve these students ensuring self-care to prevent and mitigate proximal trauma (i.e., secondary trauma) and compassion fatigue.

A trauma-informed approach will interrupt the school to prison pipeline and disparate disciplinary practices of marginalized students. Research has established that the use of a trauma-informed approach in schools increases equitable student engagement and creates protective factors which support graduation and future employment. This guide will provide common language understanding of trauma to help schools successfully implement trauma-informed approaches. The forthcoming information leverages the expertise and practices from local and national experts to advance the essential components of implementing a trauma-informed approach in schools.

Trauma-Informed Schools

Trauma-informed approaches cannot depend on the vision of a single individual but must be institutionalized or embedded within the fabric of a system. Studies have shown that complex trauma greatly affects behavior, academic performance, and dropout rates in schools. As such, it is important to make trauma-informed practices the norm, not the exception. Democratizing trauma-informed schools (making it available to all) will provide individuals with trauma a more adequate level of support to educational opportunities that:

- **Realize** both the widespread impact of trauma and the role of schools in promoting resiliency.
- **Recognize** the signs and symptoms of trauma in students, staff, and families.
- **Respond** by fully integrating knowledge about trauma into policies, procedures, and practices.
- **Resist** re-traumatization of students and staff and fosters resiliency.

The Logic Model

A trauma-sensitive school can expect an increase in retention, decrease in suspension, expulsion, dropout rates, arrests, and disparate disciplinary practices. As students develop a feeling of safety in their school environment and school personnel build trust, students with trauma history will be able to get their needs met in appropriate ways. This document is not meant to present an exhaustive list, as the trauma-informed research continues to emerge, but to instead provide some guidance on how schools can utilize trauma-informed approaches to change social, emotional, and academic outcomes for students.

The Logic Model provides local school systems with a comprehensive framework for the establishment of a healthy school ecosystem. There are five core components of trauma-informed schools that must be included in every model: (1) training faculty and staff on the impact of trauma, (2) adopting a school wide perspective shift, (3) creating healing relationships among staff, caregivers, and students, (4) maximizing caregiver capacity, and (5) facilitating student empowerment and resiliency https://traumainformedoregon.org/.

Trauma Informed Care Logic Model

Figure 1

The core of this guidance document is outfitted into five key domains that align within the framework of the Trauma-Informed Care Logic Model. The domains are as follows: (1) Creating Safe Spaces and Staff Well-being, (2) Empowerment: Voice, and Choice, (3) Equity and Resilience (4) Positive Relationships and (5) Parent and Community Engagement.

Creating Safe Spaces and Staff Well-Being

Advancements in neurology provide educators with important information related to optimal conditions for learning. Safety is a basic human need, second only to food, water and shelter and is a fundamental condition for the acquisition of knowledge. For LSSs, creating safe spaces is a complex, multi-faceted issue that requires specific attention to several factors. Safety involves not only the physical environment, but also emotional and psychological well-being, which are critical aspects of feeling safe. Safety is particularly important for individuals experiencing trauma because of violence, trauma, daily challenges in meeting basic needs, strained relationships, and the high prevalence of behavioral health disorders. Safety is critical for students and staff experiencing trauma. As such, creating a safe environment in which to learn requires acknowledging the interaction of the person(s) and their environment. The focus should be on developing nurturing environments that cultivate respect among individuals and minimize conditions such as loud and crowded spaces, overly bright or dim lighting, bullying and other harmful behaviors.

Creating Safe Spaces

A "safe space" is not just a physical location. It can also be something as simple as a group of people who hold similar values and commit to consistently provide each other with a supportive, respectful environment. Trauma most often changes the way children and young people view their world, the people in it, and how and where they belong. They can develop distorted rules about relationships – rules built from mistrust, terror and betrayal. Safe spaces can provide a break from judgement, void of unsolicited opinions, and allow for freedom to detach from their inauthentic selves. Safe spaces allow people to feel supported as their authentic self. This is

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especially important for minorities, members of the LGBTQ+ community, and other marginalized groups.

Conversations about safety must be grounded in trauma-informed approaches that foster values of dignity, equity, and compassion that set the tone for behaviors, policies, structures, and environments. The acronym **S.P.A.C.E.** can be used to represents five key dimensions that when incorporated into approaches offer significant potential to establish effective opportunities for schools to anticipate and respond to the needs of traumatized individuals.

- **S**taged- Sophisticated functions of the brain-body only emerge after basic functions have been developed and consolidated with rehearsal and practice. For example, skills like reading increase in complexity through repetition and rehearsal, building on basic blocks of letters, syllables, words, sentences, and paragraphs. Strategies aimed at resourcing traumatized children need to follow this staged pattern of conceptualization and implementation for them to succeed.

- **P**redictable- The brain-body systems of traumatized young children maintain itself in a state of arousal readiness in preparation for the re-occurrence of a threat. Unpredictable routines and reactions from others amplify the stress response used by traumatized children and young people. The opposite is also true. Strategies, which promote stability and familiarity, reduce the need for the stress system to be engaged. This releases the energy that children and young people use to lock down their experiences and avoid change. Safe spaces allow traumatized children and young people to experience themselves as more flexible and more able to tolerate small degrees of change in the environment.

- **A**daptive- The intensity and challenging behavior of traumatized children and young people can lead to unitary explanations being applied to their motivations and drives. The options for traumatized children and young people can be increasingly focused on discipline and behavior management. Punitive systems restrain flexibility. As such, strategies which promote adaptability in children and young people are those which are able to maintain multiple meanings for behavior and remain open to multiple options for intervention.

- **C**onnected- Traumatized children and young people develop insecure and unstable templates for forming, maintaining, and being in relationships. In a school context where relationships are constantly negotiated and renegotiated, traumatized children experience social exchanges as sources of stress which maintain the need for trauma-based behavioral routines. Relationships become the primary vehicle through which new meanings about feelings, beliefs, behaviors, and identity are resourced to emerge. Connected children and young people are calmer and more able to access their internal systems to learn.

- **E**nabled- Traumatized children and young people find the process of understanding themselves difficult. They are challenged in their capacity to identify their feelings, understand them, and communicate them to others. Effective strategies for responding to traumatized children in the school context will enable them to make linkages between and give meaning to their experiences in their past and present, the feelings and their behavior, their thoughts and their actions.

Staff Well-Being

Relationships are dyadic-it takes two. Adults most often recognize the student's contribution to these interactions, but less often is time taken to consider the teachers contribution to the dyad. Frequently, educators do not have the knowledge, skill, or capacity to care for themselves and the student with ACEs. This most often leads to undesirable interactions that exacerbate negative outcomes. As such, it is important to offer trainings to all school staff, including cafeteria, and janitorial staff on trauma and its impact on health and behavior. Because school support personnel, including front desk reception area workers, security officers, and drivers often interact with students, they play an important role in making students feel safe and welcome and should be included in the awareness building events or trainings. In addition, trauma-informed trainings can better help staff understand student behavior and thereby improve student staff interactions.

Teacher temperament and emotionality daily and over time is a major contributor to the classroom and school climate. The ever-expanding burden upon educators further complicates the dynamic. Most educators are truly phenomenal, self-sacrificing individuals who greatly extend themselves to meet the needs of their students and families. However, it is important to note that school personnel are not exempt from traumatic stress and adverse childhood experiences. Most all adults enter the workplace every day with personal baggage, existing or historical which colors their perceptions and impacts interactions with others. For this reason, it is important that educators be provided with, and encouraged to use tools that allow them to engage in ongoing self-reflection and self-care to successfully meet the demands of their job and to better equip themselves for the job.

All personnel have the power to direct major climate control in the school by committing to being a thermostat. It is important to recognize that placing full onus on individual staff members to support their well-being considering known effects of secondary trauma is not sufficient. SAMSHA (2014) recommends that educational school leaders take action to promote organizational, cultural, policies and practices to support staff. These include:

- Redesigning school and/or district wide policies around training and scheduling;
- Focus on prevention by being proactive in supporting stress management;
- Shifting to a reflective supervision model that relies upon a supportive teacher; supervisor relationship moving away from adversarial models of supervision;
- Building and reinforcing school and/or district wide natural support systems for local school system employees; and
- Evaluating school and/or district wide efforts in the aforementioned areas.

It is of equal importance for schools to be a safe space for staff to learn and grow both personally and professionally. Expanding trauma-informed approaches developed and implemented for students to include similar opportunities for staff is advantageous. An example of this type of extension would be providing a mindfulness space and procedures for staff to use when the need arises. This strategy has proven helpful in increasing staff morale and decreasing the use of punitive student discipline measures.

Empowerment: Voice and Choice

A large part of establishing a trauma-informed culture within LSSs include creating engagement opportunities for traumatized students to share their thoughts and experiences with policy makers, administrators, teachers, and other school personnel. This approach can be effective in uncovering the lived experiences of those who have encountered trauma through their sharing of thoughts and experiences. Student empowerment is when students gain the authority and agency to make decisions about their school experience and implement change through their ideas. The incorporation of student voice and choice early in the planning and awareness-building process is critical to soliciting ongoing student member feedback.

Empowerment entails acknowledging and using students' strengths early in the treatment process rather than overemphasizing diagnoses, weaknesses, or victim status. The empowerment process can impact students in several ways, including promoting individual and social development, demonstrating the importance of student rights, promoting youth connection, increasing confidence, and enhancing decision-making skills. Interventions designed to improve school climate and instructional methods should be guided by empowering youth strategies, culturally relevant pedagogy, varied teaching methods, theory driven choices, and positive relationships with well-trained professionals to ensure students are ready to learn. Using an empowerment perspective to address problems within the school means:

- Creating opportunities for collaboration with students.
- Encouraging students to identify what problems exists.
- Including youth voice in creating solutions and taking action.

Equity and Resilience

To address trauma in all of its forms and manifestations it is necessary to look at high level systemic reform, this approach is akin to a public health-oriented model that says, "if you shape the environment so that ALL kids regardless of level of risk are treated in a way conducive to mental health, healing, resilience, and well-being, you can do a better job at addressing trauma for all students." – Dr. Todd Herren Kohl. The MSDE is committed to this systemic change through distribution of this guidance document and technical assistance efforts, while also promoting equity, resilience, and the well-being of school personnel.

Equity
Trauma is an issue of equity; it impedes educational attainment on its own, and disproportionately targets students of color, students with disabilities, those living in poverty, LGBTQ+ students, and others who experience marginalization. Specific to race, policies aimed at providing "color-blind" equitable outcomes for all students fail to enact compensatory remedies for a long history of racial inequality and injustice. The vision of color blindness as a means of eliminating racial discrimination is founded on a seemingly paradoxical notion that it is noble to ignore race while simultaneously honoring diversity. Being trauma-responsive requires integration of trauma-informed principles into staff behaviors, policies and practices, and partnership with professionals who provide traumatic specific treatment.

As such, implementing transformation is difficult, especially if faced with significant resistance. It is not however more difficult than navigating oppressive barriers, which many students, families, and educators of marginalized groups endure. In consideration of this, it is important for LSSs to consider the following "Basic Principles of Equity Literacy" that can help avoid equity detours and maximize the impact of our equity efforts:

- **Direct Confrontation Principle** – The path of equity requires direct confrontations with inequity- with interpersonal, institutional, cultural, and structural racism, and other forms of oppression. "Equity" approaches that fail to directly identify and confront inequity play a significant role in sustaining inequity.
- **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 develop equitable institutions if individuals are unwilling to deepen their understanding of equity and inequity and reject ideologies that are not compatible with equity.
- **Prioritization Principle –** In order to achieve equity, the interest of students and families whose interests historically have not been prioritized, must now be prioritized. Every policy, practice, and program decision should be considered through the questions, "What impact is this going to have on the most marginalized students and families?" "How are we prioritizing their interests?"
- **Redistribution Principle** – Equity requires the redistribution of material, cultural, social access, and opportunity. This is done by changing inequitable policies, eliminating oppressive aspects of institutional culture, and examining how practices and programs might advantage some students over others. If systems and individuals cannot explain how equity initiatives redistribute access and opportunity, they should be reconsidered.
- **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" students and families who are marginalized, but on transforming the conditions that marginalize students and families.
- **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.
- **Evidence-Informed Equity Principle** – Equity approaches 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 people who are marginalized in your institution.

Resilience

Schools have the capacity to promote resilience in children and young people. Resilience is the ability to cope and thrive in the face of negative events, challenges, or adversity. Key attributes of resilience in children and young people include social competence, a sense of agency or responsibility, optimism, a sense of purpose or hope for the future, attachment to family, to school and to learning, problem solving skills, effective coping style, pro-social values, a sense of self-efficacy, and positive self-regard. Schools can enhance resilience through programs like restorative practices, which build positive social norms and generate a sense of connectedness to teachers, peers, and the academic goals of the school.

Trauma and adversity disrupt the development of healthy attachment bonds that children need to fulfill their full potential. As such, there are three important factors associated with building resilience among all children and teens: (1) A strong parent-child relationship, or a strong relationship with a surrogate caregiver who serves as a mentor if a parent is unavailable, (2) Good cognitive skills which are predictors of academic success and lead to pro-social behavior; and (3) The ability to self-regulate emotions, attention, and disruptive behaviors.

Positive Relationships

Research has substantially proven the significant impact of even one positive relationship in a child's life. Positive relationships and support are directly related to establishing resiliency, quicker recovery rates, and lower incidents of relapse. Participating in a reparative experience can often reduce the negative symptoms of trauma as well as reduce the likelihood of a trauma to occur again. It is crucial for students to have not only positive relationships with their peers, but also with adults. Children and young people who have had traumatic experiences inflicted upon them have a difficult time trusting adults.

In educational settings, where power and control are present, it becomes increasingly difficult but imperative to establish positive relationships. When adults are transparent, consistent, and trustworthy, these relationships show the student that the staff member is safe, someone they can confide in, and someone to rely on. This is accomplished by way of *Unconditional Positive Regard*, which requires administrators, teachers, and staff to value a student regardless of his or her behaviors, affect, or presentation. *Unconditional Positive Regard* facilitates an environment of where the individual feels valued regardless of their presenting behaviors, affect, or cognitions; rather than looking to others for identity and approval, the individual is encouraged to learn and listen to themselves. Some examples are as follows:

- **Personal greetings**- Provide each student with a personal greeting using their name and positive statement each day. Research supports that personal greetings can increase cooperative behavior in students.
- **Praise in public, correct in private**- Trauma responses are often exacerbated when a student feels threatened. Students who are corrected in front of an audience of their peers may react negatively. Trust is maintained and corrective feedback is more effective when delivered privately.
- **Get to know your students outside the classroom**- Try to get to know students, their families, and their lives outside of school. Getting to know students during times of baseline as well as when experiencing joy, fear, and anger can help staff identify when they are in crisis.
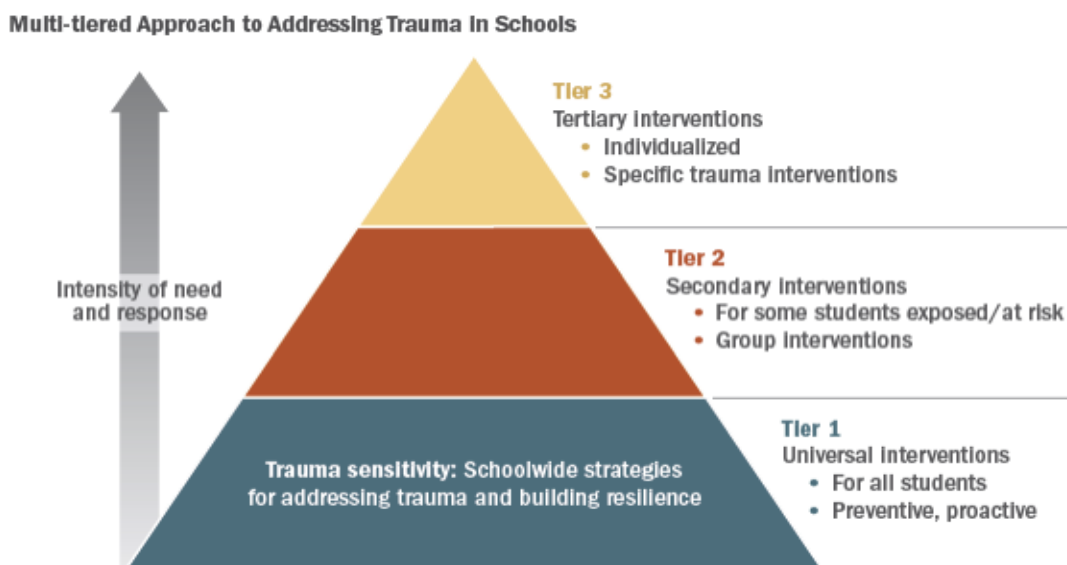
The human condition makes it likely relationships will be harmed through simple day to day interactions, with students experiencing trauma this harm may be more frequent and more intense. It is advantageous if schools have created as part of a whole school structure, methods to repair harm to relationships. When the expectation across school environments, and ideally across community environments, is that all individuals engage in the reparation process than those with a history of discarding damaged relationships are more likely to comply with the

expectation. Those facilitating the reparation process with individuals experiencing trauma must be mindful of scheduling the event at a time when emotions have diminished as much as possible; preparing all members in advance of a meeting; reviewing and reinforcing procedures of conduct before, during, and after the process; and ensuring the process remains safe and productive for all members.   The process of damage and repair to a valued relationship is a valuable therapeutic experience for individuals experiencing trauma.

Family and Community Engagement

Countless students and educational staff encounter traumatic experiences each day either directly or vicariously through interactions with others. The prevalence of trauma has increasingly become recognized as a significant public health concern adversely impacting the communities we serve. Direct and indirect traumatic experiences or events can have immediate and long-term adverse effects on an individual's social, emotional, and physical well-being. As trauma-informed practices evolve within schools, school mental health providers, and school personnel recognize the importance of establishing proactive vs. reactive approaches to assist students and staff affected by trauma. Healthy relationships are the foundation for effectively responding to students and staff experiencing trauma and can be achieved when individuals immerse themselves in cultivating robust partnerships inclusive of families and communities.

The goal of a trauma-informed school system is to: (1) recognize and respond to trauma as it affects students, staff, and families; (2) to act in partnership with individuals impacted; (3) to make resources available; (4) to address student and staff trauma, and to strengthen resilience through family and community engagement. Family and community engagement is the means through which essential relationships can be built, and through which policies, best practices, and organizational culture can be shifted to create a trauma-informed system.

Multi-tiered Approach to Addressing Trauma in Schools

Intensity of need and response

Tier 3
Tertiary Interventions
- Individualized
- Specific trauma interventions

Tier 2
Secondary Interventions
- For some students exposed/at risk
- Group interventions

Tier 1
Universal Interventions
- For all students
- Preventive, proactive

Trauma sensitivity: Schoolwide strategies for addressing trauma and building resilience

(American Institutes for Research, 2018)

Figure 2

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Collaboration enables students, staff, and families to work together to respond to trauma as it impacts the student and staff members. This can include practical matters as the individual sharing information about trauma(s) that have affected them or their family, as well as providing background on their strengths and deficits. Effective engagement assists individuals and families in understanding the impact of trauma, especially on student behavior. This approach acknowledges that healing occurs in collaborative, trusting relationships, and the significance of sharing power to make decisions. Families intertwined with accessible and nurturing communities are vital supports that can stimulate a sense of identity and belonging for students and staff. In an effort to overcome trauma and actively build resilience and protective factors to resist re-traumatization, families and school staff need to be transparent about their source(s) of trauma and receptive to the available support offered by schools and community organizations seeking to implement trauma-based services in their respective settings.

The nucleus of a trauma-informed approach is about connections and connectedness; thus, it cannot be effectively delivered in seclusion but rather through the framework of a multi-tiered system of supports (MTSS) (Figure 2) which focuses on the overall needs of individual students in alignment with existing school practices. Interventions and supports found in MTSS assist in relationship building and promoting a positive school climate which are significant factors in fostering student achievement and affording students the opportunity to navigate through their challenges. Defined tiers of intervention for academic and behavioral challenges, which may differ from system to system, enable systems to address student needs individually or as a group. In order to equalize power inequities, schools need to level the playing field by equipping staff with trauma education, training and resources.

> *Handle with Care provides the school or childcare agency with a "heads up" when a child has been identified at the scene of a traumatic event. It could be a meth lab explosion, a domestic violence situation, a shooting in the neighborhood, witnessing a malicious wounding, a drug raid at the home, etc. Police are trained to identify children at the scene, find out where they go to school and send the school or agency a confidential email or fax that simply says: "Handle Johnny with care." That's it. No other details*

Trauma-informed strategies like Handle with Care in schools include educating all school staff about trauma and its effects; supporting physical and emotional safety in relationships and in the environment; taking a proactive stance to reducing trauma-related triggers within the school environment and excluding potential re-traumatizing practices; making trauma-specific clinical services accessible to students with more intensive needs and addressing the secondary effects of trauma.

Activities surrounding parent and community engagement within trauma-informed schools should occur universally within a multi-tiered system of support and increase in scale and intensity to meet the needs of students and staff who have experienced varying levels of trauma. Initiatives could lead to modifications or enhancements to school policies, best practices, professional development, and support to connect students, families and staff to needed school-based and community trauma-informed services building and fostering resilience.

CONCLUSION

Being "trauma-informed" is just as much about a "way of being" than "a way of doing". A trauma-informed care model is encouraged as a standard of care across not only health professions but school settings, regardless of whether a given individual has reported or experienced trauma and without requiring school staff to know whether a specific individual has a trauma history. Effective implementation of trauma-informed approaches within systems, schools and communities requires the participation of all adults and should be approached in a way that provides information to all and defines clear expectations of conduct by all. Students of all ages interact with multiple adults over the course of their day. Inconsistent implementation of approaches by adults is counterproductive to the intended effort of a trauma-informed teaching and learning environment.

Students must be given opportunities to nurture multiple strengths and assets. However, many of the current trauma-informed approaches have failed to explicitly focus attention on identifying and increasing student strengths. As such, existing trauma-informed approaches are not reaching the full potential of healing that is possible within the school context because they focus only on repairing negatives and have not given sufficient emphasis on growth building upon the strengths of trauma-affected students. Cultural context and conceptualization of self, whether individualistic or collectivist, shape how a person experiences, perceives, makes meaning of, and eventually heals from trauma. Rather than operating from the assumption that individuals need special treatment because they come from a given culture or social context, school staff should consider that students' culture may serve as a source of strength and a resource for healing.

Achieving a trauma-informed teaching and learning environment occurs over time through a variety of intentional practices. The use of professional development events to provide information and teach approaches is only the beginning and should not be considered an adequate strategy to ensure adult use of trauma-informed approaches. Schools who successfully make the shift to being trauma-informed invest time into continuous dialogue amongst all staff through book studies, individual student planning meetings, and honest, courageous reflection upon past and current events. It is the intent of this guidance document to provide systems and schools information to inform their journey toward becoming trauma-informed environments where all students succeed. MSDE seeks to collaborate with all stakeholders in making the content of this document a reality in Maryland schools.

GLOSSARY

Acute trauma- Results from a single stressful or dangerous situation or event.

Adverse Childhood Experiences (ACE's)- Adverse Childhood Experiences include emotional, physical, or sexual abuse; emotional or physical neglect; domestic violence; parental substance use; parental mental illness; parental separation or divorce; death of a parent; incarcerated household member; poverty or community violence These experiences are linked to long term health outcomes in a series of studies (Felitti et al, 1998).

Child Traumatic Stress- Child traumatic stress (CTS) refers to the intense fear and stress response occurring when children are exposed to traumatic events, which overwhelm their ability to cope with what they have experienced. Children who experience CTS may also be diagnosed with PTSD, depression, anxiety, or behavioral disorders.

Chronic trauma- Results from repeated and prolonged exposure to highly stressful situations or events. Examples of chronic trauma include bullying, child abuse, and domestic violence.

Complex trauma- Results from exposure to multiple traumatic events.

Culture- An integrated pattern of human behavior that includes thoughts, communications, languages, practices, beliefs, value, customs, rituals, manners of interesting, roles, relationships and expected behaviors of a racial, ethnic, religious, or social groups; the ability to transmit the above to succeeding generations.

Cultural Awareness- Being cognizant, observant, and conscious of similarities and differences among cultural groups.

Cultural Competence-The ability to interact effectively with people of different cultures, helps to ensure the needs of all community members are addressed.

Equity- Giving individuals what they specifically need to achieve health, success and positive well-being.

Resilience- Is the ability and process of being able to adapt well in the face of adversity.

Re-traumatization- Is a conscious or unconscious reminder of past trauma that results in re-experiencing of the initial trauma or traumatic event.

Post-Traumatic Stress Disorder (PTSD) - Is a mental health condition that is triggered by a terrifying event, either experiencing it or by witnessing it.

Stress- Stress is a feeling of emotional or physical tension. It can evolve from any event or thought that makes a person feel angry, anxious, frustrated, or nervous.

The Logic Model- Logic models and theories of change can help trauma-informed initiatives conceptualize and operationalize the work to help build the capacity for trauma-informed approaches to occur.

Trauma- Trauma is an emotional response to a terrible event that can have long-term effects on a person's well-being.

Trauma-informed care- Recognizes the presence of trauma symptoms and acknowledges the role trauma plays in an individual's life.

Trauma-sensitive school- Is a school in which all students feel safe, welcomed, and supported. A school where addressing trauma's impact on learning occurs schoolwide.

REFERENCES

Cahill, H., Beadle, S., Forster, R., Smith, K., & Farrelly, A. (1970, January 01). Building resilience in children and young people: A literature review for the Department of education and early childhood Development (deecd). Retrieved February 28, 2021, from https://findanexpert.unimelb.edu.au/scholarlywork/970213-building-resilience-in-children-and young-people--a-literature-review-for-the-department-of-education-and-early-childhood development-(deecd).

CDC. (2019). Adverse Childhood Experiences. Retrieved from **https://www.cdc.gov/violenceprevention/childabuseandneglect/acestudy/index.html**. Developing and - center for early childhood mental health ... (n.d.). Retrieved February 28, 2021, from https://www.ecmhc.org/documents/CECMHC_AdministratorsToolkit.pdf

From trauma-aware to trauma-informed. (n.d.). Retrieved February 28, 2021, from https://traumainformedde.org/wp-content/uploads/2020/05/Trauma-BluePrint.pdf

Gorski, P. (n.d.). Avoiding racial equity detours. Retrieved February 28, 2021, from https://www.academia.edu/38727480/Avoiding_Racial_Equity_Detours

Gorski, P. (n.d.). Educational equity: Equity literacy framework. Retrieved November 19, 2020, from https://www.equityliteracy.org/equity-literacy

Hollingworth, L. (n.d.). Complicated conversations: Exploring race and ideology in an elementary classroom - Liz Hollingworth, 2009. Retrieved February 28, 2021, from https://journals.sagepub.com/doi/10.1177/0042085907312496

J; M. (n.d.). What is equitable resilience? Retrieved January 28, 2021, from https://pubmed.ncbi.nlm.nih.gov/30177865/

Journal of Juvenile Justice, 5(1), spring. (2016). www.journalofjuvjustice.org

Kerri Ullucci, D. (n.d.). Exposing color Blindness/Grounding Color Consciousness: Challenges for teacher education - kerri ULLUCCI, Dan Battey, 2011. Retrieved February 28, 2021, from https://journals.sagepub.com/doi/abs/10.1177/0042085911413150

Pbis. (n.d.). Retrieved February 28, 2021, from https://www.resa.net/teaching-learning/pbis

Pisapia, J. (1994, October 31). Developing resilient schools and Resilient Students. research brief #19. Retrieved February 28, 2021, from https://eric.ed.gov/?id=ED411343

Plumb, J. L., Kersevich, S. E., & Bush, K. A. (2016, Spring). Trauma-sensitive schools: An evidence-based approach. Retrieved November 25, 2020, from http://www.communityschools.org/assets/1/AssetManager/TSS.pdf

SAMHSA's concept of trauma and guidance for a Trauma ... (n.d.). Retrieved February 28, 2021, from https://ncsacw.samhsa.gov/userfiles/files/SAMHSA_Trauma.pdf

Trauma-informed practices for postsecondary education: A guide. (n.d.). Retrieved February 28, 2021, from https://educationnorthwest.org/sites/default/files/resources/trauma-informed practices-postsecondary-508.pdf.

Temkin, D., Harper, K., Stratford, B., Sacks, V., Rodriguez, Y., & Bartlett, J. (2020, November 12). Moving policy toward a whole school, whole community, whole child approach to support children who have experienced trauma. Retrieved February 28, 2021, from https://onlinelibrary.wiley.com/doi/10.1111/josh.12957.

Trauma informed practice in schools - act group. (n.d.). Retrieved March 1, 2021, from https://theactgroup.com.au/documents/makingspaceforlearning-traumainschools.pdf.

Using logic models grounded in theory of change to support ... (n.d.). Retrieved February 28, 2021, from https://aspe.hhs.gov/system/files/pdf/262051/trauma-informed-logic-models.pdf.

10 steps to create a Trauma-Informed School. (n.d.). Retrieved February 28, 2021, from https://starr.org/wp-content/uploads/10-Steps-to-Create-a-Trauma-Informed-School Whitepaper.pdf.

RESOURCES

The follow list is not intended to be inclusive of all resources on the topic of trauma, rather it is merely a sample of the plethora of media, literature, and research tools available.

What is Trauma Informed Care? 3:33   This video will give a basic understanding of Trauma Informed Care
https://www.youtube.com/watch?v=fWken5DsJcw

What is Trauma? 4:01   This video will give you an understanding of the different types of trauma.
https://www.youtube.com/watch?v=6BdW6tAb-5M

(ACE's) Adverse Childhood Experiences   **Take the Survey**

Empathy: Cleveland Clinic   https://www.youtube.com/watch?v=cDDWvj_q-o8

Trauma-Sensitive School Checklist

The National Child. Traumatic Stress Network (NCTS)   The National Child Traumatic Stress Network

Ted Talk (Video)   What Trauma Taught Me About Resilience