

## Integrating Trauma-informedness Within a Multi-tiered System of Support: The Critical Role of Administrators

<sup>1</sup>Lindsay Dietrich Wolf

<sup>2</sup>Maria B. Scuichetti

### *Abstract*

*Meeting the needs of students in schools has been challenging for many years. Consequently, some schools have responded with comprehensive, multi-tiered intervention systems (e.g., MTSS) aimed at addressing students' academic, behavioral, and social-emotional needs. However, most educators have a rudimentary understanding of these systems and the impact of trauma and traumatic experiences on students' response to interventions. Currently, there is limited research on how building level-administrators integrate trauma-informedness into these tiered systems. This conceptual article outlines the importance of administrators' perception, understanding, and implementation of using a trauma-informed lens in educational decision making, specifically regarding MTSS implementation. This article presents an overview of the literature and an approach to trauma-informed approach that administrators can utilize when making educational decisions, specifically within multi-tiered systems of intervention and student supports.*

**Keywords:** *Administrators; Adverse Childhood Experiences (ACE); Multi-tiered Systems of Support (MTSS); Trauma-informedness.*

---

<sup>1</sup>Lindsay Dietrich Wolf, PhD, Assistant Director of Special Education, MSD Southwest Allen County Schools, Fort Wayne, IN; Ball State University, Muncie, IN

Email: [lwolf@sacs.k12.in.us](mailto:lwolf@sacs.k12.in.us)

<sup>2</sup>Maria B. Scuichetti, PhD, Associate Professor and Assistant Chair, Department of Special Education, Ball State University, Muncie, IN

Email: [mscuichetti@bsu.edu](mailto:mscuichetti@bsu.edu)

---

**Recommended Citation:** *Wolf, L. & Scuichetti, M.B. (2024). Integrating trauma-informedness within a multi-tiered system of support: The critical role of administrators, Journal of Educational Leadership and Policy Studies, 8(1)*

## **Integrating Trauma-informedness Within a Multi-tiered System of Support: The Critical Role of Administrators**

### **Introduction**

Intentional structures of student, academic support, such as Response to Intervention (RTI), have provided an alternate path to eligibility determination for special education that moved away from an IQ-Achievement gap model. Historically, the tiered framework of academic interventions was responsive only to learners who had reading and math related needs making them less comprehensive than present structures of intervention (Maynard et al., 2019). Other tiered intervention support systems, such as Positive Behavior Intervention Supports (PBIS), have specifically targeted social and emotional growth, while other independent support structures are tiered with community resources that “wrap around” individuals beyond the classroom (Adamson et al, 2019; Hoover, 2011).

Recognizing a correlation between academic progress and social and emotional health, the dialogue in schools shifted to designing a system of intervention that was more responsive, inclusive, and aligned to student academic, behavioral, and social-emotional needs (von der Embse et al., 2018). These systems, however, failed to address the unique needs of trauma-affected students. This is disconcerting when we consider that exposure to traumatic events can disrupt brain development and have immediate and lifelong adverse effects on social, emotional, and physical well-being (Anda et al., 2006). Such effects can include deficits in executive functioning, developmental delays, behavioral problems, difficulty regulating emotions and behavior, academic performance, IQ, delinquency, substance abuse, socio-emotional development, and mental health and psychiatric disorders (Anda et al., 2006; Clarkson Freeman, 2014; Lang et al., 2015). As a result, there is a growing emphasis on and push for educators to become trauma-informed, to better understand the impacts of adverse experiences on learning (Thomas et al., 2019). In addition, it is imperative that educators meet student’s complex and often comorbid (e.g., academic, social-emotional) needs with a systematic, trauma-informed approach (Kataoka et al., 2018; Zakszeski et al., 2017).

For the purpose of this article, trauma-informedness and trauma-responsiveness, with the suffix of “ness”, are used to represent a total state of being, condition, or quality of educators. Trauma-informedness is a mindset to be embraced and employed in all segments of education and of thinking. With students entering schools with needs beyond academic and behavioral supports, building-level leaders must integrate trauma-informedness and trauma-responsiveness into the system of support that is provided for learners. Multi-tiered System of Supports (MTSS) is an example of a systematic approach used in schools to target and improve academic and adaptive outcomes (i.e., executive functioning) for students (Eagle et al., 2015; Fabiano & Evans, 2018; Lang et al., 2015).

Theoretically, when MTSS is comprehensively developed for the academic, social/emotional, and behavioral needs of students, all frameworks of interventions (e.g., RTI, PBIS, trauma-informedness/trauma-responsiveness, policies and procedures) are simultaneously, fully integrated and implemented with fidelity (Kataoka et al., 2018; Maynard et al., 2019). Such a comprehensive system of support would allow for data-driven decisions related to

instructional and resource (school- and community-based) needs; however, MTSS is not inherently designed to address the specific trauma-related needs of students. Building level administrators are uniquely positioned to address this gap by integrating trauma-informedness when designing systems of support within their schools. It is through building-level administrators' perception, understanding, and acceptance of pragmatically inserting trauma-informedness within MTSS that a school-wide culture of responsibility and responsiveness can be embraced (Kataoka et al., 2018; Yohannan & Carlson, 2018). In doing so, learners with multiple adverse childhood experiences (i.e., abuse, death of parent, incarceration of parent...etc.) can be met by a universal system of support that provides fluid and flexible interventions based on their specific needs (Chafouleas et al., 2016; Fodren et al., 2019, Kataoka et al., 2018; Maynard et al., 2018; Reinbergs & Fefer, 2017).

### **Legislative Mandates for Intervention in the U.S.**

For decades, federal and state legislation have shaped practices for education in the United States with the aim of providing equal opportunities to all learners regardless of race, ability, or economic status. For example, the Every Student Succeeds Act (ESSA; 2015) was predicated on equal opportunities for all students. ESSA expanded on the essential needs and compulsory obligation of educators to be responsive to the needs of students, "regardless of race, income, zip code, disability, home language, or background" and sought to build skills, create pathways, and respond to and remove obstacles so that students are ready for college or the workforce. To these ends, civil rights advocates, educational leaders, and government officials have elucidated inequities and situational adversities in order that educational laws promote inclusivity for all learners. As a result, special education law (IDEA; Public Law 94-142) was advocated for and developed in concert with general education law to promote equitable access and opportunities for individuals with disabilities within schools. Such legislation guarantees a free and appropriate public education (FAPE) for all students, regardless of disability status; mandates procedures for the identification and evaluation of all students suspected of having a disability; increases access to and opportunities in general education settings and needs-based instruction and intervention for students with disabilities; and requires teachers to respond to the needs of all learners through appropriate intervention and documentation to ensure progress in the general curriculum before making referrals for special education evaluations. Schools essentially have compulsory responsibilities to implement high quality education, composed of research-based instruction and curriculum, and vigilantly watch and respond to the needs of all students regardless of identification status or label.

### **Tiered Intervention Frameworks**

Tiered systems aimed at prevention, varying degrees of support and attention, and increasingly intensive and aggressive levels of care are not unique to the educational realm. In fact, education legislation dictates school districts develop and implement comprehensive and coordinated intervention plans and frameworks for struggling learners while being mindful of a variety of factors, including mental health and trauma, that may impact student learning. Such integrated plans and frameworks allow schools to identify struggling learners early and intervene quickly when educational progress is diminished. To meet these demands, tiered intervention delivery frameworks have become commonplace in schools. Tiered intervention frameworks involve levels, or tiers, wherein the duration, frequency, and intensity of intervention delivery increases across tiers and student progress is monitored

regularly. Most frameworks consist of three tiers. Each level of intervention is aligned to high-quality curriculum components: implementation (fidelity, consistency, and accuracy), differentiation (targeted, relevant, and contextual), and assessment (curriculum-based, instructionally linked, on-going; Hoover, 2011). RTI is an example of a widely implemented tiered framework designed as a proactive approach to address the academic needs of all students, within the least restrictive environment (Kovaleski et al., 2013).

While RTI and PBIS are widely implemented, they are inherently designed to address a specific skills deficit area, such as academics (RTI) or behavior (PBIS), exclusively. Since students often present with comorbid concerns, an integrated intervention framework designed to address their multifaceted needs is warranted (Lang et al., 2015; Utley, C.A. & Obiakor, F.E., 2015). MTSS, one such framework, was predicated on the assumption that difficulties in behavior and academics run parallel (Eagle et al., 2015; Fabiano & Evans, 2018). Although MTSS is often used as an umbrella-term for individual multi-levelled intervention frameworks (e.g., PBIS and RTI; Weingarten et al., 2020), we refer to MTSS in this article as any comprehensive, integrated system of interventions and service delivery that incorporates several frameworks into one system of support, similar to the Comprehensive, Integrated, Three-tiered (C3t) model (O'Shaughnessy et al., 2003), designed to meet a combination of diverse academic, behavioral, and social needs of students (Chafouleas et al., 2016; Choi et al., 2019; Weingarten et al., 2020).

### **Adverse Childhood Experiences**

Stressors and subsequent impacts related to adverse and traumatic experiences have long been a concern for medical and mental health providers. A landmark ACEs study, led by Felitti and colleagues (1998) investigated the correlation between childhood abuse and neglect and later-life health and well-being. The researchers found a positive correlation between participant childhood experiences and negative health status (adult-onset chronic disease, mental illness), behaviors (difficulties at work), and outcomes (history of incarceration). More than half of the participants had experienced one or more types of adverse childhood experiences (ACEs) with one-fourth of those having experienced two or more types (i.e., ACEs typically do not happen in isolation). The researchers concluded that the more ACEs one has experienced, the greater their risks of experiencing negative medical, mental, and social health problems as an adult.

Contemporary concerns emerging from research about impacts of adverse childhood experiences (ACEs) on development and functioning of individuals have given rise to greater investigation, understanding, treatment, and intervention. The National Child Traumatic Stress Network (2016) described ACEs as childhood trauma or adversity that occurs when a child experiences a traumatic event, acute or chronic, that overwhelms their ability to cope with what they have experienced. Substance Abuse and Mental Health Service Administration (SAMHSA, 2014), defines trauma as an “event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on an individual’s functioning and mental, physical, social, emotional, or spiritual well-being. These may include such experiences as abuse (psychological, physical, emotional, sexual, substance), mental illness, criminal behavior, death, family disruption, or environmental strains and disturbances.

## **Trauma-informed Medical and Mental Health Intervention Structures**

Recognizing a need to create an intentional infrastructure based on the research on ACEs, SAMHSA provides a framework for implementation aimed at integrating cross systems of support (e.g., behavioral health specialties, child welfare, education, criminal and juvenile justice, primary health care, the military, etc.) to better understand the connections between trauma and behavioral health issues and guide systems to become *trauma-informed*. The model was structured and framed around key principles of SAMHSA (i.e., safety, trustworthiness and transparency, peer support, collaboration and mutuality, empowerment, voice and choice, and culture, historical, and gender issues) for organizations that seek to become trauma informed.

Guidance for implementation subsumes governance and leadership, policy, physical environment, engagement and involvement, cross sector collaboration, screening, assessment, treatment services, training and workforce development, progress monitoring and quality assurance, financing, and evaluation. Organizations within and outside the medical and mental health realm are able to share a consistent understanding and build out supplementary support structures under the principle definitions and framework of SAMHSA (2014).

## **The Importance of Developing an Understanding of ACEs in Education**

Although the ACE study and the subsequent trauma-impacts have been shared through explicit training with many community sectors, an understanding of trauma and its impacts on student learning and development is less established in schools (SAMHSA, 2014; Zakszeski et al., 2017). Still, researchers have highlighted the need for educators to be aware of the impacts of trauma on learning and respond accordingly to the needs of those affected within their classrooms (Felitti et al., 1998; Walkey & Cox, 2013; Thomas et al., 2019).

## **Academic and Social-Emotional Considerations**

Trauma-informed care requires an organizational, structural, and treatment framework that involves understanding, recognizing, and responding to all kinds of trauma (Kataoka et al., 2018; SAMHSA, 2014). When translated into the field of education, this means provisions of trauma-informedness in such a framework intentional short- and long-term training and professional development.

## **Policies, Procedures, and Practices Considerations**

It has been well documented that ACEs change the scope and reactivity of the brain, and affect frontal lobes, brain size, and capacity of neurons for decision-making and interaction (Felitti et al., 1998; Kataoka et al., 2018) thereby altering an individual's response to certain situations (Kataoka et al., 2018). It stands to reason, that these underdeveloped and/or mal-developed areas of the brains of children who have experienced trauma would require intensive supports. Furthermore, when ACEs are compounded in number, the potential to significantly impact the cognitive, social, and neurobiological functioning of developing brains increases (Iniguez & Stankowski, 2016). In fact, children who have experienced four or more ACEs have higher tendencies for internalizing and externalizing behaviors (Clarksman Freeman, 2014).

Punitive discipline measures, particularly for students with high ACEs, can interrupt students' educational progress, lead to disengagement from their school communities, and essentially classify such learners as defiant and unruly (Wolf & Kupchik, 2017). For example, when compared to their peers without a history of trauma, trauma-affected students are up to three times more likely to be expelled from or drop out of school (Adams et al., 2013; Kataoka et al., 2018; Thomas et al., 2019). Students who were suspended in grades 7-12 were found to have a significantly greater risk of criminal victimization, criminal activity, and incarceration years later as adults (Wolf & Kupchik, 2017). Thus, behavioral consequences may actually exacerbate and negatively impact subsequent responses of students who have experienced trauma.

Considering these potential negative outcomes, support structures and tiered approaches within educational entities must be responsive to the unique yet complex needs of trauma-affected learners (Frydman & Mayor, 2017). Wherein school handbooks and firm policies (e.g., truancy, attendance, and student expected behaviors) have framed responses to student situations, a growing number of circumstances (district-wide to individual) should be viewed from a more trauma-informed vantage point, considering a potential relationship of the trauma and situation. Iachini and colleagues (2016) exploratory study examined the extent of childhood trauma on students who repeated ninth grade using the ACEs study (Felitti et al., 1998) and a Life Event Calendar. Analysis revealed both a pattern of grade changes, suspensions/attendance, trancies, and retention. Additionally, many of the disengagement behaviors occurred during or following an ACE occurrence.

### **Intersection of Education and Medical/Mental Health Intervention Frameworks**

As a primary setting where most students spend a majority of their time, schools are uniquely situated to integrate mental health education and supports for all students, particularly those impacted by trauma (Mendelson et al., 2015). Although many administrators are beginning to understand and actionize elements of trauma-informedness, literature reveals that a trauma-informed lens is less developed and subsequently not always used in decision-making and/or MTSS (von der Embse et al., 2018). Although school administrators provide guidance in both aspects, a disconnect between MTSS and trauma-informedness persists for some educators and administrators. For example, students' needs may be misunderstood or incorrectly attributed to academic deficits which may lead to evaluations, and subsequently eligibility, for special education services (Sparks, 2019; Walkey & Cox, 2013). This occurs most often when administrators fail to simultaneously address trauma-informedness while designing and implementing a framework of intervention delivery, such as MTSS. At present, there is limited guidance regarding how MTSS and trauma-informedness should be integrated or the role school administrators should have in the implementation of such frameworks.

### **Educationally Adapted and Integrated Approaches**

Researchers have sought to better understand this integrated concept using SAMHSA's (2014) Concept of Trauma and Guidance for a Trauma Informed Approach. Integrating practices of safety, trust, peer support, collaboration, empowerment, culture, the SAMHSA framework aims to interconnect cross systems of support (i.e., educational interventions, medical and mental health interventions, government and community-based support organizations) to better understand associations between trauma and behavioral health issues and to guide systems to become trauma-informed (SAMHSA, 2014).

Maynard and colleagues (2019) comprehensive review found that current research examines isolated interventions, not the overall framework of trauma-informedness. Such gaps in literature leave many questions about the efficacy of trauma-informed frameworks in educational settings. Additionally, research to date does not address how educational decision-making occurs within a comprehensive framework, such as MTSS (Maynard et al., 2019). Maynard and colleagues (2019) advocate for including trauma-informedness within the MTSS structure as this intentional integration has the potential to provide firm direction and construct for comprehensive and targeted intervention (Maynard et al., 2019).

Chafaoules et al. (2016) explored the integration of the SAMHSA (2014) framework within an education context seeking to connect current literature on trauma-informedness to multi-tiered systems of support to determine current present understanding and implementation in schools. The researchers found a critical need to create comprehensive blueprints for implementation, professional development, and evaluation and thus constructed a comprehensive framework which merged SAMHSA's (2014) four R's- realization about trauma and effects; 2.) recognition of the signs of trauma; 3.) response that appropriately embraces trauma understanding across tiers of service delivery, and 4.) resist practices that could inadvertently re-traumatize- into the blueprints (Chafaoules et al., 2015).

Reinbergs and Fefer (2017) explored the literature regarding assessment and intervention for childhood trauma, specifically within MTSS. This study revealed the importance of tier one interventions (inclusive of universal screeners), administrative support and effective student support teams, and tremendous system organization that is well-organized, prevention focused, data-based, school-community focused, and resource efficient for early identification, prevention, and specifically tailored intervention of trauma-related needs.

Kataoka et al. (2018) applied the SAMHSA (2014) model to decision-making structures within schools. The model essentially serves as guide for schools and school districts to layer in trauma-informedness at each MTSS level. This framework further highlighted the shared responsibility by all personnel, necessity for administrative buy-in, purposeful championing of trauma-informed lenses throughout an intervention and support structure, and on-going evaluation of current components and ever-changing needs of students (Kataoka et al., 2018).

Also using SAMHSA's (2014) three-tiered model as a guide, Fodren et al. (2019) conducted a meta-analysis to examine the extensiveness of trauma-informedness within schools. They found that when fully integrated, the trauma-informed interventions are provided in tandem with other services and interventions of the three-tier model that intensify and individualize per student need (Fodren et al., 2019). There were, however, only a limited number of schools fully incorporating trauma-informed practices seamlessly throughout an intervention framework but that barriers (i.e., funding, personnel considerations, and legislative policy) interfere with full implementation.

### **Administrators Responsibilities for the Integration of MTSS and Trauma-informedness**

As noted previously, historical foundations of education and legal mandates underscore a need for intervention structures and practices in schools. Additionally, research supports a growing need to become trauma-informed in all entities, particularly in schools (Feletti et al., 2019).  
Journal of Educational Leadership and Policy Studies (JELPS) Volume 8 Spring 2024 Issue

1998; Fondren et al., 2018; Maynard et al., 2019). It is critical for school administrators to intentionally operate with a lens of trauma-informedness, across all aspects of the framework because the impacts of ACEs are not always visible, communicated, or readily apparent (Paccione-Dyszlewski, 2016).

To comprehensively meet the needs of learners through a trauma-informed lens across a multi-tiered decision-making process, administrators need to be active builders, supporters, and executors of such a framework. Hence, the administrator not only serves as the superintendent during creation and implementation but also leads by example to use a trauma-informed mindset through all decision-making processes in the school and or district.

Operating with a lens of trauma-informedness in decision making in schools involves a great deal of consideration of the many factors of the students and “requires buy-in from administrators, disciplinary policies that are sensitive to students, staff professional development, and strong relationships between school staff and mental health professionals” (Crosby, 2015, p. 224). An awareness of trauma-impacts on students’ needs by school personnel should run parallel to a careful examination of systems and processes in classrooms, buildings, and districts to help improve ecologies of impacted learners. Although awareness training is at the helm, greater emphasis and importance should be placed on the systems and processes that underlay the daily programming such as

- 1) focusing on culture and climate; 2) training and supporting all staff regarding trauma and learning; 3) developing a strengths-based approach in working with students and peers; 4) encouraging and sustaining open and regular communication for all; 5) ensuring discipline policies are both compassionate and effective; 6) weaving compassionate strategies into school improvement planning; 7) providing tiered support for all students based on what they need; 8) creating flexible accommodations for diverse learners; 9) providing access, voice, and ownership for staff, students, and community; and 10) use data to identify vulnerable students and determine outcomes and strategies for continuous improvement (Walkey & Cox, 2013, p.125).

Schools guided by trauma-informed frameworks should provide immediate trauma-informed care for learners while, simultaneously, using thoughtful educational execution of standards, curriculum, and best practices of teaching to promote positive student outcomes.

## **Laying the Foundation**

Prior to constructing an integrated framework of MTSS and trauma-informedness, those who teach and those who lead must thoroughly understand cultures and backgrounds of the students they are working with and intentionally consider the intervention outcomes for each particular student profile (Yohannan & Carlson, 2019). The foundation of an integrated framework necessitates that teachers and school personnel understand the way(s) ACEs impact student learning and development. An iterative intervention framework is constructed to address academic and social, emotional, and behavioral development, blending RTI and PBIS, Universal Design and Resilience-focused interventions (Dray et al., 2017; Utley & Obiakor, 2015). Fondren et al. (2019), promoted integrating the internal and audible dialogue at each tier of MTSS, offering that practitioners need to be thinking with a trauma-informed and trauma-responsive mindset.



Administrators need to examine policies and procedures related to discipline in order to create a structure that is both cognizant of and responsive to adverse impacts on students. In this regard, trauma-sensitive policies for handling disciplinary procedures are grounded in a foundation of trauma-informedness, guided by questions of causation and history rather than non-compliance and punitive responses (Fondren et al., 2019).

### **Executing the Integrated Framework**

As leaders, administrators need to communicate often with teachers and staff to ascertain the level of readiness (both with resources and awareness) they have in carrying out an integrated framework. Intervention structures must be prioritized, and administrators need to be confident and committed in working the system through each tier and consideration of support (Yohannan & Carlson, 2018). Intervention systems that are comprehensive and complex in responsiveness to needs of students are not immediate processes. In fact, a primary challenge is typically not the creation of such a framework but the mind-readiness of the adults working alongside the learners. Administrators need to lead by exemplifying how to reframe problem behaviors (i.e., less focus on punitive measures) and to mitigate emotional reactivity and escalating reactions of teachers (Dorado et al., 2016).

The emerging intersection of MTSS and trauma-informedness also should cause administrators to examine current practices and policies that are not necessarily aligned with this integrated lens. As framed in the SAMHSA (2014) frameworks, building level and district level leadership need to “take action to promote organizational culture, policies, and practices. . . . redesigning policies around training and scheduling. . . .and evaluating efforts” (p. 17). Leading with an integrated mindset prioritizes needs of the whole child, considering and responding to academic, social-emotional, behavioral, and trauma-impacted needs.

### **Sustaining Implementation**

Paramount to the creation and sustainability of an intervention system that encompasses trauma-informedness and trauma-responsiveness is the “buy-in” by all involved, especially leadership. Administrators should promote that social-emotional skills and wellness are crucial to academic achievement, and that addressing trauma helps promote school success and need for a strong intervention infrastructure (Dorado, 2016; Thomas, et al., 2019; Yohannan & Carlson, 2019).

When administrators fail to invest in the resources needed to support students with complex trauma, teachers are less able to teach students, and students are less able to learn (Sparks, 2019). Educational leaders must provide intense training, supervision, ongoing technical assistance, and continue staff development regarding brain development and trauma (Walkey & Cox, 2013). Additionally, educational leaders need to take stock of current use of resources (e.g., time and money) and examine any potentially counterproductive or potentially harmful routine approaches to determine if the time and money spent on punitive discipline can be redirected or reallocated to help students (Sparks, 2019).

Implementation of sustainable interventions in an integrated framework is contingent upon collaboration and communication from all stakeholders. Ongoing conversation and deeper understanding between school, families, and communities, promotes greater awareness and

quicker ability for prevention and responsiveness to the needs of learners (Kataoka et al., 2018). Although administrators need to encourage and uphold an integrated framework, they also need to include teachers and counselors in specific decision making, such as scheduling intervention times and evaluating intervention effectiveness (Eagle, 2015; Yohannan & Carlson, 2019). The perspective of those in the classroom, who provide daily activities of learning, should be considered and monitored to gauge effectiveness, giving a snapshot of the current student climate and need.

## Summary

Although many administrators are beginning to understand and actionize MTSS, framing MTSS through a trauma-informed lens is less developed (Chafouleas et al., 2015, 2016; Fondren et al., 2019; Kataoka et al., 2018; Mynard et al., 2018; Reinbergs & Fefer, 2017; von der Embse et al., 2018). At present, trauma-based interventions within MTSS are program-based but not yet a philosophical integration of trauma-understanding throughout (von der Embse et al., 2018). The literature further reveals perceived disconnectedness between MTSS and trauma-informedness by educational practitioners and calls for leaders to navigate teachers and personnel to use a blended lens in thinking about and responding to student needs (Eagle et al., 2015; Thomas et al., 2019). Administrators need to have targeted SAMHSA professional development and practical frameworks to follow. Having such a lens at the epicenter of decision-making may allow leaders and teachers to identify potential trauma responses faster and subsequently provide for needs in a more responsive, comprehensive manner. Schools that are guided with trauma-informed frameworks seek to provide immediate trauma-informed care for the learners while, simultaneously, using thoughtful educational execution of standards, rich curriculum, and best practices of teaching to promote strong student outcomes. Without these, principals will fail to fluidly integrate trauma-informedness into MTSS.

## References

- Adams, Z.W., McCart, M.R., Zajak, K., Danielson, C.K., Sawyer, G.K., Saunders, B.E., & Kilpatrick, D.G. (2013). Psychiatric problems and trauma exposure in non-detained delinquent adolescents. *Journal of Clinical Child & Adolescent Psychology*, 42(3), 323–331.
- Adamson, R.M., McKenna, J.W., & Mitchell, B. (2019). Supporting all students: Creating a tiered continuum of behavior support at the classroom level to enhance schoolwide multi-tiered systems of support. *Preventing School Failure* 63(1), 62-67.
- Anda, R.F., Felitti, V.J., Bremner, J.D., Walker, J.D., Whitfield, C., Perry, B.D., et al. (2006). The enduring effects of abuse and related adverse experiences in childhood: A convergence of evidence from neurobiology and epidemiology. *European Archives of Psychiatry and Clinical Neuroscience*, 256, 174-186.
- Chafouleas, S.M., Johnson, A.H., Overstreet, S., & Santos, N.M. (2016). Toward a blueprint for trauma-informed service delivery in schools. *School Mental Health*, 8, 144-162. DOI 10.1007/s12310-015-9166-8.
- Choi, J.H., McCart, A.B., Hicks, T.A., & Sailor, W. (2019). An analysis of mediating effects of school leadership on MTSS implementation. *The Journal of Special Education*, 53(1), 15-27.
- Clarkson Freeman, P.A. (2014). Prevalence and relationship between adverse childhood experiences and childhood behavior among young children. *Infant Mental Health Journal*, 35(6), 544-554.
- Comprehensive, Integrated, Three-Tiered Model of Prevention (2022). *About ci3t*. <https://www.ci3t.org>.
- Crosby, S. D. (2015). An ecological perspective on emerging trauma-informed teaching practices. *Children & Schools*, 37(4), 223-230.
- Dorado, J.S., Martinez, M., McArthur, L.E., & Leibovitz, T. (2016). Healthy environments and response to trauma in schools (HEARTS): A whole-school, multi-level, prevention and intervention program for creating trauma-informed, safe and supportive schools. *School Mental Health* 8, 163–176.
- Dray, J., Bowman, J., Campbell, E., Freund, M., Wolfenden, L., Hodder, R.K., McElwaine, K., Tremain, D., Bartlem, K., Bailey, J., Small, T., Palazzi, K., Oldmeadow, C., & Wiggers, J. (2017). Systematic review of universal resilience-focused interventions targeting child and adolescent mental health in the school setting. *Journal of Academy of Children and Adolescent Psychiatry*, 56(10), 813-824.
- Drury, J. (2018). *Educational leaders' perspectives on their preparation, practice, and professional development in MTSS* (Publication No. 1233) [Doctoral dissertation, University of Massachusetts]. Scholarworks. [https://scholarworks.umass.edu/dissertations\\_2/1233](https://scholarworks.umass.edu/dissertations_2/1233).
- Eagle, J.W., Dowd-Eagle, S.E., Snyder, A., & Gibbons-Holtzman, E. (2015). Implementing a multi-tiered system of support (MTSS): Collaboration between school psychologist and administrators to promote systems-level change. *Journal of Educational and Psychological Consultation*, 25, 160-177.
- Every Child Succeeds Act, 20 U.S.C. § 6301 (2015), <https://www.congress.gov/114/plaws/publ95/PLAW-114publ95.pdf>.
- Fabiano, G. A. & Evans, S. W. (2018). Introduction to the special issue of School Mental Health on best practices in effective multi-tiered intervention frameworks. *School Mental Health*, 11, 1-3.

- Federal Register. 71(156). U.S. Department of Education (2006b). Washington D.C.  
<http://idea.ed.gov/download/finalregulations.pdf>.
- Felitti, V.J., Anda, R.F., Nordenberg, D., Williamson, D.F., Spitz, A.M., Edwards, V., Koss, M.P., & Marks, J.S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The adverse childhood experiences (ACE) study. *American Journal of Preventive Medicine, 14*(4), 245-258.
- Freeman, J. (2020). Trauma and Relational Care: Integrating an Awareness of Trauma into the Characteristics of Relational Child and Youth Care. *Journal of Child and Youth Care Work, 25*, 120–132.
- Frydman, J.S. & Mayor, C. (2017). Trauma and early adolescent development: Case examples from a trauma-informed public health middle school program. *Children and Schools, 39*(4), 238-247.
- Fondren, K., Lawson, M., Speidel, R., McDonnell, C.G., & Valentino, K. (2019). Buffering the effects of childhood trauma within the school setting: A systematic review of trauma informed and trauma-responsive interventions among trauma-affected youth. *Children and Youth Services Review, 109* (2020), 104691.
- Hoover, J.J. (2011). *Response to intervention models*. Pearson.
- Iachini, A.L., Petiwala, A.F., & DeHart, D.D. (2016). Examining adverse childhood experiences among students repeating the ninth grade: Implications for school dropout prevention. *Children & Schools, 38*(4), 218-226.
- Individuals with Disabilities Education Improvement Act of 2004 (IDEA). 20 U.S. C. 1401 *et seq.* (2004).
- Iniguez, K.C. & Stankowski, R.V. (2016). Adverse childhood experiences and health in adulthood in a rural population-based sample. *Clinical Medicine & Research, 14*(3/4), 126-137.
- Kataoka, S. H., Vona, P., Acuña, A., Jaycox, L., Escudero, P., Rojas, C., Ramirez, E., Langley, A., & Stein, B.D. (2018). Applying a trauma informed school approach: Examples from school community-academic partnerships. *Ethnicity & Disease 28*(2).
- Lang, J.M., Campbell, K., & Vanderploeg, J.J. (2015). Advancing trauma-informed systems for children. Farmington CT: Child Health and Development Institute.
- Maynard, B.R., Farina, A., Dell, N.A., & Kelly, M.S. (2019). Effects of trauma-informed approaches in schools: A systematic review. *Campbell Systematic Reviews, 15*(1-2).
- Mendelson, T., Tandon, S.D, O'Brennan, L., Leaf, P.J., & Ialongo, N.S. (2015). Brief report: Moving prevention into schools: The impact of a trauma-informed school-based Intervention. *Journal of Adolescence 43*, 142-147.
- National Conference of Juvenile and Family Court Judges (n.d). *Adverse childhood experience survey* [document].  
<https://www.ncjfcj.org/sites/default/files/Finding%20Your%20ACE%20Score.pdf>.
- No Child Left Behind Act of 2001. P.L. 107-110, 20 U.S.C. § 6319 (2002).
- O'Shaughnessy, T, Lane, K, Gresham, F, & Beebe-Frankenberger, M. (2003). Children placed at risk for learning and behavioral difficulties: Implementing a school-wide system of early identification and intervention. *Remedial and Special Education 24* (1), 27-35.
- Paccione-Dyslewski, M.R. (2016). Trauma-informed schools: a must. *The Brown University Child and Adolescent Behavior Letter, 32*(7), 8-9.
- Reinbergs, E. J. & Fefer, S. A. (2018). Addressing trauma in schools: Multi-tiered service delivery options for practitioners. *Psychology in the Schools, 55* (3), 250-263.

- Sparks, S.D. (2019). Are schools required to be trauma-sensitive? *Education Week*, 39(3), 1, 18-19.
- Substance Abuse and Mental Health Service Administration (2014). SAMHSA's concept of trauma and guidance for a trauma-informed approach. <https://SAMHSA.gov>.
- The National Child Traumatic Stress Network (2018). *What is trauma?* [Website]. Retrieved from: <https://www.nctsn.org/what-is-child-trauma>.
- 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*, 49, 422-452.
- Utley, C.A. & Obiakor, F.E. (2015). Special issue: Research perspectives on multi-tiered system of support. *Learning Disabilities: A Contemporary Journal*, 13(1), p. 1-2.
- von der Embse, N., Rutherford, L., Mankin, A., & Jenkins, A. (2019). Demonstration of a trauma-informed assessment to intervention model in a large urban school district. *School Mental Health*, 11, 276–289.
- Walkey, M. & Cox, T. L. (2013). Building trauma-informed schools and communities. *Children and Schools*, 35(2), 123-126.
- Weingarten, Z., Edmonds, R.Z., & Arden, S. (2020). Better together: Using MTSS as a structure for building school-family partnerships. *Teaching Exceptional Children*, 53(2), 122-130.
- Wolf, K.C. & Kupchik, A. (2017). School suspensions and adverse experiences in adulthood. *JQ: Justice Quarterly*, 34(3), 407-430.
- Yohannan, J. & Carlson, J.S. (2018). A systematic review of school-based interventions and their outcomes for youth exposed to traumatic events. *Psychology in the Schools*, 56(3).
- Zakszeski, B.N., Ventresco, N.E., & Jaffe, A.R. (2017). Promoting resilience through trauma-focused practices: A critical review of school-based implementation. *School Mental Health*, 9, 310-321