School Social Work Encourages the Development of Trauma Informed Schools

According to Duke, Pettingell, McMorris, & Borowsky (2010), more than 25% of children experience traumatic events such as physical, sexual, or emotional abuse or witnessing violence at home. Especially vulnerable are foster youth or those involved in the juvenile justice system, youth living in poverty, and youth of color (Ford, Chapman, Conner, & Cruise, 2012; Salazar, Keller, Gowen, & Courtney, 2012). Children and youth bring these challenges into the school environment where they often perceive danger when other students do not and react accordingly based on their experiences. Often, K-12 school climates are not conducive to healthy growth and development for children and youth who have had traumatic experiences through primary, secondary, or tertiary victimization or exposure. Developing trauma-informed learning environments may hold the key to increasing the emotional and physical safety of students, while also improving academic and behavioral outcomes.

Childhood stress can be thought of as a continuum, with normative, developmentally appropriate stress that helps build resiliency and coping skills on one end and traumatic stress defined by unpredictability and feelings of helplessness on the other (Walkley & Cox, 2013). On the latter end is toxic stress, stress that is so emotionally costly that it can affect brain development and other aspects of a child's health (Walkley & Cox, 2013). Toxic stress can occur when a child experiences strong, frequent, and prolonged adversity; for example, when a child is being raised with severely depressed or drug-addicted parents or a child is suffering from emotional or physical neglect (Garner et al., 2012; Lieberman, 2012).

In a CDC-Kaiser Permanente study from 1995-1997 that assessed the impact of adverse childhood experiences (ACEs) on adult patient health outcomes, Felitti, et al (1998) found that adults with four or more ACEs had significantly different outcomes than those with none. Specifically, they had "4- to 12-fold increased health risks for alcoholism, drug abuse, depression, and suicide attempt; a 2- to 4-fold increase in smoking, poor self-rated health, ≥ 50 sexual intercourse partners, and sexually transmitted disease; and a 1.4- to 1.6-fold increase in physical inactivity and severe obesity" (Felitti, et al, 1998, p. 245). Additionally, the researchers found a graded relationship between the number of ACEs and the increased probability of significant health issues. Left untreated, ACEs appear to have the potential to impact a child's ability to reach his or her fullest potential. The study highlights the importance of early intervention when children experience trauma. Trauma-informed schools can actively utilize school social workers as primary mental health service providers to deliver these valuable interventions.

According to the Treatment and Services Adaptation Center (2016), "Access to evidence-based interventions in the school setting as a response to trauma of any kind can reduce or eliminate the need for a student to receive future mental-health services. Students who are exposed to evidence-based interventions and the support of a trauma-informed school can acquire skills that can contribute to stronger resilience."

School social workers are well-placed in their training and professional roles to address the needs of traumatized youth whose experiences can sidetrack an otherwise promising future (Wolpow, Johnson, Hertel, & Kincaid, 2009). Equipped with knowledge of how systems interact with each other, school social workers utilize resources and supports in the community and across the district to address the needs of children, youth and families in need. School social workers can coordinate the building of collaboration between parents, foster parents, K–12 schools, public health, child welfare, early childhood education, mental health providers, and others involved in serving trauma-affected children (Walkley & Cox, 2013). These approaches identify school social workers as key professionals in the development of trauma-informed schools designed to create safe and healthy school climates where student experiences are validated and alternative options to resolving challenges are pursued.

Children and youth with traumatic experiences may enter school lacking the emotional capabilities to learn in traditional school environments where discipline and teacher-student engagement have often been delivered without regard to their experiences with trauma (Cross, 2012; Perry, 2006). Reactions from students to emotionally protect themselves have led to increased suspensions and expulsions, causing re-traumatization, additional punitive consequences, and lost instructional time for these vulnerable students (see SSWAA Endorses Supportive School Discipline Practices resolution statement at sswaa.org) (Oehlberg, 2008). K-12 teachers and administrators can benefit from deeper levels of knowledge about the impact of trauma and evidence-based interventions that have been proven to help children overcome these adverse experiences. School support personnel can advocate for school policy changes that recognize the experiences of trauma-affected children (Walkley & Cox, 2013).

School social workers can assist their school communities in developing trauma-responsive practices by helping the school community:
1) Focus on culture and climate in the school and community.
2) Train and support all staff regarding trauma and learning.
3) Encourage and sustain open and regular communication for all.
4) Develop a strengths-based approach in working with students and peers.
5) Ensure discipline policies are both compassionate and effective (restorative practices) (Gonzalez, 2012 & Pavelka, 2013).
6) Weave compassionate strategies into school improvement planning (consider "whole child").
7) Provide tiered support for all students based on what they need.
8) Create flexible accommodations for diverse learners.
9) Provide access, voice, and ownership for staff, students, and community.
10) Use data to identify vulnerable students and determine outcomes and strategies for continuous quality improvement (Washington State Superintendent of Public Instruction, 2011).

School social workers can help proliferate this trauma-informed approach by employing their diverse skill set in all three tiers (universal, targeted, and intensive) within the multi-tiered systems of support structure. To be successful, the entire school community needs to agree to build this type of school. According to Oehlberg (2008), schools need to commit in five key areas:

- Administrative buy-in
- Non-punitive disciplinary practices
- Staff development on the impact of trauma
- Readily available mental health services on school grounds

- Psychoeducation on the impact of trauma on brain development delivered to students in classroom settings.

SSWAA supports these efforts to create emotionally healthy environments for children and youth in K-12 environments and invites other special instructional support personnel (SISP) organizations to join in the creation of these schools.

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