7 Building Race-Centered, Trauma-Responsive Schools: One Path toward Justice in Education

Christopher T. H. Liang, Brooke Kohler, Keya Williams, Teresa Rosenberger, Jessica M. Safi, and Malaïka Gutekunst

> The practice of love is the most powerful antidote to the politics of domination.
> —bell hooks, *Toward a Worldwide Culture of Love*

Mental health problems, as well as internalizing and externalizing symptoms among youth, have been trending upward even before the onset of the COVID-19 pandemic (Center for Disease Control, n.d.). The ongoing COVID-19 pandemic has likely resulted in an increase in the prevalence of childhood trauma, mental health problems (Centers for Disease Control and Prevention, 2022), and internalized and externalized behavioral health problems. Such problems include social withdrawal and acts of physical and verbal aggression among adolescents and children (Hanno et al., 2022). These behaviors present many challenges for teachers and school administrators, leading schools to find ways to support students, while also enforcing consequences. Although data regarding office discipline referrals (ODRs) (i.e., students referred by teachers to the principal or dean of students for disciplining) during the pandemic are not readily available, research published prior to 2020 suggests that children of the global majority (CGM; i.e., Black, Indigenous, Asian, Latinx, the Global South), particularly those who are Black or Brown, are punished more frequently and severely when compared to their peers (Losen & Martinez, 2020; Skiba et al., 2011).

Data regarding school punishment for externalizing behaviors have led scholars and activists to consider the powerful role of schools in the *school-to-prison pipeline* (i.e., the causal relationship between racially disproportionate ODRs, academic disengagement and/or dropout, and engagement with the justice system including incarceration). When Black or Brown children and adolescents are not referred for discipline, they may be directed for special education services instead of mental health support (Annamma et al., 2013).

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Disparities in referrals for special education services for Black and Brown children can also lead to negative academic outcomes, including school dropout (Newman et al., 2011). The majority of those in the school-to-prison pipeline, as well as those who are referred for special education services, may be students who live in poverty and who experience family-based and community-based trauma (Mallet, 2014).

Given the mental health problems found in schools, as well as the high levels of trauma and disproportionate numbers of Black and Brown students referred for discipline or special education services, a shift in focus away from ameliorative change efforts to those that are transformative is necessary. Although broad and overarching social change is necessary, localized efforts for transformation are also needed. Specifically, transformations within schools are one way to remove some conditions for suffering and re-traumatization. Potential change efforts include a school's reevaluation of how they understand and respond to symptoms of trauma and mental health problems, particularly from a race-centered lens. A race-centered, trauma-responsive school approach is a framework we developed to help educators understand student experience in a way that is sensitive to educator racial bias and responsive to family-based and community-based trauma. This approach fits within a social justice framework because it shifts attention away from a sole focus on individual-level (e.g., teaching mindfulness skills) and punishment-based (e.g., suspension) interventions, and instead understands the problem and solutions within their greater context. This chapter provides an overview of adverse childhood experience (ACE: Felitti et al., 1998) and the psychosocial impacts of disparities in the prevalence of ACEs, reviews the trauma-responsive school framework, and discusses how race-centered, trauma-responsive schools can be used as a preventive strategy to reduce negative outcomes for CGM.

7.1 Understanding ACEs and Its Impacts

In their landmark study, Felitti and colleagues (1998) coined the term ACEs, to encapsulate a person's exposure to multiple, chronic, prolonged, and developmentally adverse traumatic events. These adversities are often interpersonal in nature and occur prior to age 18. While various research teams have conceptualized ACEs differently, they are typically understood as including events such as (a) sexual and physical abuse, (b) community violence, (c) separation of biological parents, (d) emotional or physical neglect, (e) consistent lack of food, (f) loss of a parent to death or abandonment, (g) parental incarceration, and (h) living with a parent struggling with mental health or substance abuse issues. According to the Children's Defense Fund's 2021 report on The State of America's Children, 45% of children in the United States have experienced at least one ACE. Further, research has consistently

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demonstrated a dose–response relationship such that adults with more ACEs are at greater risk of contending with mental health and substance abuse issues, obtaining poor educational and occupational achievement, and suffering from chronic physical conditions such as cardiovascular disease and cancer (Felitti et al., 1998).

Some of the psychological impacts of trauma may be understood as arising from the impact of ACEs on physiology. Exposure to traumatic events stimulates the sympathetic nervous system and creates elevated levels of stress hormones including cortisol (Bick & Nelson, 2016; De Bellis & Zisk, 2014). Cortisol release leads to increased activity in the amygdala, the part of the brain responsible for the fear and survival response, and decreased activity in the parts of the brain responsible for executive functioning such as memory, attention, and impulse control (Pechtel & Pizzagalli, 2011). As young people's brains are in the process of developing, they experience neuroplasticity, or the ability to respond and react to new information or experiences much more than adults. The effects of prolonged or chronic stress and resultant cortisol levels may cause permanent changes in the structure and function of these brain areas (Bick & Nelson, 2016), thus negatively impacting optimal psychological, cognitive, and socioemotional development.

Given these developmental impacts, combined with possible continued and chronic exposure to family-based and community-based adversities, students exposed to ACEs are at risk for ongoing academic, cognitive, and psychosocial challenges in school (Perfect et al., 2016). Students' academic performance may suffer as a result of deficits in memory and attention, in addition to the presence of other learning difficulties such as cognitive delays (Bick & Nelson, 2016). Webster (2022) points out that ACEs are significant predictors of grades and school achievement and note that students with four or more ACES are 30 times more likely to have challenges with learning and behavior than their peers with no experience with ACEs. For example, students exposed to adversity demonstrated lower competency in math and reading and are more likely to repeat a grade than peers with lower ACE exposure (Chafouleas et al., 2019).

ACEs may also disrupt a child's affective functioning, leading to deficiencies in social processing, emotional cue response, and stress regulation, which may additionally contribute to difficulty in school (Bick & Nelson, 2016). In their meta-analysis, Mui and colleagues (2022) identified consistent evidence that childhood adversity increased the likelihood of emotional regulation difficulties. An inability to regulate emotions can increase a student's risk of engaging in challenging behaviors in school, such as hyperactivity, impulsivity, defiance, bullying, and physical and verbal aggression (Chafouleas et al., 2019). Additionally, these authors point out that trauma-exposed children may withdraw from peers, decreasing their ability to develop friendships and creating a susceptibility to teasing and bullying in the school environment.

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From a trauma-informed perspective, behaviors such as hyperactivity and defiance are conceptualized as symptoms of trauma and represent a child's attempt to secure their safety. However, traditional systems of school discipline dictate that such behaviors be punished, often harshly, with conventional approaches such as classroom removal, suspensions, and expulsions (Garret, 2015). Indeed, research indicates that students with more ACEs are more likely to receive school suspension or expulsion (Pierce et al., 2022), which can lead to decreased school engagement and teacher referrals to special education services (Porche et al., 2016).

7.2 ACEs and Racial and Socioeconomic Disparities

According to the US Census Bureau, 11.6 million children lived in poverty in 2020, with CGM representing approximately 71% of that number (Children's Defense Fund, 2021). Poverty and racial bias are argued to influence the ways in which ACEs are experienced by youth, as well as how teachers understand and respond to symptoms of trauma (Liang & Rivera, 2017). A student's socioeconomic status has significant effects on several aspects of their lives, including influencing their exposure to adversities, determining which schools they attend, and affecting how they are treated in school by peers, teachers, and staff (Hughes & Tucker, 2018; Owens, 2018). Poverty is highly comorbid with a child's exposure to adversity, and children living in poverty are at greater risk of exposure to frequent and intense adversities than their higher socioeconomic peers (Hughes & Tucker, 2018). Further, because a significant portion of school funding is from local revenues, including school district property taxes, low-income students tend to attend schools with less funding capacity (Owens, 2018). This suggests that students with the highest economic need and the greatest likelihood of ACEs exposure are often in schools with the fewest resources and lowest capacity to serve them.

Racial bias also has undeniable impacts on the ways in which educators respond to students' expressions of trauma. Strategies such as exclusionary disciplinary practices and referrals for special education services are often used by educators to manage disruptive behaviors that may be indicative of trauma exposure; however, they have clear negative short- and long-term impacts that disproportionately impact CGM. For example, African American students are more likely than their White peers to experience punitive forms of discipline such as suspensions (Noltemeyer et al., 2015). In addition to short-term impacts of harsh school discipline on academic achievement, regular exclusionary discipline is also associated with an increased risk of dropout, grade retention, and involvement in the criminal justice system throughout the lifespan (Marchbanks III et al., 2015).

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Referrals to special education, which often result in students' removal from the general education classroom, are another behavioral management method that is informed by racial bias and that may lead to unintended negative outcomes. A review of the literature indicates that race is a strong predictor for identifying students for special education (Cruz & Rodl, 2018) and that Black students were overrepresented in the disability categories of emotional disturbance (ED) and intellectual disability (ID). Additionally, Oswald and colleagues (1999) reported that Black students were more likely than White peers to be labeled with ID. Importantly, referrals for ED – which can be conceptualized as symptoms of trauma – have historically relied on practitioner judgment and represent high levels of racial disparity (Bal et al., 2014).

Although some children do need and can benefit from special education services, placement in special education, particularly with an ED label, can have long-term negative academic and life outcomes for students of color, including a disturbingly low (51%) high school graduation rate for African American and Native American students with this identification (Bal et al., 2019). The psychosocial impacts of being labeled with a learning disability or branded with low intelligence when placed in special education classrooms on CGM must also be taken into account. These studies point to the importance of addressing racial bias among teachers in schools, particularly those located within low-income communities.

White cultural logic that is a term we developed and defined as the unconscious use of White norms to understand behaviors, actions, and feelings of people of the global majority plays a pivotal role in teachers referring Black and Brown students for behavioral discipline and special education. In practice, when CGM do not meet the cultural expectation ascribed by the institution, their behavior is labeled as unacceptable and inappropriate, which may lead teachers and staff to make generalized assumptions about their behavior (Annamma et al., 2013). These generalized assumptions play a critical role in the disproportionality of discipline and special education referrals. For instance, Bal et al. (2019) point out that African American, Latinx, and Native American students are disproportionately removed from the classroom for subjective reasons such as disrespect, excessive noise, and insubordination. Such subjective ideals of student behavior may align with White cultural norms of politeness, quietness, and submissiveness, but be otherwise antithetical to the norms of those from the global majority. Thus, while unconscious, teachers may hold beliefs about what characteristics constitute a "good" or "well-behaved" student; these characteristics are informed by White cultural ideals and codified in the institutional rules of the school system (Annamma et al., 2013).

Such exclusion practices are exacerbated as Black and Brown youth are more likely than White students to receive their special education services in

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self-contained classrooms (Bal et al., 2019), even though research suggests that students receiving special education services have improved educational outcomes when they remain in general education settings for at least 80% of the time (Cole et al., 2021). As noted earlier, these self-contained settings may create a learning environment that is less academically rigorous, with lower expectations for prosocial behaviors, which may lead to further impediments in academic achievement and socio-emotional development over time. Such educational stratification was brought to light in legal cases such as Larry P. vs. Riles (1972), a case that led to the decision to prohibit standard intellectual tests on African American students for placement in special education and may act as an additional layer that perpetuates cycles of undereducation, poverty, and criminality in communities of color.

7.3 Systems-Level Change: Trauma-Informed and Trauma-Responsive Schools

Research indicates that ACEs influence how a student engages in school (Bick & Nelson, 2016). Although a systems-level sociopolitical intervention is needed to address the prevalence of trauma, school districts, when engaged in trauma-responsive approaches to discipline, are uniquely positioned to mitigate the impact of a student's exposure to adversities. Given how ACEs disrupt strong attachments, result in dysregulated states, and compromise a student's ability to succeed academically, the National Child Traumatic Stress Network's (NCTSN) attachment, regulation, and competency (ARC) framework provides a simple reminder of the importance of creating conditions within schools to build (a) nurturing environments that strengthen attachments, (b) opportunities for students to develop self-regulation skills that can help facilitate higher order cognitive functioning, and (c) competence among youth (Kinniburgh & Blaustein et al., 2005). In adopting this framework, adults within the school are charged with the responsibility of helping students develop awareness of their own emotional, mental, and physical states, while also fostering increased tolerance, management, and skill-building of emotional and physiological experiences. Central to this work is the development of strong affective–based teacher-student relationships (Souers & Hall, 2018). For example, research suggests that simply having a trusted adult in a child's life can buffer the negative impacts of ACEs (Webster, 2022). School teachers, coaches, and support staff can often fill that role when they prioritize relationship-building with students ahead of punitive discipline.

Schools are a primary system of support for children and have the ability to address the impact of ACEs and their negative academic, behavioral, and psychological consequences. Schools represent an ideal setting for expanding mental health services and for reaching at-risk populations, as the majority

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of youth experiencing trauma or other mental health concerns lack access to treatment (Weist & Evans, 2005). Leaders in education have begun to adopt a trauma-informed school model as a way to develop systems that promote resilience for all students regardless of their trauma history. In considering the disproportionate experience of trauma for racial or ethnic minorities, the implementation of trauma-responsive care in schools is not only a universal benefit, but a pursuit of social justice.

A trauma-informed school is typified by knowledge and recognition, among all stakeholders, of the multifaceted symptoms associated with exposure to childhood trauma (National Child Traumatic Stress Network, n.d.). Initial findings suggest trauma-informed schools can reduce behavioral issues, improve student–teacher relationships, and improve student mental health (Mendelson et al., 2015; Walkley & Cox, 2013). Importantly, the focus of work within trauma-informed schools begins with developing educators' knowledge and awareness of how trauma affects school children and educators' skills in managing these effects, as well as teacher mindset toward students' trauma responses and an examination of school-level practice and policy (e.g., discipline policy, identification of students in need).

A trauma-responsive approach, like a trauma-informed approach, requires the knowledge of trauma but additionally anticipates the potential existence of trauma, addresses prevention, and supports at all levels of an organization. Thus, a trauma-responsive school should promote (a) feelings of physical, social, and emotional safety in students; (b) a shared understanding among staff about the impact of trauma and adversity on students; (c) positive and culturally responsive discipline policies and practices; (d) access to comprehensive school mental and behavioral health services; and (e) effective community collaboration (National Association of School Psychologists, 2016). In short, a trauma-responsive school is designed to cultivate a positive school climate and encourages integrating mental health learning into the curriculum, such as the development of social–emotional learning (SEL) skills to help students self-regulate and focus on learning (Crosby, 2015).

7.4 Race-Centered Trauma-Responsive Schools and Multitiered Systems of Support

A systems-level approach requires that all aspects of the educational environment be grounded in the knowledge of trauma and its impact. The pursuit of trauma-responsive practice also requires a change in mindset where the attitudes and knowledge of trauma-informed care are necessary for sustainable practice. Changes can be implemented in school practice and policies, but what is most important is a change in the culture of the school to uphold these values and practices. The sustainability and effectiveness of school-based

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mental health intervention implemented by teachers requires administrative support; thus, teachers must be involved in prevention and intervention approaches and receive adequate training related to trauma-informed practices (Reinbergs & Fefer, 2018).

Although a trauma-responsive school approach addresses racial dynamics, including racism, a race-centered, trauma-responsive school explicitly names the role of race and racism. Specifically, a race-centered, trauma-responsive school involves a shift in practices, policies, and procedures across different levels and functional units within a school. It takes into account the role of racial bias and White cultural logic that are embedded within systems. Addressing White cultural logic reduces the likelihood that youth of the global majority, including those with intersectional identities, are viewed from a deficit-oriented perspective – as a problem to be corrected.

Implementation of a race-centered, trauma-responsive school approach is multifaceted and can be framed through the use of multitiered systems of support (MTSS; Fondren et al., 2020). MTSS relies on a philosophy that preventing problems is more effective than treating them after they have been identified. By following this philosophy, MTSS provides schools with a structure to organize, implement, and communicate a systematic approach to supporting all students, with increasing intensity of intervention, as needed (Sugai & Horner, 2009). There are three tiers of support within an MTSS. At the first tier (Tier 1), universal strategies are applied with the goal of affecting all students within a school. These strategies may include in-service for all staff, implementation of social-emotional learning programs, a focus on strengthening teacher–student relationships, teaching youth about the brain and trauma responses, or a shift away from punitive discipline to restorative practice. For instance, in an in-service, educators may learn about how they develop the attributions they make regarding the behavior of students. They may also learn about dispositional and situational attributions, as well as the common errors they may make when judging the behaviors or emotions of others, particularly when it comes to events involving CGM. This is one way educators learn how biases are typical and how to disrupt them.

It is estimated that about 80% of students will respond positively to Tier 1 strategies. However, about 15% of students within a school will require additional support. At the second tier (Tier 2), targeted interventions are developed for those students who may be at risk for more serious concerns. Supports at Tier 2 may include the use of *peace rooms* (a designated room in the school which provides interventions to help facilitate students' development and/or use of self-regulation skills) or structured mindfulness groups aimed at helping strengthen students' skills for self-regulation. Some students will require supports that exceed those offered in the first two tiers. The third tier (Tier 3) is reserved for intensive and individualized supports for students with the

most serious problems (<5% of students). In addition to support at each of the tiers, MTSS requires active attention to processes of identification of students in need, as well as the development and tracking of action plans for students identified for Tier 2 and Tier 3 supports.

7.5 Case Example: Building Trauma-Responsive Schools in the Lehigh Valley

Over the past seven years, the first author established relationships with local school district leaders and community partners through his work on equity, diversity, and inclusion in schools. This work had been rooted in a desire to transform schools as one way to address inequities in education and subsequent life outcomes. The belief was that school, because of its centrality and importance in life outcomes, was a critical space to engage in the work of prevention. To frame the detrimental impacts of racism on students' well-being and academic outcomes, the first author provided an overview of trauma and its influence on the brain to educators during an in-service for teachers and building leaders. Although unintended, this sparked intense interest among district leaders to learn more about trauma and its influence on learning outcomes. One longtime principal shared that "this was the first time all the dots between racism, poverty, and behavior were connected." Another principal commented that they "realized through this work on trauma that they had not been sensitive enough to trauma."

Several additional in-service training sessions were delivered at the request of leaders from several school districts, all located in a small urban area in the Lehigh Valley of Pennsylvania. These presentations provided additional information on the brain and trauma, while still addressing disproportionate referrals for discipline experienced by Black and Brown youth. Specifically, the presentations linked trauma-related symptomatology (e.g., externalizing and internalizing behaviors) with ODRs vis-a-vis the unconscious race-based attributions of those behaviors (e.g., "bad kids"). While these presentations were impactful, they are only the beginning of a sustainable trauma-responsive approach. Individual, one-time trauma-informed care professional development opportunities for educators can be effective in changing attitudes (Liang et al., 2021) and inspiring educators for individual-level change; however, more is needed to transform and sustain systems-level change.

Desiring sustained change efforts, these presentations led to a collaboration between the first author, leaders from the two local school districts, and the United Way of the Greater Lehigh Valley that provided funding. The partners agreed that the effort of the first author and his team should focus on developing sustainable practices within schools, while also providing some in-service sessions on trauma and equity, diversity, and inclusion, when needed. The first

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author and his team focused their efforts on working with school leaders to build *trauma leadership teams* within each of the three schools they were assigned during the first year, as well as four additional schools over the next three years.

This team of authors led the meetings during the inaugural year of each school's team. A conscious decision was made to model trauma-responsive practices and to communicate the importance of a growth mindset. Goals were individualized to each school and cocreated with the trauma leadership teams. The first author and his team also modeled trauma-responsive strategies at each meeting, including using different strategies for check-ins, offering grounding exercises, modeling race talk, and fundamentally adopting a relationally oriented and strengths-based approach. Using existing peer-reviewed scholarship, books, and articles from websites popular with educators (see resources later in this chapter), these teams deepened their knowledge, developed synergy and cohesion within the staff, and (when needed) established new policies and norms for practice within their schools. The teams were challenged to think critically about their referral processes and mindsets, particularly as they concerned punishment and discipline.

7.6 Forming and Function of the Trauma Leadership Team

Within a trauma leadership team model, a race-centered, trauma-responsive approach incorporates a diverse range of school staff, including teachers, counselors, nurses, teaching aids, and any additional formal and informal school leaders (Liang et al., 2023a). Including diverse voices in trauma, leadership teams are designed with the intention of building a systems-level approach that is informed by the integration of rich experiences. Working with the administration, trauma leadership teams were created by identifying school staff who may be "champions" of trauma-informed care. Some team members may also be "fence-sitters" who are learning or in the process of incorporating a trauma-responsive approach into their work.

The trauma leadership teams we have worked with so far have been comprised of 10–15 members per team. Elementary schools have had one trauma leadership team for the entire school. Larger secondary schools ($N = 1{,}800$ students), such as the middle schools we have worked with, have created trauma leadership teams per individual grade level (e.g., sixth-grade team, seventh-grade team, eighth-grade team) to address the needs (and size) of the student body. In our work, we have seen a few different approaches in the assembly of school trauma leadership teams. In one approach, leadership is centralized; this means that the effort for change emanates from the principal, who periodically checks in with team members. A second approach is typified by the distribution of leadership, where the principal facilitates conditions for teachers and staff on the team to create priorities and assign tasks to one another.

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The use of trauma leadership teams in schools is an intentional move away from teaching educators a supplementary trauma-responsive curriculum. Rather than school staff learning "another program," which educators view as problematic and unsustainable, trauma leadership teams learn how this approach is centered on intentional organization of existing interventions, and shifting mindsets, practices, and policies to reflect how ACEs and biases shape student interactions and behavior in the classroom.

In the first year of implementation, our team adopts a leadership role to help orient new team members, to educate and share resources around trauma and trauma-responsive approaches, and to support team members in identifying their school's unique strengths and areas of growth they would like to focus on as a team. Throughout this process, we provide experiential learning by modeling a trauma-informed approach: checking in with each other at the beginning of each meeting (e.g., "What is your weather report today?"), sharing out successes we see throughout the school or with our students, allowing for flexibility in "meeting the team where it's at," and offering space for team members to share different perspectives. The sharing of successes, strengths, and appreciations is an additional important component of trauma leadership team meetings. This practice supports team members in connecting with each other and offers insight into moments where educators can see change as a result of their efforts.

A school-centered approach is used to determine how hands-on our team may need to be to support trauma leadership team goals. Our approach often looked like a hands-on approach during the first year of application, a semi-hands-on approach in the second year, and support-as-needed within the third year. Throughout this time, teams started off with monthly meetings, typically 45–60 minutes long. Team members were incentivized with professional development credits they were required to earn. Over time, as team members developed their knowledge, awareness, and ownership within the leadership team, they began to create subgroups, who may focus on specific needs within their school.

Trauma leadership teams incorporate a modified version of the ARC model (Kinniburgh et al., 2005) for school-wide treatment intervention, incorporating the intentional application of *self-care* ("S" or "SARC") as suggested by our team. In the SARC variation, educator self-care is seen as an intentional shift and imperative first step that provides educators with tools to self-regulate and coping strategies to take care of themselves to sustain their race-centered, trauma-responsive work in the classroom. Teachers experience work-related burnout for a multitude of reasons, including decreased feelings of self-efficacy, self-regulation, and social support (Ghanizadeh & Jahadizadeh, 2015).

Regarding the COVID-19 pandemic, heightened feelings of anxiety around COVID-19, teaching, communication with parents, and administrative

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support have all been identified as predictors for teacher burnout and stress in recent years (Pressley, 2021). Moreover, teacher burnout has been associated with worsened student academic achievement and motivation (Madigan & Kim, 2020). By prioritizing self-care within the SARC model, self-regulated and well teachers are more likely to engage in better decision-making and less likely to retraumatize students. Better self-care practices may also support teachers' emotional well-being, which may help sustain their work overtime.

At first, teams may start in different places in their trauma-responsive knowledge and intended goals. Some schools may have already started incorporating restorative practices (Archibold, 2014), zones of regulation (Kuypers, 2011), and/or begun implementing positive behavioral interventions and supports (PBIS; Center on PBIS, 2022). However, they may not have considered how to monitor the fidelity of intervention implementation. Some may have viewed these programs in isolation, rather than an integrated set of programs that could support student development from a trauma-responsive lens. Other schools may have little or no idea where to begin with race-centered, trauma-responsive work. Our team looks to work with schools whose leadership and staff show some initial interest in becoming trauma-responsive. Some buy-in is warranted, as suggested by Sporleder and Forbes (2016), who recommend that all school administration ought to be committed to a trauma-responsive approach, as well as roughly 75–80% of school staff. Not all staff members need to be "experts," but instead they need to be committed and willing to try out a "new mindset shift" in trauma-informed care. If school administrators or a higher percentage of school staff are not committed to trying out a trauma-responsive approach, making school-wide shifts at the individual and institutional levels may be more challenging and less sustainable over time (Nadeem & Ringle, 2016).

Another common experience we have seen in trauma leadership team implementation is that schools may have lots of enthusiasm and ideas they desire to apply. We recognize this as a strength and also offer educators a caution of moving too quickly to solutions. An emphasis on taking time to build a strong foundation is emphasized so that team members can create the time to identify, plan for, and achieve their goals. As school leaders and team members see the challenges their staff and students experience, there is sometimes a sense of urgency to "fix everything" all at once. Slowing down provides leadership teams time to intentionally think, process, and react or respond to the specific challenges or issues they may encounter. As a result, trauma leadership teams are typically offered more intensive support the first year with increasing levels of responsibility transferred to the teams.

Trauma leadership team subgroups are identified by the teams and what they see as unique to their students and school communities (e.g., Brain group, Classroom Skills, Cultural Diversity and Inclusion, and Teacher Self-Care). Some examples of their deepening work are listed in the following sections.

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7.7 Teacher Wellness Rooms

Teacher "wellness rooms" are rooms specifically created and designed to promote teacher wellness, relaxation, and self-regulation. Wellness rooms might include resources or materials that promote teacher relaxation, including calming music and visual imagery, ambient lighting, comfortable seating, and resources to support self-regulation, such as guided meditation or mindfulness prompts. Trauma leadership teams have helped create wellness rooms, including the processes for using the rooms. For instance, if a teacher notices that they are beginning to feel dysregulated, they may be able to implement a "tap out" process, in which the teacher "taps out" of their classroom for a few minutes to visit the wellness room, while another staff member "taps in" to oversee the classroom. In the wellness room, some schools have implemented a "no work" rule, in which teachers are prohibited from doing any school-related tasks or work. Within such wellness rooms, teachers have been able to support their own individual self-regulation and relaxation, as well as their relationships with fellow teachers. Outcomes upon implementation of teacher wellness rooms have so far included a reduction in ODRs, as well as a decrease in absenteeism among teachers. A reduction in ODRs is very desirable. However, a reduction in chronic absenteeism among teachers results in more stable environments where strong teacher-student relationships can form, which are important for children with trauma histories (Craig, 2008), and are also predictive of academic wellbeing (Miller et al., 2008).

7.8 Strengthening Relationships

Trauma leadership team members are encouraged to develop and strengthen relationships within their school system and school community. Relationships of particular focus include relationships among school staff and administration, between teachers and their students, educator relationships with their colleagues, parents, or caregivers, and relationships among trauma leadership team members. This focus on relationship-building is cited as a key component of success in trauma-responsive literature (Brown et al., 2017; Wolpow et al., 2016). Within trauma leadership team meetings, team members practice and model relationship-building with one another through group check-ins and check-outs. Team members might also incorporate intentional activities into meeting times to foster connection and self-reflection as a person with social identities, such as writing and sharing an "I Am From" poem – a poetry-based activity inspired by writer and teacher, George Ella Lyon, in which writers describe the different components of their lives that make them who they are. Teachers experience how they, their peers, and their students are more than what is presented – that there is more to the book than its cover. Through the

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activity, they experience perspective-taking, empathize, and connect with their students and colleagues. A deeper understanding of others may support teachers in asking the question "What is going on for them?" rather than "What is wrong with them?," which may instill further judgment or disconnection amongst individuals (Sporleder & Forbes, 2016).

Moreover, trauma leadership team members attempt to foster relationships by "meeting each other where they are at" and acknowledge the strengths as well as challenges throughout the school year. For instance, as schools began to return back to in-person learning after the COVID-19 pandemic, many schools felt pressure to "reverse the loss" and make sure students did not stray from their academic schedules. Although attendance to academic achievement is warranted, students may find it more challenging to learn in an environment that they have not been in for several months, with students and teachers they have not seen in person for the same amount of time. As such, a focus on relationship-building, reconnecting students with their peers and teachers, as well as the school environment itself may support students in feeling more safe and secure and therefore open to learning.

7.9 Integration of Existing Socioemotional Learning Programs

It is important to emphasize that the trauma-responsive approach is not "just another program" for teachers to adopt. Framed as a multitiered system of support interventions, a trauma-responsive approach can help integrate existing socioemotional learning (SEL) programs. For example, schools that our team has worked with have utilized the Second Step SEL curriculum and Zones of Regulation (Kuypers, 2011). Both programs include components of trauma-responsive care and can be easily understood within a trauma-responsive framework. Second Step emphasizes skills such as processing emotions, building empathy, and resolving conflicts (Wenz-Gross et al., 2018). These skills can be contextualized within the SARC framework as important for developing healthy and securely attached relationships. Meanwhile, the Zones of Regulation program provides common language and a framework for students and teachers alike to identify emotional states and practice emotional self-regulation.

Our team has helped trauma leadership teams integrate these programs by identifying them generally as Tier 1 supports and discussing how they can be used to help students develop necessary relational and self-regulation skills. In the context of a race-centered, trauma-responsive approach, it is also necessary to discuss how White cultural logic influences educator beliefs about appropriate emotional expression – and how expectations for students may differ based on their sociocultural identities. School leaders and our teamwork with parents and community members identify the behaviors and interactions that are desired and reinforced within their own communities. One outcome of

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this approach is that schools move away from imposing one set of propositions of appropriate behaviors that are unconsciously rooted in White cultural logic to include other frames, whenever appropriate. Doing so not only allows for greater consistency across school, family, and community settings but also may result in more positive behaviors being recognized by educators.

7.10 Self-care and Self-regulation Opportunities

As previously mentioned, the trauma leadership team model incorporates teacher self-care as an essential component of trauma-informed care. One way teacher self-care has been incorporated into school settings is through monthly professional development training in mindfulness strategies. Mindfulness training was intentionally offered as professional development so that teachers could receive continuing education credits for their time, and so they were not asked to perform additional "self-care" practices on top of their already busy and demanding schedules.

During this training, teachers learned mindfulness practices and strategies they could use for themselves to promote teacher self-care and well-being. Teachers were led through and taught a variety of different formal mindfulness practices, including mindful breathing, progressive muscle relaxation, guided imagery, gratitude and loving-kindness, self-compassion, and mindful movement. Teachers also discussed ways to bring mindful awareness into their school days, such as noticing feelings of stress or dysregulation, and using mindfulness to self-regulate. As teachers learned about and developed their own mindfulness practices and strategies, they began to apply these practices in the classroom to support students' self-regulation skills.

7.11 Peace Spaces for Students

Alternatives to referrals for discipline needed to be developed for educators to use in response to dysregulated students in the classroom. Similar to the elementary level, trauma leadership teams in secondary schools have identified teacher self-care as an essential component of trauma-informed care. In addition to wellness rooms for teachers, trauma leadership teams have identified "Peace Spaces," or specific areas or rooms for students to deregulate, as important (Liang et al., 2023b). Within Peace Spaces, students have the opportunity to go to either a designated area of a classroom or a separate room altogether when feeling overwhelmed or dysregulated. Within the Peace Spaces, students may find activities to practice on their own (e.g., journal prompt, coloring, breathing exercises) or be led by a specific Peace Space staff member to support self-regulation. Once a student begins to feel more regulated, they return to their classroom or desk if already in the classroom area. The application of

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Peace Spaces allows students to practice their own self-regulation awareness and skills and also offers an alternative space for students to go rather than being directly referred for discipline. If Peace Spaces are being used within the classroom (e.g., one example of a classroom Peace Space is the Peace Corner), teachers are able to keep students in the classroom, rather than sending them to guidance or for discipline.

7.12 Focus on Diversity, Equity, and Inclusion

Schools incorporate a direct focus on diversity, equity, and inclusion work within their trauma leadership team goals and subgroups. As schools reviewed the demographics of their students receiving discipline referrals, some schools noticed a higher number of male CGM students being referred to than others. Other leaders recognized that male CGM students may not be recognized in the same way as female students as needing mental health support if they are internalizing their symptoms. As a result of these findings, trauma leadership team members (including school administration) intentionally incorporated professional development trainings, working groups, and school-wide goals focused on anti-racist efforts and initiatives.

7.13 De-escalating and Preventing Conflict

Teachers across all schools identified a need to strengthen their ability to de-escalate conflicts. Our observation was that some teachers' desire to control the situation and show students who was in charge was grounded in good intentions but counterproductive to creating a safe environment. Indeed, some strategies used to control the classroom resulted in escalating conflict, were more disruptive to learning, and were retraumatizing to the student. Our approach was to focus on prevention of conflict, particularly the importance of developing strong teacher–student relationships. However, because classroom conflict will arise, we provided teams and whole schools our SAFE Model© that consists of (a) scanning for triggers, racial biases, and value violations within oneself; (b) assessing the situation and attending to feelings verbally and nonverbally; (c) providing facts (e.g., reminders of school or classroom processes for de-escalation); and (d) empowering students to make decisions.

7.14 Peer-Led Professional Development

At the secondary level, middle school trauma leadership teams have focused on sharing resources with fellow teachers that they can apply with their students throughout the school day, including the use of restorative practices and mindfulness strategies. Trauma leadership team members have conducted book

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clubs with school staff, in which team members assign readings and guided discussions around restorative practices. As teachers attend such discussions, they then apply restorative practices within their respective classrooms.

7.15 Recommendations

Transforming a school's culture to embrace a race-centered, trauma-responsive school approach is one way to address racial disparities in schools. Providing training to educators on the influence of physiological, psychological, familial, and social factors on a student's functioning has facilitated our ability to deepen knowledge and awareness of the experiences of the youth with whom they work. Our ongoing work to transform schools has resulted in educators developing greater empathy for others, awareness of self, perspective-taking, and a deepening of their system-wide and individual efforts to support students from a race-centered, trauma-responsive lens. Several key recommendations emerged from our self-reflection of our efforts to transform schools.

1. Some educators may want to shift the focus of the work onto parents and families. This is understandable, yet training parents does not address systems-level problems that are occurring within the school. Instead, it focuses blame and responsibility solely on parenting. Taking a stepwise approach, where the focus is first placed on school-based practices, is needed. Further, when shifting to parents and caregivers, it is important to engage them not as consumers but as partners. This entails providing information on trauma and listening for their strengths. Incorporating their knowledge and ways of being not only is culturally responsive but also has the potential to strengthen school-based efforts.
2. Some educators are oriented toward finding quick solutions. Thus, it is important to set clear expectations with school leaders and educators that this process takes multiple years of sustained effort. It is also important to remind teams that change is not linear – that there will be setbacks with individual students and educators, as well as in the process of transforming the system.
3. Although it is important to communicate to leaders that the entire process is ongoing and may take multiple years, it is also important to share that they should begin to see some evidence of change within the first year.
4. Noticing incremental changes should be taught and modeled. Some educators may desire to see huge shifts in behavioral disruptions quickly. Although it is reasonable for them to desire this change sooner than later, it is an unrealistic expectation. Thus, it is important to communicate the value of recognizing and celebrating small successes (e.g., teachers building relationships with students by using morning circles). Noticing these successes not only sustains effort and communicates movement forward

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but also models for teachers the importance of celebrating strengths over a sole focus on deficits.

5. Because schools are complex systems with many staff, it is important to recognize that there will be divergent viewpoints. Diversity of opinion is a strength. However, members of teams will need to develop effective ways to respond to peers who are ambivalent. Further, it is helpful to remind team members that they need not focus on the small number of their peers who cannot be convinced.
6. One main area of disagreement among teachers is that some deeply hold onto the belief that punishment is needed for students to grow. Some educators have difficulty reconciling their core belief that harsh punishment is needed with our message of accountability through relationships. It is important to communicate the need for both safety and accountability as well as to emphasize that research demonstrates that strong teacher–student relationships increase motivation and reduce the likelihood of behavioral problems among students.
7. It is important to communicate the many small ways that relationships with students can be built. For instance, we have communicated the importance of engaging youth and adolescents in "small talk" or morning check-ins.
8. Promoting a policy and culture of self-care is more important than encouraging teachers to engage in self-care activities. Self-care that ostensibly leads to a stronger ability to employ self-regulation skills is important for all educators and health-care providers. Teachers able to self-regulate are more likely to employ trauma-responsive strategies and acknowledge and disrupt their use of White cultural logic when interacting with students exhibiting symptoms of trauma. However, having a culture and policy where self-care is supported during work hours is critical. Educators who feel supported by their building administrator to engage in self-care are more likely to report better mental health and less burnout (Liu & Liang, under review). Our experience also suggests that it is helpful when building and district-level leaders assure teachers that it is appropriate to spend time developing relationships with students through classroom activities.

7.16 Conclusion

Even with the recent mass school shootings, most American parents send their children to school each day with the basic assumption that their child will be safe, well educated, and respected. Many parents feel secure in the idea that their children will be able to engage in social activities with peers, find a sense of belonging, and be given the space and freedom to mature, both academically and personally. While many students do indeed experience school as validating, safe, and communal, many ethnic minority students have quite a

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different experience of the school environment. Racial disparities in engagement with school discipline systems, referrals for special education, and experiences of discrimination are challenges that communities of color face when they enter schools. The race-centered, trauma-responsive school approach presented in this chapter is one way to transform systems to engage in the work of prevention.

Resources

Books

Fostering resilient learners: Strategies for creating a trauma-sensitive classroom, by Kristin Souers and Pete Hall

Relationship, responsibility and regulation: Trauma-invested practices for fostering resilient learners, by Kristen Van Marter Souers and Pete Hall

Trauma-sensitive schools for the adolescent years: Promoting resiliency and healing, Grades 6–12, by Susan E. Craig

Trauma-sensitive schools: Learning communities, transforming children's lives K-5, by Susan E. Craig

Reading with Patrick: A Teacher, a student, and a life-changing friendship, by Michelle Kuo

The trauma-informed school, by J. Sporleder, T. H. Forbes, and N. A. Colflesh. (2016).

Reaching and teaching children who hurt: Strategies for your classroom by Susan E. Craig

Help for Billy: A beyond consequences approach to helping and challenging children in the classroom, by Heather T. Forbes

Websites

The National Child Traumatic Stress Network; www.nctsn.org

UCSF HEARTS: Healthy Environments and Response to Trauma in Schools; https://hearts.ucsf.edu

United Way of the Greater Lehigh Valley; www.unitedwayglv.org

Trauma-Responsive MTSS Toolkit; https://sites.google.com/lehigh.edu/mtsstoolkit/about

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