



Review

Trauma-Informed School Strategies for SEL and ACE Concerns during COVID-19

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Abstract: The precarious circumstances associated with the COVID-19 pandemic have raised important questions concerning the potential impact on child and adolescent development. For instance, how might this disruption influence social and emotional learning (SEL) and affect adverse childhood experiences (ACEs)? Moreover, what protective practices may be put in place to mitigate risks? The purpose of this critical review is to engage with these questions. Relevant research findings published before and during pandemic contexts are presented. Connections between SEL, ACEs and past social disruptions are substantiated in the literature. Additionally, preliminary evidence has elucidated variables associated with ACEs and SEL concerns during the pandemic. For instance, research suggests that students from socially disadvantaged positions may be disproportionately impacted by these issues. Actionable trauma-informed recommendations for educators are discussed, including creating safe school environments and adopting a strength-based perspective.

Keywords: social and emotional learning (SEL); adverse childhood experiences (ACEs); trauma-informed practices; COVID-19; review; recommendations



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1. Introduction

Since the World Health Organization declared the COVID-19 outbreak a global pandemic in March 2020 [1], numerous concerns about children's and adolescents' development have been raised. Families and school systems across nations have been pressed to adjust to fluctuating and unprecedented circumstances continually. An area of particular concern is the extent to which the pandemic may be impacting child and adolescent academics, wellbeing, and overall development and what may be done to reduce potential associated harms. Moreover, inquiry into the widening of learning gaps for children and adolescents facing existing disadvantages seems justified. This present review is guided by two research questions pertinent to current ongoing challenges. First, how might the pandemic exacerbate adverse childhood experiences (ACEs) or social and emotional learning (SEL) concerns? Second, how may trauma-informed school strategies be applied to detect and address these concerns? To address these questions, relevant research findings from before and during the pandemic and actionable recommendations for educators will be presented.

In this present review, a search was conducted in four academic databases (i.e., APA PsycINFO, ERIC, ProQuest Social Sciences, and Google Scholar) in the spring of 2021 with the following key terms: (COVID-19 or coronavirus or pandemic or disruption) and ("adverse childhood experiences" or ACEs) and ("social and emotional learning" or SEL) and ("trauma-informed"). Research cited in the reference lists of relevant articles were consulted to expand the scope of reviewed literature. Literature published before and after the COVID-19 pandemic declaration date were reviewed.

Defining Key Concepts

Social and emotional learning (SEL) has been broadly defined as the development of competencies in areas such as adaptive problem-solving, emotion regulation and recognition, social relationship skills, and prosocial behaviours [2]. The Collaborative for Academic, Social, and Emotional Learning (CASEL) [3] has offered an updated, system-informed definition of SEL to reflect how this form of learning may support healthy processes of developing and experiencing identity and promote educational equity for students in marginalized positions. CASEL [4] outlines five essential skills fostered in successful SEL programming: self-awareness, social awareness, self-management, responsible decision making, and relationship skills. These areas of competence operate within four proximal ecological settings (classrooms, schools, families and caregivers, and communities), which directly interact with student experiences and learning [4,5]. Reported benefits of developing SEL in children and adolescents have included improvements in academic outcomes, increased self-efficacy, positive social attitudes, and prevention of maladjustment across various life domains into adulthood [2,5–7].

An initial categorization of adverse childhood experiences (ACEs) was provided in the seminal CDC-Kaiser Permanente ACE study [8]. Originally, ACEs included ten types of abuse, neglect, and challenging household experiences found to be predictive of later biopsychosocial difficulties: physical abuse, physical neglect, emotional abuse, emotional neglect, sexual abuse, parental separation or divorce, household member incarceration, having a mother who was treated violently, mental illness in the household, and substance use in the home. More recently, modifications to this classic definition have been proposed. Finkelhor and colleagues [9] added four additional types of ACEs that may predict challenges later in the lifespan: low SES, peer victimization, peer isolation/rejection, and exposure to community violence. Some academics have argued that the COVID-19 pandemic itself might constitute an ACE and collective traumatic event [10–14].

The term trauma describes a response characterized by a constellation of distressing symptoms that follow experiences perceived to be overwhelmingly threatening [15]. Symptoms such as anxiety, impaired concentration and executive functioning, withdrawal, impulsivity, oppositional attitudes, derealization/dissociation, difficulties with social relationships, low self-esteem, reduced self-care, and reenacting traumas are commonly observed in children and adolescents who have experienced a traumatic event. These hyperarousal and hypo-arousal symptoms are widely acknowledged as mechanisms utilized by youth to tolerate and cope with traumatic experiences [16]. It has been estimated that approximately 25% of school-aged youth have experienced a potentially traumatic event [15].

One strategy to address the high prevalence of traumatic experiences endured by children and adolescents is the implementation of trauma-informed practices. Trauma-informed practices refer to a general strength-based framework that is sensitive to universal needs to feel safety, belonging, and self-efficacy [17]. This approach encourages support agents to remain cognizant of the varied manifestations and potential impacts of traumatic events [18]. The Substance Abuse and Mental Health Services Administration (SAMHSA) [19] has outlined six widely accepted principles and four accompanying assumptions for this framework. Trauma-informed strategies are guided by principles of

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” (p. 10).

Key assumptions underlying this approach to harm reduction and fostering resilience include understanding the potential for healing, recognizing trauma symptoms and impact, responding in a manner that unifies knowledge and practice, and efforts to reduce re-traumatization.

2. Pre-COVID-19 Insights

The availability of literature specific to the COVID-19 pandemic is limited by the recency of the situation and the time it takes to conduct and publish research. One tactic that researchers have utilized to understand potential implications during the era of COVID-19 has been referring to evidence published prior to the pandemic. The rationale for such an approach rests on the assumption that extant scholarship may be transferable to current contexts.

2.1. ACEs and SEL

For instance, data collected before the COVID-19 pandemic has elucidated relations between ACEs and SEL which may remain informative. Mechanisms associated with SEL skills, such as emotion regulation and maintaining healthy social relationships, may be impaired by negative cognitions after experiencing traumatic adversities [20]. Research has indicated that as the magnitude of ACEs intensifies, so might the likelihood of poorer SEL and trauma outcomes [21]. A recent study by Ray and colleagues [22] offered support for the negative association between ACEs and SEL in a sample of children. Findings suggested that higher quantities of ACEs were linked to decreased development of social skills, emotion regulation, and displays of empathy. In addition to being a concern in its own right, these associated social and emotional impairments, as discussed by these researchers, may act as barriers to receiving protective social support. These reported relations should not discount children and adolescent's capacity for resilience and recovery.

Evidence suggests that SEL programs have successfully promoted protective factors for students exposed to ACEs [23,24]. Using data from the Chicago Longitudinal Study, Niles and colleagues [24] found that adolescents who had been exposed to potential adversities during preschool benefitted from an SEL program. In another program evaluation study, Sanders and colleagues [23] found that an SEL curriculum for preschool-aged children significantly moderated the association between high levels of ACEs and high levels of social-emotional distress during adolescence. The authors reported that participants with high levels of ACEs who were randomly assigned to the intervention condition experienced lower social-emotional distress levels than the control group.

Additionally, research demonstrates that SEL programming effectively supports positive academic, behavioural, and interpersonal outcomes with diverse student samples [7]. A recent review of SEL program evaluation meta-analyses concluded that gender and race variables did not moderate the effectiveness of programming [7]. These findings indicate that SEL outcome effect sizes were neither significantly strengthened nor weakened by students' position in these social categories.

2.2. Past Social Disruptions

Research conducted prior to the COVID-19 pandemic has offered insights into how disruptions to structure and education may impact SEL in children and adolescents. Previous research has indicated that children experiencing social isolation are more likely to have limited social and emotional skills and functioning [25]. The relevance of this association is clear as Loades and colleagues [26] noted that children and adolescents are likely to experience social isolation and loneliness during the pandemic. A timely systematic review sourced data available from previous and current epidemics/pandemics, including COVID-19, H1N1, AIDS, Ebola, and the 1918 pandemic, to investigate associated impacts on development, physical, and mental health for children, adolescents, and their parents [13]. The review concluded that school closures and social isolation were associated with greater stress, which may impair development depending on form, severity, and predisposition. Furthermore, reports analyzing student absenteeism patterns and rates pre-COVID-19 have speculated how absenteeism might negatively impact SEL and academic learning during the pandemic [27].

Likewise, pre-COVID-19 literature has provided explanations regarding the nexus between stressful social disruptions and ACEs. Previous society-wide disruptions have

been associated with increased rates of child abuse, such as the Great Recession experienced between 2007–2010; conversely, instances of child neglect decreased during this period [28]. Correlates of parental burnout supported by pre-COVID-19 literature resemble conditions that many parents may be experiencing during the current pandemic, including restricted social and childcare support, limited free time, economic strain, overwhelming role expectations, and self-oriented and socially prescribed perfectionism to meet these expectations [29]. Although not applicable to all parents experiencing this form of exhaustion, research has supported that relationship tensions and child maltreatment are potential consequences of parental burnout [30]. Increasingly, trauma-informed practices are being implemented in various settings, including schools, to support communities, families, children, and adolescents. Findings have suggested that initiatives guided by this approach to understand and support youth have generally reported effective outcomes [31].

3. COVID-19 Contexts

In addition to academic commentaries, a collection of primary studies investigating these concerns has been conducted and published since the commencement of the pandemic. Since the disruptions associated with the COVID-19 pandemic are far-reaching and will be regarded as a historic event, the body of research examining changes in child and adolescent development is expected to grow in the future. Further research on ACE and SEL concerns experienced during the pandemic may provide valuable insights to prevent additional harm from occurring, such as informing changes to social service and education delivery.

3.1. Literature on Adversity

Research conducted during the beginning stages of the pandemic have provided evidence for a link between forms of ACEs, such as child maltreatment, and the pandemic [32–34]. Guo and colleagues [32] investigated whether adolescent histories of ACEs and exposure to COVID-19 predicted higher levels of traumatic stress and anxiety symptoms. The survey ($n = 6196$) was conducted in February 2020 in rural China, which was only weeks following the quarantine in Wuhan. Findings suggested that adolescents with ACEs exposed to COVID-19 were at a heightened risk of experiencing traumatic stress and anxiety symptoms. Similarly, Lee and colleagues [33] collected data in March 2020 across the United States, giving the study the advantage of capturing information pertaining to initial parenting adjustments to the pandemic. The group surveyed parents ($n = 283$) to examine relations between child maltreatment, changes in child discipline, perceptions of social isolation, and changes in employment during COVID-19. The study controlled for parents' depression levels, sociodemographic variables, and the amount of time parents were restricted by social distancing and lockdown. Findings demonstrated that higher levels of parental social isolation and pandemic-related employment concerns were associated with higher incident rates of child maltreatment. A positive association was also reported between increased disciplinary actions and elevated levels of parental social isolation. In a related research program, Rodriguez and colleagues [34] reported findings from two studies investigating relations between parent loneliness, economic insecurity, stress, and child maltreatment during the pandemic in the United States. One of these studies was longitudinal ($n = 106$). This study surveyed mothers with at least one sociodemographic risk factor across five waves: prenatal, six months, 18 months, 4–4.5 years, and 5–6.5 years. Wave five coincided with the early months of the COVID-19 pandemic. The longitudinal study found an increase in parent–child conflict compared to pre-pandemic data. The cross-sectional study ($n = 405$) was conducted in mid-April 2020 and surveyed a different sample consisting of mothers and fathers. This study reported that higher levels of parental stress and loneliness were associated with higher incidents of ACEs. Together, these correlational findings provide evidence for the worries vocalized by researchers, educators, and the public in general about increased incidents of child maltreatment during the pandemic.

Further to this, reports from Wales have outlined reduced ACE reporting to governmental agencies and police during COVID-19 but increased reporting to non-governmental and non-profit helplines [35]. Although speculative, one potential reason for this change in reporting practice might be that educators—who are the most common profession to report suspected neglect and abuse to authorities [36]—are facing limitations to how they may interact with children (e.g., online classrooms). Another potential contributing factor may be accessibility issues to reporting and support services [37].

Still, variability in ACEs during the pandemic has been evidenced. For instance, Calvano and colleagues [38] collected quantitative and qualitative data regarding parental stress, risk factors, and prevalence of ACEs during COVID-19. Data was collected in August 2020 in Germany when pandemic-related restrictions were less strict in the region. Parent-reported data was proportionately gathered from mothers and fathers ($n = 1024$). Findings suggested increased child exposure to violence during the pandemic in approximately a third of the subsample that reported a lifetime prevalence of ACEs. Nearly half of this subsample reported a decrease in ACEs, with the remaining proportion reporting no change in ACE prevalence within their families. Factors such as increased parental stress concerning job and financial security, parents' own experiences with ACEs, and younger-aged children were associated with increases in exposure-related ACEs. Qualitative findings revealed that childcare and pandemic-related restrictions were common attributions to increased parental stress levels. However, other respondents reported improved family connections. These results highlight that experiences of stress and adversity during the pandemic are diverse, and in some cases, experiences have been encouraging. However, the generalizability of these findings may be limited by the absence of racial data collected and the underrepresentation of low SES families.

3.2. Literature on SEL

Exploring how the pandemic may be widening existing learning gaps and negatively affecting social and emotional skills has elicited international interest. One variable of particular interest has been investigating how children from families with disadvantaged socioeconomic status (SES) are faring during this period. The effects of COVID-19 school lockdowns on student learning inequalities among families from varying backgrounds and SES ($n = 35,419$) were surveyed within a month of Spain's lockdown in March 2020 [39]. Findings suggest that children from lower SES families experienced greater learning disadvantages during lockdowns. Additionally, data collected during Italy's initial lockdown ($n = 810$) indicated that higher levels of parental stress and reduced parent-child engagement were associated with poorer emotion regulation abilities in children [40]. This relation was more substantial for families with low SES.

Other studies have examined emotion regulation skills among youth during the pandemic. As part of an ongoing longitudinal study in Spain ($n = 874$), Domínguez-Álvarez and colleagues [41] analyzed parent-reported data concerning child emotion regulation skills and adjustment during the COVID-19 pandemic, among other variables. Data were collected in the early months of the pandemic. Results indicated that child emotion regulation skills were related to adjustment, social-oriented reflection, prosocial behaviour, and routine maintenance. Furthermore, a study based in Israel that gathered data ($n = 351$) during the beginning phase of the pandemic found evidence that the relation between children's exposure to stressful COVID-19 situations and stress reactions was mediated by their parents' emotion regulation [42]. Here, the family stress model may provide explanatory value. The family stress model theorizes that the relation between parental stressors (e.g., fear of COVID-19 exposure, economic strain, grief, and homeschooling), parental coping, and child maltreatment is influenced by parental cognitive appraisals and resource availability [43].

4. Actionable Recommendations for Educators

The shifting nature of the COVID-19 pandemic requires flexible recommendations that may be adaptive to changing situations both during and after the pandemic. Thus, the following suggestions may be applied during online, in-person, and transitions between both teaching modalities. In response to these reviewed findings and to help bridge the science–practice gap, the following recommendations are specific, concrete, and guided by SAMHSA’s [19] trauma-informed assumptions and principles (see Figure 1). For interested educators, an informative rapid review germane to trauma-informed policy and guidance documents may be consulted elsewhere [44]. Additionally, evaluation details for over 70 SEL programs have been made publicly available through a database on the CASEL website [45].

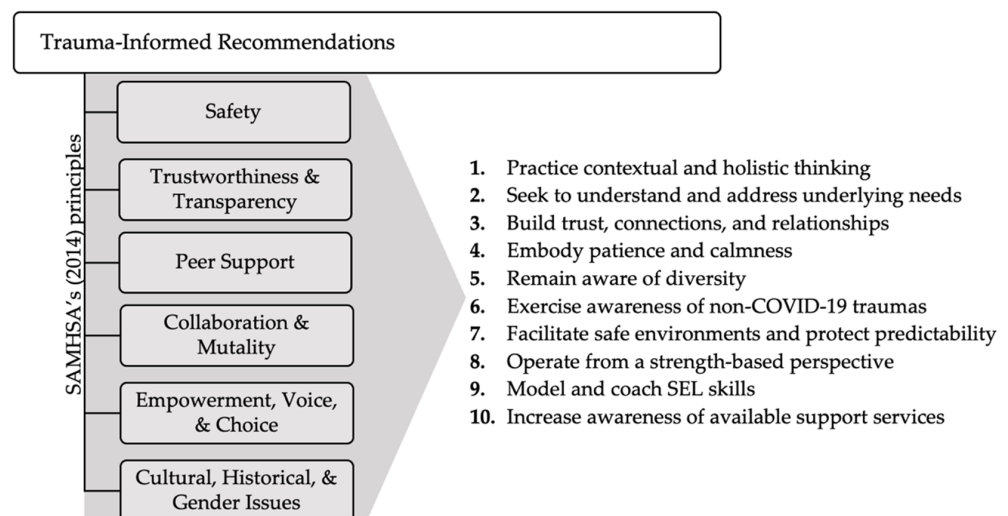


Figure 1. Actionable recommendations for educators.

4.1. General Recommendations

Although it is likely that educators may already incorporate some or many of the ten following recommendations in their practice, this trauma-informed list may serve as a reminder of areas that educators may already be flourishing and point to other techniques or approaches that they may wish to further integrate into their teaching style.

4.1.1. Practice Contextual and Holistic Thinking

Engaging in contextual and holistic thinking refers to acknowledging the ecological dimensions that interact with student behaviours and worldviews. Educators who think contextually and holistically consider how family systems and surrounding environmental factors shape development, needs, and skillsets. Supporters of the family stress model encourage professionals to adopt a relational perspective and consider parents and children holistically [43]. One technique to adopt this perspective involves making intentional shifts in the language and labels we use to describe children and adolescents expressing concerning behaviours. Another strategy to practice this type of thinking is by making explicit connections between subjects taught in class and current events [46]. Increasing the relatability of coursework may, in turn, enrich student engagement and deepen understanding.

4.1.2. Seek to Understand and Address Underlying Needs

Educators who endorse a trauma-informed lens view behavioural symptoms in the classroom as potential indications of underlying needs. Offering gentle interpretations and help might be a successful intervention technique and facilitate teachable moments. For example, an educator may say something along the lines of, “Sometimes when we (insert

behaviour), we are (insert assumed underlying need, issue, or skill that may be further developed),” followed by an offer to help the student [46]. A similar approach may also be employed during situations that require de-escalation. Before making requests to change a student’s behaviour, making statements of understanding may assist with compliance and socioemotional development gains [17].

4.1.3. Build Trust, Connections, and Relationships

An essential piece of SEL is the development and maintenance of relationships. Building healthy relationships requires building trust and connection. Trauma-informed educators recognize how foundational secure educator–child interactions and relationships are to student development and healing [47]. Facilitating positive connections between students and supporting cross-group interactions in an online learning environment may be promoted by incorporating breakout group discussions and cooperative activities among students [11,48].

4.1.4. Embody Patience and Calmness

Sensitive and responsive trauma-informed educators practice patience and calmness to help reduce the stress experienced by students who may have been exposed to a potentially traumatic event. Such non-threatening response styles offer stability and create a safe milieu for students experiencing hyper- or hypo-arousal trauma symptoms. Accordingly, logical and empathetic solutions rather than punitive consequences are preferred and more productive when addressing inappropriate or maladaptive behaviours [15].

4.1.5. Remain Aware of Diversity

Principles of equity, diversity, and inclusion call for ongoing work to challenge biases. Trauma-informed educators make efforts to understand diversity as it relates to trauma symptoms, coping mechanisms, and culture. Educators may engage in this work through self-awareness, self-reflection, and participating in programming and experiences to expand cultural competencies.

4.1.6. Exercise Awareness of Non-COVID-19 Traumas

Understanding diversity also requires exercising awareness of non-COVID-19 traumas that students may have been exposed to directly or indirectly. This requires recognizing that some students will have endured multiple traumas, such as ACEs, bullying, historical, or intergenerational traumas. For some students who have experienced bullying at school, returning to in-person schooling may be stress-inducing [49]. Thus, in addition to the potential collective trauma of the COVID-19 pandemic, trauma-informed educators remain watchful for signs of other potentially traumatic events that may be impacting their students.

4.1.7. Facilitate Safe Environments and Protect Predictability

Trauma-informed educators enhance safety in both online and in-person learning environments. Only within a safe environment can students succeed. A safe, inclusive, and affirmative environment is comprised of physical, social, sensory-emotional, and cultural dimensions [50]. During and after the COVID-19 pandemic, educators may facilitate safe environments with proactive planning and flexibility. Creating supportive routines provides much-needed predictability for students who may have experienced trauma [11,20]. Specifically, educators may wish to consider offering students choices to provide a sense of control, proactively modifying learning environments to reduce predictable behavioural concerns, designating a consistent time and space to check-in with students individually, outlining and regularly reviewing simple rules to ensure safety and respect, temporarily modifying the length of lessons, practicing opening and closing routines to lessons, and supporting transitions between activities [11,15,46]. Furthermore,

while protecting predictability and structure is important, so too is managing flexible class planning and expectations.

4.1.8. Operate from a Strength-Based Perspective

Trauma-informed educators who operate from a strength-based lens and welcome concepts such as posttraumatic growth and resiliency emphasize the possibility for positive outcomes following trauma. As demonstrated in their posttraumatic growth model in children and adolescents who experienced a natural disaster, Cryder and colleagues [51] demonstrated that positive social support systems might influence ruminative thinking and competency beliefs in ways that may promote youth's strengths, life perspectives, and social relationships. In practice, educators may accentuate student achievements and existing skills by giving specific feedback and encouragement. This style contrasts with approaches where changing maladaptive or concerning behaviours is prioritized above all else.

4.1.9. Model and Coach SEL Skills

In addition to emphasizing student strengths, there is clear value in teaching social and emotional competencies that may not yet be fully developed. Some researchers have suggested a need to prioritize SEL over academic learning while transitioning back into in-person school settings [52]. Two specific suggestions that educators may incorporate into their teaching include (a) coaching emotion regulation and mindfulness skills and (b) modelling healthy social and emotional behaviours. In a validating environment, students may be empowered and guided to name their feelings and engage in adaptive coping skills to self-manage [10]. Trauma-informed educators may also find incorporating physical exercise to regulate stress responses and practicing sensory sensitivity helpful [11]. Additionally, modelling of adaptive socioemotional responses and emotion modulation may support child and adolescent development.

4.1.10. Increase Awareness of Available Support Services

Educators play a pivotal role in a child and adolescent's social, emotional, and academic development. However, educators alone cannot be held responsible for this development or student healing journeys. For this reason, trauma-informed educators may, when appropriate, connect or refer families with professionals, agencies, or programs to meet their needs [15].

4.2. Support for Educators

Educators work within a system; therefore, system-level implementation of trauma-informed practice is needed to support the application of these strategies [11]. Formal trauma-informed training and support should be developed and presented to educators, especially given the expected coping challenges during and post-COVID-19 [53]. Multitiered system of support (MTSS) frameworks, which involve three tiers ranging from universal to targeted to intensive practices, may help school systems balance the allocation of limited resources with the needs of the students it serves [52].

Importantly, it is critical to consider strategies that support the well-being of educators themselves. In addition to the possibility of coping with their own exposure to potentially traumatic events, caring educators are at risk for developing compassion fatigue, burnout, or secondary traumatic stress. These challenges highlight the need for educators to engage in supportive debriefings and self-care that is personally meaningful [10,15].

5. Conclusions

The fallout of COVID-19 likely involves intensified hardship and burdens experienced by youth, families, educators, and school systems alike. Experiences of adversity during formative developmental periods may jeopardize academic, social, and emotional learning in students. However, adopting a trauma-informed approach may contribute

to a safe, collaborative, empowering, and inclusive educational environment that fosters SEL competencies and academic performance. Consideration and implementation of the trauma-informed recommendations outlined in this paper are anticipated to alleviate stress and tribulations experienced by educators and their students.

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