

The Findings of a 2016 Study on TIC Implementation

The impact of trauma on student well-being is one of many reasons school personnel, regardless of job classification, should understand the prevalence of trauma, the impact trauma has on student learning and behaviors, and the benefits of using a trauma-informed approach when interacting with students (Dorado, Martinez, McArthur, & Leibovitz, 2016). TIC is a universal approach that applies to every student and staff member because school personnel may be unaware of the trauma experienced by students or colleagues (Dorado, Martinez, McArthur, & Leibovitz, 2016).

Dorado and colleagues assessed the learning outcomes of 175 certified employees within four San Francisco schools (i.e., three K-5 and one K-8) who participated in the HEARTS program. HEARTS, based on the Trauma and Learning Policy Initiative's framework, was supplemented by a three-tiered Behavioral Response to Intervention (RtI) approach (Refer to Figure 1). Within this model, a tier one preventative approach utilizes a trauma-informed lens to address the needs of all students, Positive Behavioral Interventions and Supports (PBIS) to teach behavioral expectations, social-emotional education, restorative practices to address misbehaviors, and TIC training for staff. Discipline policies and procedures were examined and revised using a TIC lens. A tier two approach addressed skill building and interventions for at-risk students and self-care for employee experiencing secondary trauma (i.e., compassion fatigue). Tier three provided intensive care for students with several ACEs and severe symptoms, small group or individual counseling, and intensive supports for staff, parents or caregivers.

The HEARTS Program Evaluation Survey assessed certified employee perceptions of gains in trauma-related knowledge, adult use of TIC skills and practices, secondary trauma, and

changes in student ability to learn, focus on academics, and attendance. Survey results indicated significant improvement. For example, participants reported increased knowledge about trauma and the effects on children, improved student attendance, large gains in use of trauma-informed practices, an understanding of how to support traumatized students, the belief in traumatized students' ability to learn, and improvement in academic engagement.

Schools that implemented HEARTS the longest had significant decreases in discipline referrals, violence, out-of-school suspensions. Dorado suggested that the decrease in discipline and increase in academic engagement may be due to gains in trauma-related knowledge and practices, educators shifting their beliefs regarding misbehaviors, and managing their emotional response; therefore, reducing the potential for triggering and retraumatizing students. Additionally, school leaders reported that their responses to misbehaviors changed by demonstrating more empathy, allowing time for students to regain control of their emotions, and avoiding unnecessary suspensions. Significant improvements, were also found in the following areas for traumatized students who received tier three HEARTS related therapy: improved emotional regulation, development of positive relationships, ability to conduct daily activities, and a reduction of trauma-related thoughts that debilitate attention and behaviors.

TIER 3: Targeted/Intensive Supports (Tertiary Intervention)	
Students	School-based, trauma-specific individual, group, and family therapy services for students with trauma-related mental health difficulties; includes intensive collateral work with students' teachers, as well as consultation around Individualized Education Program (IEP) assessment and plans when IEP is warranted
Adults (staff and caregivers)	Brief crisis support for trauma-impacted school staff, and referral for more intensive services if needed
	Engaging and supporting parents/caregivers as part of their children's psychotherapy
System	Consultation around central district office personnel efforts to improve the district-wide Educationally Related Mental Health Services (ERMHS) process
TIER 2: Selected Supports (Secondary Intervention)	
Students	Psychoeducational skill-building interventions for at-risk students
Adults (staff and caregivers)	Wellness (non-treatment) support for school staff that addresses stress, burnout, and secondary trauma (e.g., teacher wellness groups)
	Participating in Coordinated Care Team meetings that address the needs of at-risk students and coordinate integrated responses, as well as, respond to school-wide concerns
System	Consultation to school or district efforts to re-examine and revise discipline policies and procedures, and alternatives to suspension
TIER 1: Universal Supports (Primary Prevention)	
Students	Classroom training for students on coping with stress
Adults (staff and caregivers)	Training and consultation for all school staff (e.g., teachers, administrators, support staff, paraprofessionals, and school medical and mental health staff) around (a) trauma-sensitive practices, and (b) addressing stress, burnout, and secondary trauma
	Psychoeducation and skill-building workshops for parents/caregivers on coping with stress
System	Providing a trauma-informed lens to school staff in their implementation of school-wide supports and interventions (e.g., Positive Behavioral Interventions and Supports, Restorative Justice/Practices, social emotional learning curricula)

Fig. 1 Examples of HEARTS tiered supports at three levels of intervention

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*(1), 163-176. doi: 10.1007/s12310-016-9177-0