A Case Study of Trauma-Informed Practice and Implementation to Support Mental Health and Learning in Public Schools in Suffolk County, New York

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Abstract

The purpose of this study is to examine the readiness of school districts in Suffolk County, New York, to implement a trauma-informed system to address the growing needs of mental health interventions in student populations. A review of the literature showed a historical prevalence of mental health providers and individual student interventions within school buildings or in partnership with community agencies. Recent literature revealed an increase in school-related issues that have origins in student trauma or adverse childhood experiences. This study examined mental health issues in schools by conducting a mixed method analysis, using a survey instrument and focus group interviews, from members of the Suffolk Directors of Guidance. The study may help districts where leaders want to implement a systematic and districtwide approach to mitigating trauma-related student issues by examining current readiness and gaps to implement the National Dropout Prevention Center's Trauma-Skilled Schools Model.

Introduction

School districts across Suffolk County in New York State are experiencing increased issues with student attendance in the form of school refusal, school avoidance, and student anxiety. School attendance is a topic of concern for many district leaders, from Superintendents to building Principals and Pupil Personnel Service providers who express difficulty in encouraging students to come to school. Research indicates that the dropout and school non-attendance of students today are related to unprecedented levels of stress and increased exposure to trauma (Addis, 2018; National Dropout Prevention Center, 2018). Historically, urban and poorer school communities tended to have a greater need for mental health services (Slade, 2003), but recent data showed that mental health issues with students in affluent communities were increasing as their students showed more signs of stress and trauma related to high expectations (Luthar, 2013). The anecdotal support of this from practitioners in the field along with the New York State's Office of Mental Health identifying Suffolk County's need to improve Single Point of Access (SPOA) services to streamline mental health services for youth (OMH Statewide Comprehensive Plan, 2016), underscore the problem of increased mental health issues among youth and the impact it has on learning.

Purpose of the Study

This study examined the readiness of school districts in Suffolk County to adopt the National Dropout Prevention Center's Trauma-Skills School Model. A review of the literature showed that most responses to mental health prevention and intervention occurred in the form of identifying and responding to individual students. A model called Trauma-Skills School Model (TSS Model) contributes to an environment in a school where all students are positively impacted on a Tier 1 Intervention (National Dropout Prevention Center, 2018). This study explored the extent to which schools already have trauma-informed awareness and what gaps existed to implement a TSS Model. The research on implementing a model of trauma-informed practice is lacking, so it is the objective of this study to examine the readiness of school districts in Suffolk County, New York to implement a Trauma-Skills School Model.

Theoretical Framework

The given culture in a particular learning community is the determinant of behavior within the community. The collective behavior of the community creates the learning systems that reflect the values of the community. Both the systems and expectations then further strengthen and influence the culture. The theoretical framework of this study is based upon the Organizational Theory of Lee Bolman and Terrence Deal. Bolman and Deal (2003) describe organizations within four frames: the structural frame, the human resource frame, the political frame, and the symbolic frame. These frames help leaders and participants in organizations understand the structure, where the strengths and weaknesses are, and thereby understanding improvement and change.

Bolman and Deal provided a framework to examine the structural, human, political, and symbolic frames that would need to be considered to determine how ready a district would

be to implement a full-school trauma-informed model such as National Dropout Prevention Center's Trauma-skilled Schools Model.

Review of the Literature

According to the CDC, ADHD, behavior problems, anxiety, and depression are the most prevalent mental disorders diagnosed in children in the United States. Most recent statistics reveal 9.4% of children ages 2-17 years old are diagnosed with ADHD. In children ages 3-17 years old, 7.4% have a diagnosed behavior problem, 7.1% have been diagnosed with anxiety, and 3.2% have been diagnosed with depression. This number totals about 17 million children nationwide. Additionally, several of these conditions frequently occur together. Approximately 3 in 4 children with depression also have a diagnosis of anxiety. For children diagnosed with anxiety, 1 in 3 also have behavior problems and 1 in 3 have been diagnosed with depression as well. Other mental health disorders that are prevalent in children and adolescents include Autism spectrum disorders, Tourette syndrome, alcohol use disorder, illicit drug use disorder, and cigarette dependence (CDC, 2019). In 2010, suicide was the second leading cause of death in children ages 12-17 years (CDC, 2019).

Furthermore, the rates of depression and anxiety diagnoses among children have increased over time. In children aged 6 to 17 years, the rates of children diagnosed with anxiety and depression increased from 5.4% in 2003 to 8% in 2007 and to 8.4% in 2012. In children ages 2-8 years old, boys were more likely than girls to have a developmental, behavioral, or mental disorder. Also, more than 1 in 5 children (22%) living below 100% of the federal poverty level were diagnosed with a mental, developmental, or behavioral disorder (CDC, 2019). Research conducted by the Institute of Medicine and the National Research Council revealed that an estimated 13-20% of all children living in the United States, up to 1 in 5, experience a mental disorder in any given year with, upwards of $250 billion dollars spent each year toward the treatment of said mental disorders.

It is generally accepted that while schools are primarily responsible for educating children, they are also responsible for supporting the physical and mental health of students if those impairments impact their education. The collaboration between health professionals and school staff are vital in achieving this (Adelman & Taylor, 2006).

While it is impossible to predict the future, there is greater evidence that the school may become a "full-service school" (Adelman & Taylor, 2006), where mental health interventions are integrated into the school building. Several lawsuits involving school districts' response to student trauma contributes to the purpose of the study. Three recent lawsuits in California, Arizona, and New York have argued that chronic and pervasive trauma may qualify as a disability under IDEA or Section 504. The 2015 case *P.P. et. al. v. Compton Unified School District* claimed that those students who were subject to ongoing trauma outside of school were not provided with a classification of a disability under the Americans with Disabilities Act and Section 504, thereby contributing to their academic failures. The Compton lawsuit resulted in a settlement between sides to implement trauma-informed practices districtwide, as the concern grew for classifying every student who may have experienced trauma. In 2016, a similar lawsuit was filed against the U.S. Bureau of Indian Education, *Stephen C. v. the Bureau of Indian Education*, that claimed students (9 plaintiffs) on the Havasupai reservation in Arizona where students who experienced chronic and pervasive trauma were not provided with the proper special education and mental health supports.

In New York, *Jane Doe et. al. v. New York City Department of Education*, argued that 4 plaintiffs were suffering from behavioral changes, emotional changes, physical impairments, and learning difficulties due to sexual harassment and assaults. The suit claimed that the Department of Education did not extend a response to trauma and protecting students from further contact with their assailants in school under their special education program. The lawsuit alleged that the Committee on Special Education refused to address the girls' concerns of academic and emotional difficulties outside of the context of their original diagnosis (learning disability), and dismissed the latter diagnosis of anxiety (edweek.org, Sparks, 2019). These three lawsuits presented new case law on trauma-informed systems and practice.

In looking at traumatic incidents, the number of Adverse Childhood Experiences (ACEs) that a person encountered affected all aspects of health and learning. The CDC-Kaiser ACE Study (1997) examined the likelihood of an adult experiencing negative outcomes, such as cognitive impairment, health problems, and early death, given their number of Adverse Childhood Experiences. ACEs were categorized into 3 groups: abuse, neglect, and household challenges (CDC, retrieved October 9, 2019). The study showed that the increase in a person's ACE score, the more likely they were to encounter health, mental health, and learning problems.

When risk factors are high, protective factors like positive relationships between teachers and traumatized children provide students with opportunities to "get to neutral" (Craig, 2016, Educational Leadership, retrieved September 29, 2019).

Trauma-informed practices have been encouraged by educators, policymakers, special education law, and even federal and state grants (Education Week, retrieved September 29, 2019) during the last decade to determine the number of students who would be identified as traumatized. Nearly half of all US children have been exposed to at least one traumatic event, and more

Table 1.

Findings From the Survey and Focus Group Responses of Directors of Guidance

Research Question	Method	Data	Analysis
1. What elements of trauma-informed practice do the Guidance Directors in Suffolk County already know, and what elements are currently being practiced?	Qualitative	Focus Group Questions	*Training and Professional Development* co-occurring with many codes, indicates varied degree of training and knowledge among providers 1 of 3 participants was very familiar with and trained in trauma-informed practice (33%)
	Quantitative	Survey Questions	- *Knowledge of Trauma* - *Training and Professional Development* 10 of 15 (67%) of respondents were "somewhat aware" and had strategic district plans that "vaguely" considered trauma-informed practice
2. What gaps exist between current levels of knowledge and practice need to be met to implement a Trauma-Skills School (TSS) Model?	Qualitative	Focus Group Questions	*Barriers to Implementation* co-occurring with teacher compliance, such as *Contractual Limitations* and *Teacher Resistance* *Scheduling and Building Structure* co-occurring with *Targeting Particular Students* and other various teacher compliance 3 of 3 participants (100%) stated "Teacher Buy-in" constitutes greatest gap
	Quantitative	Survey Questions	*Training and Professional Development* – 9 of 13 (69%) of respondents state 0%-20% relevant staff are trained *Adult Connection* – 6 of 11 (55%) of respondents state that 60%-80% of students have a trusted adult *Instructional Integration* – 4 of 11 (36%) of respondents state that 80%-100% of faculty incorporate into lessons *Staff Assigned or Best/Worst Prepared to Implement* – Respondents chose coaches and social workers, 11 of 13 (85%) as best prepared, and respondents chose teachers and administrators, 11 of 13 (85%) as staff who can exacerbate issues

than 1 in 5 have been exposed to several. Manmade and natural disasters exposure make this number potentially high, so rather than finding the individual students, practitioners suggested a school-wide systems approach to being trauma-sensitive, where "it is a process, not a program" (Education Week, retrieved September 29, 2019).

The concept of educators' secondary traumatic stress (STS) is important to realize as well. As educators are more trauma-sensitive and have interactions with traumatized students, educators may experience undesirable effects such as disengagement, personalizing, and profession burnout (Lawson, et. al., 2019). Leaders must build in supports for staff self-care as an element of a trauma-informed system.

Method

The study examined the readiness of school districts in Suffolk County to adopt a trauma-informed school model. The study employed a mixed method collection of quantitative (survey) and qualitative (focus group) data, where the Suffolk Directors of Guidance were the sample.

Participants

A survey was delivered to 50 members of the SDOG group, with a response rate of 15 participants. Of the 15 respondents, 3 selected districts participated in a focus group to explore the research questions in a qualitative approach.

Research Questions and Data Analysis

Table 1 summarizes the research questions and findings from the data sources.

In Research Question 1, respondents were asked what elements of trauma-informed practice do guidance directors know and what elements are being practiced. The results of the survey and focus group discussion showed that 33%-67% of guidance professionals were familiar with trauma-informed practice. The elements that were being practiced, as evidenced in both the survey and focus groups, were those that individual PPS providers, typically a school social worker, had been trained in and chose to utilize in his/her practice. Some Suffolk Directors of Guidance were very familiar with trauma-informed practice, and some had never heard of the elements of this model. There was no system-wide trauma-informed model of implementation in any school in Suffolk County, but there was evidence of "elements" being practiced.

In Research Question 2, the gaps between current knowledge and practice and what is needed to implement the TSS Model were explored. Issues that were explored were "Negative Perception," "Training and Professional Development," "Teacher Resistance," "Instructional Integration," and "Adult Connection," among others. The gaps that existed were the number and category of staff that needed to be trained, and the staff, particularly teachers who did not "buy-in" to the system.

Comments from participants focused on such viewpoints as "All students would need to be treated in a similar way and all policies would need to be looked at through a TSS Model lens, not just Target Particular Students." Respondents tended to report that "Current levels of training are very low, which is to be expected of a relatively new modality." The major gaps to implementation were reported to be found in "Barriers to Implementation," which encompassed particularly "Scheduling and Building Structure" and "Teacher Resistance."

Recommendations and Conclusion

This study revealed a strong knowledge of and confidence in trauma-informed approaches among the social workers in schools, moderate levels of such in school guidance counseling departments, and weak levels of such in faculty and staff. Also, school-wide implementation of the TSS model is rare, as is an awareness of how to integrate relevant theory into model building. Lessons that administrators may take away from this study would be to implement systems of trauma-informed approaches the system should center around teacher professional development, contractual limitations and negotiations, and organizational/building structure. Moving from a system of compartmentalized counselors and teachers, each with their own distinct role and responsibility, within the confines of a contract, and the need for greater professional development and training in the implementation of a Trauma Skills School Model required planning, extensive coordination and staff development.

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