



Creating Cultures of Care

Supporting the Whole Child through Trauma-Informed Practice

Overview

Trauma can impair young people’s healthy development and ability to learn. To promote both healthy development and positive educational outcomes for youth, youth-serving professionals, community leaders, and policymakers are increasingly infusing trauma-informed practice into their efforts to serve young people in schools and in the broader community.

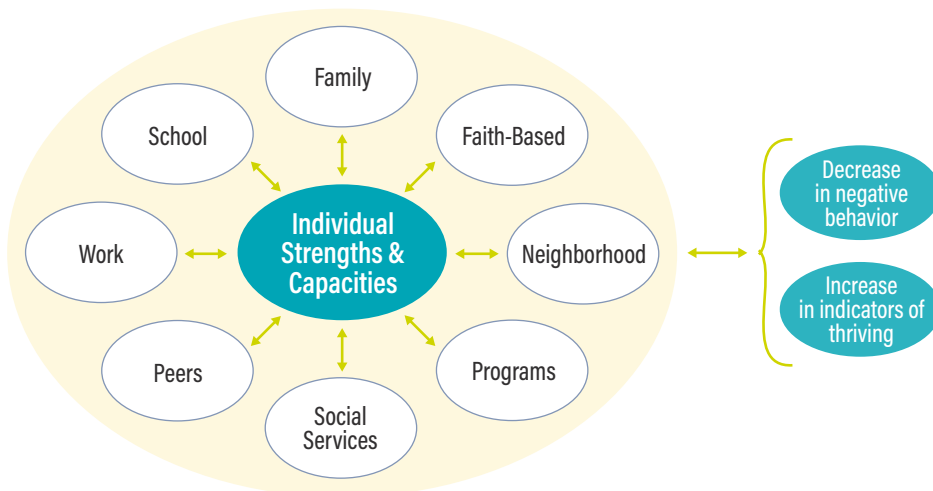
This brief offers a framework for how trauma-informed practice complements positive youth development, while illustrating the bridge between theory and practice. You’ll read about the work of two specific communities—one in Oregon and one in Missouri—which are engaged in collaborative, on-the-ground efforts to make healthy schools that support all young people the norm and not the exception. These communities serve as an inspiration to others across the country as they lead the way in creating healthier school environments where every child can thrive.

Trauma refers to an adverse experience or pattern of experiences that overwhelms a person’s internal capacity to cope and contributes to a feeling of powerlessness.¹ Adverse events can be acute (such as the loss of a loved one), or chronic (such as living with a parent with severe mental illness).² These experiences can translate into lasting effects on an individual’s physical, emotional or psychological well-being.^{3,4,5}

Youth Development: A Strengths-Based View

A hallmark of the *Every School Healthy* campaign’s approach is that core partners and acceleration sites embrace a positive youth development perspective. This shared understanding of how young people grow and develop informs the design of their interventions. Positive youth development (PYD) emphasizes that all youth have strengths and the potential for educational, vocational, and overall life success. Trauma-informed practice complements this view and is similarly grounded in the potential of all youth to thrive, given the right supports.

From a PYD perspective, no single factor or experience predetermines a young person’s life outcomes. Rather, development arises from the interplay between person and context and through the promotion of individual assets.⁶ Each young person grows up in constant relationship with people, places, and social forces that make up their life, their ecology or their developmental system. These relationships are dynamic and mutually influential. The embedded and cumulative nature of these person-context relationships creates what we have termed a developmental *youth system*.⁷ A supportive youth system occurs when the assets and resources available in a young person’s system are aligned with their individual strengths and needs.



The impacts of trauma are pervasive and can contribute to misalignment among the relationships, needs, and strengths in a young person’s *youth system*. Interventions that buffer the impacts of trauma and promote healing from trauma involve saturating a young person’s system with a wealth of supports and nurturing relationships. Research has shown that while such an approach has unique applications for individuals who experience trauma and those dealing with significant adversity, it also reflects principles that have been shown to be universally beneficial for all young people.^{8,9,10} At a broad level, therefore, trauma-informed practices:

- Are grounded in understanding the whole child, recognizing that the experiences of a young person in one developmental setting reverberate across other settings.
- Focus on building positive, caring relationships as a means to mitigate the effects of trauma.
- Target multiple developmental domains—addressing the social, physical, emotional, and cognitive impacts of trauma—rather than just one distinct dimension of development.

Adversity and Trauma: Intersecting Effects

Adversity and the trauma that may accompany adverse experiences is incredibly common. Studies estimate that between one-half and two-thirds of all young people across the United States have experienced at least one adverse childhood experience (ACE),¹¹ with youth from marginalized, underserved, and economically stressed communities experiencing both more severe and disproportionately higher rates of ACEs.^{12,13,14}

Trauma occurs when an adverse event overwhelms an individual’s capacity to cope and leads to a sense of powerlessness.¹⁵ Adverse events can be acute (such as the loss of a loved one), or chronic (such as living with a parent with severe mental illness). These experiences can translate into lasting effects on an individual’s physical, emotional or psychological well-being.¹⁶ While an adverse experience or trauma can occur at any point in a person’s lifetime, trauma experienced early in life can have residual and reverberating effects throughout the life span. Indeed, early adverse experiences are associated with negative life outcomes, including higher rates of both physical and mental illness, substance abuse, increased rates of teen pregnancy, lower rates of employment, and shorter life expectancy.¹⁷

THE PAIR OF ACES



SOURCE: Adapted from Ellis, W., Dietz, W. (2017). A new framework for addressing adverse childhood and community experiences: The building community resilience (BCR) model. *Academic Pediatrics*, 17(7S), S86-S93.

Adverse childhood experiences follow a dose-response relationship, where the higher the number of adversities experienced, the greater the strength of the relationship between those adversities and the associated negative outcomes.¹⁸ Additionally, though much ACE research assigns equal weight to all adverse experiences (e.g. each ACE is given a score of one, and those scores are added up to create an index of adversity), research has also shown that while the number of adversities matters, so does the type and configuration of these adversities. For instance, experiencing the loss of a parent may have a more significant effect on a young person's life than experiencing food insecurity, and a young person experiencing domestic and community violence may also be more likely to experience economic hardship and parental drug use. Further, the same adverse experience—such as losing a parent or witnessing a shooting—may affect each young person differently, depending on what family and community supports they have.¹⁹

ADVERSITY AND TRAUMA—WHAT'S THE DIFFERENCE?

Trauma refers to an experience or pattern of experiences that overwhelms a person's internal capacity to cope and contributes to a feeling of powerlessness. Those experiences can be acute (e.g. the loss of a parent) or they can reflect prolonged hardship (e.g. homelessness and housing insecurity). In both cases, however, the trauma refers to the overwhelming nature of the event or repeated events and the accompanying social, emotional, physical and psychological harm.

Adversity, on the other hand, does not imply a particular response—it refers only to the event(s) themselves. While adversity may be related to negative outcomes, humans demonstrate remarkable resilience in the face of adversity; particularly when they can draw upon extensive internal and external resources for support. Intentionally creating systems and developmental environments rooted in strong, caring relationships, plus targeted resources and supports, can help support healthy development despite adverse life experiences.

SOURCE: Bartlett, J. D., Sacks, V. (2019). *Adverse childhood experiences are different than child trauma, and it's critical to understand why*. Child Trends: Bethesda, MD. Available at www.childtrends.org/adverse-childhood-experiences-different-than-child-trauma-critical-to-understand-why

Fortunately, adverse experiences do not always result in trauma, and trauma does not always result in negative life outcomes. The negative outcomes related to ACEs are not inevitable or immutable; in fact, young people demonstrate a remarkable level of strength and resilience in the face of adversity. Given appropriate resources and supports, particularly in the form of caregiving adults; it is possible to create support-rich environments that may buffer against environmental risk and provide the resources and developmental experiences that allow all young people to thrive.^{20,21}

Trauma-Informed Practice

Definitions and Frameworks

Trauma-informed practice refers to the strategies that youth-serving systems and professionals employ to create settings that are infused with an awareness of trauma exposure, responsive to the potential impacts of those experiences, and characterized by resources that support healthy development and offer opportunities and support for healing when trauma occurs.

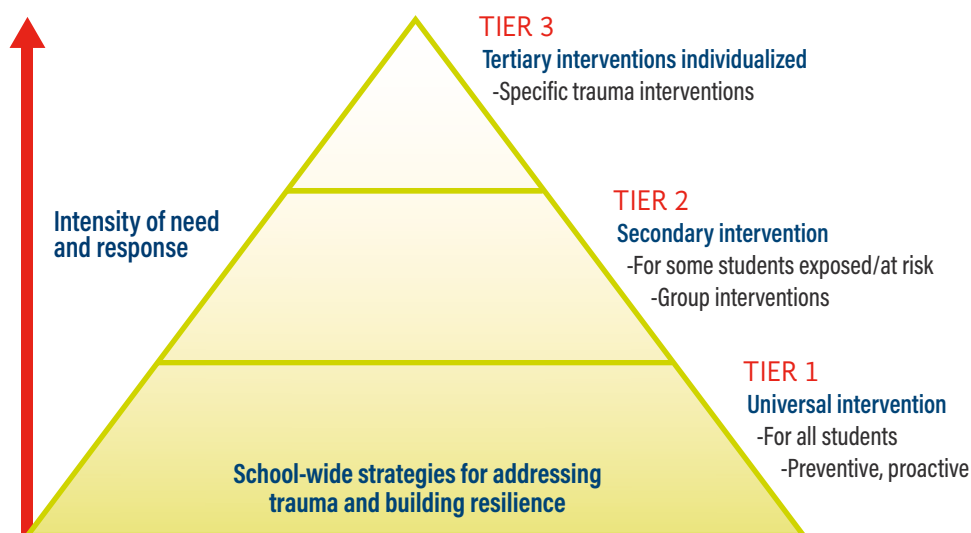
The Substance Abuse and Mental Health Services Administration (SAMHSA) indicate that trauma-informed settings follow “the Four R’s.” Trauma-informed settings, which comprise both the physical space and the individuals who inhabit and create the space, *realize* the potential effects of trauma on individuals, families, and communities. More than just understanding the potential effects, they *recognize* individual and setting level signs of trauma, and *respond* using an awareness of that trauma in order to promote healing and *resist re-traumatizing*.²² Creating supportive trauma-informed environments requires individuals in these settings to possess a holistic understanding of young people’s experiences and needs at both an individual student level, as well as across organizations and systems.

Schools represent critical developmental contexts for young people. The experiences and relationships that young people have in school have the potential to provide strengthening experiences or to exacerbate symptoms of trauma. As a result, over the past two decades, many schools and communities have implemented an array of programs and interventions aimed at mitigating the effects of trauma in the lives of their students.

Targeted interventions with students who have acute mental health needs or require more substantial individual supports are important components of trauma-informed practice. Individual services, however, are often insufficient and limited when they are not rooted in school-wide culture and practices that reflect a holistic understanding of youth development.

As a result, trauma-informed practice might be better conceptualized through a multi-tiered pyramid model, with universal structures representing the base, and progressively more targeted and intensive interventions being implemented based on student needs.

ADOPTING A MULTITIERED APPROACH TO ADDRESSING TRAUMA



SOURCE: Adapted from safesupportivelearning.ed.gov/sites/default/files/Building_TSS_Handout_7_guidelines_multitiered_approach.pdf

Creating a supportive learning environment for all young people requires that school leaders embed a universal recognition of young people's multiple developmental strengths and needs across their staff and throughout the culture and practices of all individuals in the school community. This means:

- Supporting deep investment in professional learning for all school staff, not just mental health professionals, on the effects of trauma exposure.
- Creating structures and practices focused on building trusting, caring relationships across the entire school community, including but not limited to staff, administration, families, faculty, and students.
- Avoiding structures, policies or practices that might re-traumatize students, such as exclusionary discipline or active shooter drills.
- Fostering physically and psychologically safe learning spaces for the entire school community.
- Strengthening collaborative relationships among school, families, and community members.
- Realizing equity as an organizing principle to better support students; making a concerted effort to understand and actively address the circumstances of the individuals they serve without “victim blaming” or taking a deficit approach.
- Creating an equitable culture in which all professionals continually seek to better understand students, particularly subgroups that are at greater risk of traumatic stress; reflect on their own practices and how they align with student experiences; and actively resist practices that may re-traumatize students or staff.²³

A number of these elements are evident in the two initiatives highlighted in this brief, and across the six acceleration sites in the *Every School Healthy* campaign.

COMMUNITY PROFILE



ST. LOUIS, MISSOURI
www.awcommunities.org

Alive and Well Communities is focused on activating communities in Missouri, Kansas and Illinois to address the trauma experienced by their residents.

Context

Alive and Well Communities (AWC) is a non-profit based in St. Louis, Missouri. The killing of Michael Brown by police officers in 2014, and the ensuing uprisings, highlighted the stark differences in the lived realities between racial groups in St. Louis and led to the formation of the Ferguson Commission. The Commission's Report provided both guidance as well as benchmarks that inform AWC's trauma-informed work. For instance, the Commission's Report²⁴ places Youth at the Center as a signature priority and includes several key calls to action related to Alive and Well's work around trauma-informed schools, including building safe and trauma-informed environments and reforming school discipline. The Report also set a #STL2039 vision to have a racially equitable St. Louis by the year 2039. Alive and Well's internal and external efforts are focused on making #STL2039 a reality.

Alive and Well's mission is to activate communities to heal by elevating community wisdom, disrupting systemic oppression, acting with urgency, and leading innovative solutions based on the science of trauma, toxic stress, and resiliency. To achieve this mission, AWC builds community-wide efforts focused on reducing the impact of stress and trauma on health and well-being, and improving health, educational, and economic outcomes. AWC organizes those efforts around three related goals:

- To increase understanding that good health is dependent on both physical and emotional well-being;
- To motivate citizens to take action that improves their own health and that of their families and communities; and
- To increase the number of service providers in healthcare, education, and other sectors actively using trauma-informed practices to improve outcomes for the communities and people they serve.

The AWC Approach to Addressing Trauma

As part of the Every School Healthy campaign, AWC partners with school districts in the St. Louis area to support the adoption and implementation of trauma-informed practices across school communities.

In St. Louis, like in many areas of the country, opportunity, wealth, educational level, and race are closely linked and unevenly distributed across geographic boundaries. For instance, Delmar Boulevard is a clear demarcation of the disparities in wealth, educational attainment, and health, that break down along racial community lines. The School District of University City, the lead school district partner of AWCs *Every School Healthy* activities, straddles Delmar Boulevard. To the south, the population is 75% white and 14% black, and median household income for white family homes is over twice the household income for blacks in the same community. To the north, the population is 14% white and 80% black and median household income remains 20% higher in white families than black ones.

These economic disparities, in concert with similarly disparate rates of exposure to neighborhood violence, police brutality, poorer health outcomes, and diminished educational opportunity, have driven AWC to coordinate efforts to advance health, educational, and economic equity across St. Louis.

Key Activities and Partner Engagement

Since 2014, AWC has facilitated trainings for dozens of schools and non-profit organizations focused on increasing an awareness of trauma and building personal and organizational capacity to support trauma-informed practices. In 2016, in response to increasing demand, AWC launched an 18-month trauma-informed learning pilot program with 26 schools, creating Trauma Teams, gathering baseline data, providing training, and facilitating support based on each school's goals and needs. Following that pilot, educational leaders expressed an interest in continued collaboration with a desire to go deeper into using the principles of trauma-informed care to advance racially equitable educational outcomes across the St. Louis region.

As a partner in the *Every School Healthy* campaign over the past two years, AWC has deepened and expanded their training and capacity building work. Current activities focus on building knowledge about what it takes for school districts to move from being pre-trauma aware or trauma aware to being trauma-responsive. AWC's work also includes supporting districts in creating metrics and assessment systems to evaluate progress, and using these learnings to build regional knowledge of the practices and policies that facilitate or challenge school districts in becoming more trauma-informed.

At the district and school level, AWC also helps convene and train 'trauma teams' in schools and operate an Educational Leaders Work Group and a Youth Ambassador Academy. They recently facilitated the first Youth Ambassador Academy where students learned about trauma, toxic stress, and self-care, and were equipped with an array of tools to go back and enact change at their own schools.

Infusing Trauma-Informed Practice into State Policy

At the state level, AWC has partnered with the state department of elementary and secondary education, various steering committees, and the Educational Leaders Work Group to develop a school guidance document for the Missouri Model: A Developmental Framework for Trauma-Informed Care.²⁵ The model provides a vision of what a trauma-informed school looks like from being pre-trauma aware all the way to full implementation of trauma-informed practices. It is flexible to the particular needs of local communities, and provides progress indicators and resources for communities engaged in becoming trauma-informed, including how schools can work to undo bias and create cultures where all experience belonging.

Current Results and Emerging Evaluation

A critical aspect of AWC's work with schools, districts, and policymakers focuses on how to define and measure success. Evaluating trauma-informed practice is difficult because it looks different based on community experience, capacity, and need. AWC approaches these questions openly, utilizing multiple definitions of success and tools for measurement in its work with schools. As Emily Luft, Program Director for AWC, explained in a December 2019 event, "we probably work with over 80 schools, and have over 80 different ways of doing trauma-informed practice."

In its work with schools, AWC leverages tools such as the ARTIC (Attitudes Related to Trauma-Informed Care) as one option for creating baseline assessments and evaluating areas of strength and growth in schools. AWC also uses the indicators for success outlined in the Missouri Model for Trauma-Informed Care as metrics for progress monitoring and systematic evaluation. However, AWC recognizes that success will look different across communities. On a December 2019 panel Luft asserted, "we should be evaluating based on community definitions of success. There are assessments we can use, but it's really, 'is this school changing the things that they care about?'" Luft's words point to an important truth about the nature of this work: it is shaped by context, community, and care.

COMMUNITY PROFILE



CROOK COUNTY, OREGON

bettertogethercentraloregon.org

Better Together Central Oregon is a regional, cross-sector partnership working collectively to improve education outcomes for children and youth from cradle to career.

Context

Crook County, Oregon is a region with a population of over 23,000. Residents experience high rates of poverty, child hunger, neglect, and abuse; among young people, Children First for Oregon reports that 21% live in poverty and experience food insecurity. According to the Oregon Department of Education, the graduation rate for Crook County is roughly 78%, nearly 8% lower than the national average.

Over the past decade, the mental health needs of students in the region have intensified. Students qualifying for special education under the category of Emotional Disturbance in elementary school has doubled, and there is a growing awareness of both the multiple adversities that youth experience and how these experiences contribute to developmental barriers such as involvement with the juvenile justice system and struggles with drug and alcohol addiction.

Despite the challenges, there are also many community assets—including a robust health care system, strong community partnerships, and an invested citizenry dedicated to creating healthier school environments for Crook County youth.

The Better Together Approach to Addressing Trauma

As a partnership organization that engages stakeholders from 120 different organizations, and whose board includes superintendents from six partner school districts as well as local colleges, Better Together is uniquely positioned to leverage community strengths to support creating healthier school communities across the region.

For instance, student data across the region was historically siloed and inaccessible, making it difficult to track progress or implement evidence-based practices. In partnership with local schools, Better Together has created a centralized data system that allows schools and organizations to more meaningfully track and understand student outcomes. Historically, Central Oregon has not had the capacity to strategically evaluate whether the majority of initiatives implemented for youth actually impact education outcomes. The goal of this system is to better understand how efforts across sectors and organizations are linked to student success, and to grow efforts that are most effective.

Additionally, for the past three years, Better Together has facilitated a cross-sector Latinx Success initiative focused on identifying and closing educational gaps for Latinx students. This initiative includes youth leadership through work groups facilitated by Juntos, a pre-college program for Latinx youth at Oregon State University. The work groups are tasked with evaluating recommended programs and solutions to ensure that initiatives are in fact aligned with the population they are designed to serve.

Key Activities and Partner Engagement

As part of the *Every School Healthy* Initiative, Better Together has partnered with TRACEs (Trauma, Resilience, and Adverse Childhood Experiences), Crook County on the Move, Mosaic Medical, Oregon State University-Cascades, and the Central

Oregon Health Council to pursue the collective goal of supporting increased trauma awareness and responsiveness across all schools in the Crook County School District. Specific strategies include building resilience in all of the county's school-age youth, ensuring that all mental health needs are being met in an environment of reduced stigma, promoting student success, and raising community awareness about the importance of healthy schools.

Over the past two years, Better Together Central Oregon engaged in several activities in pursuit of these goals. In Spring 2018 it collected baseline data on student and staff resilience using a resilience measure created by Oregon State University–Cascades that will then be tracked annually to assess progress. In partnership with TRACEs, over 200 community members have been trained on trauma-informed practices. Staff said that they felt the training was one of the most meaningful and relevant they had participated in with the district, brought critical supports to students most at risk of leaving school, and strengthened the relationships between Crook County Mental Health and the school district. Another reported outcome was that TRACEs had formed stronger and more integrated partnerships with the health department, school district, and community, offering trainings and ensuring that parents, teachers, government officials, and organizations are all using the same language pertaining to the relationships among adversity, trauma, and health.

Sustaining Results and Expanding Practice

Better Together was able to leverage its partnership with America's Promise Alliance to secure an additional \$1.5 million to expand the work across six school districts in the region. The resulting Health Council Partnership has created an increased emphasis on centering trauma-informed practice as a strategy for supporting student health and creating stronger, safer, and healthier school communities. As the partnership's leaders work together, they are recognizing the need to broaden potential indicators of student and school success.

For the first time in the history of Central Oregon, school districts are collecting and analyzing data together across communities, and tracking student and staff resilience as a core desired outcome of education. At the same time, there is increasing recognition that inherent in the work of supporting students is supporting the adults who care for young people. That awareness is creating a shift in how the whole system is supporting healthy school communities for both students and adults.

Conclusion

Given the prevalence of both adversity and related trauma in many young people's lives, trauma-informed practice is essential for all youth-serving settings. As these practices become more accepted and commonplace, questions remain about how to measure their effectiveness or impact. Research shows that the practices associated with becoming more trauma informed (i.e., creating a safe learning environment characterized by positive, supportive relationships) benefit all youth and provide a foundation for more targeted individual interventions.²⁶ Yet, reviews of the efficacy of trauma-informed programs and practices in schools have yielded mixed results.^{27,28,29}

One potential reason for mixed results is a misalignment between measurement and purpose. Interventions and evaluations of trauma-informed practices often focus on reduced trauma symptoms or levels of depression for individuals. However, adversity and trauma are likely to be present even in the absence of observable symptoms. Further, while one component of trauma-informed work might be identifying and working with individual students who have greater need for intervention, trauma-informed practice as a whole aims to transform the conditions for learning on a whole-school level. Thus, in addition to the individualized measures, also including whole school outcome measures like school climate, belonging, or connectedness might better describe the effects of universal approaches.³⁰ Finally, while a consistent definition of trauma is helpful for systematic evaluation across contexts, the nature of trauma is context dependent and both the manifestation of trauma as well as the needs and measures of success for individual communities may vary. Given that, including multiple forms and sources of knowledge such as qualitative research, community and practitioner knowledge, and case studies may provide a more representative evidence base for evaluating the impact of trauma-informed approaches. As trauma-informed approaches become more prevalent it is important to continue to conduct research to better understand their impact on young people and communities.

As Emily Luft from AWC notes, “one of the challenges of doing innovative work is that you're ahead of the research curve.” Community organizations such as Alive and Well Communities in St. Louis and Better Together Central Oregon have shown the benefits of this approach and have begun to measure them beyond the traditional methods. The two *Every School Healthy* sites highlighted also illustrate how this can look in everyday practice. Adults and young people in these settings benefit from a culture that is focused on helping everyone heal. The principles and frameworks are the same, but each community makes the practice their own. As Emily Luft of Alive and Well Communities says, “Whether our schools are ready for it or not, our kids are coming to us with profound lived experiences...and then they are showing up and we are asking them to learn...if schools want kids to learn then we have to put [trauma-informed practices] at the forefront.”

RESOURCES FOR FURTHER READING

The **U.S. Department of Health and Human Services Substance Abuse and Mental Health Services Administration** issued a guidance document for educators, practitioners, and policymakers that includes clear definitions of ‘trauma’ and a ‘trauma-informed approach.’ www.samhsa.gov

Responding to Trauma through Policies that Create Supportive Learning Environments, authored by **Child Trends**, introduces a trauma-informed policy framework to help state policymakers create supportive learning environments that meet the needs of students with a history of traumatic experiences. www.childtrends.org

Turnaround for Children, a non-profit organization that works with school and community-based partners across the country to accelerate healthy whole-child development, offers a variety of evidence based materials for the systems and educators within these partner organizations to transform their approach. The *Turnaround for Children Toolbox* is a collection of resources for schools interested in transforming their approach to working with young people. The toolbox includes documentation of the science of learning, toolkits to support implementation of Turnaround for Children’s whole child model, assessment tools to measure transformation progress, and references for a deeper dive into the science of learning. Turnaround for Children’s *Whole-Child Inventory* is a reflection tool for schools so that they can identify the systems, structures and practices they need to emphasize to achieve a whole child model. www.turnaroundusa.org

PARTNER WEBSITES

www.acesconnection.com

www.up2us.org

www.newyorklife.com/foundation/grief-sensitive-schools-initiative

ENDNOTES

- 1 Substance Abuse and Mental Health Services Administration (2014). *SAMHSA’s concept of trauma and guidance for a trauma-informed approach*. HHS Publication No. (SMA) 14-4884. Rockville, MD: Substance Abuse and Mental Health Services Administration.
- 2 Shonkoff, J. P., Garner, A. S., Siegel, B. S., Dobbins, M. I., Earls, M. F., McGuinn, L., ... & Committee on Early Childhood, Adoption, and Dependent Care. (2012). The lifelong effects of early childhood adversity and toxic stress. *Pediatrics*, 129(1), 232-246.
- 3 Substance Abuse and Mental Health Services Administration (2014). *SAMHSA’s concept of trauma and guidance for a trauma-informed approach*. HHS Publication No. (SMA) 14-4884. Rockville, MD: Substance Abuse and Mental Health Services Administration.
- 4 Shonkoff, J. P., Garner, A. S., Siegel, B. S., Dobbins, M. I., Earls, M. F., McGuinn, L., ... & Committee on Early Childhood, Adoption, and Dependent Care. (2012). The lifelong effects of early childhood adversity and toxic stress. *Pediatrics*, 129(1), 232-246.
- 5 Shonk, S. M., & Cicchetti, D. (2001). Maltreatment, competency deficits, and risk for academic and behavioral maladjustment. *Developmental Psychology*, 37(1), 3-17.
- 6 Lerner, J. V., Phelps, E., Forman, Y. E., & Bowers, E. P. (2009). Positive youth development. In R. Lerner & L. Steinberg (Eds) *Handbook of Adolescent Psychology* (p 524-558). New York: Wiley.
- 7 Zaff, J. F., Donlan, A. E., Pufall Jones, E., & Lin, E. S. (2015). Supportive developmental systems for children and youth: A theoretical framework for comprehensive community initiatives. *Journal of Applied Developmental Psychology*, 40, 1–7.
- 8 Bonanno, G. A. (2005). Resilience in the face of potential trauma. *Current Directions in Psychological Science*, 14(3), 135-138.
- 9 Noam, G. G., & Bernstein-Yamashiro, B. (2013). Youth development practitioners and their relationships in schools and after-school programs. *New Directions for Youth Development*, 2013(137), 57-68

- 10 Cole, S. F., Eisner, A., Gregory, M., & Ristuccia, J. (2013). *Creating and advocating for trauma-sensitive schools*. Massachusetts Advocates for Children. Retrieved from www.traumasensitiveschools.com.
- 11 The original ACE study from Anda, Felitti and their colleagues at Kaiser Permanente listed seven adverse childhood experiences which fell under the broad categories of neglect, abuse, and household dysfunction. Further studies have included community-level factors such as experiencing discrimination and community violence (see Philadelphia ACE study cited below). ACES also tend to be underreported as they do not account for all possible adversities, such as family separation or political persecution, and often rely on retrospective self-reporting.
- 12 Burke, N. J., Hellman, J. L., Scott, B. G., Weems, C. F., & Carrion, V. G. (2011). The impact of adverse childhood experiences on an urban pediatric population. *Child Abuse & Neglect*, 35(6), 408-413.
- 13 Cronholm, P. F., Forke, C. M., Wade, R., Bair-Merritt, M. H., Davis, M., Harkins-Schwarz, M., ... & Fein, J. A. (2015). Adverse childhood experiences: expanding the concept of adversity. *American Journal of Preventive Medicine*, 49(3), 354-361.
- 14 Institute for Safe Families. Findings from the Philadelphia Urban ACE Survey. Available at [www.instituteforsafefamilies.org/sites/default/files/isfFiles/Philadelphia Urban ACE Report 2013.pdf](http://www.instituteforsafefamilies.org/sites/default/files/isfFiles/Philadelphia%20Urban%20ACE%20Report%202013.pdf)
- 15 Substance Abuse and Mental Health Services Administration (2014). *SAMHSA's concept of trauma and guidance for a trauma-informed approach*. HHS Publication No. (SMA) 14-4884. Rockville, MD: Substance Abuse and Mental Health Services Administration.
- 16 Substance Abuse and Mental Health Services Administration (2014). *SAMHSA's concept of trauma and guidance for a trauma-informed approach*. HHS Publication No. (SMA) 14-4884. Rockville, MD: Substance Abuse and Mental Health Services Administration.
- 17 Anda, R. F., Felitti, V. J., Bremner, J. D., Walker, J. D., Whitfield, C. H., Perry, B. D., ... & Giles, W. H. (2006). The enduring effects of abuse and related adverse experiences in childhood. *European Archives of Psychiatry and Clinical Neuroscience*, 256(3), 174-186.
- 18 Merrick, M. T., Ports, K. A., Ford, D. C., Afifi, T. O., Gershoff, E. T., & Grogan-Kaylor, A. (2017). Unpacking the impact of adverse childhood experiences on adult mental health. *Child Abuse & Neglect*, 69, 10-19.
- 19 Porche, M., Zaff, J. F. & Pan, J. (2017). *Barriers to success: Moving towards a deeper understanding of adversity's effects on adolescents*. Washington, D. C.; America's Promise Alliance.
- 20 Ludy-Dobson, C., & Perry, B. D. (2010). The role of healthy relational interactions in buffering the impact of childhood trauma. In E. Gil (Ed.), *Working with children to heal interpersonal trauma*. (pp 26–44). New York: Guilford Press
- 21 The National Child Traumatic Stress Network. (2016). *Resilience and child traumatic stress*. Los Angeles, CA and Durham, NC: National Center for Child Traumatic Stress. Available at www.nctsn.org/sites/default/files/resources//resilience_and_child_traumatic_stress.pdf
- 22 Substance Abuse and Mental Health Services Administration (2014). *SAMHSA's concept of trauma and guidance for a trauma-informed approach*. HHS Publication No. (SMA) 14-4884. Rockville, MD: Substance Abuse and Mental Health Services Administration.
- 23 Harper, K. & Temkin, D. (2019). *Responding to trauma through policies to create supportive learning environments*. Bethesda, MD: Child Trends. Publication 2019-15.
- 24 Ferguson Commission. (2015). *Forward through Ferguson: A path toward racial equity*. Retrieved from 3680or2khmk3bzkp33juiea1-wpengine.netdna-ssl.com/wp-content/uploads/2015/09/101415_FergusonCommissionReport.pdf.
- 25 Missouri Department of Elementary and Secondary Education (2019). *The Missouri Model for Trauma-Informed Schools*. Retrieved from dese.mo.gov/sites/default/files/cnsl_Missouri_Model%20school_guidance_doc.pdf
- 26 Chafouleas, S. M., Koriakin, T. A., Roundfield, K. D., & Overstreet, S. (2019). Addressing childhood trauma in school settings: A framework for evidence-based practice. *School Mental Health*, 11(1), 40-53.
- 27 Thomas, M. S., Crosby, S., & Vanderhaar, J. (2019). Trauma-Informed Practices in Schools Across Two Decades: An Interdisciplinary Review of Research. *Review of Research in Education*, 43(1), 422-452.
- 28 Maynard, B. R., Farina, A., & Dell, N. A. (2017). *Effects of trauma-informed approaches in schools*. Retrieved from www.campbellcollaboration.org/media/k2/attachments/ECG_Maynard_Trauma-informed_approaches.pdf
- 29 Stratford, B., Cook, E., Hanneke, R., Katz, E., Seok, D., Steed, H., Fulks, E., & Temkin, D. (forthcoming). *A scoping review of school based efforts to support students who have experienced trauma*. Child Trends: Bethesda, MD.
- 30 Thomas, M. S., Crosby, S., & Vanderhaar, J. (2019). Trauma-Informed Practices in Schools Across Two Decades: An Interdisciplinary Review of Research. *Review of Research in Education*, 43(1), 422-452.



The Center for Promise is the applied research institute of America's Promise Alliance, housed at the Boston University Wheelock College Education & Human Development. It is dedicated to understanding what young people need to thrive and how to create the conditions of success for all young people.

Center for Promise
Boston University Wheelock College of Education & Human Development
621 Commonwealth Avenue, 4th floor
Boston, MA 02215
CfP@AmericasPromise.org
www.AmericasPromise.org/CenterforPromise



America's Promise Alliance is the driving force behind a nationwide movement to improve the lives and futures of America's children and youth. Bringing together national nonprofits, businesses, community and civic leaders, educators, citizens, and young people with a shared vision, America's Promise leads campaigns and initiatives that spark collective action to overcome the barriers that stand in the way of young people's success. Through these collective leadership efforts, the Alliance does what no single organization alone can do: catalyze change on a scale that reaches millions of young people.



About Every School Healthy

The goal of the Every School Healthy campaign is to make healthy schools the norm and not the exception. America's Promise Alliance is leading the campaign in partnership with ChildObesity180, Communities In Schools, FoodCorps, National Association of Community Health Centers, and Turnaround for Children. Read more at www.americaspromise.org/campaign/every-school-healthy.

The Every School Healthy campaign is a part of Together for Healthy and Successful Schools, a collaborative initiative working to advance the vision that all schools support education and health. Together for Healthy and Successful Schools is comprised of America's Promise Alliance, Child Trends, and Health Equity Works at Washington University in St. Louis, and it is funded by the Robert Wood Johnson Foundation.

Suggested Citation

Margolius, M., Pufall Jones, E., Hynes, M. (2020). *Creating cultures of care: Supporting the whole child through trauma-informed practice*. Washington, DC: America's Promise Alliance.

Acknowledgments

This piece could not have been produced without Alive and Well Communities, Saint Louis, MO; Better Together Central Oregon; and Turnaround for Children. The Center for Promise specifically thanks Emily Luft and Katie Condit.

The Center for Promise would also like to thank Child Trends, in particular Kristen Harper and Brandon Stratford, for their thought partnership.

This research was supported by the Robert Wood Johnson Foundation.