

**Theory Versus Practice in Educational Change:
On-the-Ground Challenges of Trauma-Informed Education
Practices**

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ABSTRACT

The American public is currently participating in a multidisciplinary conversation about trauma: its prevalence, its impacts, and its potential mitigators. As researchers continually emphasize the importance of helping young children exposed to adverse childhood experiences, the responsibility is beginning to fall on the shoulders of educators. Kids spend countless hours in school and, especially for those whose homes are the source of the trauma, teachers, school support staff, and school administrators often form their emotional support system. Universities and independent organizations alike have published models to help schools navigate this new information on trauma, suggesting a multi-tiered approach common to many education programs. This thesis explores the implementation of these programs in various schools across the United States with the aim to illuminate the challenges they create. The study does so by conducting interviews with various individuals in the education sphere, ranging from teachers to district workers, in order to gather perspectives on exactly what is working and what is not. The paper finds that the most commonly identified challenges in implementing trauma-informed practices stem from an issue of teachers being overworked and schools under-resourced, leading to a resistance to adopt a new teaching approach. On the other hand, it finds that professional development, awareness, and a committed leadership team are recommended to help combat these challenges. This thesis will conclude with policy recommendations that would ease the implementation of these trauma-informed practices and improve the long-term impacts they have for school children.

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Introduction

The negative and long-term impacts of childhood trauma are widely acknowledged across several disciplines, including works in neurobiology, epidemiology, psychology, and sociology (Harris, 2018; Van der Kolk, 2007). Researchers have connected early childhood adversity with lifelong health and behavioral problems, spurring suggestions that service systems such as hospitals and schools adopt restorative approaches that combat the lasting impacts of trauma (Felitti et al., 1998). Following this growing body of research, the language is shifting from that of zero-tolerance and punishment to a more empathetic approach grounded in resilience building (Schotland, Maclean, Junker, & Phinney, 2016; Stinchcomb, 2006; Karp, 2001; Lewis, 2009). These trauma-informed, restorative approaches have grown popular in the education realm as schools attempt to incorporate this larger societal narrative into their respective cultures. More specifically, schools have started to design and adopt multi-tiered trauma-informed interventions for implementation at both a classroom- and district-wide level (Wise 2020). Although there are many recommendations for and models of these trauma-informed education programs, there is very scarce documentation of the challenges these gold-standard frameworks pose in practice. This reveals a need for novel research that focuses on the implementation aspect, rather than the design of, trauma-informed education practices.

This thesis seeks to address this potential disconnect between theory and practice in educational change, specifically in this movement towards trauma-informed education practices. It will seek to answer the question, *what are the implementation challenges posed by adopting trauma-informed practices in schools?* To answer this question, this study interviewed key stakeholders in the trauma-informed education sphere about their experiences. Lessons learned from their stories will help illuminate which aspects of the models fall short in implementation.

These interviews will also inform the policy recommendations made at the end of the paper, which will emphasize how school systems could modify program designs to better reflect the observations made here. With this information, educators and researchers alike could adjust their approaches to implementation to more effectively produce long-term and community-wide change. Moreover, these findings will on a larger scale provide an example of how educational change often reflects larger shifts in societal dynamics and, in some cases, of how the current societal structures inhibit the educational sphere from exactly mimicking these patterns.

Background

Background on Crime and Punishment in the US

“Trauma” has emerged as a buzzword in the mental health sphere during the 2010s. In 2014, Nadine Burke Harris gave an oft-referenced Ted Talk on “How childhood trauma affects health across a lifetime”, which she followed up with a book on the subject several years later (Harris, 2014; Harris, 2018). In 2017, Roxane Gay published a bestselling memoir relaying her experience with physical trauma and in 2018, Oprah Winfrey did a 60 Minutes report on “Treating Childhood Trauma” (Gay, 2017; Winfrey, 2018). The societal narratives that preceded this expansion of trauma-awareness may help give it context. In the latter half of the 20th century, America experienced a drastic shift in its interpretation and its punishment of crime. American imprisonment rates tripled between 1973 and 1990, largely as a result of the “Tough on Crime” agendas initially proposed by President Nixon and later fueled by Presidents Reagan and Clinton (Barish, DuVernay, & Averick, 2016; Tonry, 2009). Society saw a policy shift towards criminalization and punishment, which disproportionately affected minority communities (Newell, 2013). Lawmakers between 1975 and 1995 enacted policies such as higher mandatory minimums and California’s “Three Strikes and You’re Out Law” that resulted in rapidly growing

imprisonment rates, especially among minorities (Alexander, 2010). The term “zero tolerance” first got national attention in 1986 when US attorney Peter Nunez started a program by that name that would seize vehicles crossing the border with even trace amounts of drugs and charge those individuals in federal court (Skiba & Knesting, 2001). This idea of showing no tolerance for deviance quickly penetrated the public sphere. A 1969 opinion poll showed that 81% of Americans thought “law and order” had disappeared in America and a 1989 Gallup Poll published by the Bureau of Statistics showed that 27% of Americans identified drug abuse as the most important problem facing the country, echoing the Tough on Crime agendas that heavily targeted drug abuse for its “convenient” correlation with minority populations (Bureau of Justice Statistics, 2003; DuVernay, 2016).

This shift in societal perception of crime and punishment was mirrored in education, and by 1993, schools across the nation had adopted zero-tolerance policies (Noguera, 1995; Skiba et al., 2001). Administrators rationalized this decision with the logic that students would perform better if the “bad eggs” were removed from the classroom and that those students misbehaved due to inherent and irreversible flaws in character. (Skiba et al., 2003; Craig, 2015). Support for this logic came from the national level with the Clinton administration’s Gun-Free Schools Act of 1994, which mandated not only a one-year calendar expulsion for possession of a weapon but also a referral of law-violating students to the criminal or juvenile justice system (Skiba et al., 2001). Soon, expulsions and suspensions became second nature to educators across the country. A National Center for Education Statistics report published in 2011 showed that by 2007, one out of every four public high school students had been suspended at least once, and it was even worse for minorities: one third of Hispanic boys and over one half of black boys had been suspended at least once in the same timeframe (Craig, 2015). These practices were grounded in

the concept that previous trauma in one's life should not be used as an explanation for later deviance or as a cry for help. Decades later, researchers have found that these zero-tolerance policies were not only ineffective in resolving the issues of school safety, bullying, and academic failure, but were also harmful to students' cognitive and socioemotional development (American Psychological Association Zero Tolerance Task Force, 2008). In response, research began to shift the focus away from *how to manage* poor behavior towards *why it happens*. In doing so, the importance trauma plays in someone's decision-making became apparent, especially among school-aged children.

Emergence of Trauma Awareness

Breakthrough research in childhood trauma came in 1998 with the Kaiser Permanente and Center for Disease Control and Prevention (CDC) study, which coined the popular shorthand for adverse childhood experiences: ACEs (Felitti et al., 1998). This study looked at over 17,000 survey respondents in the United States to analyze the long-term relationship between ACEs and public health problems. In order to differentiate between potential effects of trauma, researchers have developed categories for different types of traumatic experiences. Felitti et al. (1998) identified three categories of childhood abuse (psychological abuse, physical abuse, and contact sexual abuse) and four categories of household dysfunction (exposure to substance abuse, mental illness, domestic abuse, and criminal behavior). More recently, a study looking at results from the Behavioral Risk Factor Surveillance System (BFRSS) between 2011-2014 added one category to the list of adverse experiences: parental separation or divorce (Merrick, Ford, Ports, & Guinn, 2018). Another study by Wade, Shea, Rubin, & Wood (2014) argued that both of those original ACE studies excluded several chronic adverse experiences relevant to urban impoverished youth, including community violence, single-parent homes, economic hardship,

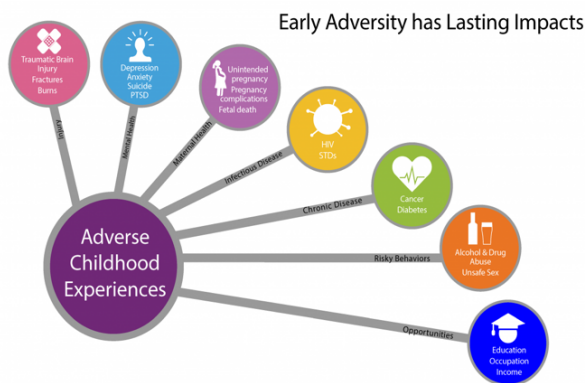
and discrimination. Although there is discrepancy regarding the exact categories included in adverse childhood experiences, an oft-used definition of the term is: potentially traumatic events that occur in childhood (0-17 years), where trauma can be defined as a “response to a negative external event or series of events which surpasses the child’s ordinary coping skills” (McInerney & McKlindon, 2014). As heartbreaking books such as Our America and Punished depict through interviews with young boys growing up in ghettos, the rise in incarceration rates during the 1980s and 1990s left many children parentless and created communities in which broken households due to criminalization became the norm (Jones, Newman, & Isay, 1998; Rios, 2011). This increased presence of crime and punishment in children’s lives led to higher rates of trauma in children, which fueled a surge in research around the effects of these experiences.

The Felitti et al. study (1998) found that 52% of respondents experienced at least one category of trauma, with 6.5% reporting four or more exposures. The more recent BFRSS study produced even higher numbers: only 38.45% of respondents had 0 ACEs, 23.53% had one, 13.38% had two, 8.83% had three, and 15.81% had four or more (Merrick et al., 2018). Moreover, between one half and two-thirds of all school-aged children are said to experience trauma, and children and adolescents in urban environments are said to experience even higher rates (Felitti et al., 1998; McInerney & McKlindon, 2014). This can be broken down into more specific examples of trauma; according to the Substance Abuse and Mental Health Services Administration (2015), one in four high school students get in at least one physical fight, one in five high school students is bullied at school, more than half of US families are affected by some type of natural disaster, and the national average of child abuse and neglect victims is 683,000, or 9.2 victims per 1,000 children. Childhood trauma is not a phenomenon unique to a small part

of the population but rather an epidemic that plagues the majority of our country's younger population.

The impacts of adverse childhood experiences can be broken down into five categories: physical health conditions, mental health conditions, risky behaviors, and opportunities, as depicted in Figure 1.

Figure 1. *Impacts of ACEs (Anderson, 2019)*



The original CDC ACE study produced a lot of data supporting associations between childhood abuse and adult health risk behaviors and diseases (Felitti et al., 1998). It found a strong relationship between the extent of exposure to abuse or household dysfunction during childhood, as defined by the aforementioned categories, and multiple risk factors identified as the leading causes of death in adults, including things like smoking, obesity, depression, drug abuse, and suicide attempts. These initial findings have been confirmed and replicated by studies including one done by Richard Reading (2006), which found strong evidence that psychosocial adversity fundamentally alters the hard wiring of the developing brain, often resulting in increased mental health problems.

Beyond health impacts, though, there is substantial evidence to show the social and economic impacts of having high exposure to early adversity. One study done by Currie and Spatz-Widom (2010) looked at court cases of childhood physical and sexual abuse and then

measured the economic status and productivity of victims in adulthood. They found that adults with documented histories of childhood abuse/neglect were 14% less likely to be employed and earned an income of almost \$8,000 less per year compared with control adults. More recently, Metzler et al. (2017) looked at data from ten states that used the ACE module in the 2010 BFRSS and found that persons with four or more ACEs, compared to those with no ACEs, were 2.34 times as likely not to graduate high school, 2.3 times as likely to be unemployed, and 1.6 times as likely to live in poverty. Although many studies have looked at long-term impacts of childhood adversity, research also shows that effects emerge at a young age. One study found that high-risk children were over twenty-four times as likely to have IQs below eighty-five when compared to low-risk children (Sameroff, Seifer, Barocas, Zax, & Greenspan, 1987). This study also echoed what others have confirmed, that it is the accumulation of risk factors rather than the action of any specific variable that produces morbidity in effects. The more ACEs someone has, the higher risk they're at for long-term impacts (Felitti et al., 1998). Empirical research has grown over the last two decades to show that early adversity has long-lasting, negative impacts on a large portion of the American population and that efforts to curb these effects could positively change the lives of many people by helping them develop social emotional skills to manage their trauma. It is in this context of an emerging awareness of trauma that we can begin to understand the shift towards a trauma-informed mindset popular in American schools today.

Existing Theory and Literature Review

Theory of Educational Change

In order to contextualize its findings, this paper will ground its work in the existing theory around educational change. Morris (1998) provides a useful definition for change as something that, “can be regarded as a dynamic and continuous process of development and

growth that involves a reorganization in response to ‘felt needs’”. In the example at hand, the educational change is the movement towards trauma-informed practices in schools, which has emerged as a response to the need identified by society to better address the long-term impacts of childhood trauma. Although educational theories often disagree on the exact roots of educational reform, say whether it originates among students, parents, administrators, or a combination of all three, most theories emphasize that education systems are heavily reflective of broader social dynamics (Paulston, 1977; Morrison, 1998). The sociological significance of education was perhaps first posited by Emile Durkheim in his *Education and Sociology* (1956), where he wrote:

Educational practices are not phenomena that are isolated from one another; rather, for a given society, they are bound up in the same system all the parts of which contribute toward the same end: it is the system of education suitable to this country and to this time. (p. 95)

Naturally, then, the movement of trauma-informed education is interweaved with a larger societal shift towards an awareness of trauma, as would be suggested by this relationship between education and society. The focus of the paper, however, is not the origins of educational change but the conditions on the ground *during* the process. Therefore, it is important to look at the aspects of educational change theory that focus on the challenges and realities of educational reform.

Olson (2003) discusses various “exemplary” educational programs, but ultimately identifies two large problems widely acknowledged as inherent to any “model” educational program: 1- the effects of even the best of programs often cannot be sustained and, 2-it’s impossible to ascribe a scalable formula for such a program because each exemplary design will be *uniquely* good, given that its success depends on its specificity to the environment in which it operates (Olson 2003; Linn 2000; Jackson 1990; Sarason 1998). Authors have approached the

challenges of education reform from different angles, and although exploring them all in detail lays well outside the scope of this paper, a few will be detailed as concepts potentially relevant to the educational reform at hand.

Many works speak of “front-line participation” as a hurdle to implementing successful education reform; that is, that although researchers and administrators can encourage education movements, getting teachers and families to promote it themselves is often difficult. (Malone 2013; Elmore 2004; Oliver 1996). As Malone (2013) put it, key stakeholders such as teachers, students, and families see school reform “as something done *to* them rather than co-constructed *with* them”. This disconnect often leads to a lower degree of investment and, in turn, fewer lasting impacts of change. Educational change theory suggests a combination of top-down and bottom-up practices where leadership teams work with students and teachers so that everyone’s voices are heard, but this requires a level of coordination often difficult to achieve in school systems (Elmore 2004). Another commonly identified challenge in educational change is a lack of forethought and planning for change and the conditions that come with it (Morrison 1998; Oliver 1996). As Hargreaves (2005) explains, change management is critical in any sector of the society, but especially in education, where things move so quickly that without a proper needs assessment and roll-out plan, visions of reform get swept under the rug as the year progresses. He also outlines several other reasons why educational change is so difficult, including: the timeline for change moves too fast for participants to handle, the change is under-resourced or resources run out before effects can be seen, and the change doesn’t provide immediate results compatible with set “standards” of educational success. In this study, these theories of educational change will serve as a backdrop to understanding people’s experiences on the ground, specifically in relation to the challenges of trauma-informed education.

Trauma-Informed Education Models

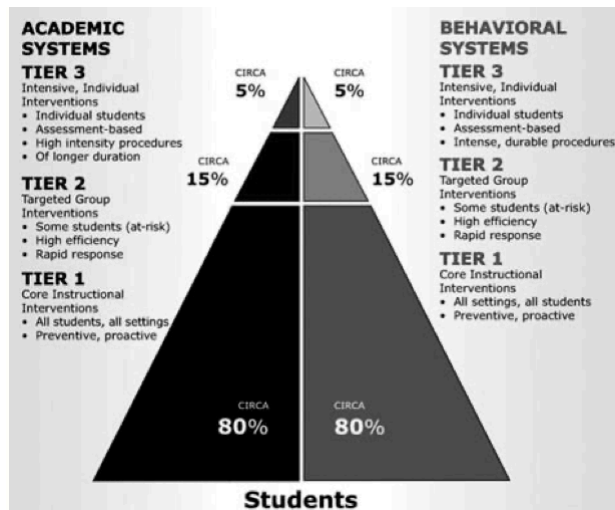
As mentioned earlier, although there is extensive research on models for trauma-informed education, there is a comparably stark number of reports on the actual challenges of implementation. This thesis will fill that gap in the research to address the obstacles of trauma-informed education and, in turn, to better inform both researchers designing models and educators looking to adopt them. Before diving into the challenges of these programs, however, it's important to understand the designs that guide them.

Most trauma-informed practices are based off of the theory put forth by the Restorative Integral Support (RIS) model, which offers a whole-person approach to assist people facing trauma and adversity (Larkin, Beckos, & Shields 2012). Larkin et al. (2012) offer this RIS model for programs that serve populations with high incidents of childhood adversity. Although they discuss the success of the RIS model specifically in its application by the Committee of the Shelterless (COTS) in order to break cycles of homelessness, they suggest that the positive results found in their experiment serve as an example for a variety of social service agencies. This “whole-child approach” is exactly what schools across the country are applying in their efforts to foster a more supportive culture for students facing a high number of adverse childhood experiences (Schotland et al., 2016; Lewis, 2009).

There are several works that have outlined models for what trauma-informed education programs should look like. Craig (2015) details the importance of creating more trauma-informed schools and emphasizes what McInerney et al. (2014) discuss in their paper: trauma-sensitive educators should view students' negative behavior as a consequence of their environment and react to it with the question “what happened to you” rather than “what's wrong with you”. Moreover, both works agree that for trauma-informed approaches to succeed, they

must be multi-tiered, with interventions happening at the school, classroom, and individual student level. This tier system is not new to education and is most commonly recognized in the Response to Intervention (RTI) approach that is used in schools to identify and support students with learning and behavior needs (Torgesen, 2009).

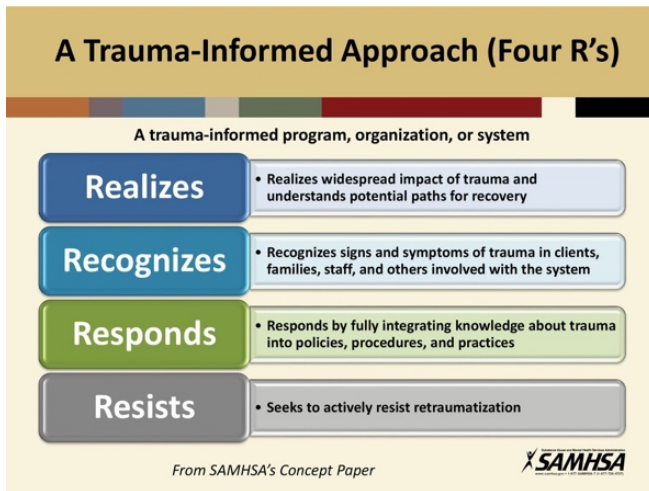
Figure 2. *Response to Intervention Model (Batsche et al., 2005)*



In the RTI model, as displayed in Figure 2, tier one interventions are to be applied at a school-wide level, while tier two and three interventions are targeted approaches to help students who need further assistance (Hoover & Love, 2011). The trauma-informed schools models follow this system closely, except that the interventions focus on social emotional learning (SEL) rather than on purely academic instruction.

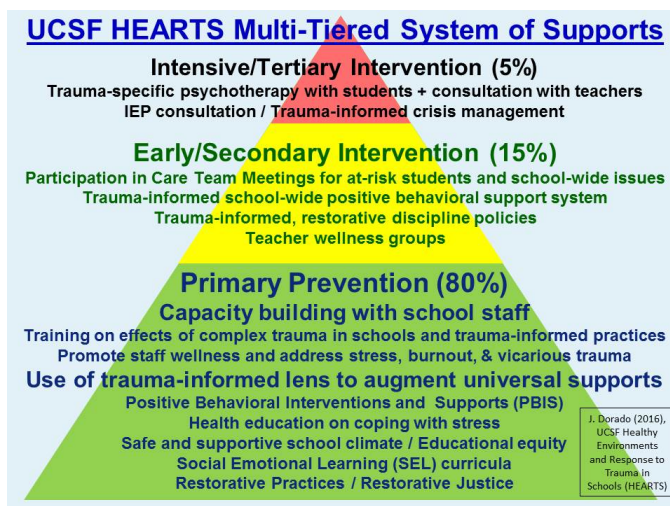
Chafouleas et al. (2016) refer to the four “R’s” that the Substance Abuse and Mental Health Services Administration (SAMHSA) (2014) offers to help break down these tiers, as displayed by the figure below.

Figure 3. *A Trauma-Informed Approach (Chafouleas et al., 2016)*



The first R is the *realization* about trauma and its effects. Models often depict this as the professional development required in schools to spread awareness about the importance of trauma and to provide educators with specific guidelines on how to incorporate trauma-informed practices in the classroom (Craig, 2015; Chafouleas et al., 2016; Plumb, Bush, & Kersevich, 2016). This *realization* informs the first tier of interventions in schools, as exemplified by one program’s model in Figure 4, which should include things like adjusted discipline policies, professional development, and classroom structures such as peace corners.

Figure 4. *Trauma-Informed Education Model (Dorado, Martinez, McArthur, & Leibovitz, 2016)*



This tier of practices is aimed at changing school culture and should reach the entire school population (Craig, 2015; Plumb et al., 2016). The second R is the *recognition* of the signs of trauma, which dictates the importance of school staff's ability to identify higher-risk students who may need more individualized counseling beyond the restorative practices provided at a classroom-level. This is followed by the third and fourth Rs, the *response* that appropriately embraces trauma-understanding and the *resistance* of practices that could accidentally re-traumatize. These last three inform tiers two and three of the interventions. Tier two consists of practices such as staff meetings to discuss student concerns and small-group SEL, depending on the resources available in the schools (Chafouleas et al., 2016; Plumb et al., 2016; Carello & Butler, 2015). Tier three adds a level of individual attention for students who don't respond to tier one and two interventions and can take the form of individual counseling for the student, sessions with the parents, or referring the student to outside resources (Chafouleas et al., 2016; Plumb et al., 2016; Carello & Butler, 2015; Dorado et al., 2016). In general, literature regarding best practices for trauma-informed education agrees on this multi-tiered approach as the most effective way to reach the entire student and family population of a school (Craig, Greenwald O'Brien, & Gadd, 2005; Wolpow, Johnson, Hertel, & Kincaid, 2009). Notably, researchers emphasize the importance of dedicating the most resources to the first tier of interventions, so that everyone benefits from these practices, and then putting fewer resources towards the more targeted interventions.

Given that these are the standards suggested by researchers for schools, this paper will focus on observing 1-what are the points of tension in bringing these designs to fruition and 2-what are some suggestions for improvement on the designs and their implementations.

Data and Methods

This thesis is an interview-based study that focuses on trauma-informed education practices across five different cities in the United States. The cities of focus were Philadelphia, Pennsylvania; Nashville, Tennessee; Oakland, California; San Francisco, California; and Gladstone, Oregon. These cities were selected due to their marked efforts to bring in trauma-informed practices at a district-wide level (Duffy & Comly, 2019; Berger, 2018; Downing, 2015; Stevens 2014; Oregon Department of Education, 2017). This approach in selecting cities with well-advertised trauma-informed programs facilitated the process of finding information about their practices but also bolstered the study’s findings for two other main reasons. First because educators from these districts would be more likely to engage in enriching conversations around their practices and, second, because challenges these districts faced were more likely due to authentic implementation challenges rather than to a lack of effort. Although these cities are not representative of the entire United States, their unique characteristics allow for a study of a wider range of challenges than would have been offered with a focus on just one district. Figures 5 and 6 help visualize the variety between the demographics of these cities.

Figure 5. *Populations of cities (US Census Bureau, 2018)*

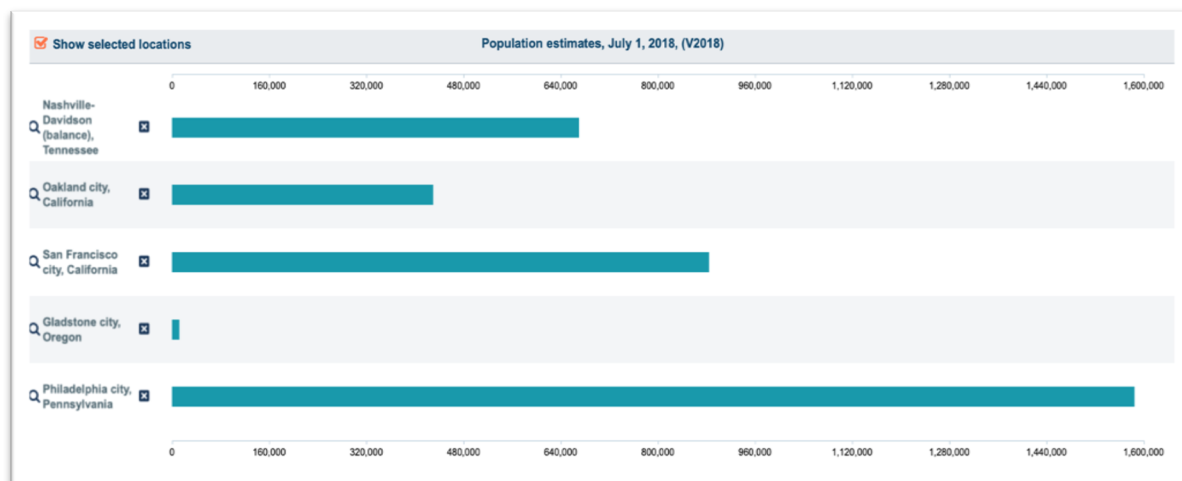
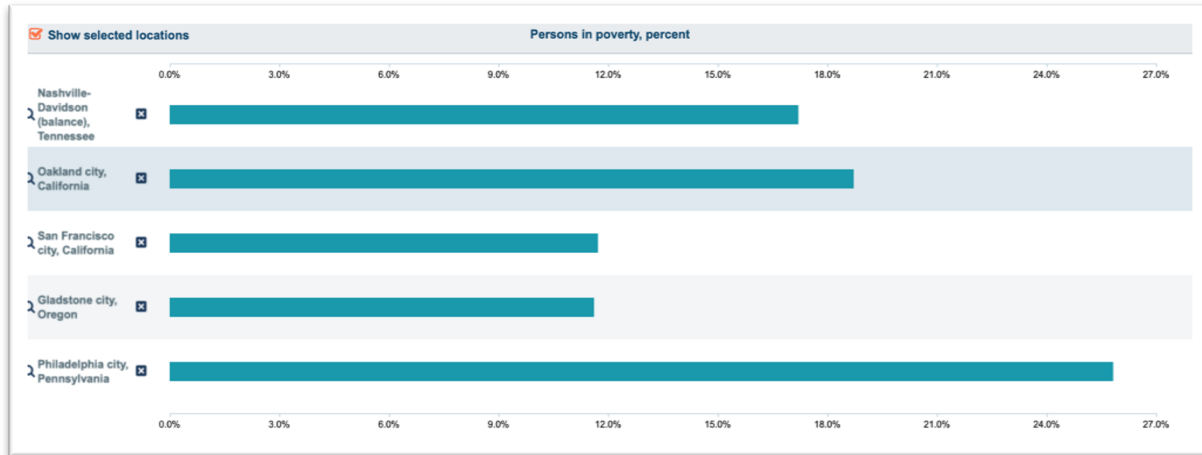


Figure 6. Poverty Rates of Cities (US Census Bureau, 2018)



The population sizes range from 12,244 (Gladstone) to over 1.5 million (Philadelphia) and poverty levels range from 11.6% (Gladstone) to 25.8% (Philadelphia) (US Census Bureau, 2018). Within the cities, participant selection occurred in a couple of different ways. Ultimately, the study interviewed several different categories of people: researchers, district workers, school administrators, school support staff¹, teachers, and trainers². District workers were identified and contacted if their job description on the district’s website pertained to providing trauma-informed trainings to schools or being involved in efforts to roll out trauma-informed programming. School staff members within the district were then contacted if recommended by the district workers as strong case studies *or* if they received attention on media sources for their notable programs. At the conclusion of each interview, participants were asked for recommendations of other potentially helpful contacts within their community, yielding some participants that were identified through this snowball sampling.

¹ In this paper, the term “school support staff” includes personnel like counselors, social workers, and psychologists who work for the school in question

² “Trainers” refer to people who do not work for the school or district, but rather for an independent organization, that the schools have recruited to host their professional development sessions around trauma

In total, thirty-two interviews were conducted: eight district workers, seven support staff members, six administrators, six teachers, three researchers, and two trainers³. The goal of most of these interviews was to get firsthand accounts from front-line stakeholders about their experiences in implementing these practices. The exceptions to this were expert interviews with the researchers, which were conducted to gain a broader understanding of the field and to gain insights into potentially valuable resources.

The interviews conducted were mostly open-ended, as the main goal was to create a narrative about the participants' experiences, although certain pointed questions were asked in order to drive two main categories of data: identified challenges and recommendations. That is, all participants were asked directly about 1-what challenges they faced with the implementation and, 2-what recommendations they had for other schools looking to adopt trauma-informed practices. Participants were asked to make general recommendations rather than to offer suggestions for their specific school or district in order to avoid recommendations that were too specific to the nuances of their schools. The aim was to identify takeaways that would be applicable to a wide variety of schools. In terms of identifying hurdles, after participants were asked to speak about this generally, they then were asked a couple of targeted questions about potential challenges. These questions were pulled from the literature surrounding educational change and asked pointedly about three things: potential teacher resistance, identification of students with higher needs, and questions of funding. Since these three subjects were addressed directly, this will be important to consider in the conversation around how frequently challenges were mentioned. These pointed questions served to stimulate the conversation around implementation challenges and prompt participants beyond the general inquiry.

³ Most schools did not have outside trainers and had professional development sessions led by district workers or support staff, hence the small number of trainer interviews.

In order to analyze the data gathered from interviews, all interviews were transcribed and qualitatively coded. The theory and practice of this method came largely from Charmaz's *Constructing Grounded Theory* (2006). This was done by tagging codes to sections of the dialogue according to their content. This helped ascribe meaning to the data by stripping it down to its components and then begin to identify larger patterns. At the start of the coding process, two different categories of codes were established: dialogue regarding challenges and dialogue regarding recommendations. Everything that fell outside the scope of these two categories was helpful as background information but will not be discussed in the results section as it falls beyond the goal of studying the challenges of trauma-informed programs. Beyond these two general categories of codes, however, no other specific codes were established before the process begun. For example, if reading through the interviews, there was dialogue discussing the challenge of funding a new code was then created, called "challenge: funding", rather than preemptively creating this code before reading through the interviews. This was done so that all of the specific codes arose from the data itself in order to prevent any preconceived ideas of results from skewing the data. Since the aim of this paper is to directly relate people's narratives about personal experiences, this qualitative approach was more effective than a quantitative approach in which preconceived hypotheses would be inherent in the research methods (Charmaz 2006). The codes that arose from this process will be detailed both in the results section and in Appendix 1. Once all interviews were coded, the data was then analyzed to identify commonalities in challenges identified and recommendations made. Patterns will also be assessed according to the "participant group" the interview subject belonged to, that is whether they are a teacher, district worker, administrator, etc. The goal of this was to identify whether

some stakeholders varied significantly from others in what they deemed important or challenging in their trauma-informed education program.

Results and Analysis

Qualitative codes

From the dialogue that fell under the broad category of challenges, fourteen codes emerged, and from the category of recommendations, twelve codes emerged. Due to the large number of codes, rather than detailing them all in this text, please refer to a full list of definitions and examples in Appendix 1. Brief descriptions of codes will be explained as necessary in the following results sections. The interview data can be divided into two different branches: data regarding challenges faced and data on recommendations made. In order to interpret the data, these two sections will eventually be discussed in relation to one another, but first I will identify patterns that arose within each section.

Results on Challenges Identified

As established above, there were fourteen codes that arose from the data describing challenges faced by participants. Below is a table of the frequency of challenges mentioned, followed later by a graph that visualizes the data. The table includes two different numbers: “unique mentions” reflect the number of people that identified that challenge, whereas “overall mentions” reflect to the total number of times that challenge was mentioned. For example, if one challenge was mentioned by two people in total, but one of those people mentioned it three times and the other only once, it would be listed as having two unique mentions and four overall mentions. This was done in order to reflect both the overall consensus on how important a subject was and the opinions of individual subjects. The table includes all fourteen codes, in decreasing frequency of unique mentions.

Table 1. Rates of Challenges Mentioned

Identified Challenge	Unique mentions	Overall Mentions
Resistance and disinterest	18	23
Teacher workload	17	26
Professional development	13	22
Prioritization	13	19
Classroom implementation	11	16
Funding	11	17
Accountability and follow-up	9	10
Identification of students	8	9
Leadership buy-in	7	8
Staff turnover	6	12
Silos	5	6
Cultural and racial tensions	5	6
Personnel constraints	3	6
Trauma prevalence	2	3

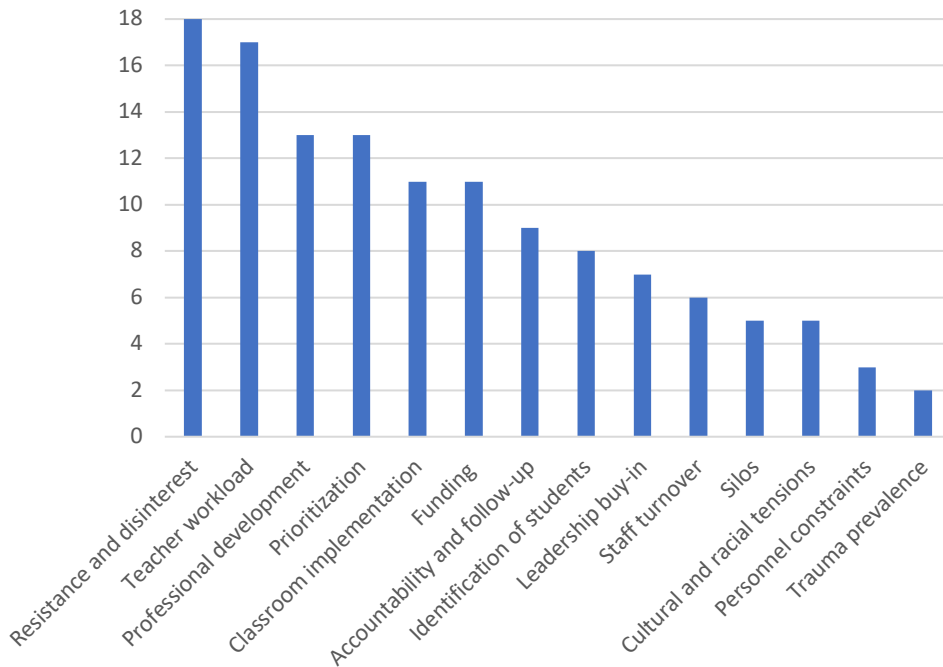
Note. For a description of codes on challenges, see Appendix 1

The above data illuminates several things. First, several challenges were not identified by many people but were repeated by a few people many times, suggesting that while some stakeholders consider them very important, that opinion was not reflected unanimously. This phenomenon is evident with challenges such as funding and staff turnover. Interestingly, both of these challenges are larger, systemic issues, so whereas some stakeholders were very concerned with this bigger picture challenge, others chose to focus on more concrete, everyday hurdles. On the other hand, a challenge such as resistance and disinterest, was mentioned by many people, but comparatively few participants harped on it. This could be explained by the fact that interview subjects were asked directly about the presence of resistance or disinterest in trauma-informed programming. Although many acknowledged its presence, many participants also acknowledged that the majority of school personnel *did* support the programs and that the few “resisters” were outnumbered. In fact, when participants talked about successes of their existing programming, an oft-cited success was the support and excitement that staff showed for the

information regarding trauma. Therefore, it's important to note that the high number of mentions surrounding this phenomenon of resistance may be a reflection of the interview structure rather than the actual presence of this challenge. However, the section on recommendations made by interview subjects will help bring clarity to how heavily participants weighed this question of buy-in.

In order to more generally assess the prevalence of challenges in this field, the graph below visualizes just the unique mentions of the subjects, in decreasing order.

Figure 7. Rates of Challenges Identified



Besides resistance, teacher workload and limited professional development time were amongst the most consistently identified challenges. When discussing teacher workload, subjects often had replies like, “our teachers are so highly stressed because of how many trauma-impacted kids are in the classes and how under-resourced and underpaid they are”. Many participants argued that because so often teachers are overworked, they may not have the mental bandwidth or the time to focus on implementing yet another educational program. Participants

echoed this time constraint when discussing professional development. Again, participants stressed the interest that staff generally showed for trainings around trauma, but they brought up several times that “going to one training is not enough” or that “the last trauma-focused training was at the beginning of the school year”. Administrators expressed frustration around their restrictions on holding more professional development sessions: “sometimes it’ll feel like I’m a coach who can’t call a practice”. The professional development aspect of becoming trauma-informed has been emphasized as a key component by researchers and experts in the field, as a change in behavior is predicated on a deep understanding of the ideas supporting it. One partial explanation for the lack of time spent on professional development is likely due to another challenge that was oft mentioned, that of prioritization. This subject arose when participant’s related that concerns around academics often overshadowed efforts around becoming trauma-informed, even though ultimately the two are extraordinarily intertwined: “people don’t always get that it doesn’t work so well to just focus on instruction if the kid’s social emotional regulation is not present”. This challenge reflects the research in educational change discussed earlier, which suggests that often large reform movements in education face barriers if they do not immediately produce positive academic results.

Naturally, a lot of these challenges do not occur in isolation of one another and are in fact very interrelated. To capture this, the co-occurrence of codes was noted, since multiple codes could be tagged to the same quote. The most notable of these scenarios was the co-occurrence of the teacher workload and the resistance challenges, which were mentioned concurrently six times. This was reflected in participant’s dialogue: one trainer put it in a teacher’s words: “I can’t manage a crowded classroom with 5-6 kids with IEPs⁴, and now you want me to do this?”

⁴ IEP stands for Individualized Education Program

Similarly, a social worker explained that, “there was some resistance with accepting this approach, and I think that had to do with teachers being really stressed out when working with so many children who have trauma backgrounds”. The logic follows that teachers are so overwhelmed with their obligations, that they react to a new program with resistance, imagining that it will add more weight to their already heavy load. Their resistance does not stem from a fundamental disbelief in the new ideas but from a hesitation to take on another responsibility. Accordingly, the teacher workload challenge was also discussed frequently alongside the challenge of classroom implementation, of actually taking the ideas learned in professional development and incorporating them into classroom techniques. Even for the teachers who may buy-in to the ideas presented to them in trainings, classroom implementation falls through in the face of so many other demands. The core issue here does not seem to be a lack of support for these programs but rather a feeling that they are unrealistic in the face of so many other pressures that schools face.

Another notable correlation was that of prioritization and leadership. Leadership codes by themselves often identified issues that arose when leaders did not take responsibility for uptake of the program, did not clearly lay out expectations for what it should look like, or had too high of turnover rates to see through the implementation of the program. In instances when leadership issues were discussed alongside prioritization challenges though, participants spoke of the challenges that come when leaders do not fully buy-in to a trauma-informed program because they are focusing too much on things like academic standards. “unless you have a principal who makes this their hill to die on, it’s just sort of this thing you get in PD a few times a year and it’s not really part of your day to day operation”. This result highlights the importance of having a

strong leadership team heading this type of program that can help set priorities that the rest of the school system will naturally follow.

One of the benefits of the wide range of people interviewed results in the ability to identify disparities in the priorities of different stakeholders. Below is a table of the categories of people interviewed and the three challenges they discussed the most, according to overall mentions per participant group.

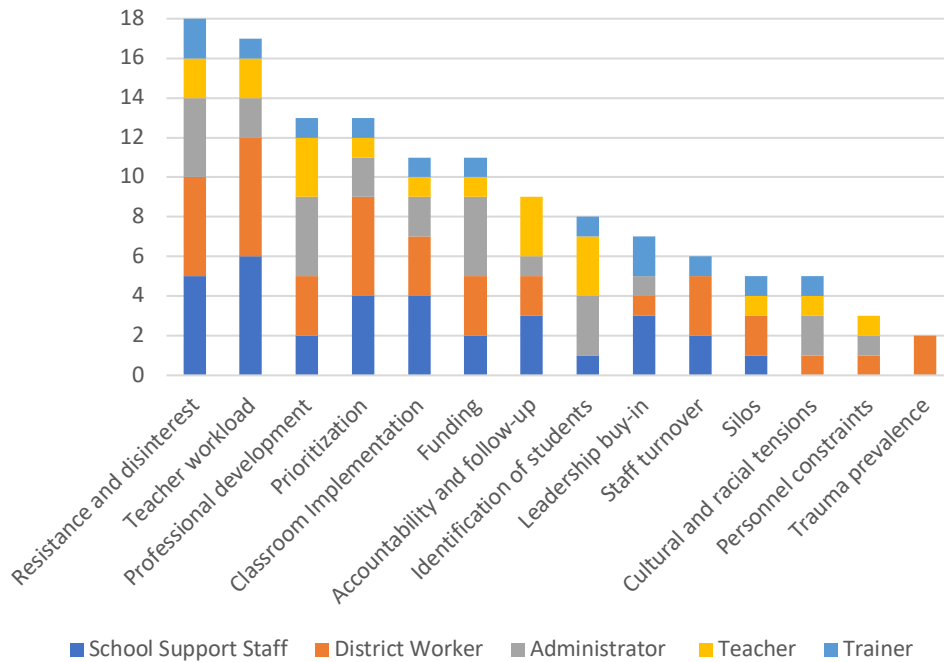
Table 2. *Participant Group Priorities: Challenges*

Participant group	Most discussed challenge	Second-most discussed challenge	Third-most discussed challenge
Teachers	Identification of students	Accountability and follow-up	Professional development
School Support Staff	Teacher workload	Classroom implementation	Resistance and disinterest
Administrators	Professional development	Resistance and disinterest	Funding
Trainers	Leadership buy-in	Resistance and disinterest	Staff turnover
District Workers	Teacher workload	Prioritization	Funding

In looking at the table above, a couple of things become obvious. First, almost every category of participant prioritized a different challenge. It seems that although some challenges consistently appear as top concerns for people (i.e. resistance and disinterest), others are heavily weighted towards a certain type of stakeholder (i.e. identification of students). Many of these discrepancies make sense; it seems logical that teachers would be more focused on correctly identifying students who may need tier two interventions than district workers would be, given the district workers' degree of separation from the classroom. However, these disconnects are important to note when considering that district workers often are the ones to host professional development sessions and perhaps could spend more time addressing this common concern.

Another way to highlight these inconsistencies is to look at each identified challenge and then break down the sources of its mentions by the position of the participant. A full chart of this breakdown is available below.

Figure 8. *Breakdown of Challenges Mentioned, by Participant Group*



This graph helps illuminate the finding that some challenges may have been spoken of exclusively, or predominantly, by a certain type of stakeholder. For example, the topic of trauma prevalence, or the idea that trauma was simply so rampant in the district that it posed a challenge in and of itself, was only mentioned by district workers. Instead, other participants framed it as teacher workload, as the issue being that teachers just have too many kids with trauma in the classroom. This could reflect the bird’s-eye view that district workers have of the school system, whereas school employees may frame the problem just within the limits of specific classrooms. There are several other things to note from this graph. Teachers and administrators are ironically the only groups that did not cite staff turnover as an issue, perhaps because they see it as a result of teacher workload rather than a challenge in and of itself. Since they are presumably the ones

with the high turnover rates, it is understandable that they may be hesitant to “call themselves out”, but this denial of responsibility speaks to the difficulties in addressing the challenge itself. One promising aspect of this data is that district workers, who again in many cases are in charge of hosting the professional development sessions and designing the programs, mentioned almost all of the challenges identified by participants. That is, it seems from the data that district workers are generally aware of the challenges that are arising on the ground, with the exception of the issue around identification of students. In general, though, the data hints at very few silos between different levels of education systems regarding challenges they identify in adopting trauma-informed programs.

Results on Recommendations Made

The other section of the data collected was the recommendations participants made for other schools looking to implement these programs. All participants were asked this question directly, so everyone gave a pointed answer with at least one aspect of the process that they considered critical for success. As established in the data and methods section, there were twelve codes that arose from this section of the data. Below is a table of the distribution of recommendations discussed, including both how many total times they were mentioned *and* by how many unique people, just as was displayed with identified challenges.

Table 3. *Rates of Recommendations Made*

Recommendation	Unique Mentions	Overall Mentions
Professional development	16	19
Awareness and communication	15	20
Leadership	12	13
Data support	12	13
Roll-out plan	11	15
Teacher support	11	13
Buy-in	8	14
Continual feedback	6	7

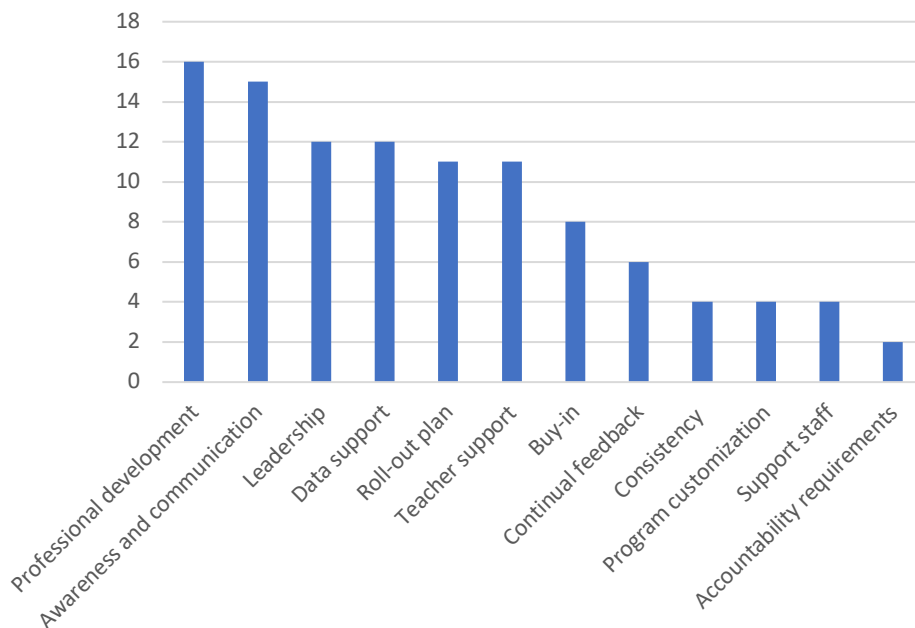
Consistency	4	4
Program customization	4	4
Support staff	4	4
Accountability requirements	2	2

Note. For a description of codes on recommendations, see Appendix 1

In general, there weren't too many discrepancies between unique mentions and overall mentions, suggesting that there weren't many cases of specific individuals talking repeatedly about one recommendation. Perhaps the most notable instance of this was regarding the recommendation of buy-in. Some participants felt it very important that the school reach a certain degree of buy-in among staff members before pushing the implementation: "I think that you need at least 50% of staff bought into a long-term commitment to the change". Although this idea was discussed in detail especially by trainers and school support staff, it was not mentioned that frequently across the board.

In order to more generally assess the importance of recommendations in this field, the graph below visualizes just the unique mentions of the subjects, in decreasing order.

Figure 9. Rates of Recommendations Made



Most of the recommendations made by participants revolved around the topic of professional development sessions. Participants said things like, “there needs to be a lot of upfront time spent on training” and “every school could benefit from trauma training, regardless of how much trauma they actually think is there.” Disseminating information on trauma through professional development goes hand in hand with the second most mentioned recommendation, awareness and communication: “taking away the stigma of what trauma-informed education is, is an excellent discussion to have with parents and community members.” Both of these recommendations fall under tier-one interventions, reflecting the models that recommend a prioritization on that tier of interventions. Another emphasized subject was the importance of having an incremental roll-out plan to give staff the to process and apply the information they learn in professional development sessions. Participants expressed support for this through answers like, “it is key to understand that it will be a longer-term process” and, “it has to be implemented in small stages”. Administrators especially emphasized the power in framing this as an ongoing investment that will, in the long term, make teaching easier and more effective. Naturally and unfortunately, this recommendation faces the challenges of time constraints and a pressure for immediate results that are inescapable in school settings.

Similar to the challenges discussed, many of the recommendations naturally fed into one another. For example, the suggestions around ensuring a strong leadership team were often mentioned alongside the importance of having buy-in from the staff and of creating consistent messaging across different levels of operation. Participants seem to believe that a leadership team has the ability to dictate how the program is received amongst its staff and that they should be responsible for ensuring that policies are consistent between classrooms, subjects, and grade levels. Also mentioned in conjunction were recommendations around professional development

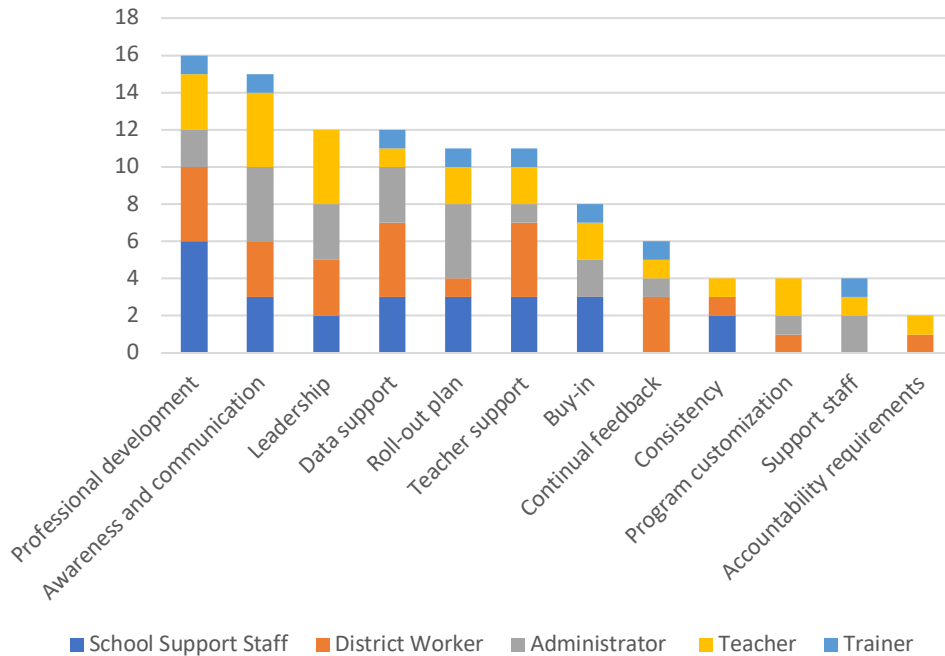
and data support, since many participants felt that going back to the science of trauma in trainings was crucial in order to foster awareness and buy-in: “when you get pushback, you have to answer with the neuroscience”.

Like with identified challenges, there was some variability in which groups emphasized which recommendations, as exemplified by Table 4 and Figure 10 below.

Table 4. *Participant Group Priorities: Recommendations*

Participant group	Most mentioned recommendation	Second-most mentioned recommendation	Third-most mentioned recommendation
Teachers	Awareness and Communication	Leadership	Professional development
School Support Staff	Professional development	Buy-in	Teacher support
Administrators	Roll-out plan	Awareness and communication	Buy-in
District Workers	Teacher support	Data support	Continual feedback
Trainers	Buy-in	Continual feedback	Data support

Figure 10. *Breakdown of Recommendations Made, by Participant Group*



Unlike the data for identified challenges, recommendations made were very consistent across different participant groups. However, some intergroup variability did occur, including the emphasis that teachers, as compared to other participants, put on program customization. One teacher explained that “a lot of times these models are created more generally-there are a lot of different kinds of trauma. Something that’ll be happening in Oakland may look really different in Philadelphia or in Nashville. So, schools should take the general models and customize them to their specific need”. Several other teachers expressed their appreciation when they were allowed to take school-wide models and pick from them the practices that worked best in their classroom. This recommendation was interestingly barely echoed by personnel who may be in charge of designing programs, namely school support staff, district workers, or trainers. This suggests a desire from teachers to become more involved in the creation process. Another interesting phenomenon that comes out of the visuals above is the observation that teachers themselves are amongst one of the only two groups who recommended incorporating accountability mechanisms in an implementation. It’s unusual that teachers would ask to be “checked” for more things, but this shows that teachers often really do want to dedicate time and effort to these types of practices but feel that they need an extra push or incentive to do so from their superiors. Lastly, one of the potentially concerning things to come out of these visuals is the seeming lack of regard that district workers show for the importance of buy-in. Many participants emphasized that in order for a program to be successfully rolled out, there must be a majority of staff members who buy into the ideas or else it will not last. If district workers do not prioritize this presence of buy-in, programs could be pushed prematurely and end up doing more damage than good. Overall however, it seems that stakeholders across the board agree on the importance of robust tier one structures such as professional development, general awareness, and a leadership team.

Challenges versus Recommendations

Before moving on to the policy recommendations that come out of the data, it is helpful to look at the results from the challenges and recommendations sections alongside each other. How well do the recommendations made reflect the challenges discussed by the participants? For the most part, the two sets of data align well. For example, the most common recommendation of professional development sessions is a direct response to the discussed issue surrounding a lack of time for training. Moreover, recommendations regarding professional development and suggestions for both awareness and leadership were discussed as an effort to curb the issue of resistance and disinterest. On the other hand, teacher workload, although it was the second most mentioned challenge, did not result in an equally common recommendation, given that teacher supports (ideas ranging from trainings on self-care to stronger teacher communities) finished sixth on the list. This may be a reflection of people's view of teacher workload as a larger challenge that lays outside the scope of a single school's power. Attributing teacher workload to a system flaw does not invalidate the issue, of course, but it may explain why participants were reluctant to recommend a concrete fix for other schools. One last incongruence that may stem from similar systemic issues is the question of funding. Funding appeared fifth on the most-identified challenges list but was not mentioned at all when discussing recommendations. Again, this is likely because participants may not have felt they could simply "recommend" a school to find funding, given the fundamental difficulties in that process. These issues will be addressed in the conclusion as examples of where certain systemic structures impede the educational sector from perfectly mirroring intellectual advances in larger society. In general, however, it does seem that participants made understandable and relatively attainable recommendations for other school systems given the challenges at play.

Policy Recommendations

As school systems attempt to bring in these multi-tiered trauma interventions, they are facing and will continue to face several hurdles in rolling out a program that is not only effective but also long-lasting. This has significant implications for the students and the staff of the school, since a poorly implemented program has the potential of adding an extra burden to teachers and failing the students who may need the most support. Therefore, it is important to preemptively address the potential challenges of implementing such a program, alongside several approaches to respond to them. In this section, I will present several policy recommendations for how schools should approach the adoption of trauma-informed practices, with specific recommendations at the district, school, and classroom level. I acknowledge that in order to completely avoid some of the challenges raised in the interviews, larger structural change is needed, but I also posit that there are several attainable, small-scale adjustments that can be made to facilitate the incorporation of trauma-informed knowledge and avoid many of the identified challenges. Recommendations for the district, school, and classroom level will be explained individually, followed by a recommendation on how school systems might fuse all three of these to address the needs of the students and teachers while still taking into consideration time, resource, and personnel limitations.

In general, I recommend that professional development and an initial needs assessment should be handled at the district level, school leadership should take charge of developing a roll-out plan and prioritizing a consistent culture of trauma-awareness, and teachers should be encouraged to incrementally alter teaching practices as well as to engage in restorative activities.

In order to create a trauma-informed community as opposed to a community with trauma-informed pockets, I would recommend that the necessary level of action must begin with the

district. Districts should take the lead in structuring an approach to the awareness and communication as well as the professional development aspects of the programs. In interviews, participants spoke repeatedly of a desire for more consistent trainings around trauma in order to foster awareness not just in the school but in the surrounding communities. By placing the bulk of this responsibility in the hands of the district, it is more likely that practices will be standardized throughout the community and that knowledge about trauma and the program will spread more widely. However, it is critical that this process begin with a needs' assessment. As suggested by educational change theory, successful programs will be tailored to their population and will therefore be different wherever you take them (Olson, 2003). This was reflected in interviews by administrators who spoke of widely varying populations. Districts serving communities with seemingly low trauma prevalence can afford to put most of their resources towards tier one interventions, as the models advise, for they may not have much need for the more intense interventions. However, districts serving communities with high trauma prevalence have to seriously consider which resources they can leverage if most of the student population may require individual attention. Because district workers often have a broader perspective of the community than school employees, it will be easier for them to decide which version of trauma-informed practices will be appropriate at which schools.

Once this step is completed, district employees should then proceed towards the professional development piece. Some districts may want to host their own trainings, whereas others may opt to outsource to community organizations that do trauma-informed trainings. Regardless, it will be important for district workers to develop a professional development plan to present to the schools. These professional development sessions should 1-be grounded in data, 2-include an opportunity for feedback, and 3-offer suggestions for teacher supports. Moreover, a

strong professional development plan will require consistent trainings, potentially mandating school employees to attend at least one trauma-training a year, understanding that work will be done at a school level to continue the learning that occurs in a training session on a daily basis. Once employees agree on a tailored professional development plan, they should approach schools with their ideas and with some preliminary science behind trauma to gage their interest level. Importantly, if at this point school leadership does not seem bought in or there is not enough support from school staff members themselves, the program should not be pushed. As many participants mentioned, trauma-informed practices will not be successful in a school where there is not enough buy-in. If this is the case, the district workers should instead focus their efforts on schools that are interested and meanwhile continue disseminating information on the potential impact of a trauma-informed programs to schools who are not.

If implementation seems appropriate for a given school, administrators should then work to fully develop a roll-out plan for the program, which should have a few specific components. First, this roll-out plan, as suggested several times by participants, should be incremental. For example, maybe the first year of the plan focuses exclusively on tier 1 interventions: getting staff informed, changing school discipline policies, and hosting information sessions for parents and family. In years two and three of the roll-out, schools can then turn to bolstering tier two and three interventions such as establishing a more formalized way of identifying struggling students and partnering with community health organizations to offer counseling for students who need it. Schools should absolutely still continue with tier one interventions during this time and should continue to train any new staff members accordingly. An incremental roll-out will allow school staff to familiarize themselves with new information slowly and will minimize any resistance to too much immediate, wide-sweeping reform. Another thing the leadership team must do is create

a system of continual feedback for the program. Again, this will look different in every school, but administrators should provide staff members with specific guidelines on how to ask questions and on how follow-up conversations will occur. This will allow for teachers to feel supported throughout the process and will demonstrate the priority of the program. As discussed by the participants, it is imperative that the leadership play a strong role in setting expectations for the program so that other staff members understand its importance and are supported in its implementation.

Lastly, at a classroom level, teachers should be encouraged to follow specific and attainable guidelines set by higher levels of authorities. That is, they should be encouraged to attend a certain amount of professional development sessions and to have a certain set of techniques they're trying to implement in the classroom. For example, school leadership may require that when teachers are handling a behavioral issue in the classroom, they go through a checklist of strategies before sending a student to a counselor or administrator. In order to enforce this, schools could give teachers a form to fill out for any referrals they make. One way to incorporate teacher agency in this implementation process would be to present staff with a variety of trauma-informed practices and allow them to focus on a few each year. This approach may jeopardize consistency in practices between classrooms but if it helps mitigate teacher resistance and increase general participation, then initially inconsistent approaches may be worth the long-term benefits. These trauma-informed practices should be included in teacher evaluations just like many academic practices are enforced. One approach to this could be mandated peer evaluations, followed by an evaluation submitted to supervisors. This would allow teachers to learn from each other while still enforcing a continual feedback look. It is important that success stories are shared amongst teachers, for as teachers begin to see the

potential benefits of implementing these practices, they will stop seeing them as an additional burden and instead welcome them as a potential help.

One way in which school systems could address all of these recommendations is by forming a trauma-informed committee at the start of the project. This committee should have volunteer members from all three levels of the education system: school staff, school administration, and district staff. This type of committee would be effective for a number of reasons. First, it would ensure collaboration across all levels; getting a district worker, a teacher, a counselor, and a principal to all sit at a table together and troubleshoot will help avoid potential silos during implementation. Second, its voluntary nature would allow for self-selection of individuals really invested in the change, who will ultimately become more powerful spokespeople than someone who was perhaps forced to get involved. Lastly, the committee could serve as the point of contact for others who need more guidance in implementation. Perhaps committee members could spearhead classroom observation or other follow-up procedures. Of course, being a part of this type of committee would come with time demands, so if resources allow, schools or districts could offer small monetary compensation for members. This type of committee would ultimately strengthen the different pillars of a school system and communicate to the community that becoming trauma-informed is truly one of their priorities.

All of the recommendations above are made with awareness of the persistent and significant resource limitations that school systems face. One of the biggest challenges identified in interviews was that of teacher workload. In order for this issue to be completely eradicated, system-level change would have to occur so that classrooms were smaller, more schools were given support staff such as counselors, and teachers were paid more. These are all large-scale changes that would likely have to be driven at a state or even national level. Instead, these policy

recommendations aim to ease the burden on teachers with components like an incremental roll-out and professional development geared to meet their needs. The recommendations suggested do not require significant resources beyond invested time, especially prior to the roll-out. However, as educational change theory suggests, planning is crucial for lasting reform and therefore should not be compromised for the sake of efficiency. In terms of trauma-informed reforms, the positive effects would be far-reaching. As students start to feel supported, there should be fewer behavioral issues in the classroom, which in turn would lower the stressors on the teachers and allow them to put more energy back into taking care of themselves and continuing to nurture their relationships with the students. Time dedicated to properly planning this implementation will ensure ensure that it is 1-grounded in trauma awareness and professional development, 2-guided by a tailored and incremental roll-out plan, and 3-followed by an ongoing system of feedback and adjustments. Making these improvements will result in trauma-informed education programs that can better attend to student, school staff, and community needs.

Conclusions

While data suggests that trauma-informed education programs could help curb the long-term consequences of exposure to childhood trauma, there are various challenges in implementing these programs. These programs are aimed to change the cultures of schools so that they better acknowledge and combat the large prevalence of trauma that has been shown to exist among American youth. However, these complex multi-tiered models are breaking down in practice. Firsthand accounts from key stakeholders reveal that many challenges result from time constraints for professional development, an overwhelmed and under-resourced teacher population, and a competition for prioritization against other academic concerns. Stakeholders

seem to ideologically support the ideas driving trauma-informed education but feel that without sufficient time for trainings, with overcrowded classrooms, and with a culture that tends to prioritize test results, implementation gets stuck at several different levels. These challenges are reflective of the issues common to educational change, such as front-line participation and resource constraints, as reflected by the theories discussed.

However, educators continue to work tirelessly to help their students and feel that successful implementation of these programs are not only critical but also attainable, with a few adjustments. Namely, stakeholders advised that schools looking to uptake these practices must emphasize thorough and consistent professional development in order to foster a deep awareness of trauma prevalence and impacts that extends beyond the school walls and penetrates the surrounding communities. They also urged the importance of a strong leadership team that prioritizes this change and dedicates the time to design a customized roll-out plan, to prepare for incremental change rather than immediate reform, and to implement a system of continual feedback and support. Again, this focus on change management, program customization, and incremental implementation are reflective of key aspects to all successful educational change. According to interview participants, following these guidelines, schools could avoid several of the challenges common in implementing these trauma-informed practices.

In order to design and carry out a successful implementation, school systems need to fuse together all levels of action. District workers should work alongside school administrators and staff to ensure that everyone's concerns are heard, and ideas considered. This may benefit from taking form as a structured committee, but regardless of how districts decide to facilitate interlevel collaboration, it must be at the center of their efforts. A program that more effectively educates school staff, more persistently pushes trauma awareness, and more consistently makes

changes to classroom teaching techniques, will have direct benefits to student's long-term health and success. Similarly, clarity and consistency in trauma-aware education policies will help facilitate this larger cultural movement towards restorative rather than punitive mindsets that could positively impact American children for generations to come.

Appendix 1

Codes used for qualitative coding, with descriptions and examples

Challenges codes

Accountability and follow-up: Difficulties in holding staff accountable after the initial roll-out of the program

“I think it’s a hard thing to hold teachers accountable to”

Classroom implementation: Difficulties in changing teacher behavior and incorporating techniques into teaching

“The biggest area for improvement is just the day to day...for teachers to be more responsive in their lesson to lesson, minute to minute, hour to hour time that they’re in front of the kids”

Cultural and racial tensions: Difficulties that arise as a result of cultural or racial differences between school staff and families

“The other thing that’s missing is just that there’s a lot of white people that are the providers or helpers and there’s not a lot of reflection woven in about white fragility, white privilege, all of these things”

Funding: Difficulties arising from financial restraints in the school system

“I think the intention is there, but we’re so underfunded, so that’s really the issue”

Identification of students: Difficulties in identifying which students need more targeted attention

“It’s hard to keep track of kids who could potentially fall through the cracks, who are going through something but don’t act up”

Leadership buy-in: Difficulties arising from administrators who don’t fully support the program

“You lose implementation unless you have a principal who makes this their hill to die on, who really invests in the change”

Personnel constraints: Difficulties around underqualified or insufficient personnel

“There aren’t the actual people in the building to carry things out”

Prioritization: Difficulties around competing priorities

“Because there’s such a push for academics here, there’s often competition, like what should we do first? A climate and culture change or an academic push?”

Professional development: Difficulties around limited time for professional development sessions and inadequate content

“I don’t think there’s enough training”

Resistance and disinterest: Difficulties with staff that oppose adopting trauma-informed practices

“There is a smaller group that might be resisters because they have like deeply ingrained punitive mindsets”

Silos: Difficulties arising from silos between the different levels of education systems, namely between districts and schools

“The school district gave funding for fifty-two schools to get trauma 101 and 102 trainings, but only twenty schools ever responded to the free opportunity, and I think this could speak to silos in the district”

Staff turnover: Difficulties resulting from high rates of turnover among school staff

“It’s a really hard job and there’s a high turnover in those jobs. It’s really bad when you see that the kids with the most need have the people leaving them the most”

Teacher workload: Difficulties stemming from overcrowded classrooms and teacher stress

“Teachers often feel ill-equipped, under-resourced, overworked, and underpaid”

Trauma prevalence: Difficulties around the sheer numbers of trauma-impacted children

“I think that one of the hardest things is that it just seems like in the last few years, there are so many kids whose families have been coming with some pretty intense needs”

Recommendation codes

Accountability requirements: Suggestions to set up accountability mechanisms for the implementation of practices

“We need to all do it and we need to be held accountable for doing it the same way throughout the school”

Awareness and culture: Suggestions to spread trauma awareness throughout the community and aim for a shift in the culture

“First, it’s got to start with awareness of the problem”

Buy-in: Suggestions to ensure a significant amount of staff support before rolling out a program

“All the staff has to be on board and understand the need”

Consistency: Suggestions for consistent messaging and policies between grade levels and classrooms

“Vertically aligning the schools. The level that a student should be held to should be consistent throughout elementary, middle, and high school.”

Continual feedback: Suggestions to have a system of continual feedback for front-line implementers of the program

“There need to be a lot of touch points, and not just trainings, but also supervisors bringing it up with teachers and checking in frequently”

Data support: Suggestions to have the awareness and professional development messaging grounded in scientific data

“One of the biggest things I think is being driven by the data”

Leadership: Suggestions of a strong and committed leadership team to spearhead the program
“The support from leadership is being cited over and over again as being really critical for a successful culture change”

Professional development: Suggestions for the frequency and the content of professional development sessions
“It has to be repeated many times. You can’t do one training or even three trainings and think that teachers are going to incorporate those beliefs in how they see the world”

Program customization: Suggestions to tailor program models to the specific school’s needs
“It’s going to have to be very individualized. Schools are very, very different”

Roll-out plan: Suggestions to plan for an incremental, long-term roll-out of the program
“I’d recommend incremental rollouts of this so that everyone doesn’t think it has to happen all in a week”

Support staff: Suggestions to have more support staff personnel at schools
“Having a more robust social work staff is something that I’ve seen help”

Teacher support: Suggestions to provide teachers with various levels of supports
“Teacher self-care and wellness. Probably the most important part of this work is helping support adults to shift mindsets. If adults need to take care of kids, they need to take care of themselves first.”

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