Supporting and Educating Traumatized Students

A Guide for School-Based Professionals

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18

Addressing Trauma and Other Barriers to Learning and Teaching: Developing a Comprehensive System of Intervention

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INTRODUCTION

No one doubts the importance of helping students with trauma histories. Schools have a clear stake in this since traumatized students often manifest learning and behavioral problems at school. The chapters in this book add considerably to the discussion of how all educators within the school can help provide support and encourage learning. This chapter, specifically, clarifies why efforts to address problems related to trauma in schools need to go well beyond just enhancing availability and access to individual, *clinically oriented* mental health services. From this perspective, we emphasize that trauma and all other student learning, behavioral, and emotional problems can and should be approached within the context of a comprehensive system of intervention within schools and school districts.

First, we start with two realities:

- Schools are not in the mental health business; their mission is to educate.
- Accomplishing their mission requires that schools play comprehensive and effective roles in dealing with the broad range of psychosocial and mental health concerns that affect learning. In other words, addressing interfering factors (both internal and external) is essential for *enabling* learning.

It is the need to deal with such psychosocial and mental health issues that makes the discussion of trauma so relevant to schools. However, acknowledging and appreciating the complex nature and scope of the many barriers to learning and teaching (the effects of which are exacerbated when students are traumatized) underscores the need to place that discussion into a broad context. With all this in mind, this chapter highlights (1) the need to expand the focus of mental health in schools, (2) the importance of embedding mental health interventions into a comprehensive and multifaceted systemic approach for addressing barriers to learning and teaching and re-engaging disconnected students, and (3) blueprints for such an approach. Then, with these matters as background and context, (4) we make recommendations for addressing trauma in schools.

EXPANDING MENTAL HEALTH IN SCHOOLS: JUST ANOTHER INITIATIVE?

Schools are constantly confronted with new initiatives (e.g., another project, another program) aimed at addressing a specific learning, behavioral, or emotional problem—making schools safe, improving crisis response, and so forth. Schools are stretched thin by the many programs already in play. As a result, a common reaction of principals and teachers is: *Enough! We can't take on another thing!*

Perhaps more alarming is the trend for proposed initiatives and existing interventions not to be conceived as part of a comprehensive system; rather, each is proposed and implemented as a separate entity with sparse resources and inadequate interconnectivity. Take, for example, the history of mental health services available in the District of Columbia Public School (DCPS) system, which is outlined in a report from George Washington University's Center for Health and Health Care in Schools.[1] During their evaluation, they discovered at least 12 different mental health programs within the school system, many of which did not coordinate with each other or outside agencies. This trend was not exclusive to this school system. The piecemeal, underfunded nature of the enterprise contributes to widespread counterproductive competition for resources, compromises effectiveness, and works against efforts to take projects, pilots, and programs to scale. All school stakeholders need to understand this state of affairs and take steps to fix it.

Fragmentation

Currently, most districts offer a range of programs and services oriented to students' needs and problems, including those with trauma histories. Some interventions are funded through district and school budgets, while others are provided through community agencies and usually are linked to targeted schools. The interventions may be for all students in a school, for those in specified grades, for

those identified as "at risk," or for those in need of compensatory interventions or special education.

Looked at as a whole, a considerable amount of activity is taking place and substantial resources are being expended. Many programs and services are generated by special initiatives, short-term grants, and projects, including initiatives for positive behavioral supports, violence prevention, and safe and drug-free schools; efforts to address bilingual, cultural, and other diversity concerns; compensatory and special education programs; the mandates stemming from the No Child Left Behind Act and the Individuals with Disabilities Education Act (IDEA); and many more.

The effectiveness of many of these programs is supported by research. However, it is widely recognized that interventions are often highly fragmented with little or no coordination or integration of efforts.[2] For example, in many school districts, the local departments of mental health or other outside agencies provide mental health therapists for the school. However, in some programs, the therapists can *only* work with students in special education, whereas in others they can *only* work with general education students. This is usually due to each program having very specific goals, such as decreasing nonpublic placement of special education students or primary prevention of mental health problems among the general population. Objectively, it seems to make the most sense to provide services to any student who requires it. However, services for all those in need are less likely to occur with fragmented programs designed to separately address specific populations.

Furthermore, in every facet of a district's operations, an unproductive separation usually exists between "instructional staff" (e.g., teachers) and "support staff" (e.g., counselors, school psychologists). Teachers are often unaware of the various mental health programs occurring in their schools or how they operate. Further, few programs are designed to incorporate mental health within the classroom context, and instead pull identified students out of class individually or in small groups. It is not surprising, then, how often efforts to address barriers to learning and teaching are planned, implemented, and evaluated in a fragmented, piecemeal manner. And, given the fragmentation, it is commonplace for those staffing the various efforts to function in relative isolation of each other and other stakeholders, with an overreliance on specialized services for individuals and small groups.[3] For example, in some schools, we have found that individual students identified as having three different problems (i.e., misbehavior, substance use, and at risk for dropping out) were being seen by a different staff member for each problem. This substantiates the foundation of this book, which emphasizes that the supports needed by students can and should be provided by all educators in a school building as part of a larger framework that supports all students.

Schools confronted with a large number of students experiencing barriers to learning pay dearly for fragmented interventions. Moreover, such schools are frequently underfunded and therefore cannot afford fragmented delivery of interventions. For these schools in particular, the reality is that test score

averages are unlikely to increase adequately until student and learning supports are rethought and redesigned. This is particularly the case for low-performing schools designated for a "turnaround,"[4] which tend to experience a higher incidence of students with trauma histories.

Coordination: Necessary but Not Sufficient

One response to the fragmentation has been the call to enhance coordination among programs and service providers. Clearly, schools are enmeshed in many overlapping programs, services, and initiatives designed to address barriers to learning and promote healthy development. Certainly, a more unified and cohesive approach is needed. However, the emphasis on enhancing coordination is insufficient for dealing with the core problem, which is the *marginalization of efforts to address barriers to learning and teaching* in school improvement policy, planning, and practices. Marginalization refers to the general finding that supports for addressing barriers to learning are viewed as less important than academic supports. It is evident, for example, that mental health problems among students affect their readiness to learn, thereby creating a barrier to the learning process; yet the importance of providing supports to students with such problems is given short shrift in discussions of school improvement.

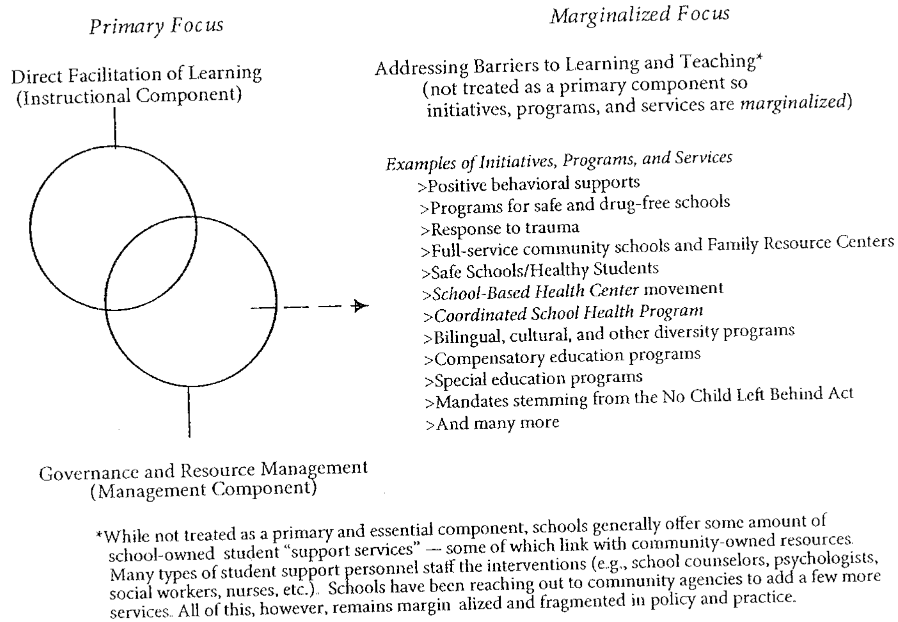
Evidence of the degree to which this is the case is readily seen in school improvement planning guides and school governance.[5] The marginalization is a major factor contributing to and maintaining fragmented planning, implementation, and evaluation.[6] The following sections provide blueprint frameworks that have been adopted in states such as Louisiana and Iowa in order to end the marginalization and resulting fragmentation of student and learning supports.[7]

A COMPREHENSIVE AND MULTIFACETED SYSTEMIC APPROACH TO UNIFYING STUDENT AND LEARNING SUPPORTS

Analyses of prevailing policy and practice raise concerns about the question: *What systemic changes are needed to end the marginalization and fragmentation of student and learning supports?* First and foremost, there is a need to adopt a unifying concept that provides an umbrella for the wide range of initiatives, programs, and services (see Figure 18.1). Such an umbrella provides a context into which all mental health concerns, including dealing with trauma, can be readily embedded.[8]

As illustrated in Figure 18.1, the term *addressing barriers to learning and teaching* increasingly is being recognized as an umbrella concept. In our work, we operationalize this concept as an *enabling* or *learning supports component.*[9]

A. Current School Improvement Planning



B. Needed: Revised Policy to Establish an Umbrella for School Improvement Planning Related to Addressing Barriers to Learning and Promoting Healthy Development

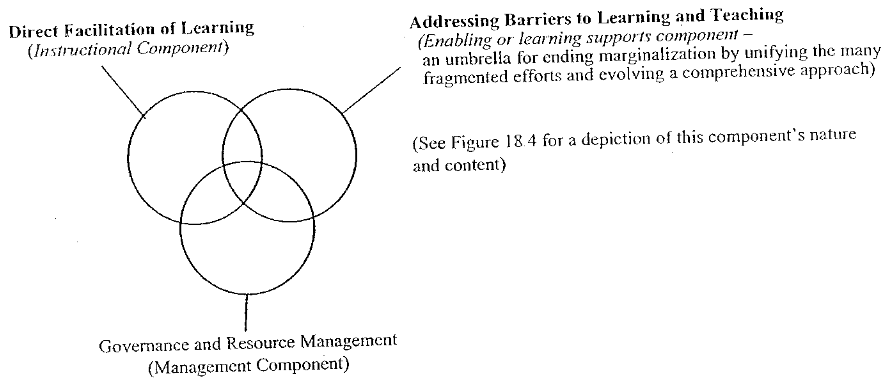


Figure 18.1 Improving school improvement planning.

An enabling or learning supports component focuses on collaborative approaches that maximize learning and, in the process, strengthen the well-being of students, families, schools, and neighborhoods. For individual students, this means preventing and minimizing the impact of as many problems as is feasible, and doing so in ways that maximize school engagement, productive learning, and positive development. For the school and community as a whole, the intent is to produce a safe, healthy, nurturing environment characterized by

respect for differences, trust, caring, support, social justice, and high expectations for cognitive and social-emotional learning.

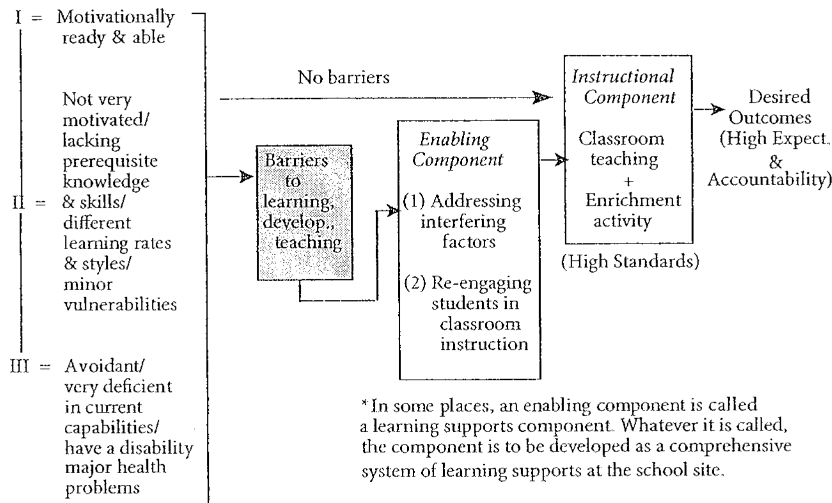
All this, of course, requires major systemic changes that address the complications stemming from the scale of public education. That is, changes must be based on frameworks and procedures that can be adapted to fit every school in a district and modified for small and large urban, rural, and suburban settings.

Toward Operationalizing an Enabling or Learning Supports Component

Given the current state of school resources, efforts to establish and institutionalize an enabling or learning supports component clearly must be accomplished by rethinking how existing resources are used. Such efforts require weaving school-owned resources and community-owned resources together to develop comprehensive and cohesive approaches. The work also must take advantage of the natural opportunities at schools and in classrooms for addressing learning, behavioral, and emotional problems and promoting personal and social growth—a large component of this book.

In short, the ideal is to install a well-designed, nonfragmented, and nonmarginalized component for addressing barriers to learning and promoting healthy development at every school. This encompasses a commitment to fostering staff and student competence, as well as self-determination; promoting staff and student well-being; and creating an atmosphere that encourages mutual support, caring, resilience and growth, and a sense of community. Staff *and* students must feel good about themselves and feel supported if they are to cope with challenges proactively and effectively. Properly implemented, such a component can foster smooth transitions, enable positive formal and informal social interactions and functioning, facilitate social and learning supports, and provide opportunities for learning how to function effectively in the school culture. School-wide strategies for welcoming and supporting staff, students, and families at school *every day* are part of creating a safe, supportive, healthy, caring school—one where all stakeholders interact positively with each other and identify with the school and its goals. All this has fundamental implications for promoting mental health, improving achievement test scores, *and* allaying the impact of traumatic events.

As illustrated in Figure 18.2, an enabling component involves first addressing interfering factors and then re-engaging students in classroom instruction. The reality is that interventions that do not include an emphasis on ensuring that students are engaged meaningfully in classroom learning generally are insufficient in sustaining, over time, student involvement, good behavior, and effective learning at school. Specifically, traumatized students are less likely to take positive risks in classrooms, participate in classroom discussion, maintain attention and focus, and remain engaged in traditional instruction. As a result, teaching content alone without addressing mental health and other barriers to learning



Examples of Risk-Producing Conditions That Can Be Barriers to Learning

Environmental Conditions**			Person Factors**
Neighborhood	*Family*	*School and Peers*	*Individual*
>Extreme economic deprivation >Community disorganization, including high levels of mobility >Violence, drugs, etc. >Minority and/or immigrant status	>Chronic poverty >Conflict/disruptions/violence >Substance abuse >Models problem behavior >Abusive caretaking >Inadequate provision for quality childcare	>Poor quality school >Negative encounters with teachers >Negative encounters with peers &/or inappropriate peer models	>Medical problems >Low birth weight/ neurodevelopmental delay >Psychophysiological problems >Difficult temperament & adjustment problems >Inadequate nutrition

**A reciprocal determinist view of behavior recognizes the interplay of environment and person variables.

Figure 18.2 An enabling or learning supports component to address barriers and re-engage students in classroom instruction.*

will likely lead to decreased learning and increased frustration for both the student and teacher. Many of the strategies in this book are designed to increase student engagement and create an emotionally and socially inviting classroom that enables learning.

Various states and localities are moving in the direction of the three-component approach for school improvement illustrated in Figure 18.1.[10] In doing so, they are adopting different labels for the component for addressing barriers to learning and teaching. For example, the state education agencies in California, Iowa, and Louisiana and various districts across the country have adopted the term *learning supports*. Some places use the term *supportive learning environment*. The Hawaii Department of Education calls it a *Comprehensive Student Support System* (CSSS). Whatever it is called, the important point is that a component for addressing barriers to learning is

seen as necessary and viewed as just as important as the instructional component (complementing and overlapping it).

A Continuum of Interventions to Meet the Needs of All Children and Youth

By viewing programs, services, projects, and initiatives along a continuum of interventions, schools and communities are more likely to provide the right interventions for the right students at the right time. As illustrated in Figure 18.3, such a continuum encompasses efforts to positively affect a full spectrum of learning, physical, social-emotional, and behavioral problems in every school and community by:

- Promoting healthy development and preventing problems
- Intervening as early after the onset of problems as is feasible
- Providing special assistance for severe and chronic problems

Note in Figure 18.3 that, unlike the trend to describe the continuum simply in terms of tiers, the effectiveness of such a continuum depends on *systemic* design. That is, at each level the emphasis is on not just having an initiative or program

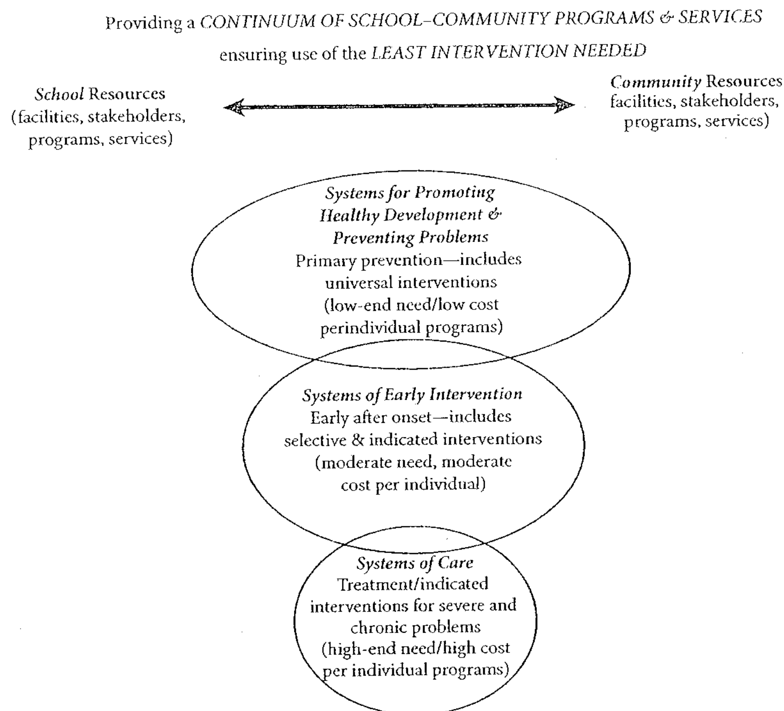


Figure 18.3 Interconnected systems for meeting the needs of all students.

for that specific tier, but on developing a unified and comprehensive system by weaving together school and community. Moreover, through effective collaboration, all levels need to be interconnected systemically to ensure success. The collaboration involves complete restructuring of programs and services (1) within jurisdictions, school districts, and community agencies (e.g., among departments, divisions, units, schools, and clusters of schools) and (2) between jurisdictions, school districts, and community agencies, public and private sectors; among schools; and among community agencies.

Such a continuum encompasses efforts to enable academic, social, emotional, and physical development and address learning, behavioral, and emotional problems at every school, regardless of the size of the school or district. As suggested earlier, most schools have some programs and services that fit along the entire continuum. However, the tendency to focus mostly on the most severe problems (e.g., diagnosable pathology such as learning disabilities, attention deficit/hyperactivity disorder, posttraumatic stress disorder) has skewed things so that too little is done to prevent and intervene early after the onset or awareness of a problem. As a result, the whole enterprise has been characterized as reactive, not cost effective, and as waiting for the worst to happen.

With respect to comprehensiveness, the school and community examples highlight that many problems must be addressed holistically and developmentally and with a range of programs, with some focused on individuals, their families, and the contexts in which they live, work, and play, and some focused on mental and physical health, education, and social services. With respect to concerns about integrating programs, the systemic emphasis underscores the need for linkages between (and within) programs, and for those linkages to be maintained over extended periods of time. The continuum also provides a basis for adhering to the principle of using the least restrictive and nonintrusive forms of intervention needed to appropriately respond to problems and accommodate diversity.

Moreover, given the likelihood that many problems are interrelated, the continuum is designed to address root causes (e.g., factors undermining motivation for school engagement such as child maltreatment, chronic exposure to community violence, etc.), thereby minimizing tendencies to develop separate programs for each observed problem or outcome, such as low academic achievement, aggression, substance abuse, suicide prevention, and so forth. In turn, this enables increased coordination and integration of resources, which can increase impact and cost effectiveness.

As graphically illustrated by the tapering of the three levels of intervention and prevention in Figure 18.3, development of a fully integrated continuum of interventions is meant to reduce the number of individuals who require specialized supports. For example, with respect to trauma, the aim is to prevent the majority of symptoms/problems by developing skills within students that make them better equipped to deal with future traumatic events, providing interventions and supports as soon after onset of an adverse event as is feasible, and ending up with relatively few students needing specialized assistance and other intensive and costly interventions.

Framing the Content of Learning Supports

Schools, districts, and state education agencies have operationalized the content of an enabling or learning supports component into programmatic arenas. In effect, they have moved from a "laundry list" of programs, services, and activities to a defined content or "curriculum" framework that outlines a set of components that are critical in addressing barriers to learning.

As outlined in Exhibit 18.1, the learning supports content arenas involve:

- *Enhancing supports in regular classrooms to enable learning* (e.g., improving instruction and bringing into the classroom other interventions for students with mild to moderate learning and behavioral problems and for re-engaging those who have become disengaged from learning at school)
- *Supporting transitions* (e.g., assisting students and families as they negotiate many daily and school-year transitions, e.g., school and grade changes; to and from school; periods before school, during lunch, and after school; summer; attendance problems)
- *Increasing home and school connections* (e.g., addressing specific support and learning needs for families; enhancing communication with the home; involving homes with school decision making; recruiting families to strengthen the school)
- *Responding to and, where feasible, preventing school and personal crises and traumatic events* (e.g., crisis planning, response, and follow-up; violence and bullying prevention; substance abuse prevention)
- *Increasing community involvement and support* (e.g., outreach to recruit a wide range of community resources, including enhanced use of volunteers and mentors; connecting school and community to promote child well-being)
- *Facilitating student and family access to effective services and special assistance as needed* (e.g., health and social services; personalized academic and career counseling; dropout outreach)

EXHIBIT 18.1

EXAMPLES OF "CONTENT" ARENAS FOR A COMPONENT TO ADDRESS BARRIERS TO LEARNING*

(1) Classroom-Based Approaches

- Opening the classroom door to bring available supports in (e.g., peer tutors, volunteers, aides trained to work with students in need; resource teachers and student support staff work in the classroom as part of the teaching team)

- Redesigning classroom approaches to enhance teacher capability to prevent and handle problems and reduce need for out-of-class referrals (e.g., personalized instruction; special assistance as necessary; developing small group and independent learning options; reducing negative interactions and overreliance on social control; expanding the range of curricular and instructional options and choices; systematic use of prereferral interventions)
- Enhancing and personalizing professional development (e.g., creating a Learning Community for teachers; ensuring opportunities to learn through coteaching, team teaching, and mentoring; teaching intrinsic motivation concepts and their application to schooling)
- Curricular enrichment and adjunct programs (e.g., varied enrichment activities that are not tied to reinforcement schedules; visiting scholars from the community)
- Classroom and school-wide approaches used to create and maintain a caring and supportive climate

(2) Support for Transitions

- Welcoming and social support programs for newcomers (e.g., welcoming signs, materials, and initial receptions; peer buddy programs for students, families, staff, volunteers)
- Daily transition programs (e.g., before school, breaks, lunch, after school)
- Articulation programs (e.g., grade to grade—new classrooms, new teachers; elementary to middle school; middle to high school; in and out of special education programs)
- Summer or intersession programs (e.g., catch-up, recreation, and enrichment programs)
- School-to-career/higher education (e.g., counseling, pathway, and mentor programs):
- Broad involvement of stakeholders in planning for transitions (e.g., students, staff, home, police, faith groups, recreation, business, higher education)
- Capacity building to enhance transition programs and activities

(3) Home Involvement and Engagement in Schooling

- Addressing specific support and learning needs of family (e.g., support services for those in the home to assist in addressing basic survival needs and obligations to the children; adult education classes to enhance literacy, job skills, English as a second language, citizenship preparation)
- Improving mechanisms for communication and connecting school and home (e.g., opportunities at school for family networking and mutual support, learning, recreation, and enrichment, and for family members to receive special assistance and to volunteer to help; phone calls and/or e-mail from teacher and other staff with good news; frequent and balanced

conferences—student led when feasible; outreach to attract hard-to-reach families—including student dropouts)
- Involving homes in student decision making (e.g., families prepared for involvement in program planning and problem solving)
- Enhancing home support for learning and development (e.g., family literacy; family homework projects; family field trips)
- Recruiting families to strengthen school and community (e.g., volunteers to welcome and support new families and help in various capacities; families prepared for involvement in school governance)
- Capacity building to enhance home involvement

(4) Community Outreach for Involvement and Collaborative Support
- Planning and implementing outreach to recruit a wide range of community resources (e.g., public and private agencies; colleges and universities; local residents; artists and cultural institutions, businesses and professional organizations; service, volunteer, and faith-based organizations; community policy and decision makers)
- Systems to recruit, screen, prepare, and maintain community resource involvement (e.g., mechanisms to orient and welcome, enhance the volunteer pool, maintain current involvements, enhance a sense of community)
- Reaching out to students and families who don't come to school regularly—including truants and dropouts
- Connecting school and community efforts to promote child and youth development and a sense of community
- Capacity building to enhance community involvement and support (e.g., policies and mechanisms to enhance and sustain school–community involvement; staff/stakeholder development on the value of community involvement; "social marketing")

(5) Crisis Assistance and Prevention
- Ensuring immediate assistance in emergencies so students can resume learning
- Providing follow-up care as necessary (e.g., brief and longer term monitoring)
- Forming a school-focused crisis team to formulate a response plan and take leadership for developing prevention programs
- Mobilizing staff, students, and families to anticipate response plans and recovery efforts
- Creating a caring and safe learning environment (e.g., developing systems to promote healthy development and prevent problems; bullying and harassment abatement programs)
- Working with neighborhood schools and community to integrate planning for response and prevention
- Capacity building to enhance crisis response and prevention (e.g., staff and stakeholder development; enhancing a caring and safe learning environment)

(6) **Student and Family Assistance**

- Providing extra support as soon as a need is recognized and doing so in the least disruptive ways (e.g., prereferral interventions in classrooms; problem-solving conferences with parents; open access to school, district, and community support programs)
- Timely referral interventions for students and families with problems based on response to extra support (e.g., identification/screening processes, assessment, referrals, and follow-up—school based, school linked)
- Enhancing access to direct interventions for health, mental health, and economic assistance (e.g., school-based, school-linked, and community-based programs and services)
- Care monitoring, management, information sharing, and follow-up assessment to coordinate individual interventions and check whether referrals and services are adequate and effective
- Mechanisms for *resource* coordination and integration to avoid duplication, fill gaps, garner economies of scale, and enhance effectiveness (e.g., braiding resources from school-based and linked interveners, feeder pattern/family of schools, community-based programs; linking with community providers to fill gaps)
- Enhancing stakeholder awareness of programs and services
- Capacity building to enhance student and family assistance systems, programs, and services

*In each arena, there is broad involvement of stakeholders in planning the system and building capacity. Emphasis at all times in the classroom and school-wide is on enhancing feelings of competence, self-determination, and relatedness to others at school and reducing threats to such feelings because this is essential to engagement and re-engagement and creating and maintaining a caring, supportive climate.

Matrix Framework: What's Being Done? What's Missing?

Combining the continuum of interventions with these six content arenas provides a "big picture" of *a unified and comprehensive approach*. The resulting matrix creates an umbrella framework to guide rethinking and restructuring the daily work of all staff at a school (see Figure 18.4). The matrix can be used to guide mapping and analysis of resources and identifying gaps and redundancies, thus increasing effectiveness and efficiency of the supports to learning. Educators and administrators across the country report that such a matrix is extremely helpful in enhancing school improvement planning.

With specific respect to addressing concerns about trauma, the central focus is on the content arena designated as *crisis/emergency assistance and prevention* (i.e., responding to, and where feasible, preventing school and personal crises). The emphasis is on weaving together a significant range of school and

Scope of Intervention

Organizing around the **content/ "curriculum"** for addressing barriers to learning & promoting healthy development

	Systems for Promoting Healthy Development & Preventing Problems	Systems for Early Intervention (early after proble monset)	Systems of Care
Classroom-Focused Enabling			
Crisis/ Emergency Assistance & Prevention			
Support for Transitions			
Home Involvement in Schooling			
Community Outreach/ Volunteers			
Student and Family Assistance			

Accommodations for diversity (e g , differences & disabilities)

Specialized assistance & other intensified interventions (e g., special education & school-based behavioral health)

Figure 18.4 Matrix for reviewing scope and content of a component to address barriers to learning.*

community resources to deal with the concerns. We will discuss addressing trauma in schools in the context of this arena after briefly noting the need for reworking school leadership and infrastructure to increase the emphasis on developing a unified and comprehensive system of learning supports as a critical and fully integrated facet of school improvement plans.

*General initiatives and specific school-wide and classroom-based programs and services can be embedded into the matrix. Think about those related to positive behavioral supports; programs for safe and drug-free schools; full-service community schools and Family Resource Centers; special project initiatives such as the *School-Based Health Center* movement, the *Safe Schools/Healthy Students* projects, and the *Coordinated School Health Program*; efforts to address bilingual, cultural, and other diversity concerns; compensatory and special education programs; and the mandates stemming from the No Child Left Behind Act.

A Few Comments About Leadership and Infrastructure

It is clear that building an enabling or learning supports component requires strong leadership and new positions to help steer systemic changes and construct the necessary infrastructure.[11] Establishment and maintenance of the component requires continuous, proactive, and effective teaming, organization, and accountability.

Administrative leadership *at every level* is key to the success of any systemic change initiative in schools. Given that an enabling or learning supports component is one of the primary and essential components of school improvement, it is imperative to have designated administrative and staff leadership for this component at school and district levels. Everyone at the school site should be aware of who in the school district provides leadership in, promotes, and is accountable for the development of the component. It is imperative that there is an administrative leader whose job description makes him or her accountable for developing a comprehensive and cohesive component and who is at a high enough level to be at key decision-making tables when budget and other fundamental decisions are discussed.

At the school level, an administrative leader for the component may be created by redefining a percentage (e.g., 50%) of an assistant principal's day. Or, in schools that only have one administrator, the principal might delegate some administrative responsibilities to a coordinator (e.g., Title I coordinator or a center coordinator at schools with a Family or Parent Center). The designated administrative leader must sit on a resource-oriented learning supports leadership team and represent and advocate team recommendations at administrative and governance body meetings.

The administrative leader must also guide and be accountable for daily implementation, monitoring, and problem solving. This individual is the natural link to component leaders in a family of schools (e.g., a feeder pattern) and at the district level and should be a vital force for outreach to engage the community.

There is also the need for a staff lead to address daily operational matters. This may be one of the learning supports staff (e.g., a school counselor, school psychologist, social worker, school nurse) or a Title I coordinator, or a teacher with special interest in learning supports. In general, these leaders, along with other key staff, embody the vision for the component. Their job descriptions should be reframed to delineate specific functions related to their new roles, responsibilities, and accountabilities.[12]

The long-range aim is to weave all resources together into the fabric of every school and evolve a comprehensive component that effectively addresses barriers to development, learning, and teaching. As leaders and policymakers recognize the essential nature of such a component, it will be easier to integrate resources to address all barriers, including responding to school- and community-wide traumatic events. In turn, this will enhance efforts to foster healthy development and improve academic outcomes.

PLANNING FOR ADDRESSING TRAUMA IN SCHOOLS

Each year many children and adolescents experience events that can traumatize them (e.g., disrupt their sense of safety, security, and well-being) from such events as school and community shootings, natural disasters, death of a family member or a friend, maltreatment, and abandonment and neglect. Resulting trauma may be acute or chronic and manifested in a variety of ways, such as anxiety, sadness, withdrawal, disturbed sleep, difficulty paying attention, anger, irritability, repeated and intrusive thoughts, depression, and a variety of behavioral problems. And, of course, the trauma can significantly disrupt learning and neurological development.

Addressing trauma in schools is a natural facet of crisis/emergency response and prevention, which is highlighted in Exhibit 18.1 as one of the six major content arenas of a comprehensive system for addressing barriers to learning and teaching and re-engaging disconnected students. Moreover, while the tendency often is to focus on trauma only as an aftermath concern (and sometimes not until a youngster is clinically diagnosed as having posttraumatic stress disorder), schools are in a good position to plan with a full continuum of interventions in mind (again see Figures 18.3 and 18.4). Traumatic events for which schools must plan can be grouped as (1) school-wide or community crises (e.g., major community-wide disaster such as a hurricane, flood, earthquake, terrorist attack; fire in building; sniper on campus), (2) small group crises (e.g., minor community disruption such as an earth tremor, death of a shared acquaintance), and (3) individual crises, which may be short lived or repeated over time (e.g., student has experienced a divorce in the family, separation from a parent, serious illness, physical and/or sexual abuse, or domestic violence, and students who migrate after natural disasters or who come from war zones). In some schools, a significant number of children have experienced a variety of crises over an extended period of time.

Extensive resources and references related to crisis and trauma are available (see Notes section at end of chapter). A few have focused specifically on the role schools can play.[13] As with other areas of child mental health practices in schools, the emphasis is often on finding ways to offer clinically oriented individual and group practices provided by highly qualified professionals (which are in short supply). And because strong empirical support for effectiveness is sparse, most of these are viewed mainly as promising and best practices. Generally missing from proposals for what schools should do is how the work can appropriately be embedded as part of an overall system for addressing barriers to learning and teaching.

Key Concerns in Planning Responses to Potentially Trauma-Producing Events

Major disasters tend to show the gaps in planning for emergencies. Exhibit 18.2 provides an example of some lessons learned from the 2005 Gulf Coast hurricanes and flooding.

EXHIBIT 18.2

SOME LESSONS LEARNED FROM THE GULF COAST DISASTER

Following the 2005 Gulf Coast disaster, there was an outpouring of resources and talented people who expressed a desire to help those affected. One focus was the schools. From the various accounts, a significant proportion of those ready to volunteer did actually attempt to help initially. However, in many cases, the mechanisms for linking people and resources to where they were needed often weren't in place. Here are a few lessons learned.

1. The focus seems to have been mainly on using sparse resources to provide clinical services (e.g., triage and counseling) to individual students, but the numbers in need far outweighed the available clinical services.
2. In some (but not enough) situations, school districts and specific schools did move quickly to develop systemic plans and implement broad-band programs to address the needs of the many displaced students and families. These districts seemed to have leadership and staff with a breadth of understanding about how to go beyond immediate crisis responses to attend to the multifaceted and ongoing needs of students, families, and staff.
3. Those schools where crisis response planning and training had been done effectively in recent years apparently were able to respond better than those without such preparation. A few districts and schools did the type of systemic planning and responding necessary to effectively (a) address the transition needs of many students, families, and staff who had to move into new schools (often in new states) and (b) deal with the longer term psychological and social aftermath effects continuing to interfere with students learning and teachers teaching.
4. In all cases, a major burden fell on a relatively few people, and they continued over the longer term to bear the responsibility and often overwhelming stress. Their plight underscores the need for systemic changes that enhance how school and community resources are woven together to broaden the base of support and provide support for those bearing the brunt of helping others.
5. In some places the response was particularly bad. One volunteer reported feeling that "The bottom line [was]...NO ONE was prepared!" Another emphasized there was no effective coordination. The situation was described in the feedback as the "disaster within the disaster."

The extent of crisis or trauma from an event often is in the eye of the beholder (i.e., is dependent on personal perception). Thus, there can be wide variability at a school with respect to whether an event is labeled as potentially trauma producing. In planning, then, decisions must be made about when an event should be designated as warranting a crisis response. After deciding on this, the dilemma in planning and decision making is that of establishing a set of checks and balances to ensure potentially trauma-producing events are not ignored *and* that

there is not an overreaction to events that should not be treated as such. Given the inevitability of differences regarding how an event is perceived, efforts to formulate criteria probably should focus on delineating an expedient *process* for deciding rather than the more difficult task of detailing what is and isn't likely to produce a traumatic response.

For example, we have seen schools develop a process whereby each member of its crisis team is encouraged to take the initiative of contacting another team member whenever an event (e.g., a drive-by shooting in the neighborhood) might warrant a response. If the contacted team member agrees a response is needed, the rest of the crisis team is immediately mobilized to see if the majority concurs that the event is potentially traumatizing for students at the school. Then, appropriate responses are implemented. These may range from a schoolwide response to an intervention focused on a specific classroom or on a small group or individual. Importantly, these interventions are delivered collaboratively through a planned, team-based approach rather than relying exclusively on external sources or fragmented intervention programs. For example, such planning encourages school administrators, teachers, and other school support staff to develop plans and deliver essential supports in classrooms rather than having outside providers deliver isolated services.

Obviously, some staff, because of their roles, are critical to the success of crisis response (e.g., school nurses, psychologists, specific administrators, teachers, office staff). In addition, others have relevant interests and special abilities (e.g., first aid and counseling skills). And some events require mobilization of off-campus resources. Planning involves identifying available resources and clarifying steps by which such resources will be mobilized as needed. Planning also must account for the ongoing staff development for all educators and staff in the building to ensure continuous support throughout the school day.[14]

In brief, for schools, the immediate concern in planning responses to any crisis is how to ensure the school is safe and how to restore a sense of equilibrium. A second concern is to provide psychological first aid.[15] A third emphasis is moving traumatized students and staff from feeling like victims to developing a sense of control, including empowering all educators to provide supports even if they are not of a therapeutic nature. A fourth involves planning ways to connect students with immediate social support, such as peer buddies, other staff, family, and community agencies.

Finally, schools need to plan for aftermath support, guidance, and other forms of assistance, including how they will handle referrals for those who need more intensive interventions. Such planning must account for the special needs of specific subgroups, school staff, and those who have the added stress of implementing response plans. Aftermath planning for classroom activities center around enabling students to express and discuss feelings about the crisis event, which are available throughout this book as well as through the Center for Mental Health in Schools' website (http://smhp.psych.ucla.edu/). And, when a traumatic event includes death and other forms of loss, schools must be prepared to address grief reactions (see chapters 10 and 11, as well as *Practice Notes on Grief and Loss*[16]).

When decisions are made to include psychotherapy or behavior change interventions, special attention is given to empirically supported treatments (for a list of empirically supported interventions, visit http://smhp.psych.ucla.edu/qf/ests.htm). A special focus throughout involves planning for language and relevant cultural considerations—a topic addressed throughout this book.

At an appropriate time after a crisis, a debriefing analysis of the quality of the response should be made to identify the need for system improvements and additional training. To maintain a big-picture focus, such an analysis should be done by the team responsible for developing the school's comprehensive and cohesive system of learning supports.

CONCLUSION

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 mental health agenda item. Instead, we suggest broadly conceiving the work as that of addressing barriers to learning and teaching and re-engaging disconnected students (including a full range of psychosocial and mental health concerns). Concerns for trauma fit well into such a unifying concept.

As indicated in Figure 18.3, we conceive three overlapping *systems* that encompass a continuum of caring. These systems are designed to do the following:

- Promote health and prevent problems
- Intervene as early after onset of a problem as is feasible
- Treat severe, pervasive, and chronic problems

The comprehensive nature of such a continuum requires concerted efforts to coordinate interventions and supports at any given time as well as over the span of time that students and their families are being assisted.

Given this perspective, the call is for policy decision makers and school improvement leaders to move beyond "another initiative" and modest tinkering in enhancing supports for students. The need is to transform public education to ensure all students have an equal opportunity to succeed at school and beyond. Such a transformation requires drawing on well-conceived, broad frameworks and the best available information and scholarship and calls for weaving together school-owned resources and community and family resources. To do less is to maintain a very unsatisfactory status quo.

NOTES

1. Price & Lear, 2008.
2. Adelman & Taylor, 1997, 2010; Marx & Wooley, 1998; Price & Lear, 2008.

3. Adelman & Taylor, 1997.
4. Center for Mental Health in Schools, 2010.
5. See Center for Mental Health in Schools, 2005a.
6. Adelman & Taylor, 1997, 2000, 2006, 2007, 2009, 2010; Taylor & Adelman, 2000.
7. Iowa Department of Education with the Iowa Collaboration for Youth Development, 2004; Louisiana Department of Education, 2009.
8. Center for Mental Health in Schools, 2005b.
9. Adelman & Taylor, 2000, 2006, 2010.
10. See Center for Mental Health in Schools, 2007a.
11. Adelman & Taylor, 2006, 2008, 2010; Center for Mental Health in Schools, 2007b.
12. Prototype job descriptions have been developed and are online at http://smhp.psych.ucla.edu/pdfdocs/studentsupport/toolkit/aidd.pdf
13. Auger, Seymour, & Roberts, Jr., 2004; Cole et al., 2005; Horenstein, 2002; Jaycox,2004; Jimerson, Brock, & Pletcher, 2005; National Child Traumatic Stress Network, n.d.
14. Center for Mental Health in Schools, 2008.
15. National Child Traumatic Stress Network and National Center for PTSD, 2009; National Institute of Mental Health, 2000; Saltzman, Steinberg, Layne, Aisenberg, & Pynoos, 2001.
16. http://smhp.psych.ucla.edu/pdfdocs/practicenotes/grief.pdf

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WEB RESOURCES

Rather than make an extensive list here, you can obtain a sense of the nature and scope of what is easily accessible by starting with our Center for Mental Health in Schools' online clearinghouse. See in particular the Quick Find Topics:

1. *Crisis Prevention and Response:* http://smhp.psych.ucla.edu/qf/p2107_01.htm
2. *Post-Traumatic Stress:* http://smhp.psych.ucla.edu/qf/ptsd.htm
3. *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. Also, for immediate aids in an emergency, click on the icon labeled *Responding to a Crisis* on our center's homepage (http://smhp.psych.ucla.edu/).