

Effects of Trauma-Informed Approaches in Schools: Registration for a Systematic Review

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Date Submitted: 4 October 2016

Date Revision Submitted: 9 October 2016

Approval Date: 16 October 2016

Publication Date:

TITLE OF THE REVIEW

Effects of Trauma-informed Practices in Schools: A Systematic Review and Meta-Analysis

BACKGROUND

Childhood trauma exposure is a significant public health concern. Prevalence estimates of trauma experienced in childhood or adolescence vary by type of traumatic event (e.g., physical abuse, sexual abuse, witnessing violence, natural disasters) and how and when the traumatic experience is measured, but can range between 4% and 71% (Finkelhor et al., 2015; McLaughlin et al., 2013; Saunders & Adams, 2014). Exposure to trauma can disrupt brain development and can have lifelong adverse effects on emotional and physical wellbeing, including inhibiting an individual's ability to learn, and is associated with developmental delays, behavioural health problems, school problems, delinquency, substance abuse, and mental health and psychiatric disorders (Anda et al., 2006).

The burgeoning research on the prevalence, adverse effects, and costs associated with trauma have led to increasing efforts to make federal, state, and local systems more “trauma-informed.” For example, the United States Congress established the National Child Traumatic Stress Network (NCTSN) in 2000 through a congressional initiative that is funded by the Substance Abuse and Mental Health Services Administration (SAMHSA). The NCTSN (n.d.) is a growing network of providers, researchers, and families with a broad mission to improve care and access to services for traumatized children, their families, and communities. The NCTSN offers training, support, and resources aimed at treatment, intervention development, program evaluation, systems change, and the integration of trauma-informed and evidence-based practices in all child-serving systems. The Administration for Children and Families, Center for Medicare and Medicaid Services, the Department of Justice, and the Department of Education have also recognized the impact of child trauma on youth well-being and development and are launching initiatives and implementing policies designed to promote the use and expansion of trauma-informed systems and programs across child-serving organizations and agencies (Lang, Campbell and Vanderploeg, 2015; SAMHSA, 2014).

The promotion and provision of trauma-informed approaches in school settings is growing at a rapid rate across the United States. At least 17 states have been identified in which trauma-informed approaches have been implemented at the school, district, and even state-wide levels (Overstreet & Chafouleas, 2016). This rapid increase in the growth of trauma-informed approaches in schools has been fuelled by a number of local, state, and federal initiatives and increasing support by education related organizations. For example, there are explicit provisions for trauma-informed practices in the Every Student Succeeds Act (ESSA, 2015), the legislation that replaced No Child Left Behind, including training of school personnel in understanding when and how to refer students affected by trauma, and grant

programs that provide funding to support services that are based on trauma-informed practices that are evidence-based (section 4108). The promotion of trauma-informed schools is also supported by the National Education Association and state-level agencies have been spearheading efforts to develop guidelines and implement change within and across school systems.

Trauma-Informed Schools

Trauma-informed approaches are being promoted and used across child serving systems and constitute a relatively new approach to trauma care for children and youth being served within the child welfare, juvenile justice, mental health and education systems. While trauma-specific interventions to treat trauma-related symptoms and disorders in adults as well as in children, such as Trauma-Focused CBT, are well known, widely used and have been successfully used to treat youth in school settings (e.g., Rolfsnes & Idsoe, 2011), the trauma-informed approach to care is distinct from trauma-specific interventions. As defined by the NCTSN (n.d.), a trauma-informed system is:

...one in which all parties involved recognize and respond to the impact of traumatic stress on those who have contact with the system, including children, caregivers, and service providers. Programs and agencies within such a system infuse and sustain trauma awareness, knowledge, and skills into their organizational cultures, practices, and policies. They act in collaboration with all those who are involved with the child, using the best available science, to facilitate and support the recovery and resiliency of the child and family.

In essence, a trauma-informed approach is not a standalone intervention that can be delivered in isolation, but rather a framework to guide systems. A trauma-informed approach can include trauma-specific interventions, but trauma-specific interventions alone are not seen as sufficient for achieving optimal outcomes or to influence service systems (SAMHSA, 2014). A trauma-informed approach is more akin to a multi-tiered framework such as School-Wide Positive Behavioral Supports (SWPBIS; Chafouleas et al., 2016), and is based on incorporating four key assumptions and six key principles, generalizable to any setting, that are infused across all levels of an organization rather than implementing a prescribed set of practices or interventions (SAMHSA, 2014).

A trauma-informed program, organization, or system is one that (SAMHSA, 2014, p. 9):

1. Realizes the widespread impact of trauma and understands potential paths for recovery
2. Recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system.

3. Responds by fully integrating knowledge about trauma into policies, procedures, and practices
4. Seeks to actively resist re-traumatization

The six key principles of a trauma-informed approach include safety; trustworthiness and transparency; peer support; collaboration and mutuality; empowerment, voice and choice; and cultural, historical and gender issues (SAMHSA, 2014).

In the education sector, trauma-informed schools adopt the trauma-informed approach to “create educational environments that are response to the needs of trauma-exposed youth through the implementation of effective practices and system-change strategies” (Overstreet & Chafouleas, 2015, p. 1)

While the number of agencies and school systems heeding the call to adopt a trauma-informed approach has been increasing across the country, the types of programs and policies, and the ways in which schools and school systems have been implementing “trauma-informed” approaches, seems to vary widely. It is unclear whether being a “trauma-informed school” is effective in reducing trauma symptoms or affecting behavioral or academic outcomes as the proponents of the movement proposes. To date, there has been no systematic review of trauma-informed school interventions/programs/policies.

OBJECTIVES

This purpose of this review is to identify, describe and synthesize the evidence of effects of trauma-informed approaches in schools to provide guidance for policymakers and educators and to identify important gaps in the evidence base.

Specifically, the research questions guiding this review include:

- 1) What evidence is available to examine the effectiveness of trauma-informed practices in schools?
- 2) What are the study, intervention and participant characteristics of studies that have rigorously evaluated the effects of trauma-informed schools?
- 3) What are the effects of trauma-informed schools on trauma symptoms, socio-emotional outcomes, behavior and academic outcomes?
- 4) Are there certain types of interventions that are more effective than others?

EXISTING REVIEWS

To date, we have not located any systematic reviews specifically examining effects of trauma-informed approaches in schools. We have identified reviews that have examined trauma-

specific interventions for adolescents more generally (Black, Woodworth, Tremblay & Carpenter, 2012) and those that examine school-based interventions for specific trauma-related disorders, such as PTSD (Rolfesnes & Idsoe, 2011).

INTERVENTION

SAMHSA (2014) defines a trauma-informed approach as a program, organization, or system that realizes the impact of trauma, recognizes the symptoms of trauma, responds by integrating knowledge about trauma policies and practices, and seeks to reduce re-traumatization. Four key elements of a trauma-informed approach include workforce development, practice change and use of evidence-based practices (EBPs), trauma screening, and inter-system collaboration and communication. SAMHSA distinguishes between a trauma-informed approach from trauma-specific interventions, the latter which are specific interventions designed to treat or otherwise address the impact/symptoms of trauma and facilitate healing. We intend to examine the effects of trauma-informed approaches implemented in school settings, often referred to as trauma-informed schools.

We anticipate that there will be wide variation in the implementation of trauma-informed schools and variability in the principles and practices adopted by schools. We believe that identifying and describing this variation will be a significant contribution to the literature as currently “trauma-informed schools” is often discussed as if everyone agrees on what this means or that any effort to become a “trauma-informed school” will be equally meaningful and effective.

For the purposes of this review, the intervention will be considered a trauma-informed school if the following are present:

1. Workforce/professional development- components of the program are designed to increase knowledge and awareness of school staff on the impact, signs and symptoms of trauma. Professional development does not necessarily have to be provided to all school staff in a school, but there must be some staff development component as part of the program.
2. Organizational change- may include school-wide policies and procedures and/or strategies and/or practices intended to create a more trauma-informed environment integrating the key principles of trauma-informed approach.
3. Practice change and use of evidence informed trauma practices- the program must implement changes in practice behaviors at various levels across the school, including trauma-specific screening, prevention and/or intervention services.

POPULATION

We will include studies that are examining effects of the intervention in a school setting serving preK-12 (or equivalent grade levels in other countries) students. We anticipate that studies may report effects at the individual or school level. We will include studies that measure outcomes at any level and will code and synthesize outcomes accordingly.

OUTCOMES

We are primarily interested in outcomes related to trauma symptoms, socio-emotional outcomes, behavioural indicators and academic outcomes; however, we anticipate study authors will measure additional outcomes. For all outcomes that do not fit into one of the above categories, we will code the outcomes and categorize them post-hoc for descriptive purposes. If there are a sufficient number of studies reporting the same outcomes, we will extract effect size data.

Measurement of primary outcomes may be conducted using standardized or unstandardized instruments and may be self-, parent-, or teacher reported or researcher administered measures.

STUDY DESIGNS

To be included in this review, studies must use one of the following research designs: randomized controlled trial (RCT) and quasi-experimental design (QED) using a wait list control, no treatment, treatment-as-usual and alternative treatment control groups. The type of comparison group used in each study will be coded and examined as a moderator.

OTHER CRITERIA

We will not limit studies to publication status, geographical location or language, although we may be limited in our ability to translate studies written in a language other than English (but will make every effort to translate non-English language reports). We will search for studies that have been published in the last 15 years, as this is a relatively recent movement.

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REVIEW AUTHORS

Lead review author: The lead author is the person who develops and co-ordinates the review team, discusses and assigns roles for individual members of the review team, liaises with the editorial base and takes responsibility for the on-going updates of the review.

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ROLES AND RESPONSIBILITIES

Please give a brief description of content and methodological expertise within the review team. It is recommended to have at least one person on the review team who has content expertise, at least one person who has methodological expertise and at least one person who has statistical expertise. It is also recommended to have one person with information retrieval expertise. Please note that this is the *recommended optimal* review team composition.

- **Content:** Brandy Maynard and Anne Farina will be responsible for the substantive content related to mindfulness.
- **Systematic review methods:** Brandy Maynard has significant experience and expertise in systematic review methods and Anne has training and some experience in systematic review methods. Maynard has completed and published multiple systematic reviews/research syntheses.
- **Statistical analysis:** Brandy Maynard will be responsible for statistical analysis. Maynard has been trained in meta-analytic techniques and has conducted several meta-analyses.
- **Information retrieval:** Maynard and Farina are experienced in information retrieval. Maynard and Farina will also consult with the information retrieval specialist at Saint Louis University in the planning and execution of the search strategy.

FUNDING

We will be receiving funding from the C2 ECG through a mini-grant to support the conduct of this review.

POTENTIAL CONFLICTS OF INTEREST

The review team declares no potential conflicts of interest.

PRELIMINARY TIMEFRAME

Note, if the protocol or review are not submitted within 6 months and 18 months of title registration, respectively, the review area is opened up for other authors.

- Date you plan to submit a draft protocol: October 2016
- Date you plan to submit a draft review: May 2017

AUTHOR DECLARATION

Authors' responsibilities

By completing this form, you accept responsibility for preparing, maintaining, and updating the review in accordance with Campbell Collaboration policy. The Coordinating Group will provide as much support as possible to assist with the preparation of the review.

A draft protocol must be submitted to the Coordinating Group within one year of title acceptance. If drafts are not submitted before the agreed deadlines, or if we are unable to contact you for an extended period, the Coordinating Group has the right to de-register the title or transfer the title to alternative authors. The Coordinating Group also has the right to de-register or transfer the title if it does not meet the standards of the Coordinating Group and/or the Campbell Collaboration.

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9/29/16