Proposed:

Providing Needs-Based Responses in Trauma- Informed Schools

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Actual:

Toward a Blueprint for Trauma-Informed Service Delivery in Schools

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Quick Note of Thanks and Disclaimer

Purpose

- Review a rationale for integrating trauma-informed within multitiered frameworks for school service delivery

- Discuss current status of work, using School-wide Positive Behavior Supports (SWPBIS) blueprints as a guide for efforts around
  - (a) implementation,
  - (b) professional development,
  - (c) evaluation

- Provide an organizing framework for practice and research agendas

Brief History & Rationale

- Increasing acceptance & attention to the connection among *social, emotional, behavioral, and mental health outcomes* as facilitators or impediments to overall success in school (NRCIM, 2009)

- Adding to this is a push for service delivery frameworks using *multitiered prevention logic* – early identification and intervention matched to need

- Creates a unique space to integrate *trauma-informed approaches* into school-based service delivery

Brief History & Rationale

BUT….
- Unlike academic issues in which identification of need & provision of assistance is relatively focused & non-controversial, *a host of layered complexities* surround trauma-informed service delivery in schools.
  - e.g., involvement of multiple systems of care, family privacy, school resource capacity

AND…
- There is inconsistency within the current trauma literature, particularly as related to school service delivery
  - e.g., Baker et al identified 19 recent publications outlining trauma-informed frameworks, each emphasizing a range of essential content knowledge, implementation features, and action planning.

BIG QUESTION:
How do we address complexities and inconsistencies to facilitate usability, sustainability, and scalability?

- Create blueprints for trauma-informed service delivery in schools.
- Appropriate national examples to draw from – National Technical Assistance Center on Positive Behavior Interventions and Supports (pbis.org):
  - A. **Implementation**
  - B. **Professional Development**
  - C. **Evaluation**

IMPLEMENTATION BLUEPRINT

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An implementation blueprint provides general guidelines regarding (1) __content knowledge__, (2) __implementation features__, and (3) __action planning__.

(Technical Assistance Center on Positive Behavioral Interventions and Supports, 2010)

(1) Content Knowledge

Begins with Defining **Core Features**…

SAMHSA's Concept of Trauma:

"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 individuals' functioning and mental, physical, social, emotional, or spiritual well-being" (p. 7, 2014).

SAMHSA's Concept of Trauma: *(continued)*

Three "E's" of trauma: *event, experience, and effect.*

Single occurrence or repeated – actual or extreme threat of harm

Individual's experience defines whether traumatic or not

Event	Experience	Effect

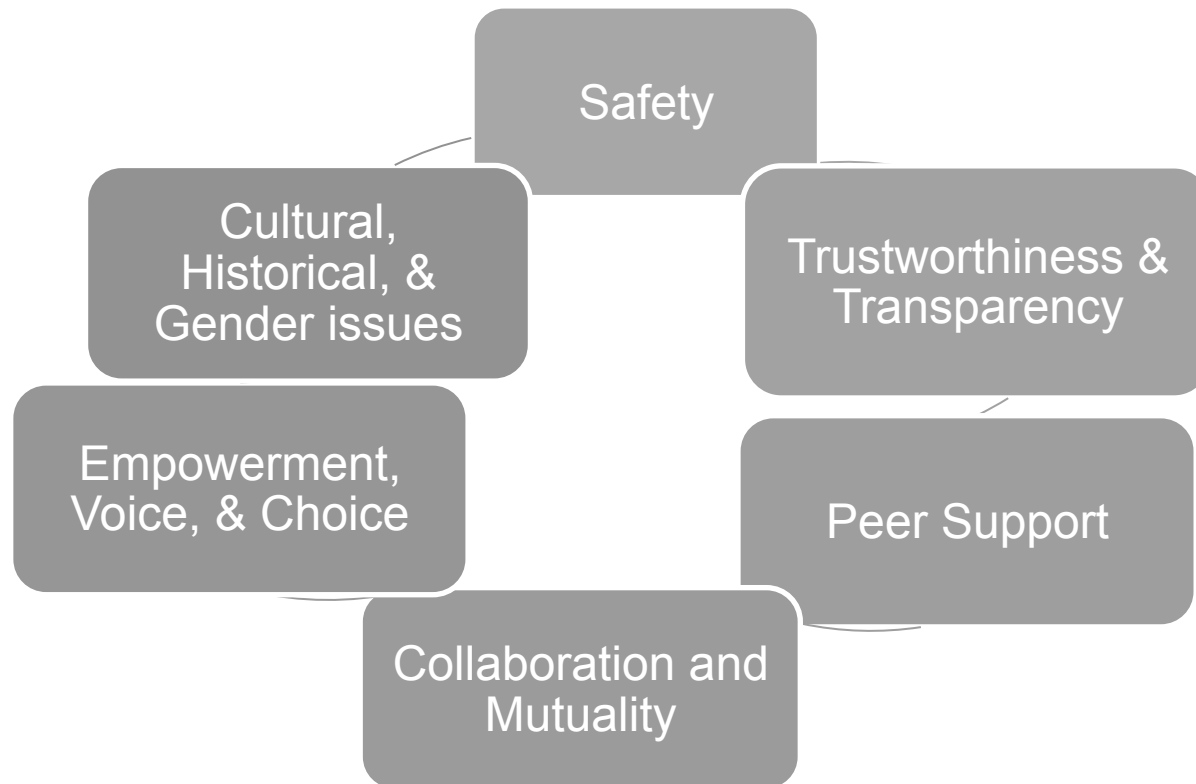**Influenced by internal (cultural belief, predisposition) and external (available social supports). Also influenced by event characteristics such as predictability, duration, consequences, intensity (Brock et al, 2009).**

(1) Content Knowledge

SAMSHA's 6 key principles to a trauma-informed approach

(1) Content Knowledge
Contrasting Trauma-Informed and SWPBIS

SWPBIS

- core features most heavily based within a behavioral theoretical framework
  - individual behavior is explained and modified primarily through external systems or environmental manipulations
- substantial attention directed toward building capacity for systems implementation within schools

Trauma-Informed

- core features most heavily based within a neurobiological framework
  - intraindividual lens used as emphasis – e.g. self-regulation
- need for cross-systems collaboration (including schools) acknowledged
  - less specificity as to how to accomplish implementation

(2) Implementation Features
(Within a Multitiered Framework)

- Effective implementation is described as including *four foundations* that interact to enable ongoing monitoring, data-based decision making, and self-enhancement
  - Outcomes
  - Practices
  - Data
  - Systems

(Technical Assistance on Positive Behavioral Interventions and Supports, 2010)

(2) Implementation Features

OUTCOMES

For trauma-informed, might be defined as a 4-fold:

a. Prevent adverse events and experiences from occurring

b. Build self-regulation capacity in individuals

c. Assist individuals exhibiting adverse effects in returning to prior functioning,

d. Avoid re-traumatizing individuals who have experienced adverse events

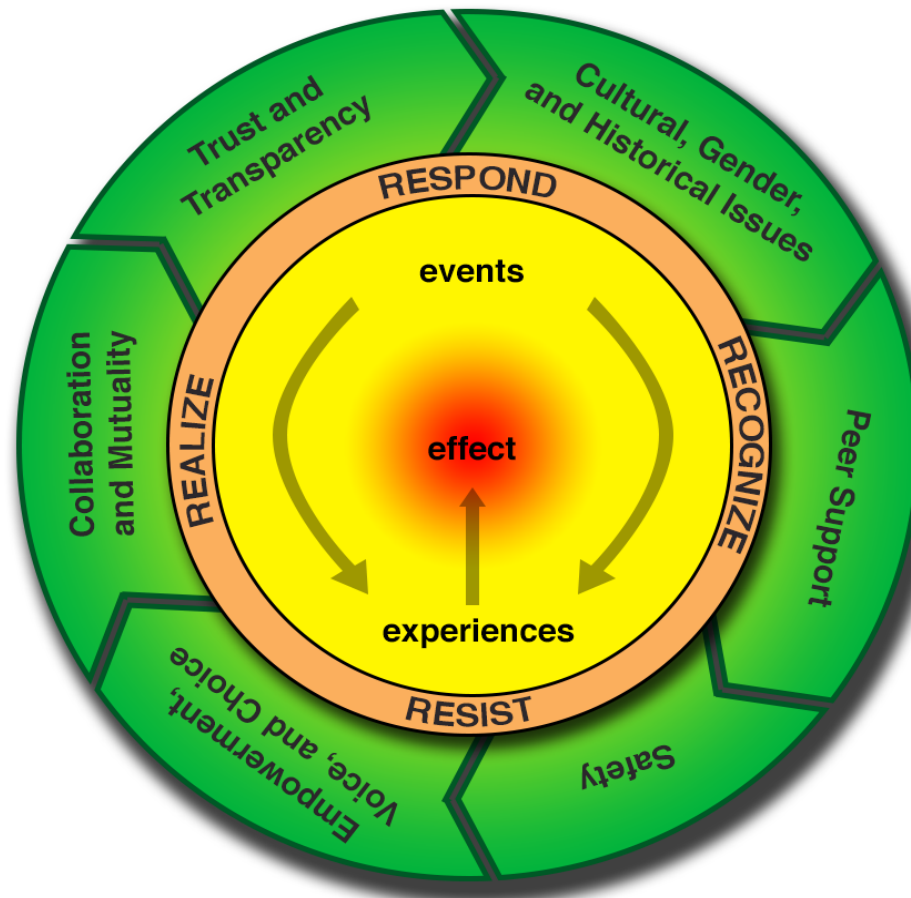(SAMHSA, 2014)

(2) Implementation Features

PRACTICES

Foundations within the 4 "R's"…

1. **Realization** about trauma and its effects

2. **Recognition** of the signs of trauma

3. **Response** that appropriately embraces trauma understanding across tiers of service delivery

4. **Resist** practices that could inadvertently re-traumatize
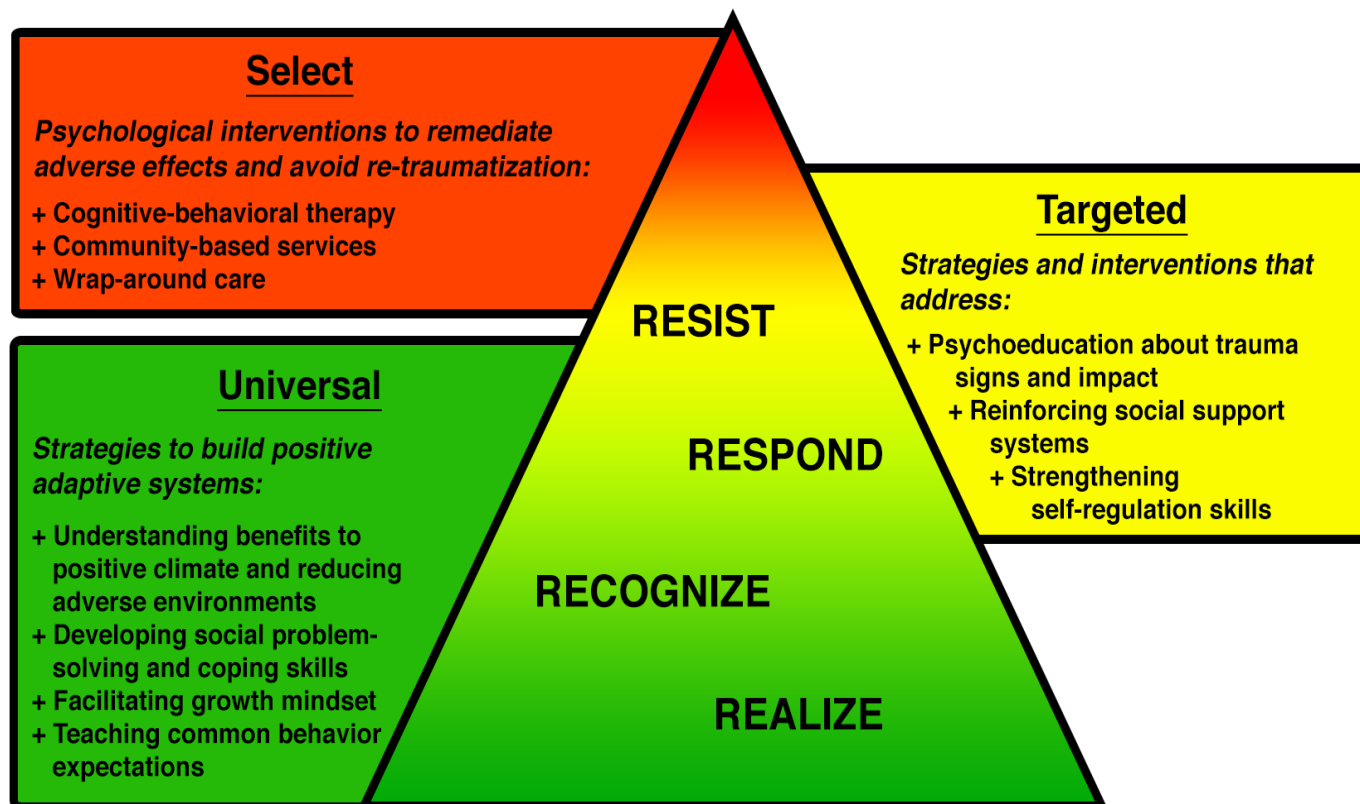
(SAMHSA, 2014)

(2) Implementation Features
PRACTICES: Putting it Together

(2) Implementation Features
PRACTICES: Putting it together in multitiered thinking

Select

Psychological interventions to remediate adverse effects and avoid re-traumatization:

+ Cognitive-behavioral therapy
+ Community-based services
+ Wrap-around care

Targeted

Strategies and interventions that address:

+ Psychoeducation about trauma signs and impact
+ Reinforcing social support systems
+ Strengthening self-regulation skills

Universal

Strategies to build positive adaptive systems:

+ Understanding benefits to positive climate and reducing adverse environments
+ Developing social problem-solving and coping skills
+ Facilitating growth mindset
+ Teaching common behavior expectations

RESIST

RESPOND

RECOGNIZE

REALIZE

(2) Implementation Features
DATA

Sources

- Common school-based indicators (e.g., attendance, disciplinary data, grades) - examined through a trauma-informed lens

- Resilience-based approach to screening

2 Directions for Trauma-Specific Assessments:

- Exposure to traumatic events
  - E.g. *ACE Questionnaire* (Felitti et al)

- Response to traumatic events (e.g., traumatic stress)
  - E.g. UCLA PTSD Reaction Index (Pynoos et al)

(Strand, Sarmiento, & Pasquale, 2005)

Implementation Features
DATA
Example of Choices in Assessment...

- Green et al (2015) study examining school- and classroom-based supports following the 2013 Boston Marathon
    - Student exposure to attack and manhunt measured via teacher perceptions of student exposure
    - Psychosocial functioning measured via a researcher-created measure and modified version of the Strengths and Difficulties Questionnaire

Implementation Features
DATA
Example of Choices in Assessment...

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- *Irrespective of the particular context, it is important to remember that chosen assessments should be*
  a) appropriate for their intended use, acknowledging sensitivity of topic and political context in which schools operate
  b) capable of producing psychometrically-defensible data
  c) usable by their intended stakeholders

  (Chafouleas, Kilgus, & Wallach, 2010; Glover & Albers, 2007)

(2) Implementation Features
SYSTEMS

An effective systems approach for SWPBIS is defined by *three basic features*:

1. **Common language**

2. **Common experience**

3. **Common vision**

(3) Action Planning to Implementation

(3) Action Planning to Implementation
Comparisons

SWPBIS

- Align with district goals
- Focus on measurable outcomes
- Make decisions based on data and local context characteristics
- Prioritize evidence-based practices
- Invest in building sustainable implementation supports, and formally assess implementation integrity

SAMHSA

- Governance and leadership
- Policy
- Physical environment
- Engagement and involvement
- Cross sector collaboration
- Screening, assessment, and treatment services
- Training and workforce development
- Progress monitoring and quality assurance
- Financing
- Evaluation

Example of Action Planning for Creating a Trauma-Sensitive School…

See the Trauma and Learning Policy Initiative (www.traumasensitiveschools.org), second volume, for *a process involving four questions and supporting activities are provided:*

a. Why do we feel an urgency to become a trauma-sensitive school?
b. How do we know we are ready to create a trauma-sensitive school?
c. What actions will address staff priorities and help us become a trauma-sensitive school?
d. How do we know we are becoming a trauma-sensitive school?

Implementation Blueprint
Summary Conclusion

- *Substantial work* is needed to move trauma-informed approaches forward for sustainable implementation in schools.

- Available key implementation domains available (e.g. SAMHSA, 2014) document *must be fully developed within a blueprint that guides efforts within school context.*

- Research is needed to evaluate the extent to which district and school administrators, support staff, teachers, parents, and students consider trauma a *relevant, durable, and sustainable direction* for school-based service delivery

PROFESSIONAL DEVELOPMENT BLUEPRINT

Professional Development Blueprint

- The **_key elements of capacity building_** necessary to achieve effective, school-wide implementation include:

  a. training

  b. coaching

  c. behavioral expertise

  (Technical Assistance Center on Positive Behavior Interventions and Supports)

Professional Development Blueprint
Key Issues for Trauma-Informed

- *Most educators and school-based mental health professionals have not received training in trauma or trauma-informed approaches*
  - Remember the 3 "R's" – there is need to realize the impact of trauma, recognize the need for trauma-informed care, and develop the skills to create a trauma-informed environment.

- *Additionally, the impact of training in educational environments has yet to be established*
  - And remember, training alone is not sufficient to ensure effective and efficient implementation of trauma-informed approaches
  - *Teacher coaching needed to extend specific use and sustainability*
  - *PD should include building individual as well as organizational competencies*

Professional Development Blueprint

Key Points Regarding Training for Mental Health Service Providers

Standard graduate training in mental health disciplines does not prepare students to work effectively with youth experiencing complex trauma reactions.

School mental health professionals, in particular, often lack expertise in evidence-based trauma treatments.

Trauma-Informed Professional Development Blueprint

Directions in Training for Mental Health Service Providers

- Positive developments in this direction have been noted by Division 56 of the APA, which ***reported an increase in opportunities in psychology curricula for specialized trauma training.***

- Example Option: *The National Child Traumatic Stress Network* - **Core Curriculum on Childhood Trauma**
  - In a pilot study of pre-service students in social work, Layne et al found an increase in *self-efficacy for working with trauma-exposed youth*.

Professional Development Blueprint

Summary Conclusion

- Great start, but not there yet as rigorous evaluation of impact on building individual- and organizational-level capacity not available.

- Challenges include:
  - lack of specificity in learning objectives,
  - lack of psychometrically-sound measurement techniques to evaluate the process and outcomes of training experiences,
  - limited attention regarding the transfer of knowledge to day-to-day practice in school settings.
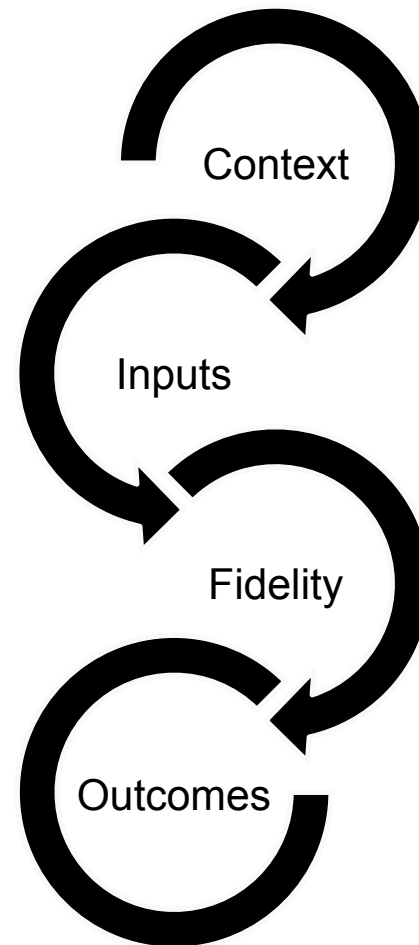
EVALUATION BLUEPRINT

<u>Evaluation Blueprint</u>

- **<u>Data</u>** *should be collected in order to inform **if and how** processes and outcomes are changing as intended.*

Context

Inputs
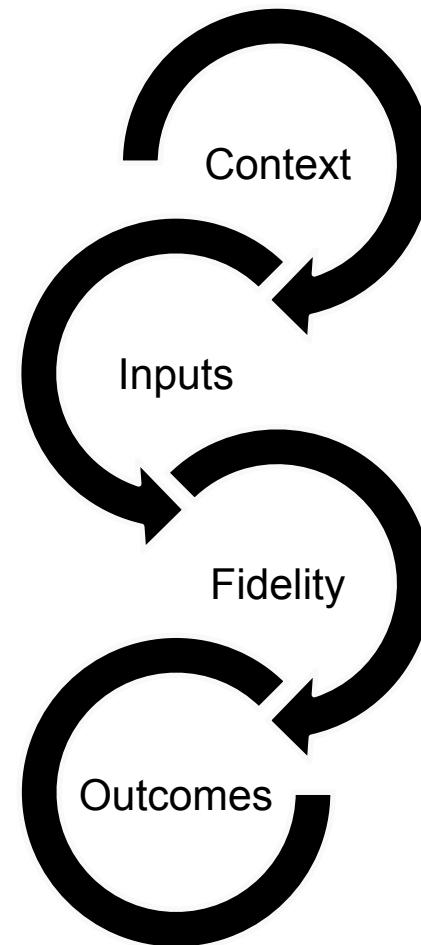
Fidelity

Outcomes

Evaluation Blueprint

- Group the 4 elements into *two major types:*
    1. **Those associated with the processes needed to implement trauma-informed systems** (*context*, *input*, and *fidelity*)
    2. **Those associated with the outcomes targeted for prevention and intervention** (*impact*).

Context

Inputs

Fidelity

Outcomes

Evaluation Blueprint

Summary Conclusion

- The larger trauma-informed care movement has demonstrated some success—clients have shown *greater symptom reduction, reduced time in treatment prior to discharge, and improved rates of discharge to a lower level of care.*

- Positive findings from non-educational settings have been bolstered by reports from *uncontrolled program evaluations of trauma-informed approaches in schools*.

  - E.g. Following implementation of trauma-informed approaches, schools have reported 30% to 90% reductions in suspensions and between 20% to 44% reductions in office referrals (Stevens, 2012, 2013a; 2013b).

- *Systematic advance attention* to evaluation plans with rigorous and common indicators for comparison are needed.

Summary: Directions for Practice and Research Agendas

- Strong potential exists for a trauma-informed approach to contribute to actualizing safe and supportive environments for all students.

- However, status of evidence is emerging
  - Limited primarily to demonstrations and program evaluation.
  - Focused more specifically on initial work on system readiness, increasing knowledge, or implementation of specific components

- Thoughtful efforts, grounded in a common blueprint and evaluating across a range of student and school outcomes, are needed to establish research and practice agendas to support accurate, durable, and scalable implementation.

Questions, comments, and thanks!

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