Prepare Schools to Mitigate Trauma

by Antonio Garcia, University of Kentucky

COVID-19 has altered every facet of our lives. In the effort to social distance, students are grappling with loss – loss of face-to-face interaction with teachers, peers, community, and extra-curricular activities in exchange for online or remote learning. As the school environment is often the only safe refuge students have from abuse and neglect, students have lost their protection as well. Besides guaranteeing two meals a day, teachers and school personnel offer a safe set of eyes and ears on children. Nearly 20% of the 4.1 million alleged instances of maltreatment are reported by education personnel.[1] Therefore, the pandemic, and the resulting lockdown and loss of in-person instruction, will likely create traumatic experiences for young children that teachers will need to be able to recognize and address.

Even before the World Health Organization declared the COVID-19 outbreak a pandemic on March 12, 2020,[2] teachers were challenged on a daily basis to meet the educational needs of their students, especially for the 1/5 children and youth who are diagnosed with a social, emotional, or behavioral disorder.[3] These symptoms are likely due to exposure to adverse childhood experiences (ACEs). ACEs include psychological, physical, and sexual abuse; violence against mother; and living with household members who were substance abusers, mentally ill or suicidal, or ever imprisoned. We know from prior studies that exposure to ACEs has significant effects on educational outcomes, including:
- Increased risk for learning and behavior problems
- Decrease engagement in school
- Increase enrollment in retention and special education services

While schools are the most frequent and efficacious setting for trauma-specific interventions,[4] best practices for screening students for ACEs, and referring them to evidence-based practices (EBPs) in school settings, have not been identified.[5] When school resumes, whether in-person or via remote format, teachers will be the first line of defense for children and youth grappling with the aftermath of the pandemic.

What is needed?

Teachers and school administrators need to be trained in recognizing indicators of trauma and abuse, and in how to make appropriate referrals when they observe "red flags".

Research can guide these best practices, for example from Project AWARE, a partnership between the University of Kentucky Child Center on Trauma and Children (CTAC) and the Department of Education, was funded in 2014 by the Substance Abuse and Mental Health Services Administration (SAMHSA) to increase awareness of and responsiveness to mental health issues among students in Kentucky. Despite training school personnel in Positive Behavioral Intervention and Supports (PBIS) and creating school-based trauma teams that included mental health professionals teachers, behavioral coaches and other school staff, less than 5% of teachers referred students in need to onsite, school-based clinicians who are trained to deliver EBPs. The project ruled that low reporting was due to a lack of understanding of externalizing and internalizing trauma symptoms and the best practices for referring students.

Learning from Project AWARE, the importance of common mission and understanding of trauma-responsive practices and the purposes for referral becomes clear. It is vital that teachers consistently follow the same procedures to screen for services, notify school-based mental health staff, and reinforce concepts of trauma-informed care in their classrooms. Team members need to communicate regularly and work towards building common understanding of evidence-based practices in order to produce the most effective and protective environment for students.

What is next?

What we need now is to offer training, support, and guidance to our teachers. They need training in recognizing or screening for trauma. Given that their plate is full as is, it is an impossible task to ask them to address trauma. However, teachers can play a pivotal role by "spotting" trauma and knowing how to refer students to clinicians who can provide effective programs. Currently, I am researching how to increase leader, teacher, and staff awareness of evidence based practices and improve efforts toward initiating and sustaining exchanges of knowledge and information between educators.[6] To achieve this goal, I plan to examine whether a newly developed online training curricula, inclusive of lectures, role plays, and group dialogue, increases knowledge exchanges about EBPs between school leaders and between leaders and teachers. The study will also determine if these conversations increase knowledge, awareness, and the chances that school personnel make referrals to EBPs as needed.

We now know that mere dissemination of information from leaders to staff about new innovations is not adequate. "For school leaders to support the changes…they must recognize and embrace the value of the innovation."[7] That is, to increase teacher or staff awareness of EBPs, leaders must:

- Instill motivation for teachers to screen students for need
- Encourage teachers to refer students to EBPs when needed
- Establish buy-in and support of school leaders.

While trainings, such as AWARE, for teachers on related context (trauma awareness, screening, and referral procedures), may be offered, inadequate time is devoted to unpacking how to rely on new knowledge in the classroom on a day-to-day basis. In other words, while information is disseminated, teachers are not trained or given the opportunity to observe how such knowledge should be used in the classroom. The online training platform expands upon AWARE activities by providing concrete, real-life examples of how leaders can initiate and engage in cultural exchanges with other leaders, their teachers and their staff about detecting or screening for "red flags".

From a pragmatic standpoint, online training offers flexibility as teachers can complete training in the comfort of their own homes during this global pandemic. After we overcome the unprecedented challenges related to COVID-19, teachers will then be armed with knowledge and resources to respond to the trauma that many students will bring with them to the classroom. Without swift action, students will be placed at heightened risk for learning and behavior problems, and decreased engagement in school. [8]

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[1] U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. (2019). Preliminary estimates for FY 2018. Retrieved from https://www.acf.hhs.gov/sites/default/files/cb/afcarsreport26.pdf

[2] World Health Organization (2020). WHO announces COVID-19 outbreak a pandemic. Available at http://www.euro.who.int/en/health-topics/health-emergencies/coronavirus-covid-19/news/news/2020/3/who-announces-covid-19-outbreak-a-pandemic

[3] Child Mind Institute (2016). Children's mental health report. Available at https://27c2s3mdcxk2qzutg1z8oa91-wpengine.netdna-ssl.com/wp-content/uploads/Child-Mind-Institute-2016-Childrens-Mental-Health-Report.pdf

[4] Dorsey, S., McLaughlin, K. A., Kerns, S. E., Harrison, J. P., Lambert, H. K., Briggs, E. C., ... & Amaya-Jackson, L. (2017). Evidence base update for psychosocial treatments for children and adolescents exposed to traumatic events. *Journal of Clinical Child & Adolescent Psychology*, *46*(3), 303-330

[5] Grassetti, S. N., Williamson, A. A., Herres, J., Kobak, R., Layne, C. M., Kaplow, J. B., & Pynoos, R. S. (2018). Evaluating referral, screening, and assessment procedures for middle school trauma/grief-focused treatment groups. *School Psychology Quarterly*, *33*(1), 10.

[6] Palinkas, L. A., Aarons, G. A., Chorpita, B. F., Hoagwood, K., Landsverk, J., & Weisz, J. R. (2009). Cultural exchange and the implementation of evidence-based practices: Two case studies. *Research on Social Work Practice*, *19*(5), 609.

[7] Dahir, C. A., Cinotti, D. A., & Feirsen, R. (2019). Beyond Compliance: Assessing Administrators' Commitment to Comprehensive School Counseling. *NASSP Bulletin*, *103*(2), 130.

[8] Burke, N. J., Hellman, J. L., Scott, B. G., Weems, C. F., & Carrion, V. G. (2011). The impact of adverse childhood experiences on an urban pediatric population. *Child Abuse & Neglect*, *35*(6), 408-413; Chafouleas, S. M., Koriakin, T. A., Roundfield, K. D., & Overstreet, S. (2019). Addressing childhood trauma in school settings: A framework for evidence-based practice. *School Mental Health*, *11*(1), 40-53; Dorsey et al. (2017).