FIRST:ECE IMPLEMENTATION PILOT

PROJECT EVALUATION REPORT

EXECUTIVE SUMMARY

Problem: Arkansas children are exposed to potentially traumatic experiences at higher rates than the national average, with an estimated 27% of Arkansas children having experienced multiple traumatic event such as living with a parent who has a substance use or mental health problem, losing a parent to incarceration or witnessing domestic violence. Because of the wide-ranging impacts of trauma on development, executive function, emotions and behavior, traumatic stress reactions can disrupt the educational processes related to teaching and learning. Children who experience trauma are at increased risk for school-related difficulties ranging from poor attendance, lower grade point average and repeating a grade.

FIRST:ECE: Early care and education (ECE) providers are uniquely positioned to provide the kind of supportive caregiving that can buffer the noxious impact of traumatic events and build resiliency skills. Thus, there is a critical need to build trauma-informed (TI) ECE systems in which members of the ECE community are equipped to recognize and respond to the emotional, behavioral, and developmental impact of traumatic stress. To address this need, the University of Arkansas for Medical Sciences and A-State University Childhood Services (A-State) collaborated to develop a training, consultation and coaching program designed to build ECE provider capacity to support children and staff with experiences of trauma. The program was first implemented and evaluated in partnership with the North Little Rock and Russellville School District Pre-Kindergarten programs. This program is now called Fostering Informed and Responsive Systems for Trauma: Early Care and Education (FIRST:ECE). The overall approach was designed be consistent with recommendations from the National Child Traumatic Stress Network (NCSTN) and the Substance Abuse and Mental Health Services Administration (SAMHSA). FIRST:ECE uses a multi-pronged approach to address ten core component of trauma-informed schools:

- Raising Awareness Through School-Wide Trauma Training
- Supporting Teachers in Implementation of Trauma-Informed Classroom Strategies Through Training, Coaching And Sustainability Meetings
- Supporting Broader Organizational Change Through Development and Facilitation of a Trauma-Informed Care Change Team

Key Evaluation Findings: While not funded as a research study, the program evaluation plan was designed to answer basic evaluation questions focused on feasibility, teacher knowledge-gain and implementation of trauma-informed strategies in the classroom and in the broader organization. Key evaluation findings included:

- Staff reported significant increases in knowledge of trauma-related concepts.
- Teachers reported increased frequency of implementation of specific TI teaching strategies in core domains such as relationship building activities, safety and crisis planning and teaching self-regulation.
- ECE agency change teams reported understanding their role, feeling the change process was inclusive and feeling equipped to continue the work toward TI organizational change.
- Greatest knowledge and implementation gains were seen in teachers who participated in the project for both years and who were less experienced at the start of the project.
- Qualitative survey results highlight important changes in teacher's ability to view challenging behaviors as potentially connected to experiences trauma as to respond with increased use of TI classroom strategies.

BACKGROUND: The Problem of Trauma

Prevalence: Arkansas children are exposed to potentially traumatic experiences at higher rates than the national average, with an estimated 27% of Arkansas children having experienced multiple traumatic event such as living with a parent who has a substance use or mental health problem, losing a parent to incarceration or witnessing domestic violence[1]. Our best estimates 1 in 7 children experience maltreatment (physical, emotional or sexual abuse or neglect) in any given year, with 1 in 4 experiencing maltreatment over the course of childhood[2]. Young children are especially vulnerable, with half (49%) of substantiated child abuse or neglect in Arkansas occurring among children under the age of 6[3]. Children younger than 6 are also disproportionately more likely to live in homes where they are exposed to domestic violence relative to older children [4].

***Negative Outcomes*:** A common misperception among families and professionals is that young children will not be affected by early stressful or traumatic events because they will not remember what happened, are resilient by nature, and/or will simply grow out of any emotional or behavioral problems that occur in early childhood [5]. However, a growing body of research suggests that very young children may be significantly impacted by trauma sustained in the early years, and that they are at increased risk for developmental delays, lower cognitive functioning, delays in executive function, mental health problems, and trauma symptoms such as increased crying, difficulty regulating, temper tantrums, clinginess and separation anxiety, and regression of previously acquired developmental milestones or skills [6–8]. There is also growing evidence that children do not simply outgrow these problems without intervention, but that they persistent into middle childhood and adolescence [9,10].

Implications for Schools: Because of the wide-ranging impacts of trauma on development, executive function, emotions and behavior, traumatic stress reactions can disrupt the educational processes related to teaching and learning, not only for the child who experienced trauma, but also for peers, teachers, and staff in the school community. Children who experience trauma are at increased risk for school-related difficulties ranging from poor attendance, lower grade point average and repeating a grade [11–13].

Students with a history of trauma may have difficulty controlling their emotions and they may even be highly disruptive or physically aggressive. This may be especially true when they are overwhelmed by a reminder of the traumatic event (for example, a sight, sound, smell or other input that reminds them of some aspect of the traumatic event). School policies that are not trauma-informed may inadvertently re-traumatize the child through punitive responses, such as harsh discipline and exclusion from the learning environment through suspension or expulsion[14]. In Arkansas, more than 50% of the referrals into the state's early care and education expulsion prevention system are from teachers having difficulty managing challenging behavior in a child that has experienced a trauma that is known to school personnel.

School personnel play a critical role in the lives of children and thus are uniquely situated to identify and respond to the traumatic stress symptoms of their students so they can meet their academic and life potential. Doing so can help school systems achieve their core goals related to student learning. According to the federally funded National Child Traumatic Stress Network, a trauma-informed school system is one in which all members of the school community are equipped to recognize and respond to the behavioral, emotional, relational, and academic impact of traumatic stress on those within the school system.

THE FIRST:ECE APPROACH TO CREATING TRAUMA-INFORMED SCHOOLS

The North Little Rock and Russellville School District Pre-Kindergarten programs collaborated with partners at the University of Arkansas for Medical Sciences (UAMS programs Arkansas Building Effective Services for Trauma and Project PLAY), A-State University Childhood Services (A-State) to integrate best practice guidelines on the provision of trauma-informed care and social-emotional supports for children, their parents and program staff. UAMS and A-State collaborated to develop, implement and evaluate a training, consultation and coaching program for designed to build ECE provider capacity to support children and staff with experiences of trauma. This program is now called Fostering Informed and Responsive Systems for Trauma: Early Care and Education (FIRST:ECE). The overall approach was designed be consistent with recommendations from the National Child Traumatic Stress Network (NCSTN)[1] and the Substance Abuse and Mental Health Services Administration (SAMHSA)[2]. Specific strategies to support trauma-informed classrooms were aligned with Conscious Discipline©, which was already in use in both districts. A description of the rationale behind our approach is in Appendix B.

NCTSN outlines ten core components of trauma-informed schools[1], which align closely with recommendations of SAMHSA. These core components (listed in Table 1 and described in Appendix A) provided a framework for our Trauma-Informed Care Schools initiative. ***We utilized a multi-pronged approach to address the ten core components and achieve our goal to improve social, emotional and academic outcomes of children exposed to trauma***:

1. **Raise Awareness Through School-Wide Trauma Training: SAMHSA** recommends that all employees in an organization, including administrative staff members, receive an orientation and basic education about the prevalence of trauma and its impact on the clients of the organization. We utilized two-days of in-service time prior to the start of first school year to raise awareness about trauma, its impact on children and families and basic concepts of trauma-informed care. We provided a half-day training prior to the start of year 2, intended to serve as a 'booster' for returning staff and as a basic orientation by for new staff.

2. **Supporting Teachers in Implementation of Trauma-Informed Classroom Strategies Through Training, Coaching And Sustainability Meetings:** To enhance the development of a trauma-informed learning environment, in project year 1 we provided teachers a bi-monthly training series focused on strengthening their capacity to implement key classroom strategies helpful for all children, but especially important for children with trauma. These strategies were consistent with what teachers learned when they attended Conscious Discipline© training and centered around what we termed the 'S's of Trauma-Informed Classrooms' (adapted from the work of Griffen and colleagues[15]): *Supportive Relationships, Safety, Self-Regulation, Social Skills and Self-Care.* Additional detail about the training content is in the Appendix . Because research suggests that long-term change in teacher behavior is more likely to occur with in-classroom support, A-State staff provided brief coaching visits to support teachers each month in implementation of what they learned in the training. Finally, in year two, staff from UAMS and A-State CHS facilitated monthly meetings at each building site designed to build peer supports that would support sustainability of trauma-informed classroom practices. In these meetings, teachers identified areas of challenge in their classrooms, and received support from our staff and their peers in thinking through solutions based on prior trauma-informed learnings. Gradually, leadership of these meetings was shared by a site-level lead to further support sustainability of this strategy.

3. **Supporting Broader Organizational Change Through Development and Facilitation of a Trauma-Informed Care Change Team:** Both SAMHSA and NCTSN frameworks include components that schools can implement in their effort to create a trauma-informed environment that extends beyond the classroom walls. UAMS and A-State worked with 'change teams' of NLRSD and Russellville leadership and front-line staff to identify priorities for creating change toward a more trauma-informed environment (see Table 1). UAMS and A-State staff facilitated change team meetings on a monthly basis to support the districts in implementation of new trauma-informed care strategies and provided research and resource development to advance the work between meetings.

TABLE 1. FIRST:ECE APPROACH TO CORE COMPONENTS OF TRAUMA INFORMED SCHOOLS

10 CORE COMPONENTS of Trauma-Informed Schools*	Initial All-Staff Training	Teacher Training and Coaching	Change Team
1. Identifying students with trauma exposure			X
2. Interventions for traumatic stress			X
3. Trauma education and awareness	X		
4. Partnerships with Students/Families			X
5. Trauma-informed learning environments		X	X
6. Cultural responsiveness		X	X
7. Crisis planning		X	X
8. Support for staff self-care and wellness		X	X
9. Trauma-informed rules/policies			X
10. Community partnership			X

**See Appendix for more complete descriptions of core components*

EVALUATION PLAN

While not funded as a research study, both programs allowed us to gather information to answer basic evaluation questions focused on feasibility, teacher knowledge-gain and implementation of trauma-informed strategies:

- Was it feasible to implement the training and coaching supports as planned?
- Did school personnel increase their understanding of childhood trauma?
- Do teachers report increased implementation of key trauma-informed classroom teaching strategies learned in year 1? If yes, do they sustain these implementation gains in year 2?
- Are there teacher characteristics (years of experience, role, participation in the project for both years) associated with greater knowledge gain or implementation of strategies?
- What do teachers perceive as the most important thing they learned and the most important thing they changed as a result of participation in the project?
- To what extent was the change team effective in supporting movement toward organizational change?

To address the question of *feasibility* of implementation, project staff kept records of all training and coaching activities. To address teacher-focused questions, we conducted teacher surveys at multiple points in the project.

To assess *trauma knowledge*, we created a survey covering two domains: general trauma knowledge (6 items focused on the meaning of childhood trauma and its impacts on children) and knowledge of trauma-informed care (4 items focused on trauma-informed school concepts). At the end of year 2, teachers were asked to rate their understanding of these trauma concepts before the project began and now (on a 1 to 4 scale representing 'not at all' to 'very much'). We used this 'retrospective pre-post' strategy because of the nature of the survey content. Specifically, it can be difficult for participants to rate their knowledge of concepts using terminology they may not fully understand (e.g., terms like 'trauma reminders' or 'protective factors'), potentially leading to over-or-under reporting of knowledge. With a shared language established through the training process, we can then more accurately ask them to rate what they understood about the topic prior to the training and after.

Similarly, to assess increase in use of *trauma-informed classroom teaching strategies*, we created a survey covering key teaching practices that all staff would have opportunity to implement, focused on use of specific strategies to build supportive relationships, teach feelings-identification and self-regulation, teach the social-emotional skill of problem-solving/conflict resolution and engage in self-care . Using the retrospective pre-post methodology, we asked teachers to rate the frequency of their implementation of these key trauma-informed care teaching strategies prior to the project beginning and at the end of year 1. We repeated a subset of these items (key strategies that that be used by all teaching staff regardless of role) at the end of year 2 to explore sustainability of implementation. Teachers rated their frequency of use of these strategies on a 1 to 4 scale representing 'rarely' to 'always'. Open-ended questions on the year 1 and year 2 surveys allowed teachers to describe what they *perceived as important learnings and key changes* they made in their classrooms.

To assess *perceived effectiveness of change team formation*, we surveyed change team members to assess the degree to which we were successful in supporting development of a 'change team' that met our goals (see Table 1). We assessed the degree to which change team members understood the purpose and their roles, the process was inclusive, the meetings were effective and the team is equipped for future work. Items were rated on a four-point scale (from 'strongly disagree' to 'strongly agree').

IMPLEMENTATION FEASIBILITY

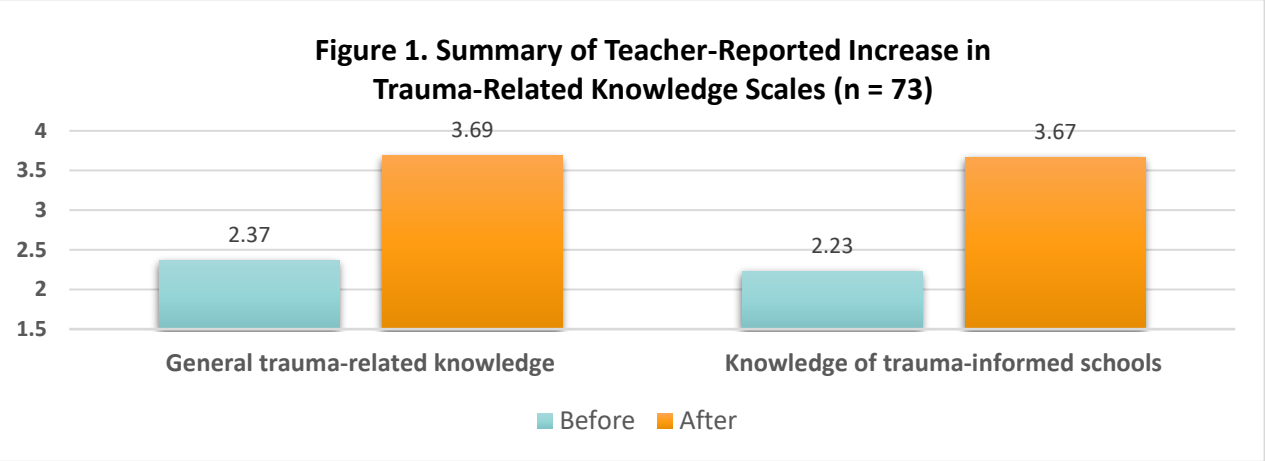
All trainings were held as planned. Coaching visits focused on all 13 locations housing pre-kindergarten programs (NLR = 7 sites; Russellville = 5 sites). All 43 classrooms (NLR = 31; Russellville = 12) received coaching visits with an average of 6.48 visits per classroom. The coaching plan also allowed for both planned and 'as-needed' informal contact via e-mail, phone or text. In year 2, FIRST:ECE facilitated an average of 7.41 peer support meetings (designed to foster sustainability of TI practices among teachers) per ECE site/location out of 8 planned meetings. Change team visits were scheduled monthly from September through April and occurred as planned in year 1. In year 2, meetings were disrupted by the Covid-19 pandemic in March 2020, but continued virtually at one site and at another site the meetings were suspended although meetings with program administration continued through the end of the school year.

In Year 1 the trauma-informed care coaching team provided:

- 279 coaching visits
- 1203 email exchanges
- 82 text exchanges
- 79 phone calls

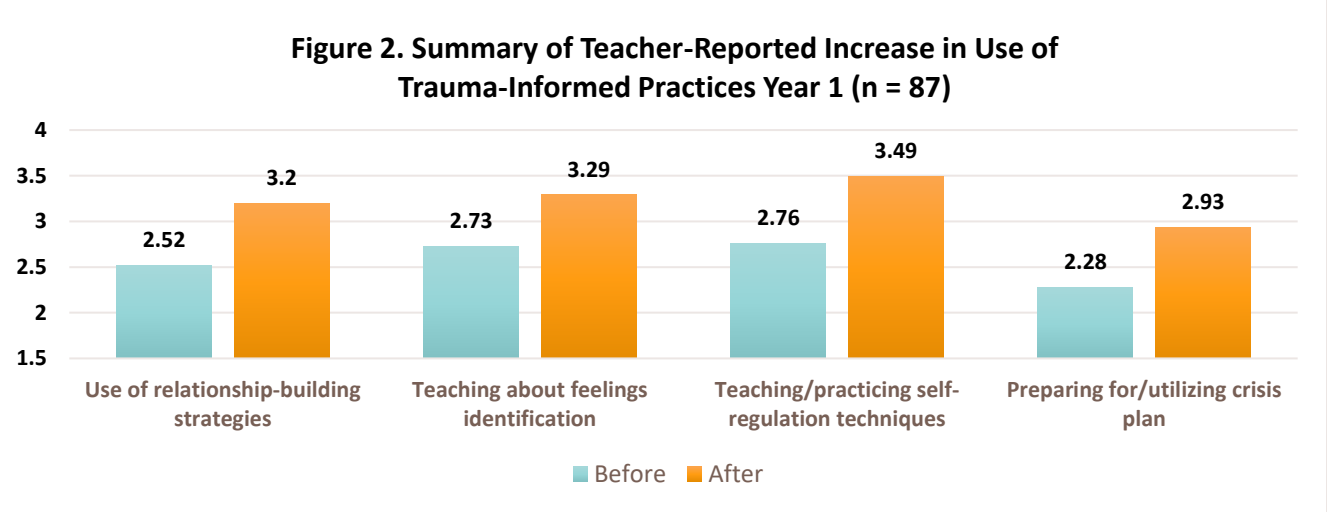
TEACHER-REPORTED KNOWLEDGE GAIN ON TRAUMA TOPICS

The chart below reflects teacher-reported increase in their understanding of trauma-related concepts in the two domains measured: general knowledge of trauma and trauma-informed school concepts. Scores reflect an increase in understanding of the concepts (on a 1 to 4 scale representing 'not at all' to 'very much) from a mean of the scale items. The increase in both scales was statistically significant ($p < .001$ for both scales), with average teacher ratings reflecting that by the end of the project they 'very much' understand the trauma-related concepts.



TEACHER-REPORTED USE OF TRAUMA-INFORMED TEACHING STRATEGIES

The chart below reflects an increase in the frequency with which teachers reported implementing key trauma-informed care strategies before the project and at and of year one and at the end of year 2. Scores reflect the frequency of use of the strategies, based on a mean of the items from each scale (using a 1 to 4 scale representing 'rarely' to 'always'). *Results indicated significant improvement in all areas ($p < .001$ for all scales)*, moving the average frequency of use of these strategies from 'sometimes' to in-between 'often' and 'always'. This is an important change given that these strategies are most effective with consistent use. All children benefit from consistent implementation, but consistency and predictability are especially important elements for children who have experienced traumatic events.



SUSTAINABILITY OF CHANGE IN TEACHER-REPORTED USE OF TRAUMA-INFORMED TEACHING STRATEGIES

On a subset of survey items related to trauma-informed teaching strategies, we gathered information at multiple points in time to explore whether the gains teachers reported making in trauma-informed teaching practices were sustained in year 2. Specifically, we tested whether there was significant change in scores on frequency of use of key teaching strategies from the beginning of year 1 to the end of year 1, and then from the end of year 1 to the end of year 2. We hypothesized we would see a significant increase in use of trauma-informed strategies across year 1 and no significant decline between year 1 and year 2, representing good sustainability. The table below shows the specific items, and their average reported use at the three time points (ratings on a 1 to 4 scale representing 'rarely' to 'always'). As expected, there were significant gains across year 1 in frequency of use. *Unexpectedly, there were additional gains made from year 1 to the end of year 2, indicating not only sustainability, but increased growth*.

Table 2. Comparison of Frequency of Use of Select Trauma-Informed Care Teaching Strategies across Years

Item	Before Project Mean (SD) N = 91	End of Year 1 Mean (SD) N = 91	End of Year 2 Mean (SD) N = 73
When a child was having problems with emotions or behavior, I thought about how it might be related to his or her experiences with trauma.	2.37 (.77)	3.14)*** (.81)	3.44** (.60)
I taught children about emotions using books or posters about feelings, games, puppet shows, 'feeling buddies' or other activities to increase their feelings vocabulary.	2.58 (1.03)	3.16 *** (.70)	3.64*** (.60)
I consistently implemented an individualized plan to strengthen my relationship with children that need it the most.	2.29 (.87)	3.08*** (.70)	3.51*** (.69)
I consistently implemented relationship-building activities each day (special greetings, rituals, special play time, etc.)	2.81 (.86)	3.38*** (.64)	3.64** (.58)
I taught self-regulation strategies (like breathing or safe place) when children were calm.	2.75 (1.03)	3.50*** (.57)	3.66 (.62)
I helped children use self-regulation strategies (like breathing or safe place) when they were upset.	2.83 (.90)	3.48*** (.59)	3.71* (.56)

*p<.05, **p < .01, ***p<.001

TEACHER CHARACTERISTICS ASSOCIATED WITH KNOWLEDGE GAIN AND INCREASED USE OF STRATEGIES

We used t-tests and regression analyses to explore whether teacher characteristics (role as lead teacher vs assistant or other role, years of experience, participation in the project for both years) were associated with greater self-reported gains in knowledge across the two years of the project and greater increase in use of all the trauma-informed care teaching strategies combined. Overall, results suggest the greatest benefits were for teachers who participated in both years as well as teachers who had less than ten years of experiences. Key findings include:

- Teachers who participated in the project for both years reported significantly greater knowledge gain and increased implementation of trauma-informed care strategies compared to teachers who joined during the second year.
- Teachers who had less than 10 years of experience reported significantly greater knowledge gain and increased implementation of trauma-informed care strategies compared to teachers who joined during the second year.
- Lead teachers and other teachers reported similar gains in knowledge and change in practices.
- Regression results reveal that greater gains in knowledge were associated with larger increases in implementation of trauma-informed care strategies, controlling for teacher demographics.

QUALITATIVE FINDINGS FROM TEACHERS ABOUT NATURE OF CHANGE DURING PROJECT

At the end of the training, participants were asked to describe key takeaways from the training and note changes they made in their classroom as a result of the training in open response format.

Question 1: Over the past two years, what is the most important thing you learned about supporting children with experiences of trauma?

THEME	SAMPLE QUOTES
Increased understanding	"I used to think that behavior was just behavior. Now I have learned to look at the behavior and see the possibilities of what this child has faced. I have learned to help them try to manage it." "I learned that one must be understanding to the child's situation. I learned not to automatically think that a child is acting out but instead it may be a sign that the child needs help." "I look at many behaviors through a trauma lens now… Children didn't come into this world with 'behavior issues' so I look at how to respond in a compassionate way to each of these behaviors." "Now when I see a child misbehaving or having behaviors, I ask myself why?" "I have learned we must not judge and think children are acting out but there is something deeper so we have to learn how to reach that child… we have to find the root of it learn to be patient with that child and give them the tools they need."

Staying Calm	"It takes time and patience with the child and the families to make strides." "Stay calm - you can't give what you don't have." "Teaching children to stop and breathe. Breathing is the most effective way to help a child calm down."
Problem Solving Strategies	"Conflict can be used as an opportunity to learn knew problem-solving skills." "I have learned that children don't know how to express their trauma and I have to be [there] to understand them and help teach them to name their feeling and positively deal with it." "I can help them calm down by taking walk outside side class or teaching the friends how to solve problem by themselves."
Strengthening Relationships	"Developing a relationship with parents and families is very important in working with children with experiences of trauma. Connections are a key, as well as talking with parents before the child starts in order to have a background before the child's first day to plan ahead." "Over the past several years, I have become a strong believer in building relationships. That is the foundation!" "Develop a trusting relationship with the children. Show love, kindness, respect, and patience."
Teacher Beliefs and Attitudes	"Sometimes [I] need t[o] stop and take a breath before [I] begin. It's okay to do." "I have been reminded how important it is to have positive intent and be supportive and in control of personal emotions to help a child with their emotions I must first control my emotions." "Not taking it personal."

<u>Question 2:</u> What is the most important change you made in your classroom or ways of interacting with children and families?

THEME	SAMPLE QUOTE
Collaboration with Families	"Becoming a confidante for the parents and a [sense] of security for the child. This is very important to let families know they have a voice, and someone is willing to listen to both family and child." "Connecting with children and families and helping children connect with each other. Becoming a school family."

	"Be more open with parents and let the child know that they are safe with you and you are not going to leave them. You are here to help them."
Implementing Rituals and Strategies	"Sayings. I can see you are ____. Giving choices." "I helped children use self-regulation strategies (breathing, safe place) when they are upset." "I created an all by myself zone. Children can go there to calm down and get their frustrations out."
Teacher Beliefs and Attitudes	"Have a positive and relaxing attitude in the classroom." "I give them positive intent. I try to see things through their eyes and understand their behavior rather than reacting to it." "I learned to shift and show empathy and understanding even when it was hard."
Increased Understanding	"I realize now that most inappropriate behavior is a cry for help and has connections to things that have happened in the child's life." "I put myself in their shoes. What experiences have they had to cause them to respond this way?" "To remember their emotions, have a bigger meaning than just being upset over a toy taken from them"

FOCUS AND PROGRESS OF CHANGE TEAM

FIRST:ECE staff worked with 'change teams' of NLRSD of Russellville leadership and front-line staff to identify priorities for creating change toward a more trauma-informed environment (see Table 1). FIRST:ECE staff facilitated change team meetings to support the districts in implementation of new trauma-informed care strategies and provided research and resource development to advance the work between meetings. Change team meetings were held monthly for approximately 1.5 hours per meeting. Attendees included key administrators (e.g., Coordinator and Assistant Coordinator of the Early Childhood Program), teachers from each site, and teacher assistants/ paraprofessionals. The change team meetings were designed to identify the core components of the trauma-informed schools framework and to systematically target; establish, refine, and formalize specific procedures, processes, and policies that align with the identified components of trauma-informed schools; discuss specific ways to disseminate the proposed changes to the school personnel for feedback and implementation; and develop a sustainable infrastructure that would allow for an ongoing focus on a trauma-informed learning environment. In line with these focus areas, the change teams have:

- Produced a trauma-informed crisis response plan (including a step-by-step written plan) that is being implemented as a new policy and procedure;
- Established a post-crisis reflection procedure (including a worksheet to guide / document this process);

- Created a formal process (and related documents) to identify children who potentially have traumatic stress symptoms and have a need for a more intensive level of support (i.e., tiered approach);
- Developed an interview that teachers can use to engage families, assess the social-emotional needs of their students and identify children who have experienced traumatic events;
- Identified needed changes to policies and handbooks to reflect increased emphasis on trauma-informed practices;
- Identified community resources to support families with identified needs;
- Identified trauma-informed care 'champions' at each physical location to serve as a resource;
- Created a checklist of trauma-informed classroom practices to support teachers in their work with students;
- Assisted teachers who were attended change team meetings in creating a trauma-informed care 'booster' presentation and educational materials to share with their peers during a professional development workshop ;
- Identified steps to support teacher wellness.

The table below includes feedback from 14 administrators and staff who participated in Change Team meetings during at least one year of the project. As seen below, most staff reported understanding their role, felt the process was inclusive and felt equipped to continue the work.

Table 3. Change Team Feedback Survey

Survey Item	Percent that Agree / Strongly Agree
1. Our change team included members that represented a diverse range of roles in our school (e.g., administrators, lead teachers, assistant teachers, etc.).	92.9%
2. Change team members were encouraged to share their ideas and opinions.	92.9%
3. I understood my role a change team member.	92.9%
4. I understood the mission/goal of our change team to help our school take step to become more trauma-informed.	92.9%
5. Change team members gathered input from other colleagues and peers.	92.9%
6. Our change team created new resources/tools and/or processes/procedures that were helpful for our school.	78.6%
7. Our change team met regularly and made good progress toward our goals.	92.9%
8. Our change team is equipped to continue to work together to support a trauma-informed school.	85.8%
9. I would recommend that other schools form a change team to help them create trauma-informed change in their schools.	85.8%

PROJECT PARTNERS

SCHOOL DISTRICT PARTNERS

IMPLEMENTATION PARTNERS

SHALOM WELLNESS SERVICES, LLC

FUNDING PARTNER

EVALUATION PARTNER

APPENDIX A:

10 Core Components of Trauma-Informed Schools

1. **Identifying students with trauma exposure -** School policies that support methods to identify students with trauma exposure
2. **Interventions for traumatic stress –** Processes to increase access to trauma-informed prevention and intervention programs, such as trauma-informed behavior support plans and referrals to appropriate mental health treatment
3. **Trauma education and awareness –** Professional development opportunities to help all school personnel develop an understanding of trauma, its impact and their role in supporting healing and resilience
4. **Partnerships with Students/Families** – Inclusion of students/family members in the planning and organizational change processes and education of families about the effects of trauma and ways to support coping
5. **Trauma-informed learning environments** – A focus on learning environments that promote a sense of safety, school community and that focus on social-emotional skill building and self-regulation
6. **Cultural responsiveness –** Recognition by school personnel that there are cultural differences in experiences of trauma, responses to trauma/ help-seeking and culturally responsive strategies are needed
7. **Crisis planning** - The school has clear and well-communicated procedures to address emergencies before, during, and after an event. Trainings/drills involving students and staff must be delivered in a trauma-informed manner, which includes special attention to minimizing the negative impact on those with prior experiences of trauma
8. **Support for staff self-care and wellness -** Training and support on self-care and secondary traumatic stress to promote wellness and stress management in school personnel and support recovery from traumatic events
9. **Trauma-informed rules/policies-** School discipline policies and practices that consider the relationship between trauma and behavior challenges and emphasize prevention. Discipline policies strive to balance safety in the school environment with intervention and skill-building resources for students
10. **Community partnership-** Policies and practices that encourage school personnel to collaborate to ensure trauma-informed approaches span all aspects of the school environment, such as health services, administration, extra-curricular programming, as well as with family and community partners

APPENDIX B: OUR PHILOSOPHY ON THE JOURNEY TO TRAUMA-INFORMED SCHOOLS

Our Philosophy: The philosophy of our team is that 1) trauma-informed school initiatives are most likely to be successful if certain foundational elements (described below) are in place, 2) meaningful and sustainable system changes will require a significant investment of time and resources (in other words, there are few 'quick fixes'), and 3) while trauma-informed school initiatives must span the entirety of the child's school experience, a focus on the early years (programs serving children 0-8) is likely to yield the greatest benefit.

As illustrated below, our team proposes that trauma-informed schools are built on a foundation of a healthy and stable workforce, strong developmentally appropriate practice and consistent implementation of social-emotional supports. We believe that the journey toward trauma-informed schools should begin with honest organizational assessment to identify any foundational issues to be addressed. First, a healthy and stable workforce is an essential foundation given the strength of the science suggesting that a stable relationship with a caring adult is the most important resiliency factor for children. High rates of staff turnover, stress or conflict within school teams must be addressed for trauma-informed initiatives to succeed. Second, we propose trauma-informed school initiatives will be most successful in schools that are strongly rooted in developmentally appropriate practices. It would be difficult to focus on trauma-informed strategies in schools where staff struggle to understand typical development, individual differences and the kinds of experiences that support young children's learning during the early years.

Third, schools with a strong emphasis on social-emotional supports provide an excellent foundation to build on. The journey to become trauma-informed is made easier when school personnel are already engaged in modeling and teaching self-regulation and social-emotional skill building needed by all children, but that is especially beneficial to children with trauma. Social-emotional supports (social skills curricula, positive behavior support programs, etc.) can be leveraged on behalf of children with traumatic stress symptoms if they are already in use within the school system. In particular, approaches that emphasize connection and relationships can be helpful for children with trauma, as are approaches that encourage school personnel to view challenging behaviors as opportunities for teaching and skill building. Staff who have embraced these ideas may find broader trauma-informed system changes to be less of a 'stretch'. Many supports are available to Arkansas teachers to support their journey to developmentally appropriate practice and in embedding social-emotional supports (some of which are also offered by teams at UAMS and A-State). Our Trauma-Informed Schools team is focused on supporting schools in moving to the next level.

The Journey toward Trauma-Informed Classrooms

Our approach to building trauma-informed schools recognizes that there are few 'quick fixes' or 'shortcuts' to creating meaningful, sustainable trauma-informed system changes. Many schools have sought out trainings to enhance trauma awareness of among the school team, which is an essential first step. But, as illustrated by the NCTSN framework, trauma awareness is just one component of a trauma-informed school. In fact, simply raising awareness of the impact of trauma on children can leave staff feeling overwhelmed and hopeless when it is not paired with adequate information about the myriad of ways school personnel can support healing and resilience, and implementation supports. Moving from awareness to action requires additional investment. Given the increasing level of adversity faced by children in Arkansas and the extent to which it undermines the educational

mission of the school, we believe trauma-informed change initiatives represent a useful long-term investment of time and energy for school personnel.

Finally, we propose that efforts to build trauma-informed schools should begin where the child's educational journey begins in any given educational system (either in birth to 3 programs, pre-k or kindergarten). Early interventions are much more cost effective and efficient than waiting until later in the child's life. This increased efficiency occurs for two major reasons: 1) Promoting healthy brain development from the beginning is easier than the more intensive work required to repair early damage and is especially important during the early childhood period in which brain growth is most rapid and 2) As children age, their emotional problems and challenging behaviors, if unaddressed, frequently progress into more dangerous or costly behaviors. As stated by the NCTSN, "Trauma-informed approaches are most effective when implemented during a student's initial encounter with early learning systems (e.g., pre-school, head-start) and are sustained throughout their educational experience."[16]

APPENDIX B: TRAINING CONTENT

The **initial two-day training for all staff** was designed to build awareness of trauma basics that all staff who have contact with children or families need to understand and introducing concepts of trauma-informed care, including:

- Defining trauma and related terms (potentially traumatic experiences, ACEs, stress)
- Short- and long-term outcomes of trauma (e.g., brain, body, behavior, development)
- Concept related to traumatization and trauma reminders
- Defining resilience and understanding protective factors
- Introduction to trauma-informed care S's (supportive relationships, safety, social-emotional and self-regulation skill building and self-care)
- Exploring the relationship between trauma informed care and the teaching pyramid model

There were four teacher trainings focused on application of classroom strategies. Each training was followed by two coaching visits to support the application of chosen commitment. In each session we included a Big Idea and a choice of two to three 'commitments'. At the end of each application session, we asked the teams of teachers in each classroom to choose one commitment they would focus on for the next two months and two coaching sessions. The fifth and final training of the year was focused on defining self-care, identifying steps to integrate self-care activities into daily routines and completion of an individual self-care goal.

During the brief coaching sessions, the coaches could see how the teachers were applying the commitments to their daily classroom life and model or brainstorm ways to authentically and intentionally make the commitment a part of their day and support teachers where they felt 'stuck'.

TABLE 3. CONTENT OF TRAINING SERIES FOR TEACHING STAFF ON TRAUMA-INFORMED TEACHING STRATEGIES

Training	Objectives
I. Building Supportive Relationships	• Reviewing impacts of trauma on children's relationships • Recognizing children whose relationships with teachers need to be stronger • Exploring ways to remain consistently nurturing in the face of challenging behavior
II. Planning for Safety	• Identifying ways, we unintentionally retraumatize children in responding to challenging behavior • Identifying opportunities to teach breathing as a calm-down technique • Exploring escalation vs. de-escalation • Identifying steps to a trauma-sensitive crisis response plan
III. Supporting Self-Regulation	• Reviewing reasons children with experiences of trauma may have difficulty managing emotions • Identifying multiple strategies for increasing emotion literacy • Identification of ways to support children in developing self-regulation and calming down from big emotions
IV. Supporting Social Skills	• Reminding of reasons children with trauma may need extra support practicing conflict resolution • Defining problem solving • Exploring the role of empathy in problem solving • Identifying two approaches to teaching problem solving
IV. Self-Care	• Defining Self-Care • Exploring the concept of self-care as necessary vs. indulgent • Identifying small steps to implementing self-care goals • Setting a SMART self-care goal

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