About Childhood Trauma and What Schools Can Do

> In 2015, approximately 683,000 children under the age of eighteen were reported as victims of neglect and emotional, physical, and sexual abuse, an increase of 3.8% from 2011 (Hong et al., 2018).

Over the last decade, increasing attention has been paid to potentially traumatic experiences of children and adolescents (Adelman & Taylor, 2012; Blodgett & Lanigan, 2018; Rossen & Hull, 2012; Treat, Hays-Grudo, Laurin, Morris, & Williamson, 2019). There is concern that traumatic events that occur before the age of eighteen can have enduring effects on an individual's cognitive, behavioral, and social-emotional function. Such events include physical, emotional or sexual abuse; physical or emotional neglect; parental mental illness, substance dependence, incarceration; parental separation or divorce; or domestic violence (Harris, 2014). And, now, questions are arising about the impact of the COVID-19 pandemic.

The general view is that traumatic experiences that occur in early childhood are the cause of negative developmental outcomes and that traumatized children have significantly poorer overall cognitive functioning. Such developmental and functional effects can lead to learning, behavior, and social-emotional problems. Understanding the impact of trauma on students can help inform schools about what to what to watch for and what to do.

Research on Trauma-Informed Interventions

Extensive research has been done related to the prevalence and consequences of trauma (see Exhibit 1). This has engendered increasing interest in trauma-informed schooling.

A systematic review by Thomas and colleagues concluded that there currently is no dominant or formally agreed upon framework for trauma-informed practices, as well as no consistent determination of effectiveness (Thomas, Crosby, & Vanderhaar, 2019). Another recent review of trauma-informed school-based interventions (Maynard, Farina, Dell, & Kelly, 2019) found no rigorous evaluations and concluded:

> While the intent of creating trauma-informed approaches in schools is a noble one, relatively little is known about the benefits, costs, and how trauma-informed approaches are being defined and evaluated (Berliner & Kolko, 2016). Adopting a trauma-informed approach in a complex system such as a school building or district is a time consuming and potentially costly endeavor and thus it is important to assess the effects of this approach to inform policy and practice.

What are School's Doing?

Increasing numbers of trauma-informed school interventions have been implemented seeking to address the multifaceted effects of childhood trauma on students. Trauma-informed practices include programs, organizations, or systems that realize the impact of trauma, recognize the symptoms, respond by integrating knowledge about trauma policies and practices, and seek to reduce and prevent future traumatization (Maynard et al., 2019).

School intervention involves administrative support, trauma-sensitive classroom practices, restorative responses to behavioral issues, policy and protocol modifications, teacher and staff professional development, and strong cross-system collaboration among school staff and mental health professionals (Thomas et al., 2019).

Exhibit 1

Effects of Traumatic Experiences: A Sample of Research Findings

In general, research suggests that childhood trauma disrupts early brain development, altering its physical structure (Harris, 2014). Specifically cited are the nucleus accumbens (the pleasure and reward center of the brain), the amygdala (the fear response center), and the prefrontal cortex (involved in developing executive function).

Correlational findings point to multiple domains of neurocognitive impairment, including problems with inhibitory control, language, reading comprehension, and concurrent remembering and processing. In turn, these impairments are seen as possibly increasing vulnerability for impulsivity, poor judgement, reasoning, planning, decision-making, and other negative outcomes (Davis, Moss, Nogin, & Webb, 2014).

Retrospective research on adults reports that those who had experienced child sexual abuse had a 18.1% reduction in the visual cortex, adults who had experienced childhood verbal abuse had a 14.1% increase in the superior temporal gyrus, and those who had experienced harsh physical abuse demonstrated a 19.1% reduction in the medial prefrontal cortex (Kirke-Smith, Henry, & Messer, 2015).

Studies have examined the impact of such early negative experiences as harsh parenting, child maltreatment/abuse, dysfunctional households, and more. Correlations were found with measures of executive functioning, working memory, cognitive, language. and analytic abilities (Hong, Piesher, & Rhee, 2018; Kirke-Smith et al., 2015; McKelvey, Selig, Whiteside-Mansell, 2017; Treat et al., 2019).

In a study comparing forty maltreated adolescents and forty non-maltreated adolescents, Kirke-Smith and colleagues examined the potential effects of maltreatment type (abuse alone; neglect along; abuse/neglect combined and no maltreatment) on measures of executive functioning and inner speech disruptions. They report finding maltreatment type related to inner speech and executive functioning. Specifically, abuse only and abuse/neglect combined had a greater negative impact on executive functioning abilities than neglect only. However, the neglect alone group was more vulnerable to disruptions to inner speech than the other two maltreatment groups, suggesting that they may be more reliant on the use of inner speech.

To provide a sense of what is being advocated for schools, Exhibit 2 highlights the "Flexible Framework" as described in volume 2 of "Helping Traumatized Children Learn" – http://traumasensitiveschools.org/tlpi-publications/download-a-free-copy-of-a-guide-to-creating-trauma-sensitive-schools . The framework was developed by the Massachusetts Advocates for Children in collaboration with the Harvard Law School and is "grounded in theory and practice in schools and with families." The developers intent is for the work to grow and change as more schools become trauma sensitive and add their ideas. The policy agenda calls for changes in laws, policies, and funding streams to support schools in this work.

Exhibit 2

The Flexible Framework for "Helping Traumatized Children Learn"

As described in "Helping Traumatized Children Learn," the framework is an action plan that encourages use of multiple strategies to address the mental health, academic, and nonacademic needs of children who have experienced trauma (Massachusetts Advocates for Children in collaboration with the Harvard Law School, 2005). As highlighted online (https://traumasensitiveschools.org/tlpi-publications/), the intervention involves the following six key elements:

Leadership – School leaders must play a key role in any effort to make addressing trauma's impact on learning part of the core educational mission of the school. School and district administrators create an infrastructure and culture that promotes trauma sensitivity. Building leaders engage their staff in strategic planning and encourage the integration of trauma sensitive approaches into existing school operations.

Professional Development – critical for all school staff, including leaders. Educators should be provided the opportunity to build skills that enhance their capacity to create trauma sensitive learning environments. A few examples of important areas for professional development include: understanding the prevalence and impact of trauma; techniques for strengthening relationships between children and adults; and alternatives to punitive disciplinary practices.

Access to Resources and Services – Identifying and effectively coordinating with mental health and other services outside the school is critical. These resources should be used to help students participate fully in the school community. Equally important are resources that support staff and provide them with the opportunity to discuss students' needs confidentially and to reflect on how their work is affecting their own lives.

Academic and Nonacademic Strategies – In the classroom, it is important for educators to discover students' islands of competence, whether they are in academic or nonacademic areas. Clear, explicit communication and routines that provide predictability help ensure the classroom is a place where children feel physically and psychologically safe. All children should be viewed holistically—their relationships with adults and peers; their self regulation of emotion, attention and behavior; and their physical and psychological well being are all related to their academic learning.

Policies and Protocols – In order to ensure a whole school trauma sensitive environment, educators must review the policies and protocols that are responsible for the day to day activities and logistics of the school. Some examples of policies that schools often review as they become trauma sensitive include: discipline policies; communication procedures; and safety planning.

Collaboration with Families – that actively engages them in all aspects of their children's education helps them feel welcome at school and understand the important role they play. Good collaboration can be facilitated by providing professional development to educators that focuses on sensitivity to cultural, linguistic, and other aspects of family diversity; developing mechanisms to share information with families regularly; and making sure meetings and other events happen at times and places that are easy for families to attend.

Some Concluding Comments from Our Center

Schools clearly need to focus on how to help students, families, and staff with respect to trauma. At the same time, the emphasis should not be on responding to trauma as another ad hoc initiative.

Every week we see increasing calls for schools to pursue interventions related to trauma, anxiety, depression, disconnected students and truancy, adverse childhood experiences, social and emotional health, substance abuse, suicide prevention, and other mental health concerns. Schools struggle to play a role in addressing such matters. In doing so, they need to avoid magic bullet thinking and buzzword answers, ad hoc and piecemeal approaches, cycling from one concern to another, and interventions that pull resources away from other priority concerns and increase inequities of opportunity for other students.

Schools can play a significant role in addressing trauma and the many other interrelated concerns that interfere with learning and teaching. Our Center stresses broadly conceiving the work as that of addressing barriers to learning and teaching (including a full range of psychosocial and mental health concerns). Concerns for trauma fit well into such a unifying concept. So, we emphasize that trauma and all other student learning, behavioral, and emotional problems can and should be embedded into a unified, comprehensive, and equitable system of student/learning supports. Such a system includes enhancing supports in regular classrooms to enable learning, supporting transitions, increasing home and school connections, responding to and, where feasible, preventing school and personal crisis and traumatic events, increasing community involvement, and facilitating student and family access to effective services and special assistant as needed. When such a system is implemented effectively, interventions are planned and developed in collaboration with families and community stakeholders to help ameliorate crises and traumatic events. This include creating a caring and safe learning environment, providing immediate assistance in emergencies, and ensuring follow-up care as necessary (e.g., referral to treatment).

Given the increasing number of learning, behavior, and emotional problems confronting educators, it is essential that schools avoid pressures to just add another "hot topic" program. Instead, now is the time to start a process for transforming student/learning supports in ways that substantially and substantively address a broad range of barriers to learning and teaching.

Here are three free resources we have developed to provide online in depth aids to guide school transformation planning:
>*Improving School Improvement*
>*Addressing Barriers to Learning: In the Classroom and Schoolwide*
>*Embedding Mental Health as Schools Change*
All three can be accessed at http://smhp.psych.ucla.edu/improving_school_improvement.html

And here is a recently released policy analysis:
>*Restructuring California Schools to Address Barriers to Learning and Teaching in the*
  COVID 19 Context and Beyond
    https://edpolicyinca.org/sites/default/files/2020-11/pb_adelman_nov2020.pdf

Resources Used in the Preparation of this Work

Adelman, H. S. & Taylor, L.(2012). Addressing trauma and other barriers to learning and teaching: Developing a comprehensive system of intervention. In E. Rossen & R. Hull (Eds), *Supporting and educating traumatized students: A guide for school-based professionals*. New York: Oxford University Press. Chapter 18, pp. 265-286. http://smhp.psych.ucla.edu/publications/adressingtraumaandotherbarrierstolearning.pdf

Berliner, L., & Kolko, D. J. (2016). Trauma informed care: A commentary and critique. *Child Maltreatment, 21*, 168–172.

Blodgett, C. & Lanigan, J. (2018). The association between adverse childhood experience and school success in elementary school children. *School Psychology Quarterly, 33*, 137-146. http://dx.doi.org/10.1037/spq0000256

Maynard, B.R., Farina, A., Dell, N.A. & Kelly, M.S. (2019). Effects of trauma-informed approaches in schools: A systematic review. Online at https://doi.org/10.1002/cl2.1018

Center for Mental Health in School (2016). *Trauma: A barrier to learning and teaching.* Los Angeles: Author at UCLA http://smhp.psych.ucla.edu/pdfdocs/traumainfo.pdf

Davis, A., Moss, L., Nogin, M., & Webb, N. (2014). Neuropsychology of child maltreatment and implications for school psychologists. *Psychology in Schools, 52*, 77-91. https://doi.org/10.1002/pits.21806

Harris, N. B. (2014) How childhood trauma affects health across a lifetime. Online at https://www.ted.com/talks/nadine_burke_harris_how_childhood_trauma_affects_health_across_a_lifetime/up-next

Hong, S., Piesher, K., & Rhee, T. (2018). Longitudinal association of child maltreatment and cognitive functioning: implications for child development. *Child Abuse and Neglect, 84*, 64-73. http://dx.doi.org/10.1016/j.chiabu.2018.07.026

Kirke-Smith, M., Henry, L., & Messer, D. (2015). The effect of maltreatment type on adolescent executive functioning and inner speech. Infant and Child Development, 25, 516-532. https://doi.org/10.1002/icd.1951

Massachusetts Advocates for Children. *Helping traumatized children learn*. (2005). Online at https://traumasensitiveschools.org/tlpi-publications/

Maynard, B.R., Farina, A., Dell, N.A., & Kelly, M.S. (2019). Effects of trauma-informed approaches in schools: A systematic review. *Campbell Systematic Reviews*;e1018. https://doi.org/10.1002/cl2.1018

McKelvey, L.M., Selig, J.P., & Whiteside-Mansell, L. (2017). Foundations for screening adverse childhood experiences: Exploring patterns of exposure through infancy and toddlerhood. *Child Abuse and Neglect, 70*, 112-121. doi: 10.1016/j.chiabu.2017.06.002.

Thomas, S., Crosby, S., Vanderhaar, J. 2019. Trauma-informed practices in schools across two decades: An interdisciplinary review of research. Online at https://doi.org/10.3102/0091732X18821123

Treat, A., Hays-Grudo, J., Laurin, D., Morris, A., & Williamson, A. (2019). Adverse childhood experiences, parenting, and child executive function. *Early Child Development and Care, 189,* 926-937. http://dx.doi.org/10.1080/03004430.2017.1353978

Also see the UCLA Center's Online Clearinghouse Quick Finds on
>*Crisis Prevention and Response* – http://smhp.psych.ucla.edu/qf/p2107_01.htm
>*Post-Traumatic Stress* – http://smhp.psych.ucla.edu/qf/ptsd.htm
>*Grief and Bereavement* – http://smhp.psych.ucla.edu/qf/p3003_01.htm

Each Quick Find provides links to resource materials from our center and links to other centers that offer a variety of resources and references.