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# Comprehensive School Mental Health and Trauma Sensitive Schools: An Integrative Summary

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Authors: Maddie Aiello-Kimberlain, Tory Ash, Gina  
Bednarek, Cassidy Gerothanas, Eden Lochner, and Andy  
Garbacz

# ABOUT US

## REGION 10 CCNETWORK WISCONSIN MINNESOTA

With deep roots in the region, R10CC is made up of three organizations: the University of Wisconsin–Madison’s Wisconsin Evaluation Collaborative (WEC), the University of Minnesota’s Center for Applied Research and Educational Improvement (CAREI), and Education Analytics (EA). Our team has extensive experience working with the Wisconsin Department of Instruction (DPI), Minnesota Department of Education (MDE), regional education support organizations, professional associations, and school districts to translate research into practical applications.

## THE COMPREHENSIVE NETWORK

The U.S. Department of Education’s Comprehensive Centers Program is designed to provide high quality and intensive capacity-building services to help state education agencies and their clients identify, implement and sustain evidence-based practices to support education outcomes pursuant to the Elementary and Secondary Education Act of 1965, as amended by the Every Student Succeeds Act of 2015.



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# COMPREHENSIVE SCHOOL MENTAL HEALTH

Youth mental health concerns are on the rise and can have serious implications for student well-being and success (Clayborne et al., 2019). Consequently, more educators and mental health professionals are identifying mental health as an important student need (American Academy of Pediatrics, 2021). Comprehensive School Mental Health (CSMH) is critical to support the increasing needs of student mental health. School mental health systems coordinate services to promote social and emotional development of students, which can not only have a lasting impact on student wellbeing, but also academic success and behavior (Zabek et al., 2022). The National Center for School Mental Health (NCSMH, 2020) created a School Mental Health Quality Guide that outlines the eight main components of school mental health. The School Health Assessment and Performance Evaluation (SHAPE) System provides guidance to help school mental health systems advance their quality of services and supports. The eight components are as follows: (1) determine whether or not services are evidence-based, (2) fit the unique needs, strengths, culture/linguistics of each individual student, (3), ensure implementation is supported by adequate resource capacity, (4) support training, professional development, and

implementation, (5) monitor implementation fidelity, (6) create SMART goals, (7) monitor individual student progress across tiers, and (8) implement protocol for crises (NCSMH, 2020).

Results from Zabek and colleagues (2022) suggested that 100% of school mental health professionals, including school counselors, social workers, psychologists, and nurses, are trained in each of the competencies associated with five of the eight key features of comprehensive SMH systems: (a) family-school-community collaboration, (b) needs assessment/resource mapping, (c) evidence-based practice, (d) data use, and (e) cultural responsiveness/equity. When adapted to fit the school's MTSS framework, there are opportunities for collaboration and coordination across disciplines for the implementation of a comprehensive school mental health system (Zabek et al., 2022).

# TRAUMA SENSITIVE SCHOOLS

Trauma-Sensitive Schools (TSS) is a school-wide strategy that addresses trauma in all aspects of the education system by recognizing and responding to trauma and fostering healing and resilience-building (Cole et al., 2013). TSS is grounded in the understanding that most students have experienced a traumatic event, and that unaddressed trauma produces negative impacts on social, emotional, and cognitive development (Finkelhor et al., 2015; Perfect et al., 2016). While a whole-school approach is necessary to prevent and mitigate the effects of trauma on student well-being, it is also beneficial to the well-being of all students to cultivate a positive school climate.

The Trauma and Learning Policy Initiative (TLPI) developed the seminal framework for trauma-sensitive schools (Cole et al., 2013). TLPI defines the core attributes of a trauma sensitive school to include: (1) shared understanding among all staff of trauma and its impacts, (2) the school supports all children to feel safe physically, socially, emotionally, and academically, (3) the school addresses students' needs in holistic ways, taking into account their relationships, self-regulation, academic competence, and physical and emotional well-being, (4) the school explicitly connects students to the school community and provides multiple opportunities to practice newly developing skills, (5) the school embraces teamwork and staff share responsibility for all students, and (6) leadership and staff anticipate and adapt to the ever-changing needs of students. The goal is to promote whole-school culture change by helping educators infuse these aspects of trauma sensitivity into key school operations, such as: (1) leadership, (2) professional development, (3) access to resources and services, (4) academic and non-academic strategies,

(5) policies, procedures and protocols, and (6) collaboration with families.

The Substance Abuse and Mental Health Services Administration (SAMHSA, 2014) defines trauma-informed care using “the 4 R’s,” as programs, organizations, or systems that: (1) realize the widespread impact of trauma and understands potential pathways for recovery, (2) recognize the signs and symptoms of trauma in clients, families, staff, and other stakeholders, (3) respond by fully integrating knowledge about trauma into policies, procedures, and practices, and (4) resist re-traumatization of clients as well as staff. SAMHSA (2014) also provides a guide to implementation using six key principles of a trauma-informed approach: (1) safety, (2) trustworthiness and transparency, (3) peer support, (4) collaboration and mutuality, (5) empowerment, voice and choice, and (6) cultural, historical and gender issues. This approach utilizes a socio-ecological model of trauma, which focuses on locating traumatic experiences within the unique socio-cultural context of individuals, emphasizing the influence of historical and societal factors on trauma exposure (SAMHSA, 2014; Gherardi et al., 2020). The SAMHSA approach builds upon the work of Harris & Fallot (2001), which Wisconsin’s Department of Public Instruction (DPI) is currently using to guide their TSS professional development.

The SAMHSA approach is designed to be implemented in all human service systems and is adaptable to educational settings, whereas the TLPI framework is designed specifically for schools. However, TLPI’s model does not seem to view trauma using a socio-ecological lens. Additionally, while the TLPI framework addresses SAMHSA’s principles of safety

and collaboration/mutuality, the other principles are less evident (Gherardi et al., 2020). Another model presented by the Milwaukee Public Schools (MPS), in response to DPI's trauma-sensitive schools initiatives, includes a similar set of principles: (1)

understanding the impact and prevalence of trauma; (2) adopting a trauma-informed lens; (3) creating supportive relationships; (4) building caregiver capacity; and (5) supporting student resiliency (MPS, 2015). Both models place strong emphasis on staff training, school-wide processes, and specific supportive practices to use with students, which are all valuable tenets of a trauma-sensitive school. However, TLPI and MPS seem to be missing a consideration of student sociocultural and historical contexts, transparency, and opportunities for peer support among students or in their community (Gherardi et al., 2020). Gherardi et al. (2020) revealed in a review of TSS frameworks that school-based models tend to emphasize realizing and recognizing the impact of trauma, while trauma-sensitive responses and active resistance of re-traumatization are areas for growth.

The SAMHSA and TLPI frameworks have informed the development of empirically supported school-wide trauma-informed models, such as those described in Dorado et al. (2016), Day et al. (2015), and Perry & Daniels (2016). These models apply the principles outlined by SAMHSA and TLPI to a multi-tiered systems of support (MTSS) framework in order to promote safe and positive school climates for all students and staff, while providing more targeted or intensive support for students with significant trauma-related needs. In a systematic review of trauma-informed school-wide approaches, Avery et al. (2020) found four similar components across all models: (1) staff professional development and practice change, (2) organizational level changes, (3) student views, culture, and family needs, and (4) trauma screening, assessment, and therapy. While these components were consistently included in the models studied, there is still considerable diversity in interventions that are delivered in schools, and there is a need for rigorous empirical studies of what comprises essential elements of a trauma-informed school, whether these change for different social identity groups and how the elements work together to affect outcomes (Avery et al., 2020).

Another framework from the National Child Traumatic Stress Network (NCTSN, 2017) integrates SAMHSA's 4 Rs into a tiered approach for schools in ten core areas that can help to focus educational system improvements and organizational changes. The framework weaves trauma-informed concepts and practices into a school's pre-existing MTSS, while also recognizing and addressing the broader contexts in which these tiers operate, such as school environment/culture, community, and family partnerships. The ten core areas include: (1) identifying and assessing traumatic stress, (2) addressing and treating traumatic stress, (3) trauma education and awareness, (4) partnerships with students and families, (5) creating a trauma-informed learning environment, (6) cultural responsiveness, (7) emergency management/crisis response, (8) staff self-care and secondary traumatic stress, (9) school discipline policies and practices, and (10) cross system collaboration and community partnerships. The framework details concrete, trauma-informed strategies in every core area at all three tiers.

In conclusion, several trauma-sensitive school frameworks have been developed in the past two decades. There are many similarities across frameworks, such as the need to increase awareness of the impacts of trauma on learning and behavior, collaborate with families, and provide safe and supportive environments in schools. Some frameworks integrate broader sociocultural/historical contexts and disproportionality in trauma exposure. It is important for schools to acknowledge inequities and past harm in order to repair trust with families and to avoid re-traumatization of students. The National Child Traumatic Stress Network's framework for trauma-sensitive schools is unique in that it incorporates SAMHSA's key principles of trauma-informed care into concrete practices for schools to implement at each level of their tiered system in ten core areas. The NCTSN framework is ideal for alignment and

integration with a comprehensive school mental health framework because of its applicability to a wide-range of schools and populations, and its inclusion of concrete areas and strategies for creating trauma-sensitive schools.

# SHARED COMPONENTS ACROSS CSMH AND TSS

## Science of Integration

Integrating interventions involves combining distinct programs to create a new, unique approach. Integrated school-based interventions are expected to have increased positive student outcomes because they have additive effects, are easier and more efficient to deliver, and are implemented with greater fidelity (Domitrovich et al, 2010). Integrated interventions are distinct from two sequential and simultaneous or parallel interventions. Sequential, or stacked, interventions involve two discrete programs that follow one another while simultaneous interventions are two separate programs that occur at the same time (Gettinger et al., 2021). Integrated interventions leverage the organic connections and build on shared themes across the two programs by merging common elements and retaining their unique strategies (McIntosh & Goodman, 2016). Horizontal integration involves integration within risk levels whereas vertical integration occurs across program levels (Domitrovich et al, 2010).

Domitrovich and colleagues (2010) outline a theoretical rationale for integrated prevention models. Integrating school-based programs and practices are advantageous from a prevention perspective for multiple reasons such as the modest intervention effects for most programs and heterogeneous populations with different needs and risk factors that limit the effectiveness of a single intervention. Additionally, the synergistic effect of combining complementary proven components may have additive or multiplicative results.

## Crosswalk of Features Across CSMH and TSS

Table 1 displays features identified in research studies and reports that refer to core features underlying CSMH and TSS. There are several shared and distinct elements worthy of discussion. CSMH includes a broader set of systems and practices relative to TSS. CSMH focuses squarely on mental health, of which trauma-related considerations are included. However, TSS has a specific focus on trauma. In addition, CSMH has embedded approaches for identified students who would benefit from additional mental health intervention while TSS specifically assesses for traumatic stress. Another area of distinction is related to the adults who provide the services. CSMH does not emphasize adult wellness in the way that TSS points out secondary stress. In addition, a systems and practices integrated approach is germane to CSMH. In contrast, TSS does not emphasize integration to the extent to which CSMH has over the years. It may be helpful to consider ways in which TSS could be integrated into CSMH or the broader MTSS framework. Such consideration might point to efficiencies in the systems of teaming, data, and resources.

**Table 1: Crosswalk of Features Across CSMH and TSS**

<b>CSMH</b>	<b>TSS</b>
<ul style="list-style-type: none"> <li>♦ Mental health literacy</li> <li>♦ Systems planning and problem solving</li> <li>♦ Teaming and referral pathways across a continuum of support</li> </ul>	<ul style="list-style-type: none"> <li>♦ Trauma education and awareness schoolwide</li> </ul>
<ul style="list-style-type: none"> <li>♦ Family-school-community collaboration</li> <li>♦ Family input</li> <li>♦ Community collocated mental health</li> </ul>	<ul style="list-style-type: none"> <li>♦ Partnerships with students and families</li> <li>♦ Cross system collaboration and community partnerships</li> </ul>
<ul style="list-style-type: none"> <li>♦ Needs assessment</li> <li>♦ Resource mapping</li> <li>♦ Community collaboration</li> </ul>	<ul style="list-style-type: none"> <li>♦ Identify and assess traumatic stress approaches or services</li> <li>♦ Cross system collaboration and community partnerships</li> </ul>
<ul style="list-style-type: none"> <li>♦ MTSS integration</li> </ul>	<ul style="list-style-type: none"> <li>♦ Not a core component but is included in framework</li> </ul>
<ul style="list-style-type: none"> <li>♦ Mental health screening</li> </ul>	<ul style="list-style-type: none"> <li>♦ Identify and assess traumatic stress</li> </ul>
<ul style="list-style-type: none"> <li>♦ Addressing or supporting student mental health</li> <li>♦ Reducing future mental health risk</li> <li>♦ Mental health literacy</li> <li>♦ Emergency management/crisis response</li> </ul>	<ul style="list-style-type: none"> <li>♦ Addressing and treating traumatic stress</li> <li>♦ Staff self-care and secondary traumatic stress</li> <li>♦ Trauma education and awareness</li> <li>♦ Trauma-informed learning environment</li> <li>♦ Emergency management/crisis response</li> </ul>
<ul style="list-style-type: none"> <li>♦ Data systems address identifying mental health needs and linking students with effective services</li> </ul>	<ul style="list-style-type: none"> <li>♦ Identifying and assessing traumatic stress</li> <li>♦ Linking to referrals</li> </ul>
<ul style="list-style-type: none"> <li>♦ Culturally responsiveness</li> <li>♦ Equitable mental health practices</li> <li>♦ Partnerships with students and families</li> </ul>	<ul style="list-style-type: none"> <li>♦ Cultural responsiveness</li> <li>♦ Partnerships with students and families</li> </ul>

The science of integration suggests that through integrating CSMH and TSS there may be improvements in efficiency and effectiveness based on the shared elements and shared risk factors that CSMH and TSS are designed to address. For example, it may be possible to integrate identification and assessment of traumatic stress within CSMH to support a continuum of students in a school. In addition, community partnerships focused on trauma in addition to more general mental health needs may be beneficial for all students. Finally, CSMH and TSS are implemented through similar systems; integrating the initiatives may be an implementation strategy to promote adoption and implementation.

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