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Examining Trauma-Informed Teaching and the Trauma Symptomatology of Court-Involved Girls

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Abstract
Young women living in urban contexts, particularly those with involvement in the foster care and juvenile justice systems, experience significant barriers to academic well-being as a result of childhood trauma. To date, little research has been done to evaluate evidence-based, trauma-informed educational interventions to improve outcomes among these students. This study used survey data from a multi-year trauma-informed teaching intervention to quantitatively measure the well-being of trauma-exposed girls in an urban, trauma-informed school setting. The study explored whether girls at a trauma-informed school demonstrated significant changes in trauma symptomatology and whether these changes varied by race/ethnicity. As hypothesized, participants experienced a statistically significant decrease in trauma symptoms over the observation period. However, there were no significant differences in trauma symptom change based on race/ethnicity. Policy and practice implications are discussed.

Keywords Trauma-informed teaching · Childhood trauma · Trauma symptoms · School-to-prison pipeline

Introduction

Trauma, often resulting from experiences with maltreatment, has a major impact on youth functioning and development. Psychological trauma is defined as the result of events or circumstances that are perceived as harmful and that have a lasting impact on one's well-being (SAMHSA 2012). This can be acute or chronic; where

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acute trauma is the result of a recent, emotionally distressing event, and chronic trauma is caused by multiple extreme experiences (Council on Social Work Education 2012; Riebschleger et al. 2015). Yet another form of psychological trauma is complex trauma, defined as "multiple or chronic and prolonged developmentally adverse traumatic events" (Wolpow et al. 2009, p. 2), which often occur at the hands of individuals who are interpersonally connected with the child. This type of trauma can impede healthy mental, emotional, behavioral, and cognitive functioning (Cook et al. 2005), and is often experienced by court-involved youth (Greeson et al. 2011).

Each year, large numbers of youth become court-involved, filtering into the foster care system, juvenile justice system, or both. In 2015, the U.S. foster care system encountered as many as 427,910 children and adolescents (U.S. Department of Health and Human Services 2016), and in 2014 the juvenile justice system experienced over one million delinquency arrests (Office of Juvenile Justice and Delinquency Prevention 2015). Dually court-involved youth consist of those who have interacted with both the foster care and juvenile justice systems (Herz et al. 2012). There are varying pathways to becoming dually involved. For example, foster youth may be referred to juvenile justice for delinquent behavior that occurred while in placement. On the other hand, delinquent youth may receive child welfare intervention if abuse or neglect is discovered during juvenile justice proceedings, or if there is no safe and welcoming home to which they can return after release from a correctional placement.

Gender and Race Among Court-Involved Youth

Girls and young women make up a large number of those who have contact with the foster care and/or juvenile justice systems. In 2015, female children and adolescents made up almost half of the total number of youth in the child welfare system (U.S. Department of Health and Human Services 2016). In the juvenile justice system, Chesney-Lind and Shelden (2013) explain, attention has been historically given to male delinquency. However, the drastically increasing amount of female contact across all areas of juvenile justice has garnered more recognition of this traditionally understudied population. From 1992 to 2012/2013, rates of female contact have increased across arrests, court-referrals, detainments, probation, and correctional placement by 9%, 8%, 6%, 7%, and 5%, respectively (Sherman and Balck 2015). Simultaneously, juvenile justice contact among young men was steadily declining.

Girls in court-involved settings have unique experiences that differ from their male counterparts. For example, girls generally experience more internalizing behaviors and Post-Traumatic Stress Disorder (PTSD) in response to trauma exposure (Grande et al. 2012; Postlethwait et al. 2010). This is distinctly different from male youth (Postlethwait et al. 2010) and inevitably impacts their functioning and service needs. It may also impact their overall well-being and outcomes as they move through these systems.

Additionally, pathways to court-involvement are often different for girls. In general, girls are more likely than boys to experience victimization, particularly sexual abuse (Sedlak et al. 2010), which is often a precursor to foster care involvement

(Baynes-Dunning and Worthington 2013). Even when compared to boys who have experienced abuse, girls are still overwhelmingly more likely to encounter sexual abuse (Sedlak et al. 2010). In the juvenile justice system, the majority of female juvenile adjudication and detention occur as a result of status offenses (e.g., curfew violations, truancy, runaway behavior) and probation violations, rather than the serious violent crimes more commonly committed by young men. Often times, these behaviors stem from previous trauma and victimization (Buffington et al. 2010). This often has negative consequences for young women, as they disproportionately receive harsher punishment for less serious infractions than their male counterparts (Pasko 2010; Watson and Edelman 2012). Overall, these distinctions speak to the unique needs and challenges of young women in the foster care and juvenile justice systems, which warrant specific attention in order to improve outcomes among this population.

Racial and ethnic minority youth have an overwhelmingly disproportionate presence among court-involved populations (Brandt 2006; Lawrence and Hesse 2010; U.S. Department of Health and Human Services 2013). Youth are not intrinsically predisposed to more violent or criminal behavior and environments. Rather, multiple ecological dynamics, including systemic economic and racial oppression, heavily influence many of the risk factors associated with court-involvement (Bellair and McNulty 2005; McNulty and Bellair 2003) and also contribute to violence within urban communities of color (Anderson 1994). These long-standing systems of institutionalized oppression contribute to the historical landscape of many of the contemporary social conditions that pervade communities of color. Not surprisingly, racial/ethnic minority youth are particularly vulnerable to trauma exposure (American Psychological Association Presidential Task Force on Posttraumatic Stress Disorder and Trauma in Children and Adolescents 2008). For example, African American youth are more than twice as likely as white youth to live in impoverished areas, and therefore have increased exposure to community violence, stress, and crime (Brandt 2006; Lawrence and Hesse 2010).

The same systems of racial bias may also perpetuate the disproportionate rate of court-referral that racial/ethnic minority youth experience. The U.S. Department of Health and Human Services (2013) reported that the racial/ethnic group with the highest rates of representation in the foster care system has been Native American youth since 2009. They also reported that close to half of foster youth were of African American or Hispanic/Latino origin in 2012. Yet, these two racial/ethnic groups only made up 38% of the population for their age group (Annie E. Casey Foundation 2014). The same overrepresentation is true for youth in the juvenile justice system (Brandt 2006; Lawrence and Hesse 2010). In 2010, Latino and American Indian youth were more than twice as likely to be placed in a juvenile correctional facility when compared to white youth (Sickmund et al. 2013). Furthermore, African American youth had even higher rates of placement, as they were approximately five times as likely to be incarcerated.

Trauma, PTSD, and Educational Well-Being

Adolescents who have encountered the foster care or juvenile justice system or both are significantly impacted by the presence of complex trauma. Foster care youth experience psychological trauma at higher rates than their peers (Greeson et al. 2011), in addition to exhibiting PTSD at a higher rate than war veterans (Pecora et al. 2005), and over 20% higher than the rate of PTSD in the general population (Salazar et al. 2012). Youth in the juvenile justice system have similar histories, with high levels of traumatic stress (Ryan et al. 2006; Wasserman and McReynolds 2011). Research has shown that almost 90% of youth placed in a correctional facility report a previous history of traumatic experiences (Ford et al. 2008, 2012). Furthermore, youth well-being does not necessarily improve once youth enter residential treatment. After accounting for extraneous factors, Berger et al. (2009) found that youth removed from their homes of origin had no statistically significant improvement in functioning. In fact, literature suggests that home removal can result in system-generated trauma (Ryan et al. 2006), where youth perceive their unfamiliar, out-of-home environment as potentially harmful or dangerous, creating fears about their safety, and further diminishing their socioemotional health (Neely-Barnes and Whitted 2011; Ryan et al. 2006). In this way, rather than reducing trauma, court-involved youth may be further traumatized by experiencing residential placement.

Unfortunately, several domains of youth development are impacted by trauma and PTSD, including affect, cognition, and self-regulation of behavior (Cook et al. 2005). Furthermore, youth educational attainment is compromised by childhood trauma. Academic success in current primary and secondary education systems relies on several factors, including the ability to not only organize and memorize material, but to also comprehend lessons, maintain attention during class instruction, and regulate behaviors appropriately (Cole et al. 2005). Traumatized students may struggle with meeting these demands, as trauma can severely impair youth brain development (Anda et al. 2006; Black et al. 2012), specifically attention span, cognitive processing, maintenance of boundaries, self-regulation, impulse-control, and attachment (Cook et al. 2005). As students grapple with this, they may also endure exposure to triggers (i.e., reminders of previous traumatic experiences, such as sounds, smells, or other events taking place in their environment), which may result in negative or disruptive classroom behaviors that youth may not even recognize as being related to their psychological distress (National Child Traumatic Stress Network Core Curriculum on Childhood Trauma Task Force 2012). In turn, these behaviors have been interpreted by school staff as apathy and disinterest in learning (Cox et al. 2011). Further, other trauma-related impairments may be misinterpreted by school personnel as defiant behavior (Oehlberg 2008) and other mental health disorders (Cook et al. 2005; Griffin 2011; Cole et al. 2005; Richardson et al. 2012).

Youth who have endured abuse exhibit less school engagement, more internalizing and externalizing behaviors, and impaired social skills in comparison to their peers (Shonk and Cicchetti 2001). Links have been found between exposure to violence and various risk factors for lower academic achievement (Lepore and Kliewer 2013; Smithgall et al. 2013; Voisin et al. 2011), resulting in higher student referrals for placement in special education programs (Macomber 2009; Smithgall et al. 2004). These students

are also disciplined and suspended or expelled with greater frequency (Burley 2010). Under these circumstances, it is not surprising that these youth later become at risk of unemployment, working poverty, and homelessness throughout adulthood (Lawrence and Hesse 2010).

Theoretical Framework

This study examines the impact of trauma-informed educational practices through the lens of attachment theory (Bowlby 1969, 1979, 1980, 1988). Grounded in the psychodynamic orientation, attachment theory provides a view of human development, positing that lifespan functioning is contingent upon early childhood interactions with caregivers (Bowlby 1969, 1979, 1980, 1988). The experiences that traumatized youth face can have a major impact on the way that they view themselves and form relationships with others. The childhood abuse and neglect that generally precedes court-involvement can contribute to poor attachments to parents or caregivers (Manning 2008). Removing youth from their home of origin can also interfere with their ability to form healthy attachments (Rushton et al. 2003). Furthermore, studies have shown that foster youth, especially those with multiple placements, often exhibit unhealthy attachment styles (Luke and Coyne 2008; Unrau et al. 2008). These poor attachment styles can contribute to problems in the classroom, including inappropriate interpersonal boundaries with peers and school personnel, conflict, and behavioral issues (Crosby et al. 2015).

While attachment theory generally assumes that attachment styles developed in childhood will persist throughout the life course, some methods of intervention may be useful in modifying maladaptive behavior by improving the socioemotional well-being of the youth. To accomplish this, traumatized youth need connections with caring adult figures (e.g., teachers, school personnel) to become aware of negative self-perceptions and subsequent behaviors, empowering them to make changes to improve functioning (Bowlby 1988). They would also need supportive, emotionally-corrective relationships to counteract their existing views of self and expectations of others. A trauma-informed approach to service delivery recognizes the impact, signs, and symptoms of trauma on all members of a particular system, responds with policies and practices that are sensitive to that trauma, and intentionally avoids re-traumatizing (SAMHSA, NCTIC, 2015). In schools, teachers and staff can assume a positive role in providing this long-absent contact with positive and supportive adult figures by taking a trauma-informed approach to education. Implementing trauma-informed practices in classrooms may help to restore healthy interpersonal connections and attachment styles in traumatized youth and improve their overall functioning.

Method

To date, little research has been done to evaluate evidence-based, trauma-informed educational interventions. Day et al. (2015) presented one of the first studies to evaluate trauma-informed educational practices with court-involved students in residential care. This present study built on Day et al. (2015), using survey data from

a multi-year trauma-informed teaching intervention to quantitatively measure the well-being of trauma-exposed girls in a trauma-informed school setting. The primary research questions were:

(1) Do girls in a trauma-informed school setting demonstrate significant changes in trauma symptomatology over the observation period?
(2) Do changes in girls' trauma symptoms over the observation period vary by race/ethnicity?

We hypothesized that students would demonstrate statistically significant decreases in trauma symptomatology.

Participants

Study participants included all students enrolled between September 2012 and June 2015 at a public, charter high school, affiliated with a large child welfare agency. The agency provides residential treatment to girls who have histories of abuse and neglect and are referred from either the foster care or juvenile justice systems. The high school, located on the agency's campus, exclusively serves the residents and former residents of this agency. Students range in age from 14 to 18 years old and are primarily African American. These racial demographics are generally consistent with the racial makeup of the surrounding community (Data Driven Detroit 2013), as well as the racial demographics among court-involved youth, locally (Wayne County Department of Children and Family Services 2011) and nationally (Sickmund et al. 2013; U.S. Department of Health and Human Services 2013). There were 815 students enrolled during the observation period. However, the school population experiences high student turn-over, with approximately 43% of students having multiple stays at the adjoined child welfare agency. The average length of stay for youth is approximately 133 days, consistent with the average length of stay for youth in residential treatment facilities nationwide (Sickmund et al. 2011). Therefore, only the 109 students who completed both a pre- and post-test during the observation period were included in the analysis. See Table 1 for demographic information.

Description of Intervention

The school has utilized an adapted version of *The Heart of Learning and Teaching: Compassion, Resiliency, and Academic Success* (HLT) curriculum (Wolpow et al. 2009) since the 2012–2013 school year. The original HLT curriculum was designed for use in a variety of education settings, both residential and non-residential, including public schools, charter schools, and private education authorities. It has been modified to provide information to teachers and school staff on issues related to student court-involvement, diversity—including gender and racial identity, as well as training on Theraplay (Booth and Jemberg 1998) and sensory integration (Ayres 2005; Dorman et al. 2009). The resulting curriculum has been described by Day

Table 1 Participant demographics (N = 109)

	N	%
Total	109	100
Race/ethnicity		
African American	69	63
White	18	17
Other	22	20
Grade		
9th	30	28
10th	31	28
11th	24	22
12th	24	22

Age: μ = 15.85, SD = 1.34; other races/ethnicities include Asian, Hispanic, and Native American

et al. (2015) as integrated and manualized, founded on research, theory and clinical practice, and grounded in attachment and ecological theories. Curriculum training modules also included specific trauma-informed strategies, collaborative problem-solving (Greene and Albon 2006), and self-care. School staff training sessions consisted of role plays, games, case vignettes, individual coaching, and additional tools and resources for classroom use.

The curriculum was presented, annually, to school staff in half-day trainings, with booster trainings occurring monthly over 2-h periods at staff development meetings between October and May of each school year. The curriculum was provided sequentially in 8 professional development sessions, conducted by a clinically-licensed, master's level social worker, with experience with psychological trauma and an employment history in both mental health and child welfare. Two certified occupational therapists (OT) also participated in curriculum development and coaching, providing an additional 6 training sessions to deliver information on sensory integration theory (Ayres 2005) and how sensory tools can be used to assist students in self-regulation, self-soothing, and de-escalation (Dorman et al. 2009). Group trainings were followed by individual coaching sessions between the school staff and the OT training consultants. Additional trainings were implemented to address staff turnover. To promote fidelity of program implementation, individual level, classroom observations were conducted by the trauma trainers. Each teacher participated in at least one observation. Additional observations and coaching sessions were scheduled with teachers who needed extra support with implementation in order to maximize program fidelity and ensure that all students have access to the OT supports and trauma-sensitive teaching methods used by teachers in each classroom.

In addition to training, the school implemented the Monarch Room (MR), an alternative to traditional school discipline policies to increase student seat time and attendance. The MR is available throughout the school day, managed by trauma-trained staff to provide positive support to help students de-escalate when needed. When students' emotional states or behavior begin to interfere with learning in the

classroom, they may be referred by school staff or may self-refer themselves to the MR, which is viewed as a support rather than a punitive action. Once in the MR, brief intervention strategies, including problem solving, talk therapy, and sensory-motor activities are utilized to assist students in regulating their emotions. For example, there are sensory tools (i.e., weighted blankets, fidgets, and exercise equipment) available to assist students who may experience both withdrawal and externalizing behaviors as a result of trauma triggers. The goal of the MR is to return students to the classroom in 10 min or less.

All student visits to the MR are documented by school staff in tracking logs, including the reason for the visit, time student arrived, time student returned to class, and the strategies used to assist the student. This data is regularly reviewed by school administration to improve policy and practice around MR implementation. While all students do not regularly utilize the MR resource, over one-third of students visit the MR during the school year for support (Baroni et al. 2016; Crosby et al. 2018).

Data Collection

This study utilized a secondary analysis of school data gathered over three consecutive school years (2012–2015), using a one group, pre/post-test design. Although data spans 3 years, each students' pre-test was administered in the same school year as their post-test, with no student data being duplicated in multiple years. Approval was received from the Institutional review board at Wayne State University, and school administrators obtained informed consent/assent from students during the school registration process. School staff administered surveys to participants to assess trauma symptoms at the beginning of each school year (before the intervention period) and again at the end of each school year (after teaching personnel were exposed to the trauma-informed teaching intervention). Only students with both pre- and post-test data were included in the study.

Measures

For research question 1, the major independent variable of interest was time, defined as pre-intervention and post-intervention. The dependent variable was student trauma symptoms, defined by student scores on a standardized measure. Due to the aforementioned impact of trauma on student functioning, student post-traumatic symptomatology was measured using the Child Report Of Post-traumatic Symptoms (CROPS) (Greenwald and Rubin 1999), a 25 item, self-report tool. CROPS assesses symptoms of post-traumatic stress disorder in youth, with each item being rated according to their frequency on a 3-point scale. Responses range from 0 (none) to 2 (lots), with scores higher than 19 indicating more significant issues with PTSD symptoms. Examples of survey items include: "I think about bad things that have happened", "I have bad dreams or nightmares", and "I'm on the lookout for bad things that might happen".

The CROPS was normed on a sample of over 200 middle school students from diverse racial/ethnic backgrounds, and has demonstrated internal consistency and reliability with an overall alpha score of 0.73 (Greenwald and Rubin 1999). The suggested cutting point, a score higher than 19, was derived during measure standardization, by comparing the sample's CROPS scores to their ratings on the Lifetime Incidence of Traumatic Events (LITE) measure, which captures both parent and child reports of traumatic experience. For the current study, the Cronbach's alpha was 0.95 at pre-test and 0.97 at post-test.

For research question 2, the independent variable was student race/ethnicity, defined as African American, White, and Other (i.e., Asian, Hispanic, and Native American). The dependent variable of interest was student trauma symptoms, defined by their CROPS score at post-test. Students' pre-test CROPS score was included as a covariate.

Data Analysis

Demographic (i.e., race, grade) and survey data were entered into SPSS 22 statistical software and explored using frequencies and descriptive statistics. For question 1, a paired sample t-test was used to examine differences between students' CROPS scores before and after the intervention. Effect size (d) was calculated using Cohen's d for a more concrete impression of statistically significant results. For question 2, an ANCOVA test was used to examine whether there were significant differences in CROPS score changes between girls from different racial/ethnic groups. Participants' mean post-test CROPS scores were examined, using pre-test CROPS scores in the analysis as a covariate.

Results

The results of this study built on the findings of Day et al. (2015), examining multiyear survey data to assess the well-being of trauma-exposed girls in a trauma-informed school environment. The first research question examined whether girls exposed to a trauma-informed teaching intervention demonstrate significant changes in trauma symptomatology. As expected, trauma symptoms at pre- and post-test were very high. See Table 2 for the pre/post minimums, maximums, means and standard deviations.

To compare pre- and post-test scores, paired sample, two-tailed, t-tests were conducted, using an alpha level of .05. Results yielded a statistically significant decrease in students' trauma symptoms between pre-test ($M = 37.60$, $SD = 14.47$) and post-test ($M = 27.92$, $SD = 17.95$); $t(108) = 6.07$, $p < 0.01$. A Cohen's d of 0.60 was also calculated, demonstrating a medium effect size in the reduction of trauma symptoms. See Table 2 for results of the paired sample t-test.

The second research question examined whether changes in trauma symptoms varied by race. A one-way ANCOVA was conducted to compare the differences in mean post-test trauma symptoms scores when compared by race, using pre-test

Table 2 Means and pairwise comparisons for pre/post responses (N = 109)

Pre-test					Post-test				
	Min	Max	μ	SD	Min	Max	μ	SD	t (108)
CROPS[+]	0	50	37.60	14.47	0	50	27.92	17.95	6.07*

[+]Child report of post-traumatic symptoms

*$p < .01$

scores as a covariate. The racial/ethnic groups, African American, White, and Other, had mean scores of approximately 38, 42, 34, respectively, at pre-test. At post-test, these groups had score of 28, 31, and 25, respectively. However, there was no statistically significant difference [$F(2,105) = 0.08$, $p = 0.93$] in the amount of change over time for the 3 groups. See Table 3 for mean scores and standard deviation by race/ethnicity.

Discussion

The aim of this study was to examine the well-being of students in a trauma-informed school setting. Findings demonstrate that, as hypothesized, students experienced a decrease in trauma symptoms after being exposed to a trauma-sensitive school intervention. Although preliminary, such results may support the use of trauma-informed teaching and are consistent with other literature on attachment-oriented practices in schools (Crosby et al. unpublished; Cole et al. 2005; Moore et al. 1997; Penner and Wallin 2012; Wolpow et al. 2009). In fact, findings from a qualitative study that included a subsample of this student population, along with girls from a comparison school, demonstrated that students in the trauma-informed setting described school as more emotionally supportive and more positively relational than comparison school students (Crosby et al. unpublished). Thus, there may be some merit to such an intervention. In particular, encouraging attachment-focused responses to student behavior, rather than punitive reactions, may provide corrective relational experiences and encourage positive relationship-building among students, improving their attachment and socioemotional well-being. Furthermore, the inclusion of OT resources and sensory integration techniques (Dorman et al. 2009) may have helped students to manage PTSD triggers, as they learned to utilize more

Table 3 Mean CROPS scores by race/ethnicity (N = 109)

	Mean pre-CROPS score	SD	Mean post-CROPS score	SD
African American	37.73	14.38	28.26	19.53
White	41.54	13.60	30.78	12.52
Other	33.95	15.17	24.54	16.61

$F(2,105) = 0.08$, $p = 0.93$; other races include Asian, Hispanic, and Native American

adaptive coping strategies to address classroom stressors. While extraneous factors (e.g., therapeutic treatment in the residential facility, removal from harmful home environment) may have also impacted the symptom reductions observed in this study, system-generated trauma may actively impede such reductions (Ryan et al. 2006). Therefore, further testing is needed to explicitly tease out any potential causal relationships.

Findings also demonstrated that changes in students' trauma symptomatology did not vary by race. Students across all three racial/ethnic categories experienced statistically similar reductions in trauma symptomatology over the observation period. These findings may be due to the unequal sample of students across racial groups, as there were smaller numbers of White and Other students in the study. Results also demonstrate high variability within groups, which may be a factor. However, these findings may also speak to the cultural responsiveness of the intervention, as information on youth racial identity and other relevant cultural content were intentionally included and highlighted during its implementation. Given the disproportionate racial/ethnic demographics of court-involved populations (Brandt 2006; Lawrence and Hesse 2010; U.S. Department of Health and Human Services 2013), trauma-informed interventions must be culturally-competent and responsive to the unique needs and experiences of racial/ethnic minority girls. Crosby (2016) asserts that systems must begin to consider critical race perspectives in their implementation of trauma-informed practice with court-involved youth. This includes honest reflection on the ways in which court-involved youth from racial/ethnic minorities are perceived, listened to, and treated with evidence-based supports that are culturally-appropriate. Still, further testing is needed with larger samples across racial groups in order to gain a more concrete understanding of the cultural dynamics of the intervention in relation to student trauma symptomatology.

Strengths and Limitations

This is one of the first studies to provide an empirical assessment of a trauma-informed teaching intervention for trauma-exposed girls. As another profound attribute, the research team was comprised of an interdisciplinary group, consisting of researchers in the social work, education, psychology, and occupational therapy fields to inform the development of the aforementioned intervention. On the other hand, there are also methodological limitations to consider. There was only a small sample of girls from White and Other racial/ethnic groups. Also, due to high student turnover, common to this population, it was not possible to examine most students beyond one school year. Therefore, data for each participant represents one school year during the 3-year observation period. Furthermore, there was large variability within groups, and extraneous school changes that occurred from year to year or non-school related factors (e.g., factors related to the residential facility) could not be examined, presenting a potential limitation of the study's internal validity. It is also a limitation of the study that intervention fidelity was not measured in a way that could be examined in the analysis—classroom observations and coaching was implemented to promote fidelity, but notes from these sessions were not utilized

as data for analysis. Finally, no control or comparison group existed in this study. Therefore, exploring causal relationships between the intervention and student well-being, as well as attributing the reduction in symptoms explicitly to the intervention is not possible. These limitations certainly illustrate areas to address in future research.

Implications for Policy and Practice

Attention to social and emotional well-being is paramount when attempting to engage students in learning (CASEL 2016), as these skills are a vital ingredient in improving academic achievement. The Collaborative for Academic, Social, and Emotional Learning has made considerable strides in bringing attention to the importance of focusing on student well-being in addition to academic performance (CASEL 2016). Additionally, the U.S. Department of Education has recently authorized new federal legislation, the Every Student Succeeds Act (ESSA), to specifically address this issue. ESSA encourages greater flexibility in how schools define student success, the creation of safe and healthy educational environments that are conducive to students' learning, as well as a comprehensive professional development regimen for school staff (CASEL 2016). This is even more relevant for schools that serve court-involved students, as this population must meet demanding academic expectations in the midst of overwhelming emotional barriers and psychological triggers. However, trauma-focused pre-service training is generally absent from the curricula that new teachers complete in preparation for entering the education workforce. Such pre-service knowledge, along with an overall trauma-informed shift in school climate may allow teachers and school staff to address the challenges of these students, recognizing of the prevalence and impact of trauma, as well as appropriate system-wide responses (SAMHSA NCTIC 2015). Congress has recently acknowledged the need for system wide training, including teacher preparation programs via the introduction of H.R. 1757, the Trauma Informed Care for Children and Families Act of 2017 (Congress.gov).

Therefore, school administrators should assess the climate of their school and the potential for implementing trauma-informed practice. School personnel should also receive trauma-focused training that is up-to-date and on-going in order to learn how childhood trauma impacts student functioning and how to best address student behavior. This should begin during pre-service training and continue to be prioritized as part of on the job professional development. This may require policies that promote cross-system collaboration, where social workers, other mental health workers, and OT professionals are brought in to provide school personnel with relevant knowledge, sensory-related tools, and other resources for reducing students' triggers and improving well-being while in school. Moreover, youth spend a large amount of time in school and are often referred to mental health services by school personnel (Ko et al. 2008). This means that strong collaboration and communication is also needed among school staff and external supports, such as mental health professionals, foster care workers, and juvenile justice personnel who are also involved in the youth's well-being. For example, education well-being should be regularly

assessed at court hearings and education professionals are uniquely positioned to offer judges feedback on how a child is doing as these youth spend a disproportionate amount of time in school.

Findings also illustrate the need for school policy and practices to actively acknowledge the value and worth of students and their unique experiences. For example, as seen in our sample, court-involved students often live in high mobility environments, which consistently impacts their school stability (Pecora et al. 2005), school attachment (South et al. 2007), and likelihood of dropping out (Rumberger and Larson 1998). School policies should be sensitive to this issue and intentional about using innovative practices to engage these students, deterring them from the school-to-prison pipeline. Schools should also elicit students' perspectives on new school practices and invest in staff training to assist teachers in becoming culturally-responsive in their interactions and relationships with students from varying backgrounds.

Conclusion

Childhood trauma creates multiple complex impediments to students' academic achievement. Trauma-informed teaching may be useful in reducing student trauma symptoms, helping them to be focused and engaged in the classroom. Attention to the whole child, both their academic progress and their social and emotional well-being, is key to improving outcomes among court-involved and trauma-exposed youth populations. Such approaches to teaching ensures that the presence and impact of trauma is reduced in these students' lives, and that they are emotionally ready to learn in school.

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