

GENERAL ARTICLE

Incorporating Trauma-Informed Care Into School-Based Programs*

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ABSTRACT

BACKGROUND: This article provides an overview of the rationale and process for incorporating trauma-informed approaches into US school-based programs, using school-based adolescent pregnancy prevention programs as an example.

METHODS: Research literature is reviewed on the prevalence and outcomes of childhood trauma, including the links between trauma and pregnancy. Information is then presented concerning the implementation of trauma-informed approaches in school settings, describing activities undertaken, barriers encountered, and outcomes achieved. Next, we describe the implications of this literature for school-based adolescent pregnancy prevention programs, outlining the reasons for including trauma-informed approaches in these programs, the prerequisites for doing so, and some examples of successful implementation.

RESULTS: Many children in our country experience trauma, placing them at increased risk of multiple health concerns including adolescent pregnancy. In response to this situation, some schools have successfully incorporated trauma-informed approaches into adolescent pregnancy prevention programs, as well as other programming.

CONCLUSIONS: Incorporating trauma-informed approaches into school settings, including school-based adolescent pregnancy prevention programs, is a viable and important way to address the multiple needs of traumatized children.

Keywords: violence; stress; school-based clinics; risk behaviors; reproductive health; professional preparation of school health professionals.

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Although the birth rate among US adolescents aged 15 to 19 is at a historic low of 24.2 per 1000,¹ this still unacceptably high rate, accompanied by less desirable health, social, and educational outcomes,²⁻⁴ has led to the development and implementation of numerous adolescent pregnancy prevention programs, including school-based programs. Schools offer unmatched access to

youth to address key risk factors for adolescent pregnancy and to promote sexual and reproductive health. Further, school-based programs have been shown to be effective in reducing risk behaviors and increasing protective ones, such as delaying initiation of sexual activity or using contraception. For example, review of rigorously evaluated school-based adolescent pregnancy prevention projects found increased

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contraceptive use among sexually active students in most programs that incorporated contraceptive information into abstinence messaging.⁵

In 2010, a new source of federal funding became available to address adolescent pregnancy prevention, specifically, the Personal Responsibility Education Program (PREP). US Department of Health and Human Services' Administration for Children and Families, Family and Youth Services Bureau administers PREP by awarding grants to States, Tribes or Tribal organizations, and other agencies that educate young people on the prevention of pregnancy and sexually transmitted infections via abstinence and contraceptive use. PREP projects also provide other types of content to prepare young people for adulthood. Among State PREP grantees during 2013, there were 306 program providers operating across 45 states.⁶ They served youth in 1350 implementation sites and expected to reach more than 300,000 participants during the grant period. School-based settings comprised more than half of the planned implementation sites, and of those, 81% operated programs during the school day.

Given that many adolescent pregnancy prevention programs are school-based, and that (as will be shown) trauma is a strong risk factor for adolescent pregnancy, this paper provides an overview of why a trauma-informed approach is essential for school-based pregnancy prevention programs. The paper also documents how integration of a trauma-informed approach into school-based programs may be accomplished. First, we present literature on stressful events in children's lives, reactions to stress, trauma and trauma triggers, and how trauma-informed approaches have been used in various school settings. Next, we describe the implications of this literature for school-based pregnancy prevention programs, outlining reasons why a trauma-informed approach is required, the prerequisites for incorporating such an approach, and examples of how a trauma-informed approach has been successfully integrated into several adolescent pregnancy prevention programs.

LITERATURE REVIEW

Stressful Life Events

All children experience mildly stressful events, but many children also experience extremely stressful events such as exposure to violence, including violent victimization. The National Task Force on Children Exposed to Violence describes children's exposure to violence as a national crisis⁷ in light of findings from the National Survey of Children Exposed to Violence. This research estimates that approximately two-thirds of US children are exposed to some type of violence, crime or abuse each year, with 52.7% experiencing peer or sibling victimization, 49.6% physical assault, 30.5% property victimization,

24.8% community violence, 11.1% maltreatment, 6.7% sexual victimization, and 5.1% witnessing of family violence.⁸ Similarly, a study conducted in 5 US states, using information from the Behavioral Risk Factor Surveillance System, found high rates of traumatic experiences during childhood, with approximately one quarter (25.9%) of the respondents having experienced verbal abuse, 14.8% physical abuse, and 12.2% sexual abuse.⁹ It is noteworthy that approximately 15.5 million American children live in families in which partner violence occurred in the previous year, and 7 million live in families in which severe partner violence occurred.¹⁰ Adolescents are at risk for particular types of violent victimization, with the 2013 High School Youth Risk Behavior Survey finding that 7.3% of students (10.5% of females and 4.2% of males) experienced physically forced sexual intercourse, 10.3% (13% of females and 7.4% of males) experienced physical dating violence, and 10.4% (14.4% of females and 6.2% of males) experienced sexual dating violence.¹¹

Extremely stressful events are more common among particular groups of children. For example, among children in foster care, most have witnessed violence (often repeatedly), half have been direct victims of family or other types of violence, and many have histories of multiple rather than single forms of maltreatment.¹² Runaway and homeless youth also experience high violence rates,¹³ as do lesbian/gay/bisexual/transgender/questioning youth.¹⁴ Additionally, 60% of youth in the juvenile justice system have been threatened with weapons, and more than a third have experienced severe beatings.¹⁵

Reactions to Stress

Humans have evolved to successfully deal with the lower levels of stress that children typically encounter in day-to-day living. Short-term, occasional activation of a child's stress response in reaction to mildly stressful events is crucial for normal development.^{16,17} Moreover, the presence of a caring, responsive adult who helps the child to deal with such situations provides a buffering effect that helps regulate the brain's stress response systems to promote healing and healthy development.¹⁸

However, prolonged, chronic activation of a child's stress response in reaction to repeated extremely stressful events (sometimes called "toxic stress"),¹⁹ especially without a nurturing adult to help the child cope with the events, can negatively affect child development.²⁰ This pattern of overactivation of a child's stress response during periods of rapid brain development may result in both abnormal brain structure and functioning.²⁰ Such stress-induced altered brain architecture helps to explain associations seen

between childhood adverse experiences and subsequent problems in cognitive functioning, emotional health, behavioral health, and physical health.²¹

Trauma

Children who have directly experienced or witnessed extremely stressful events that posed the threat of serious injury or death to themselves or others, and who have emotionally responded to the events with intense fear, helplessness, or horror, may meet the diagnostic criteria for a trauma/stress-related disorder.²² While single stressful events can result in trauma symptoms, children's exposure to multiple or prolonged traumatic events, sometimes referred to as "complex trauma,"²¹ can be even more harmful to children's development.

Traumatized children can exhibit a wide variety of symptoms, including symptoms that are more difficult to observe (such as revenge fantasies, withdrawal, and isolation) and symptoms that are easier to observe (such as acting out and aggression). Symptoms often differ based on the age and developmental stage of the child.²¹

Traumatized children are more likely than other children to exhibit a wide range of adverse health behaviors that can impact their everyday life, including those that increase their risk of adolescent pregnancy. These include earlier sexual debuts,²³⁻²⁵ a greater number of sexual partners,^{24,25} reduced use of contraception,²⁶ and increased use of alcohol.^{25,27} Therefore, it is understandable why other research has found that experiencing child sexual abuse more than doubles females' odds of adolescent pregnancy.²⁸

Trauma Triggers

Even when in a safe environment, adolescents who have experienced trauma may encounter situations that trigger a distressing memory associated with a traumatic event. Such "trauma triggers" need not be truly threatening situations; rather, they may be sights, sounds, touches, smells or tastes linked in memory to the original traumatic event.²⁹ Examples of trauma triggers could include persons who look like the trauma perpetrator, raised voices similar to those during the traumatic event, physical touching similar to that experienced during the traumatic event, or smells that resemble those that occurred during the traumatic event. While discussions about sexuality or violence may trigger distressing memories, other less obviously related stimuli (such as the color worn by a perpetrator) can also serve as trauma triggers.

Triggering traumatic memories results in adolescents' re-experiencing the intense, distressing feelings that occurred during the original traumatic events. Behavioral reactions to such feelings may be quite varied, including becoming withdrawn, having emotional

outbursts, or becoming aggressive.³⁰ Although trauma triggers spark traumatic memories that evoke intense painful responses in trauma survivors, the trauma survivors are often unaware of the link between the original traumatic event and the trauma trigger. This situation leaves the survivor unable to explain their intense reactions and leads them to the feeling that they are "out of control."³⁰

Given the outcomes of trauma triggering, when school staffs observe inappropriate student behavior they should consider whether trauma may be an underlying cause. To do this, they must be trained in trauma awareness—recognizing the impact of trauma and how it might affect student behavior. Addressing the myriad of possible trauma triggers within a school setting may initially appear overwhelming, particularly since school personnel often do not know which students have experienced trauma. Despite these challenges, and as will be discussed, some schools have been successful in taking steps to help create trauma-informed environments in which students feel safe and supported, thereby helping to mitigate the effects of trauma on students' ability to learn and thrive.

Trauma-Informed Approaches Previously Implemented in School Settings

Some schools have implemented innovative trauma-informed practices utilizing funds provided by state legislatures.³¹ Activities undertaken in these programs are varied, including: the development and implementation of courses for teachers and school staff on trauma awareness and the impact of trauma on children's learning; biweekly meetings for staff to discuss the implementation of trauma-sensitive school practices; psychological consultation opportunities; trauma committees that identify traumatized children's strengths and determine how these may be used to engage students in school; and school leaders' approaches to student discipline, such as asking misbehaving students "what's going on?" to determine whether in-school suspensions in a comforting environment may be an appropriate response to misbehavior.^{32,33}

Although some schools have successfully implemented trauma-informed approaches, process evaluations have identified several barriers to such success. These include: lack of support from administrators and teachers; competing teacher responsibilities; problems engaging parents, especially if the language about trauma-informed care feels threatening; and stigma regarding mental health concerns.^{34,35} In addition, cultural and linguistic barriers may interfere with staff's ability to recognize trauma-related symptoms, or to distinguish these symptoms from other challenges, such as cognitive or language delays or normal adjustment to a new language and culture.³⁶

Despite the barriers faced in incorporating a trauma-informed approach into schools, outcome evaluations of trauma-informed approaches within schools have shown many positive benefits for students, teachers and schools. These include: decreases in children's symptoms of trauma, PTSD, anxiety, and avoidant coping strategies; improvement in children's emotion regulation, social academic competence, classroom behavior, and discipline; improvement in students' grades, test scores and graduation rates; and decreases in students' suspensions and expulsions.³⁷⁻⁴⁰

IMPLICATIONS FOR SCHOOL HEALTH

The Need for School-Based Adolescent Pregnancy Prevention Programs With a Trauma-Informed Approach

There are several reasons why those developing and implementing school-based adolescent pregnancy prevention curricula should consider incorporating a trauma-informed approach into their programming. One reason is because trauma is fairly common among US adolescents,⁸ especially within high-risk groups who are often the focus of pregnancy prevention programs.¹⁰ Another reason is because of the wide-ranging impact of trauma on developmental processes that can impact many aspects of health and functioning including mental health, ability to learn, coping with everyday problems, and developing and maintaining relationships (eg, some survivors of childhood sexual abuse report problems with low sexual interest and few close relationships, while others display high-risk sexual behaviors and promiscuity).⁴¹ In addition, traumatized youth are at increased risk for a wide range of health behaviors that increase the risk of adolescent pregnancy.²³⁻²⁸ Finally, school-based pregnancy prevention programs include explicit discussion of sexuality and related topics that can serve as trauma triggers to sexual violence survivors. For example, frank conversations about sexual behavior could trigger sexually abused or assaulted students' memories of the violation, making them so uncomfortable that they will refuse to continue in the program. Even when traumatized students continue in an adolescent pregnancy prevention program, particular trauma symptoms—such as withdrawal and emotional numbing—could interfere with their hearing and internalizing the program messages.

Incorporating a Trauma-informed Approach in School-based Pregnancy Prevention Programs

The overall goal of incorporating a trauma-informed approach into a school-based adolescent pregnancy prevention curriculum is to provide programming to student trauma survivors—and all other students as well—in a manner that is welcoming and does not exclude, or even re-traumatize or otherwise harm,

trauma survivors.⁴² In addition to promoting both physical and emotional safety of students, other principles of trauma-informed care include supporting student control and choice, enhancing collaboration between staff and student, empowering students, and ensuring cultural sensitivity.⁴³

Prerequisites for Incorporating a Trauma-Informed Approach in School-Based Pregnancy Prevention Programs

To achieve the goal of trauma-informed programming, there are a number of prerequisites that school-based pregnancy prevention programs should have in place to successfully implement a trauma-informed approach.⁴⁴ First and foremost, school personnel should make a commitment to incorporate a trauma-informed approach into the school environment. Administrators should memorialize the commitment both verbally and more formally through policies and tangible resources, such as funding and personnel. Some recommend that the commitment to trauma-informed services become part of the school's or program's mission statement.⁴⁴

A second prerequisite for incorporating a trauma-informed approach into school-based adolescent pregnancy prevention programs is that all school staff, including program delivery staff, teachers, administrators, custodians, etc, who have contact with students should have at least a rudimentary understanding of trauma and its impact on children to help create and promote an environment that feels safe and welcoming for trauma survivors.⁴⁵ These staff should have a basic awareness of trauma—that is, an understanding of how trauma occurs and how it affects people, so that they can use this understanding to respond sensitively to those who have been exposed to traumatic events.⁴⁵ Provision of such introductory information about trauma to all staff is more meaningful than having an intensive training for only the small group of program delivery staff since the former approach engages all of those interacting with students.⁴⁴ To provide such universal training, schools can access externally developed curricula addressing trauma,⁴² or work with a trauma specialist who can help schools develop a curriculum suitable for their setting. The trauma specialist could have conversations with those in the school to suggest evidence-informed ways to integrate trauma-informed practices into their procedures. For example, adolescent pregnancy prevention curricula could include education about common reactions to stress or trauma, opportunities for students to engage in relaxation training and social problem-solving to address reactions to trauma, evidence-based cognitive-behavioral and mindfulness strategies, and sessions for parents.^{39,40,46} In addition, it may be beneficial to have adult or young adult trauma survivors speak to staff about their experiences as students.

Being trained on trauma is important, but school staff must be careful that becoming sensitized to trauma and working closely with trauma survivors does not negatively impact their own health and well-being, in what has been called the impact of trauma work,⁴⁷ vicarious traumatization,⁴⁸ or secondary traumatic stress.⁴⁹ This can result in distortions in one's world view, making the world seem a more dangerous and threatening place. These feelings can translate into experiencing threats to one's personal safety and can also result in emotional fatigue.⁵⁰ For example, a teacher working in a school setting within a juvenile justice program may begin to see the world as a more dangerous place, feeling as if all children are beaten and abused by their parents; this may result in teacher burnout and resignation from the school. To address the ongoing impact of trauma work on staff, booster training(s) or a training series is preferable to a one-time training. Such training should address basic aspects of self-care for staff, including: staff awareness of their own needs; the importance of balancing work, leisure, and rest; and the healthful impact of having meaningful connections with others.⁴⁵

A third prerequisite for integrating trauma-informed approaches into school-based adolescent pregnancy prevention programs is the development and implementation of policies and procedures to identify the trauma histories of the students served, and then to appropriately respond to the identified students' needs. In some cases, the traumatic event may be part of the student's record. However, because existing policies such as the Family Educational Rights and Privacy Act and the Health Insurance Portability and Accountability Act of 1996 protect confidentiality of some student records and may limit identification of trauma victims through record review, routine trauma screening for children is another option schools should consider. Multiple trauma screening instruments for children have been developed.⁵¹ Schools and districts should review several instruments to determine feasibility for use in their own setting. In addition, schools should consider the appropriate venue for such screening. For example, a school psychologist or counselor may be the most appropriate staff member to administer screening, particularly since this person must have expertise in helping students to process information that arises during screening. As part of the overall process, schools should have policies in place regarding parental/guardian notification and/or consent for screening, and schools should have information available regarding referral sources so that identified traumatized students can be referred to the appropriate professionals for further assessment and care as indicated. Moreover, schools need to know their local and state policies regarding the reporting of child maltreatment to the authorities in case the trauma screenings identify such abuse.

A fourth prerequisite for incorporating a trauma-informed approach into school-based pregnancy prevention programs is the development and implementation of policies and procedures for responding to personal trauma disclosures from students. Although some discomfort is expected in classes such as sex education, teachers and other school staff should be trained to identify unusual levels of discomfort and distress which may be characterized by tearfulness, considerable nervousness or anxiousness, reports of feeling bad or sad, or other emotions.⁵² Protocols should be developed so that staff members are clear on how to respond to distress, including when to stop classroom activities and alert a first responder, such as a school counselor, that assistance is needed.⁵³⁻⁵⁵ Table 1 provides examples of different types of incidents that may occur and provides sample responses that staff can offer. Protocols should include clear definitions of mild, moderate, and extreme distress along with examples that illustrate these definitions. The protocols also should provide guidance about how to appropriately respond to disclosures and each type of distress. In addition, protocols should include distributing referral information to all students at the start of the class, regardless of whether they exhibit distress or disclose trauma, so that students know who to talk to if the class raises feelings they wish to discuss.

All schools implementing trauma-informed adolescent pregnancy prevention programs should examine the degree to which all of their policies and procedures are welcoming to trauma survivors. Schools should modify inappropriate policies and procedures, including those that do not ensure the physical and emotional safety of students. School-based policies should seek to minimize re-traumatization, provide clear information about what the student may expect in the adolescent pregnancy prevention program, ensure consistency in program delivery, emphasize student empowerment, recognize student strengths, and build skills.⁵⁶ Instruments that have been developed to assess the degree to which organizations are trauma-informed^{56,57} could be adapted and applied to school settings. Some of the questions and concerns described in the instruments are relevant for many types of trauma-informed care, including school-based adolescent pregnancy prevention programs. Program delivery staff can use organizational trauma assessment instruments as a "walk-through" of potentially re-traumatizing procedures in order to identify ways to eliminate or mitigate each potential trauma trigger.⁵⁶

Finally, schools implementing adolescent pregnancy prevention programs are encouraged to rigorously evaluate how programs, policies, and procedures are working, as evaluation of school action plans has been recommended.⁵⁸ These evaluations can document successes, challenges, and unexpected observations.

Table 1. Example Staff Training Information on Identifying and Responding to Requests for Help, Disclosures, and Distress

Type of incident	Definition	Example	Response
Request for help with no distress	Says they want to talk to someone	"Where can I learn about birth control options?"	Show referral list
	Asks for help regarding sexual decision making or dating abuse experiences	"Can you tell me what I should do if my boyfriend hits me?"	Give information about the school counselor
	No emotional reaction or statements indicating distress	"I think I need some help in finding ways to stop being violent to my dating partner" Who would I talk to about helping my friend get out of an abusive relationship?"	Incident report optional
Disclosure without indication of current danger or distress	Discloses past trauma	"This summer, a girl did some sexual things that I did not really want to have happen"	Acknowledge feelings (eg, "You do not sound upset by what you are telling me.")
	Discloses past victimization or perpetration by a non-caretaker	"A boy pushed me down the stairs last year. Now he wants to sit beside me in the lunchroom, and it's annoying"	Remind that participation is voluntary
	Does not ask for help or express emotional reaction		Show referral list Write incident report
Mild distress	Makes statement about worry, anxiousness, and/or sadness	"My boyfriend is tripping. He's got me all upset" But no signs of actually being upset (no tears, no emotional reaction)	Acknowledge feelings (eg, "You are upset about your boyfriend," or "This makes you uncomfortable").
	No emotional reaction	"Do not use that word" (when facilitator mentions rape or sexual coercion). "I do not like it. It makes everyone feel bad" (But no emotion apparent)	Remind that participation is voluntary. Show referral list. Give information about the school counselor. Strongly encourage the student to contact one of these. Evaluate whether distress is extreme.
Moderate distress	Tearful and/or reports that he/she feels badly or is sad and shows emotional reaction but then recovers	Cries but then recovers	Acknowledge feelings (eg, "I can tell you are upset because you are crying")
	Shows signs of being considerably more nervous or anxious	Looks emotionally upset but then recovers	Remind that participation is voluntary
		Very nervous speech	Show referral list Give information about the school counselor Take student to the counselor Evaluate whether distress is extreme Write incident report
Extreme distress	Extreme emotional reaction	Cannot stop crying, crying to the point that you are worried about the student, anger that does not subside, anger to the point that you are worried about the student	Stop the program delivery
	Statements indicating concern about unwanted sexual activity or dating abuse to the point that the respondent is consumed with worry or anxiety	Repeating over and over that they are hopeless, statements about sadness become more and more severe, volunteers more and more information about depressive symptoms—not eating/overeating, not sleeping/sleeping too much, thoughts of suicide/homicide, no interest in anything, loss of affect/ functioning at work/school/home, etc.	Bring the student to the school counselor immediately Wait with the student in a private area until the school counselor is available Let the school counselor make decisions about how best to handle the situation Record in writing anything that the student says about harm to self or others Report immediately to your supervisor Write incident report
	Statements including extreme hopelessness, sadness, or depression		
Suspected child abuse or neglect	Discloses suspected abuse/neglect	Says, "My mom hits me when I am mean to my little brother"	Bring the student to the school counselor immediately
	Someone tells you about suspected abuse/neglect of a minor	A student asks you what to do if their friend has had sexual contact with a caretaker	Wait with the student in a private area until the school counselor is available
	You observe something that makes you suspect abuse/neglect by a caretaker	You overhear a student talk about being locked out of their house by a parent with no coat in freezing temperatures	Report immediately to your supervisor You, the counselor, and your supervisor should place a joint call to the appropriate authorities Write incident report
Disclosure of immediate harm or danger	Discloses immediate or potential danger for self or others	Says, "My boyfriend is going to hurt me today after school"	Immediately notify the school counselor Report immediately to your supervisor
		Says, "My friend has a gun, and I am worried she's going to hurt herself because of what everyone is saying about her on Facebook"	You, the counselor, and your supervisor should place a joint call to the appropriate authorities Write incident report with your supervisor

For all types of incidents, do not ask questions. Frontline program delivery staff should refrain from soliciting information from students beyond asking them to participate in program activities (unless staffs have appropriate counseling or social work training).

Data can be analyzed and time set aside to study results, compare data to the team's predictions, and reflect upon what was learned.⁵⁶ Process evaluations may examine the extent to which program delivery staff and other school staff report increased understanding of trauma and its impact on health, heightened awareness of the traumatic experiences of students, increased sensitivity and respect for students, self-examination of how staff inadvertently contribute to re-traumatizing students, and understanding of what it means to be trauma-informed.⁵⁹ Outcome evaluation might seek to answer questions such as: (1) Compared to program delivery as usual, does trauma-informed program delivery result in better outcomes as measured by student engagement, decreased risk behavior, and decreased adolescent pregnancy? (2) Is the trauma-informed care model equally efficacious for students of various racial/ethnic groups or other subgroups? Changes can be made or refined based upon what is learned. Benefits that include enhanced services or reduced costs can lead to sustained adoption of trauma-informed services and policies and funding for their wider dissemination.⁶⁰

Schools interested in implementing a trauma-informed approach into their adolescent pregnancy prevention programs may wish to examine several resources focused on implementing trauma-informed care in various settings. For example, the Trauma Learning and Policy Initiative (see <http://traumasensitiveschools.org>) provides e-learning modules, curricula, facilitator guides, policy information, and discussion forums for educational providers. The National Child Traumatic Stress Network is another option that offers a variety of school-specific resources (see http://www.nctsn.org/sites/default/files/assets/pdfs/school_resource_list_final.pdf).

Examples of Successful Integration of Trauma-Informed Care in School-Based Pregnancy Prevention Programs

At a national level, the Family and Youth Services Bureau has taken important steps to facilitate the provision of trauma-informed care by PREP grantees by providing readily accessible training presentations and resources on providing trauma-informed care in concert with sensitive topic programs, such as adolescent pregnancy prevention curricula (eg, <http://www.acf.hhs.gov/programs/fysb/resource/aegp-tic-20121214>) that can be used in schools. PREP grantee staff responsible for facilitating the implementation of adolescent pregnancy prevention curricula in school settings have taken steps to proactively address potential trauma triggers as a result of their knowledge of students' circumstances and needs. For example, staff have provided selected students with adolescent pregnancy prevention instruction in a supportive, one-on-one setting rather than in the larger classroom

setting. Staff also have unobtrusively used a special seating arrangement for program sessions delivered in the classroom to accommodate the trauma-related triggers for a student who was uncomfortable with having others behind him.

PREP grantees have identified and established local partnerships with referral sources that educators can readily access if trauma-related issues arise for students in their programs. For instance, many grantees have pre-identified appropriate psychological and social services within the school setting as well as other counseling service providers, including county, state, and national partner organizations addressing violence and sexual abuse. These resources were collected in a referral list that is accessible for program staff and participants. Some grantees introduced evidence-based trauma-informed care curricula for both students and teachers, particularly in settings where rates of trauma may be higher than for the general population. For example, a PREP grantee in Tennessee used the evidence-based Trauma-Focused Cognitive Behavioral Therapy⁶⁰ approach along with an adolescent pregnancy prevention curriculum for students in the school program at a behavioral health residential center. This psychotherapy approach addressed the unique needs of students with PTSD symptoms, depression, and behavior problems associated with trauma and seeks to help youth develop new skills and competencies for coping with the impact of their trauma.

Grantees also emphasize the importance of promoting self-care for educators and providers who work closely with trauma survivors. Recognizing the stress that can be created from close interactions with these students and their situations, some PREP grantees have offered staff access to resources such as staff support groups or formal counseling sessions to help them process their own reactions and emotions. One grantee, for example, provided a self-care room that staff could use to have some "downtime" and process their own feelings that can arise from working with trauma survivors.

Conclusions

Incorporating trauma-informed approaches into school settings, including school-based adolescent pregnancy prevention programs, may seem daunting in this challenging under-resourced environment in which schools face increasing pressure to improve academic outcomes and address social problems. However, as discussed by the National Task Force on Children Exposed to Violence, taking the steps to restore a child's life after exposure to violence is not a luxury, it is a necessity.⁷ All traumatized children deserve, and should be provided with, trauma-informed services and any appropriate evidence-based

trauma-specific treatments they need to minimize the long-term effects that trauma can create. Those engaged with children including those working in adolescent pregnancy prevention programs, have a duty to take the steps needed to avoid or minimize trauma triggers that could occur as a result of well-intentioned activities. This paper has outlined a series of prerequisites for policies, practices and procedures that schools should have in place to ensure that they properly identify potential trauma survivors, provide an environment that is welcoming and minimizes trauma triggers, and assist students in gaining access to trauma-specific treatments. Becoming trauma-informed involves a shift in culture, practice, and theoretical framework.⁶¹ This shift in perspective and procedures will require a commitment of at least some resources; however, many process improvements involve little or no cost while offering large payoffs in student outcomes. Some such changes include: providing introductory information to all staff having contact with students to ensure a rudimentary understanding of trauma and its impact on children; using staff meeting time to discuss implementation of trauma-sensitive school practices; having school leaders check in with misbehaving students to ask “what’s going on?” before issuing in-school suspensions; and addressing basic aspects of self-care for program delivery staff assuring that they recognize their own needs, and the helpfulness of having a balance between work, leisure, and rest.

As a result of their regular and ongoing contact with youth, schools are in a unique position to assist young trauma survivors by helping to buffer the effects of trauma and to assist with access to appropriate care. Through a comprehensive and coordinated approach, schools can become an integral part of a much-needed community-wide solution that promotes recovery and provides the opportunity for these young trauma survivors to be successful students and ultimately to mature into successful adults. There are many resources to help schools integrate a trauma-informed approach into their system, but they are not yet as fully embraced in school settings as they are in substance abuse treatment, juvenile justice, and child welfare settings. As trauma awareness becomes integrated into schools, more implementation evaluation and outcome evaluation is needed to share lessons learned about challenges and solutions, as well as effectiveness and potential differences in effectiveness for subpopulations of students.

Human Subjects Approval Statement

The preparation of this paper did not involve research with human subjects.

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