



## FACING THE FACTS | Trauma-Informed Schools

MEGHAN RESLER, MSW, SENIOR RESEARCH ASSOCIATE

Across the nation, children are coming to school with traumatic histories that are greatly impacting their school performance. The correlation between trauma, low academic achievement and behavioral issues is strong and relevant. Trauma disrupts the brain's ability to learn; therefore addressing and responding to trauma is essential to the mission and purpose of schools: to educate.

School is not only a place where the consequences of trauma exposure are manifested, but it can be a critical contributor to a child's healing and coping. Although schools are not mental health facilities, and teachers are not therapists, educators are often the most consistent adults in the lives of children struggling with traumatic events.<sup>1</sup> Educators, therefore, have the opportunity and responsibility to support and promote healing childhood trauma. Fortunately, trauma sensitivity can be absorbed into already established classroom practices and school frameworks to help educators develop and maintain environments where all students can thrive.

This issue brief provides an overview of childhood trauma and how it impacts students' learning. Information is provided to help administrators, teachers, counselors, school staff, parents and caregivers understand childhood trauma so they can begin to approach education through a trauma-informed lens. Accompanying resources for each section are available at [www.fact.virginia.gov/trauma](http://www.fact.virginia.gov/trauma).

### Childhood Trauma

More than 60 percent of children in the US have been exposed to a traumatic event within the year; 20 percent of which reported experiencing three or more events. Child traumatic stress is defined by The National Child Traumatic Stress Network as stress that "occurs when a child experiences an intense event that threatens or causes harm to his or her emotional and physical wellbeing."<sup>2</sup> Traumatic stressors include household challenges such as domestic abuse, parental separation, mental illness, and incarceration. Childhood maltreatment such as abuse and neglect, and environmental stressors such as community violence and natural disaster, can also cause traumatic stress.

Repeated exposure to traumatic stressors, often

referred to as "Adverse Childhood Experiences" (ACEs), causes toxic stress. Toxic stress impacts a child's brain architecture and function, undermining the building blocks that facilitate successful school performance. Maltreated children have been shown to have lower frustration tolerance, more anger and noncompliance in the preschool setting, lower persistence on and greater avoidance of challenging tasks in elementary school, and are more likely to be school avoidant. Trauma has also been shown to negatively affect cognitive factors that support school performance such as lower flexibility and creativity in problem solving, as well as impacted attention, abstract reasoning and executive functioning skills. Additionally, antisocial behavior and aggression have been consistently documented as an outcome of child maltreatment.<sup>3</sup>



Challenges with social and cognitive performance directly translate into impaired school functioning. Compared with children who have not experienced trauma, children who experience ACEs are more frequently referred to special education services and have a higher incidence of disciplinary referrals and suspensions. Children who experience trauma frequently have lower grades, higher rates of academic failure, and lower scores on standardized testing at all grade levels. Multiple studies have shown maltreated children to have significantly higher rates of repeating grade levels and drop-out, with studies indicating as high as three times the drop-out rate for maltreated children compared with the general school population.<sup>3</sup>

### ACE Study

Unfortunately, the effects of childhood trauma span well beyond a child's school performance. The Centers of Disease Control (CDC) and Kaiser Permanente's Health Appraisal Clinic performed a study between 1995 and 1997 to explore the effects of childhood abuse and neglect on later-life health and well-being. This landmark project called the ACE Study, surveyed and gave physicals to over 17,000 Health Maintenance Organization members from Southern California regarding their childhood experiences and current health status.<sup>4</sup>

The study found that adverse childhood experiences (ACEs) are strongly related to development of risk factors for disease and well-being throughout the life course including alcoholism, depression, cardiovascular diseases, drug use, risk for intimate partner violence, attempted suicide and early initiation of sexual activity. Since 1997, the results of the ACE study have been widely validated by the CDC's Behavioral Risk Factor Surveillance System (BRFSS). Since 2009, a total of 32 states plus the District of Columbia have included ACE questions on their yearly BRFSS survey. Similar to the original ACE Study, BRFSS data shows relationships between ACEs and negative health and well-being outcomes across the life span.<sup>5</sup>

### How Trauma Affects the Brain

Research has shown that toxic stress, caused by repeated exposure to traumatic events, can damage children's developing brains. Most brain development, positive and negative, occurs during early childhood and adolescence when the brain is most malleable. During this sensitive developmental

phase traumatic experiences can change the structure and functioning of a child's brain through the activation of stress response systems.<sup>6</sup>

When children hear or see a threat their brain's limbic system, or "survival brain", sends out a red alert signal that releases stress hormones and pushes the prefrontal cortex or the "learning/thinking brain" offline. This response is the normal physiological reaction that keeps humans and animals alive; however, when children experience toxic stress, in order to survive they need stress hormones to remain hyper-vigilant to their unpredictable and often dangerous environment.<sup>6</sup>

Living in a constant state of red alert increases wear and tear on a child's body. Sustained release of stress hormones can lead to multiple health issues including high blood pressure, high glucose levels, and a weakened heart and circulatory system. Additionally, the American Academy of Pediatrics cautions that extended exposure to toxic stress can lead to functional changes in several regions of the brain involved in learning and behavior, including the hippocampus: the brain's deepest memory. During a traumatic event the hippocampus records the event so that any similar event can trigger this memory which will set off a new red alert. Living under continual traumatic stress resets a child's fear response at a higher level than normal. Therefore, for a child experiencing repeated exposure to traumatic events, even a teacher raising her voice to be heard or a classmate bumping them in the hallway, might prompt an intense reaction.<sup>6</sup>

If children live in a continual state of red alert, they are physiologically unable to learn, because the part of the brain that learns—the prefrontal cortex—has been bumped off line by the limbic system. Until a child has recovered, which may take anywhere from minutes to days, no amount of punishment, or admonishments to work harder will change the situation.

The good news is the brain, and especially the child's brain, is malleable and continually changing in response to the environment. If toxic stress stops and is replaced by practices that build resilience, the brain can begin to undo many of the stress induced changes and return to baseline, or allostasis. However, without intervention, children who experience toxic stress often turn to food, alcohol, tobacco, methamphetamines or other drugs,



inappropriate sex, high-risk sports, and/or work and over achievement. These are examples of behavioral allostasis—behaviors that briefly turn off stress, but often cause more problems in the long run.<sup>6</sup>

With the proper care and support, children are capable of bouncing back from even the most traumatic experiences. Children’s brains are malleable, and a stable, supportive relationship can prevent or even reverse toxic stress. Research has shown that if children have a constant and secure relationship with an adult, they can better regulate their stress response systems during traumatic events. Therefore, a sensitive and responsive teacher, counselor, caregiver, and/or school professional can be a powerful buffer against the negative neurological impacts of stress hormone exposure.<sup>7</sup>

## Resilience

It is important to note that trauma does not affect all children the same way. Some who experience trauma develop serious and long lasting problems while others who experienced similar trauma may have minimal symptoms.<sup>8</sup> The term “resilience” is used to describe a person’s capacity to adapt successfully to acute stress, trauma, and more chronic forms of adversity. Resilience can be strengthened by several protective factors, including a relationship with a stable supportive adult as mentioned above.<sup>9</sup> Protective factors that enhance resilience include:

- **Individual**, such as cognitive ability, self-efficacy, self-regulation, coping strategies, and spirituality;
- **Familial**, such as supportive caregiver-child interaction, social support; and;
- **Community characteristics**, such as positive school experiences and community resources.

Culture, socioeconomic status and exposure to racism and discrimination all influence resilience. For example, children who experience economic hardship often have elevated levels of toxic stress. This is especially true for children who live in chronic situations of poverty with overcrowding, noise, substandard housing, separation from parents, and/or exposure to violence and family turmoil. Racism and discrimination may create stressors in a minority child’s life; however, research has shown that valuing cultural traditions and legacies and learning about economic and political histories is predictive of resilience in minority children.<sup>10</sup>

---

## The Power of a Caring Adult

As an adult in a child’s life, you could be the most important factor in helping them overcome the effects of childhood trauma. The Changing Minds<sup>11</sup> project outlined five gestures to help traumatized children heal:

**Celebrate:** Celebrate the achievements and failures of children. Show them that they are competent, loved, and valued.

**Comfort:** Offer a constant compassionate, reassuring presence and demonstrate your commitment through repetition.

**Listen:** Actively listen to children then help them identify their emotions and feelings as well as healthy strategies to problem solve and cope.

**Collaborate:** Commit to listening, trusting, sharing and working together with children. This will take longer and more effort than “just taking care of it yourself.”

**Inspire:** Use your words to provide children with a sense of power, control and competency. Convey a real sense of optimism about what children could achieve.

---



## Virginia Resources

**The Virginia Tiered Systems of Supports (VTSS)** is a data-driven decision making framework for establishing the academic, behavioral and social-emotional supports needed for all students. The VTSS systematic approach allows divisions, schools and communities to provide multiple levels of supports to students with different needs in a more effective and efficient, clearly defined process.

VTSS utilizes Positive Behavioral Interventions and Supports (PBIS). PBIS helps teachers and administrators learn about and implement new techniques that reduce disruptive student behavior, which typically lead to office referrals, in school suspensions, and out of schools suspensions. PBIS's approach to shift attention to positive behavior and successful learning systems rather than a focus on discipline exemplifies trauma-informed education.

\*For more information on VTSS visit their website: [vtss-ric.org](http://vtss-ric.org)

## Trauma-Informed Schools

Childhood trauma is one of the most critical public health concerns for children today.<sup>12</sup> Because schools see large numbers of children come through their doors daily, they are an ideal setting for identifying and working towards healing trauma.

Schools have attempted to address learning and behavioral dilemmas repeatedly over the last decade with traditional educational strategies with minimal success. Focusing on what actually are symptoms of traumatic stress as opposed to the root cause, trauma itself, has not resulted in the desired outcomes for students or schools. Therefore, the field of education cannot ignore the issue of traumatic stress if schools are to meet the expectations of parents, community, and the nation.<sup>1</sup>

Traumatized children respond to their environment with limited access to their prefrontal cortex responsible for thinking, logic, analysis and problem solving. Trauma-informed schools recognize that many problematic students' behaviors reflect a developmental response to their experiences rather than willful, purposeful misbehavior. They reflect a shift from asking "what is wrong with you?" to "what happened to you?"<sup>13</sup> Educators assume a shared awareness and sensitivity to the potential impact of trauma and adverse experiences on students' lives.

## Benefits of becoming a Trauma-Informed School

In a time when teachers and school systems are often stretched for time, resources, and money, becoming trauma-informed may seem like an ambitious and challenging strategy. However, the rewards for everyone involved are compelling and significant, and can include:

- Improved academic achievement and test scores
- Improved school climate
- Improved teacher sense of satisfaction and safety in being a teacher
- Improved retention of new teachers
- Reduction of student behavioral out-bursts and referrals to the office
- Reduction of stress for staff and students
- Reduction in absences, detentions, and suspensions
- Reduction in student bullying and harassment
- Reduction in the need for special educational services and classes<sup>1</sup>



## Strategies for Trauma-Informed Schools

To become trauma-informed, trauma sensitivity must be integrated into all levels of the school system: from administrative commitment, policy change, teacher and staff training, classroom environment, curriculum development, and community involvement. There is not one single, simple formula for becoming trauma-informed, and every education system will need to personalize its strategies to reflect its school's culture and environment; however, most trauma-informed schools have certain elements in common.

The Trauma and Learning Policy Initiative of Massachusetts has identified the following characteristics as essential components of trauma-sensitive schools<sup>14</sup>:

- All school staff understand how trauma impacts learning and work towards a school-wide approach.** All staff in a school – including educators, administrators, counselors, nurses, mental health providers, cafeteria workers, bus drivers, custodians, athletic coaches and paraprofessionals – must understand how common trauma is and how it affects children academically, emotionally and behaviorally.
  - All school staff embrace a shared sense of responsibility for helping every child succeed.** The responsibility is not on teachers to “fix” challenging students by themselves, but rather the goal is to examine how the school community as a whole can support every child to feel safe and to participate in the school community.
  - School staff create an environment where all children feel safe – physically, emotionally, socially and academically.** Trauma causes children to feel unsafe. Addressing a child's physical and emotional safety is key to helping them feel safe in the classroom. Creating a sense of safety in this context not only means securing the physical safety of the school but also setting structures and limits that create consistency and predictability for children who fear uncertainty.
  - Student trauma is addressed in holistic ways – not in a singular program.** To thrive, a school must take into account a child's need for strong
- relationships with adults and peers, ability to self-regulate behaviors, success in academic and nonacademic areas, and physical and emotional health and well-being. This cannot be achieved through a stand-alone program.
- School staff explicitly make children feel like a part of the school community and provide children multiple opportunities to practice newly developing social and behavioral skills.** Children who have been traumatized need to feel connected to the school community to be able to thrive in school – however, these children are also most likely to reject attempts to engage them. By creating a culture of acceptance and respect and working to explicitly foster positive connections between staff, students and families, schools increase the opportunities for children to practice newly developing social, behavioral and academic skills.
  - School leaders have their pulse on what's happening within their halls and outside of their walls and can respond quickly to needs of students and the surrounding community.** The school must be prepared and able to adapt to escalating trauma in a child's life (such as becoming suddenly homeless or removed from a parent's home), or traumatic events happening in a neighborhood (such as a local shooting).
  - Schools should view suspension and expulsion as a disciplinary option of last resort.** The school must develop approaches to decrease the behaviors that lead to suspensions. At the same time, schools should utilize alternative disciplinary practices that promote future positive outcomes rather than punitive methods that do little to change student behavior, break the bonds between students and their schools, and lead to further isolation. Suspension and expulsion should be rare.<sup>15</sup>
- Integrating trauma sensitivity into education systems requires strong leadership, sustained collaboration and communication, creativity, and patience. Often school administrators and staff initially view trauma-informed approaches as an additional activity to be added to an already, overwhelming agenda of requirements. However, most trauma-informed practices can be infused into already established teaching methods and school practices, and usually will make classroom management, teaching, and disciplinary practices easier and more effective.



## Virginia Resources

**Greater Richmond SCAN Trauma-Informed Schools Committee** is part of SCAN's larger Trauma-Informed Community Network (TICN), a diverse group of professionals in the Greater Richmond area who are dedicated to supporting and advocating for continuous trauma-informed care for all children, families and professionals in the Greater Richmond area. The TICN is funded by FACT and exemplifies FACT's commitment to system-wide trauma-informed practices in Virginia.

The Trauma-Informed Schools Committee focuses on two broad areas: (1) Educating school personnel about childhood trauma and working to make schools trauma-informed; and (2) Educating faculty in Schools of Education in Virginia universities about childhood trauma and assisting them to include trauma-centered content in their training curricula.

\*For more information on SCAN's Trauma Informed Community Network visit [grscan.com](http://grscan.com) and to connect with the Trauma Informed Schools Network contact Lisa Wright, [lwright@grscan.com](mailto:lwright@grscan.com)

## Strategies for Trauma-Informed Classrooms

The Heart of Learning and Teaching: Compassion Resiliency and Academic Success<sup>16</sup> outlines six principles which can guide interactions with students who have experienced trauma:

- 1. Always Empower, Never Disempower:** Avoid battles for power with students. Students who have experienced trauma often seek to control their environment to protect themselves, and their behavior will generally deteriorate when they feel more helpless. Classroom discipline is necessary, but should be done in a way that is respectful, consistent, and non-violent.
- 2. Provide Unconditional Positive Regard:** As consistently caring adults, school staff have the opportunity to help students build trust and form relationships. For example, if a student tells you, "I hate you. You're mean," respond with unconditional positive regard by saying "I'm sorry you feel that way. I care about you and hope you'll get your work done."
- 3. Maintain High Expectations:** Set and enforce limits in a consistent way. Maintain the same high expectations of a student who has experienced trauma as you do for his/her peers.
- 4. Check Assumptions, Observe, and Question:** Trauma can affect any student and can manifest in many different ways. Realize when you are making assumptions, and instead, talk with the student and ask questions. Make observations about the student's behaviors and be fully engaged in listening to his/her response.
- 5. Be a Relationship Coach:** Help students from preschool through high school develop social skills and support positive relationships between children and their caregivers.
- 6. Provide Guided Opportunities for Helpful Participation:** Model, foster, and support ongoing peer "helping" interactions (e.g., peer tutoring, support groups)



## Trauma-Informed Approaches: Examples

The following stories are isolated examples of different players within the education system using a trauma-informed approach:

### Teacher

Ms. Smith has noticed that Anthony, one of her 2nd graders, is quiet and withdrawn. He finds it difficult to make friends, and is often ostracized by his classmates. He clings to Ms. Smith and will often ask to stay in class during recess and sit with Ms. Smith during lunch. The last time the class went on a field trip Anthony reacted with tears. Ms. Smith patiently does everything she can to help Anthony feel safe and comforts him whenever he needs it. Ms. Smith offers Anthony small staged steps to learn to trust in her by responding to his behavior in consistent and predictable ways. When Anthony stayed with Ms. Smith at lunchtime, they played board games together that eventually involved other children. The lunch time “Games Club” became a routine, collective experience that enabled Anthony to enjoy being with his peers.

Ms. Smith understood that Anthony’s brain and body have been programmed to respond to stress by withdrawing from relationships. Anthony’s relationships at home may be unpredictable and frightening so Ms. Smith slowly and consistently gave Anthony space to build relationships with her and his classmates without feeling afraid or stressed.<sup>17</sup>

### Principal/Administrator

Mark, a seventh grader, is sent to the principal’s office for blowing up and cursing loudly at a teacher. The principal has Mark sit down and quietly asks him “Are you OK? This doesn’t sound like you. What’s going on?—On a scale of 1-10, where are you with your anger?” Mark responds: “My dad’s an alcoholic. He’s promised me things my whole life and never keeps those promises.” After listening Mark about his difficult home life the principal gives him in-school suspension, where he can talk about anything with the attending teacher, catch up on his homework, or just sit and think about how to do things differently next time.

Instead of using a zero tolerance approach of automatic suspension, the principal stopped to make sure Mark was okay and examine the reason Mark was acting out. He listened to Mark and affirmed that this behavior didn’t seem normal. He still gave Mark a consequence, but he wasn’t sent home, a place where there wasn’t anyone who cares much about what he does or doesn’t do.<sup>18</sup>

### Resource Officer

Tom and Stephen, both tenth graders, get into a fight after they bump into each other in a crowded hallway. A teacher on duty and the school resource officer step in to break up the fight. This is the third fight Tom has been in this year. The resource officer, who has developed a strong relationship with Tom when he’s had to intervene in previous fights, asks Tom, “what’s going on?” It takes a few minutes, but Tom eventually opens up to say that he is feeling “on edge” due to instability and violence at home. While the resource officer is talking with Tom, the teacher de-escalates Stephen and begins a conversation with him about his behavior. The entire group then meets with the school principal and has a non-confrontational conversation where both students apologize for over-reacting. Consistent with school’s discipline policies, both students receive in-school suspension.

The Resource Officer was trained in trauma-informed care and knew that developing positive relationships with students, even when they’re disruptive, will lead to smoother de-escalation.<sup>17</sup>



## Trauma-Informed Approaches: Examples

Continued.

### School Nurse

Stephanie, a fourth grader, used to be outgoing and engaged in class but has lately been very quiet and rarely raises her hand or speaks. She has started complaining of stomach pains and headaches, frequently visits the school nurse and has missed several days of school. On one of her visits to the clinic, the nurse asks how she is feeling and if anything happened recently that has been bothering her. Stephanie responds that a few weeks ago she witnessed a child from another school being hit by a car. She now feels afraid walking to and from school and feels anxious all the time. The nurse talks with Stephanie’s teacher and parents about making arrangements for safe transportation to and from school and refers them to counseling services. The teacher develops a lesson plan on transportation safety for the class.

The nurse was aware of trauma and the effects it can have on a child’s health and therefore knew to explore more than traditional causes of stomach problems. After asking gentle questions and listening to Stephanie, the nurse understood that trauma was the root cause of Stephanie’s behavior change and stomach issues and formed a collaborative relationship with Stephanie’s teacher and parents to support healing.<sup>17</sup>

## Secondary Trauma

Secondary traumatic stress is the emotional duress that results when an individual hears about and copes with the effects of others’ trauma.<sup>19</sup>

It is not uncommon for educators who interact with traumatized children to develop their own symptoms of traumatic stress. In order to best serve their students and maintain their health educators must be alert to the signs of secondary traumatic stress in themselves and their coworkers.

Symptoms of secondary traumatic stress include:

- Emotional** -feeling numb or detached; feeling overwhelmed or maybe even hopeless.
- Physical** -having low energy or feeling fatigued.
- Behavioral** -changing

your routine or engaging in self-destructive coping mechanisms.

- Professional**- experiencing low performance of job tasks and responsibilities; feeling low job morale.
- Cognitive**- experiencing confusion, diminished concentration, and difficulty with decision making; experiencing trauma imagery, which is seeing events over and over again.
- Spiritual** -questioning the meaning of life or lacking self-satisfaction.
- Interpersonal**- physically withdrawing or becoming

emotionally unavailable to your co-workers or your family.

The first step to managing secondary traumatic stress is awareness. On an organizational level, schools can share information about the signs of secondary traumatic stress and organize small group check ins. Managing secondary traumatic stress on an individual level can include practicing self-care through regular exercise, a healthy diet, sufficient sleep, taking time away, spending time with family or friends and/or focusing on a project or hobby. Secondary traumatic stress goes beyond regular stress. A counselor can be a resource for strategies to cope with the symptoms and to heal.<sup>20</sup>





## SPOTLIGHT: State and National Examples

Trauma-informed practices in schools are gaining traction as a new way to approach behavior and learning challenges in the school environment. The following spotlights are just a few of many examples of trauma-informed schools in Virginia and the nation.

### **Richmond Public Schools Resiliency Partnership**

*A trauma-informed cross sector collaboration*

**Richmond, VA**

In 2016 alone, one Richmond Public School (RPS) had 1,100 disciplinary actions. Many of Richmond Public Schools are located in communities with high concentrations of poverty and violence. Children in these communities experience and witness continuous trauma, which can cause disruptive behaviors, poor academic performance, incarcerations, and abuse of self and others. Richmond's East End, while gentrifying in spots, has a 70% poverty rate and holds most of the city's public housing projects. Based on the East End's challenging circumstances, RPS's superintendent, Dr. Bedden, asked ChildSavers, and Greater Richmond SCAN (Stop Child Abuse Now) to help address the social and emotional challenges facing the children in Richmond's East End Community.

In response to Dr. Bedden's request, ChildSavers, SCAN and RPS launched a program to create a trauma-informed network inside Richmond's East End Schools. The program will holistically address trauma in several ways: the education and support of teachers, staff and administration on trauma-informed education methods; student skill building surrounding coping, resiliency and positive self-expression; onsite outpatient mental health therapy for children impacted by trauma with limited access to clinical mental care; and significant parental engagement.

The project will first roll out at Martin Luther King Middle School, and expand to the seven schools that feed the East End's main high school, Armstrong. RPS employees and students in the Armstrong High School feeder pattern will learn valuable skills for overcoming the consequences of trauma.

### **The Monarch Room**

*A trauma-informed alternative to suspension and expulsion*

**Dearborn Heights, MI**

Suspension and expulsion are the most commonly recognized methods of addressing conduct infractions in middle and high schools. However research has shown that removing children from the school environment can negatively affect their educational well-being and does not improve student behavior.<sup>21</sup> Clara B. Ford (CBF) academy is a public charter school in Dearborn Heights, Michigan that works exclusively with female, court-involved students. The majority of students at CBF have experienced various types and levels of trauma that can be triggered at any time, including in school. The Monarch Room was created as a resource to support students to de-escalate and re-focus from trauma triggers during school hours.<sup>22</sup>

The Monarch Room is available to any student who feels she is unable to be a productive member of the classroom. The room is a calm environment

## Virginia Resources

### **Henrico County Behavior**

**Support Team** provides PreK-12 students, teachers and administrative staff support in navigating evidence-based practices, strategies, and tools necessary to effect positive change and effective classroom and behavior management. Team members work individually with students in building executive functioning and self-regulatory skills, as well as coach school staff in evidence-based positive behavioral supports and appropriate interventions based on student need, classroom environment, and school climate.

\*For information on Henrico's Behavior Support Team contact Margo Buchanan, mpbuchanan@henrico.k12.va.us



## SPOTLIGHT: State and National Examples

*Continued.*

with soft lights, a staff member trained in trauma theory and counseling and various sensory activities for students to utilize to calm down such as bean bag chairs, weighted blankets, journals, coloring books, kinetic sand, and an elliptical machine. A trip to the Monarch Room can either be made through a “teacher referral”, meaning the teacher has offered the room to a student to help her de-escalate and regulate her emotions, or a “student referral”, meaning the student has identified that there is a need for her to center and refocus. The Monarch room is never used as punishment or an In-School Suspension Room and students who visit the Monarch room return to class ready to learn within 10 minutes or less.<sup>23</sup>

The Monarch Room was not designed to react to students and their disruptive behaviors, but instead to work with students as they deal with the impact of trauma on their lives. The short-term goal of the Monarch Room is to help students refocus and return to class in a timely manner. The long term goal of the Monarch room is to help students identify within themselves when they start to feel triggered and teach them healthy ways to both cope with those feelings and overcome them.<sup>21</sup>

A two and a half year study of 719 court involved girls enrolled in CBF showed that Monarch Room use significantly decreased teacher reliance on suspension and expulsion when addressing problematic behavior. The study showed that 9th graders were more likely to be referred to the Monarch Room than students in grades 10-12. This is a significant finding because research has shown that success in 9th grade is a predictor of high school graduation and reducing the length of time ninth graders are out of school (for example, in the MR not suspended) maximized their ability to receive a high school diploma.<sup>21</sup>

## Resources

### Additional Information

Links to resources accompanying each section of this brief are available at [www.fact.virginia.gov/trauma/](http://www.fact.virginia.gov/trauma/).

### Family Violence Data Indicator Tool

Use FACT’s online data portal to produce locality specific family violence indicator data at [www.fact.virginia.gov/family-violence-indicator-locality-data-tool/](http://www.fact.virginia.gov/family-violence-indicator-locality-data-tool/).

### Facebook

Keep up with new information related to trauma and family violence on FACT’s Facebook page: [www.facebook.com/FACTVA/](http://www.facebook.com/FACTVA/).



## Endnotes

- Oehlburg, B. (2008). Why Schools Need to be Trauma Informed. Trauma and Loss: Research and Interventions. Retrieved from <http://www.humanimpact.org/wp-content/uploads/WhySchoolsNeedToBeTraumaInformed2.pdf>
- Changing Minds. Defining Child Traumatic Stress. Retrieved from <https://changingmindsnow.org/science/defining-child-traumatic-stress>
- Tishelman, A.C., Haney, P., Greenwald O'Brian, J., & Blaustein, M. (2010). A Framework for School-Based Psychological Evaluations: Utilizing a "Trauma Lens". *Journal of Child & Adolescent Trauma* 3, 279-302.
- Center for Disease Control and Prevention. About the CDC-Kaiser Ace Study. Retrieved from <https://www.cdc.gov/violenceprevention/acestudy/about.html>
- Center for Disease Control and Prevention. About Behavioral Risk Factor Surveillance System ACE Data. Retrieved from [https://www.cdc.gov/violenceprevention/acestudy/ace\\_brfss.html](https://www.cdc.gov/violenceprevention/acestudy/ace_brfss.html)
- The Community Resilience Cookbook. How Adversity Affects the Developing Brain. Retrieved from <http://www.communityresiliencycookbook.org>
- National Scientific Council on the Developing Child. (2005/2014). Excessive Stress Disrupts the Architecture of the Developing Brain: Working Paper 3. Updated Edition. <http://www.developingchild.harvard.edu>.
- NAMI Minnesota. Trauma and Resilience. Retrieved from <http://www.namihelps.org/TraumaAndResilienceOct-2014.pdf>
- Changing Minds. The Power of a Caring, Consistent Adult. Retrieved from <https://changingmindsnow.org/science/the-power-of-a-caring-adult>
- Clauss-Ehlers, C.S. (2008) Sociocultural factors, resilience, and coping: Support for a culturally sensitive measure of resilience. *Journal of Applied Developmental Psychology* 29, 197-212.
- Changing Minds. Healing Gestures. Retrieved from <https://changingmindsnow.org/healing>
- Blaustein, M.E. (2013) Childhood trauma and a framework for intervention. In E. Rossen and R. Hull (Eds.), *Supporting and educating traumatized students: A guide for school-based professionals*, 1-21.
- Bloom, S.L. (2007) The Sanctuary Model of Trauma-Informed Organizational Change. *The Source* 16(1):12-15, 16. The National Abandoned Infants Resource Center
- Cole, S., Eisner, A., Gregory, M. & Ristuccia, J.M. (2013) *Creating and Advocating for Trauma-Sensitive Schools. Helping Traumatized Children Learn 2. The Trauma Informed Care Project*
- DC's Children's Law Center (2015) *Addressing Childhood Trauma in DC Schools*. Retrieved from: <https://traumasensitiveschools.org/wp-content/uploads/2015/11/CLC-Addressing-Childhood-Trauma-DC-Schools-June-2015.pdf>
- Wolpov, R., Johnson, M.M., Hertel, R. & Kincaid, S. (2016) *The Heart of Learning and Teaching: Compassion, Resiliency, and Academic Success. Washington State Compassionate Schools*
- McInerney, M. & McKlinton, A. (2015) *Unlocking the Door to Learning: Trauma-Informed Classrooms & Transformational Schools*. Education Law Center. Retrieved from: <http://www.elc-pa.org/wp-content/uploads/2015/06/Trauma-Informed-in-Schools-Classrooms-FINAL-December2014-2.pdf>
- Stevens, J.E. (2012) Lincoln High School in Walla Walla, WA, tries new approach to school discipline—suspensions drop 85%. *Aces Too High*. Retrieved from: <https://acestoohigh.com/2012/04/23/lincoln-high-school-in-walla-walla-wa-tries-new-approach-to-school-discipline-expulsions-drop-85/>
- The National Child Traumatic Stress Network, Secondary Traumatic Stress Committee. (2011). *Secondary Traumatic Stress: A fact sheet for child-serving professionals*. Los Angeles, CA, and Durham, NC: National Center for Child Traumatic Stress.
- Treatment and Services Adaption Center: Resiliency, Hope, and Wellness in Schools. *Secondary Traumatic Stress*. Retrieved from: <https://traumaawareschools.org/secondaryStress>
- Day, A.G. (2016) *The Adoption of the Monarch Room as an Alternative to Suspension and Expulsion in Addressing School Discipline Issues Among Court-Involved Youth*. Press, Urban Education. retrieved from: [http://works.bepress.com/angelique\\_day/15/](http://works.bepress.com/angelique_day/15/)
- Clara B. Ford Academy (2017) *Monarch Room*. Retrieved from: [http://www.cbacademy.com/about\\_us/staff\\_directory/Monarch\\_Room](http://www.cbacademy.com/about_us/staff_directory/Monarch_Room)
- Monarch Room: Trauma Informed Education. *The Monarch Room*. Retrieved from: <http://www.monarchroom-traumainformededucation.com/the-monarch-room.html>

## Acknowledgements

The Family and Children's Trust Fund would like to thank the following individuals for contributing to this issue brief: Angelique Day, Jeanine Harper, Lisa Wright, Maribel Saimre, Margo Buchanan, Robert Bolling and the members of the FACT Editorial and Planning Committee (Linda Gilliam, Jeff Price, Joyce Moran, Bob Franklin, Nichele Carver, Julia Fuller-Wilson, Melissa McMenemy, Paige McCleary, Meredith Gunter, Ginny Powell, Daniela Lewy and Nicole Poulin).



801 E. Main Street, 15th Floor  
Richmond, Virginia 23219-2901

(804) 726-7604  
[www.fact.virginia.gov](http://www.fact.virginia.gov)

[www.facebook.com/FACTVA/](https://www.facebook.com/FACTVA/)  
[twitter.com/VA\\_FACT](https://twitter.com/VA_FACT)