



MARCH 2022

# **TRAUMA-INFORMED CARE IN ILLINOIS EDUCATION SETTINGS: AN INTRODUCTION TO A RESEARCH BRIEF SERIES**

**WRITTEN BY:**

Meg S. Bates, Ph.D.

Illinois Workforce and Education Research  
Collaborative (IWERC)  
Discovery Partners Institute  
University of Illinois System



PART OF THE UNIVERSITY OF ILLINOIS SYSTEM

## Suggested Citation:

Bates, M. (2022). *Trauma-Informed Care in Illinois Education Settings: An Introduction to a Research Brief Series*. Chicago, IL: Illinois Workforce and Education Research Collaborative (IWERC), Discovery Partners Institute, University of Illinois. Retrieved from <https://dpi.uillinois.edu/applied-research/iwerc/current-projects/trauma-informed/>.

## External Review:

This report was reviewed by scholars and practitioners to ensure that its contents were both rigorous and applicable to educators and policymakers with varying levels of background knowledge. The reviewers of this report included:

- Jo Anderson (Consortium for Educational Change)
- Lynn Burdick (University of Illinois Urbana-Champaign)
- Mia Chudzik (University of Illinois Urbana-Champaign)
- Maia Connors, Ph.D. (Start Early)
- Catherine Corr, Ph.D. (University of Illinois Urbana-Champaign)
- John Easton, Ph.D. (UChicago Consortium on School Research)
- Kerry Heckman, MSW (Therapist in private practice)
- Niranjana Karnik, M.D., Ph.D. (Rush University Medical Center)
- Alexandra Richmond (University of Illinois Urbana-Champaign)
- Grace Sawyer (University of Illinois Urbana-Champaign)
- Gabriela Zamora (Illinois Collaboration on Youth)

We deeply thank these reviewers for their time and expertise.

Last revised: 3/4/2022

# EXECUTIVE SUMMARY

This research brief provides high-level information on the definitions of trauma and trauma-informed care (TIC) in education (and related settings), as well as on the Illinois context for adopting TIC. The goal of this brief is to provide educators, administrators, and policymakers with a quick-yet-rigorous understanding of TIC in educational settings, which they may use for immediate application or to support further study of TIC.

## Background

In March 2021, the Illinois General Assembly passed House Bill 2170, which, among many other things, called for TIC in educational settings. This bill acknowledged that the COVID-19 pandemic both exposed and exacerbated longstanding traumas, providing a new impetus for implementing TIC in schools. Against this backdrop, the Illinois Workforce and Education Research Collaborative (IWERC) at the University of Illinois was asked to write research briefs on trauma and its implications for educational institutions in the state of Illinois. This brief introduces the concept of TIC in schools, while setting the stage for subsequent briefs on TIC for specific student populations. All briefs provide both general examples of TIC and specific examples related to COVID-19 and its effects.

## Key Takeaways

**Definition of Trauma.** The definition of trauma provided by the American Psychological Association, detailed on page 6 of this report, is useful for schools. It emphasizes that trauma is caused by *events* that result in disturbing *experiences* and negative *effects* on individuals. These “three E’s” of trauma (events, experiences, effects) are unique to the individual; the same event may be traumatic for some but not others. For this reason, events such as disasters, violence, loss, abuse, and neglect should be considered “potentially traumatic.”

**Effects of Trauma.** Children can often resolve trauma when they have support from a caring adult. But unresolved trauma can lead to several short- and long-term psychological conditions, many of which are related to poor health outcomes. Children affected by trauma may exhibit disengagement/withdrawal or changes in behavior that are sustained, disruptive, and escalating. Educators who notice such behaviors should not assume that trauma is the cause, but educators may share their observations with trained school-based professionals who can better support the students in question.

**TIC for Educational Institutions.** TIC in education means that all school staff realize what trauma is, recognize the signs of trauma, respond to trauma appropriately, and resist retraumatizing children. A sound response to trauma connects children to resources and supports, develops children’s sense of safety and consistency, encourages children’s agency, emphasizes strengths and future hopes, builds resilience, and is culturally-sustaining. TIC in schools is often rooted in multi-tiered systems of supports, in which all students receive some level of TIC, but students with more significant traumatic experiences are given additional supports. Schools implementing TIC must examine and eliminate ways in which their own practices—including disciplinary practices and the implementation of TIC—could retraumatize.

**The Illinois Context for TIC.** Illinois has many organizations and initiatives with expertise in TIC, detailed on page 10 of this report.

**Populations More Likely to Experience Trauma.** Children with a known prior incidence of trauma, as well as children exhibiting behavioral problems or disengagement in school, should be prioritized for higher tiers of TIC support. There are also demographic characteristics associated with a higher risk of experiencing trauma, due to structural and systematic failures to protect such children. IWERC’s other research briefs on this topic explore two of these populations: youth experiencing homelessness and young children in families with low income. These briefs, which can be found on IWERC’s website, are entitled *Trauma-Informed Care for Supporting the Mental and Physical Health of Youth Experiencing Homelessness (YEH)* and *Trauma-Informed Care for Supporting Young Children in Low-Income Families*.

# FULL REPORT

## Introduction

In the wake of the COVID-19 pandemic, Illinois educators and policymakers have taken an increased interest in the effects of trauma on students and educators. In March 2021, the Illinois General Assembly passed House Bill 2170, which, among many other things, called for specific attention to the effects of trauma on students. House Bill 2170 stated:

It is well documented that trauma and toxic stress diminish a child's ability to thrive...The COVID-19 pandemic has exacerbated these issues and brought them into focus...Many educators and schools in this State have embraced and implemented evidenced-based restorative justice and trauma-responsive and culturally relevant practices and interventions. However, the use of these interventions on students is often isolated or is implemented occasionally and only if the school has the appropriate leadership, resources, and partners available to engage seriously in this work. It would be malpractice to deny our students access to these practices and interventions, especially in the aftermath of a once-in-a-century pandemic.<sup>a</sup>

The bill acknowledged that COVID-19 both exposed and exacerbated longstanding traumas, calling for trauma-informed care (TIC) not just in response to the pandemic, but proactively going forward. In addition, the bill noted that, while the pandemic was a collective trauma, it was disproportionately harmful for students of color and for students in families with lower incomes.

Given this interest in how trauma intersects with educational experience, the Illinois Workforce and Education Research Collaborative (IWERC) at the University of Illinois was asked to write research briefs on trauma and its implications for educational institutions (and related settings) in the state of Illinois.<sup>b</sup> IWERC was asked specifically to address TIC in the context of COVID-19—an event that was potentially traumatic for all children<sup>1,2</sup>, but also raised interest in TIC in education more generally.

In response to this request, IWERC has created three initial briefs, all of which may be found on IWERC's website.<sup>c</sup> All briefs follow five principles. They are:

1. Illinois-specific
2. Derived from rigorous scholarly research
3. Focused on target populations that are more likely to experience trauma and may require distinct approaches
4. Pithy and actionable for educators, educational institutions, and others
5. Inclusive of both general examples of TIC and specific examples for the COVID-19 context

The goal of these briefs is to give Illinois educators, administrators, and policymakers a quick-yet-rigorous understanding of TIC in educational settings. We hope they provide an accessible introduction to a complex topic, while inspiring both immediate applications and further reading.

This introductory brief provides high-level information on the definition of trauma and TIC in education, as well as the Illinois context for adopting TIC. It then outlines populations that may be more likely to experience trauma, as a means of identifying the target populations explored in subsequent briefs.

## Defining Trauma in Children

There are numerous definitions of trauma from different organizations and government agencies, with largely interchangeable components. For these research briefs, we adopt the definition of trauma utilized by the American Psychological Association [APA]<sup>3</sup>:

### *Definition:*

Any disturbing **experience** that results in significant fear, helplessness, dissociation, confusion, or other disruptive feelings intense enough to have a long-lasting negative **effect** on a person's attitudes, behavior, and other aspects of functioning. Traumatic **events** include those caused by human behavior (e.g., rape, war, industrial accidents) as well as by nature (e.g., earthquakes) and often challenge an individual's view of the world as a just, safe, and predictable place. (Bold emphases added)

We have purposely bolded three terms in the definition above: experience, effect, and event. These “three E’s of trauma” are often emphasized by practitioners and scholars, led by the Substance Abuse and Mental Health Services Administration (SAMHSA), a unit within the U.S. Department of Health and Human Services.<sup>4</sup> The idea is that all three E’s must be considered in defining trauma: **events** are the root causes of trauma, but an event is only traumatic if a person (a) **experiences** it as traumatic and (b) has short-term or long-lasting **effects** from the trauma. These experiences and effects are unique to the individual; not all persons who experience the same event will experience trauma or traumatic effects. For this reason, events that could lead to traumatic responses are often referred to as “potentially traumatic events.”<sup>5</sup>

Potentially traumatic events for children (defined as ages 0-18) can be caused by disasters, such as the pandemic, or can occur in the home or surrounding community. Examples include, but are not limited to, emotional, physical, and sexual abuse; neglect; experiencing or witnessing violence; living with those who have substance abuse problems or mental health issues; divorce or separation of caregivers; and death or incarceration of a family member.<sup>6-8</sup> Potentially traumatic events can also involve single or repeated exposures. The APA definition above may be useful for schools because it implicitly includes the three E’s and the idea that events are potentially traumatic, not certainly traumatic.

## Effects of Trauma in Children

If children experience an event as traumatic, they can often work through and resolve the effects of the trauma with support from a caring adult, as such adults are an important protective factor for children.<sup>5,6,9,10</sup> But children who are exposed to prolonged trauma or multiple kinds of traumas, often called “complex trauma,” have a greater risk of long-term effects.<sup>5,8,11</sup> Unresolved traumas can lead to several conditions specifically associated with trauma, such as acute stress disorder and posttraumatic stress disorder (PTSD).<sup>11</sup> But, long-

*“Unresolved traumas can lead to several conditions specifically associated with trauma, such as acute stress disorder and posttraumatic stress disorder (PTSD).”*

term, unresolved traumas can also lead to other mental health issues, including anxiety and depression, eating disorders, substance abuse, and, due to riskier health choices, a range of negative physical health outcomes.<sup>7,11–13</sup>

There are numerous warning signs that could indicate a child has experienced trauma.<sup>13</sup> Educators may observe academic and behavioral difficulties in school, including fighting, classroom disruptions, and excessive responses to occurrences. Students may also exhibit disengagement, the signs of eating disorders, sleep problems, hypervigilance, and withdrawal from activities and friends they once enjoyed. Young children (0-5) may have more tantrums, have toileting issues (after toilet training was achieved), and engage in aggressive behaviors. Adolescents may take more risks, resulting in interactions with the justice system, and have difficulties organizing work, school, and home life.<sup>13</sup> Students experiencing trauma may also suffer from poorer grades, problems completing homework, and frequent absenteeism.<sup>14,15</sup>

However, these behaviors can also be isolated events, developmentally appropriate for the age, or unrelated to trauma.<sup>1</sup> Key factors to consider are whether the behaviors represent a change from previous behavior, are sustained over a long period of time, are particularly severe or disruptive, and appear to escalate.<sup>1,5</sup> Educators may notice and share warning signs with school psychologists and social workers, but any sort of formal screening and diagnosis process should be considered carefully.<sup>16</sup> Importantly, educators should not prod children to reveal traumatic events; educators should focus on connecting students about whom they are concerned to appropriate resources and on providing a universally trauma-informed school experience.

## TIC for Educational Institutions

Many scholars and organizations outside of education have defined TIC. For these research briefs, we adapt the commonly used SAMHSA framework of “four R’s” for TIC, applying it to education and expanding it with information from other sources.<sup>1,2,4,17–23</sup>

TIC in education means that *all* staff throughout a school:

- »» **Realize** what trauma is and how pervasive it is in children.
- »» **Recognize** the signs of trauma in children (and connect students who show more intensive signs of trauma to those who are best trained to work with them).
- »» **Respond** to trauma appropriately. An appropriate response includes:
  - ▶ Connecting children to resources, supports, and people who can assist them.
  - ▶ Supporting children’s sense of safety, consistency, and trust.
  - ▶ Encouraging children’s agency and decision-making.
  - ▶ Emphasizing children’s strengths and future possibilities.
  - ▶ Building children’s resilience.
  - ▶ Being culturally-sensitive and culturally-sustaining.
- »» **Resist** retraumatizing children, especially within the educational setting itself. This includes:
  - ▶ Taking care that TIC itself does not harm children and families, such as through invasive trauma screening practices or by improperly seeking to understand the source of the trauma (rather than simply supporting students who have been traumatized).
  - ▶ Using disciplinary practices that seek to empathetically understand the source of misbehavior and are not overly harsh or exclusionary (such as denying recess or time with friends/family).

While these principles may seem vague, subsequent briefs will detail how these TIC principles operate in practice for specific populations.

Beyond this definition, there are areas to which TIC is connected but not synonymous. These important areas should be understood and considered in implementing TIC in schools. They include:

**Therapy.** TIC is often coupled with therapeutic trauma interventions, but they are not one in the same.<sup>17-19</sup> Indeed, educators should *not* attempt to act as mental health professionals. Some settings that use TIC also provide therapy, but this is in addition to TIC, not part of it.<sup>17</sup> For educators, TIC essentially involves being aware of how trauma might shape students’ current behavior, being empathetic, and connecting students to resources (possibly including those who can provide more therapeutic intervention).<sup>19</sup>

**Multi-tiered systems of support.** TIC may be implemented in many ways. However, it is often situated within the context of multi-tiered systems of support (MTSS).<sup>1,2,22,23</sup> MTSS is a framework in which schools provide universal supports in an area to all students, with more targeted activities and interventions for smaller groups of students who require the higher “tiers” of support.<sup>24,25</sup> When used to implement TIC, *universal* services might focus on schools providing consistent routines and safety, as well as educators listening to students when they discuss potentially traumatic events, looking for signs of trauma, and linking children and

families to community and school resources.<sup>2,22,23</sup> Educators can also universally shift their mindset on student behaviors from one of asking “What’s wrong with you?” to one of asking “What happened to you?”.<sup>16</sup> This shift in mindset will help educators to serve all students by understanding behavioral issues empathetically, as a result of a student’s experience rather than as a personal attack, and by working with students to develop new responses.<sup>26</sup> Based on specific student needs, higher tiers might involve utilizing research-based TIC programs with small groups of students<sup>2,22,23</sup> and placing students 1-on-1 with professionals trained in TIC.<sup>22</sup>

**Social-emotional learning (SEL).** Trauma and SEL are often discussed together in the context of education, as they both are concerned with the whole child (beyond academics). However, they are not synonymous. SEL involves building a specific set of social and emotional competencies that support academic, behavioral, and relational success.<sup>27</sup> An emphasis on SEL has been shown to have positive effects for all students, not only those who have experienced trauma.<sup>19,28</sup> However, an SEL focus can be a useful part of TIC, including as the universal tier of support in a multi-tiered system.<sup>23,25</sup>

**Dismantling of systemic bias.** TIC is, by nature, responsive to the effects of traumas that have already occurred. But high-quality approaches should also acknowledge and take proactive steps regarding the root causes of trauma, including systemic biases in the experience of those root causes.<sup>21,25,29</sup> They should also eliminate ways that educational institutions reinforce such biases and related trauma, including the use of racially-biased disciplinary practices.<sup>25</sup>

Before leaving this section, we note that, while enthusiasm for TIC in educational institutions is strong, research on the effectiveness of TIC in school-based settings is weak.<sup>20,24,25,30</sup> Although there is support for specific components of TIC in the mental health, social work, and substance abuse fields,<sup>17</sup> the application of these approaches to education is a more recent innovation,<sup>30</sup> as is the application to children in general.<sup>20</sup> There is little consensus on the definition, measurable outcomes, or implementation of school-based TIC.<sup>24,30</sup> Indeed, the definition of TIC forged above mostly comes from trauma-focused agencies that convened the wisdom of experts and clinicians, rather than on strong empirical evidence.<sup>4</sup>

In subsequent briefs, we attempt to draw on these frameworks, as well as on existing empirical evidence for specific TIC practices in multiple settings, acknowledging that rigorous evidence for education-based application is sparse. In general, these briefs are not meant to overstate the empirical evidence base for TIC in schools, but they are instead designed to inform



and assist Illinois stakeholders as they implement the school-based TIC called for in recent Illinois legislation. Finally, while evidence is limited, we note that even the most skeptical experts advise that educational institutions can test TIC by incorporating the most evidence-based practices at a small scale, perhaps within a multi-tiered system that includes more rigorously supported SEL and behavioral support programs.<sup>24</sup>

## The Illinois Context for Trauma-Informed Care in Education

As noted in the introduction to this piece, the state of Illinois is currently invested in defining and utilizing TIC in schools. HB2170 established a Whole Child Task Force<sup>31</sup> that is charged with developing definitions for key terms related to TIC in education and with outlining the processes and resources necessary for all Illinois schools to become trauma-informed.

Illinois has several organizations whose work can support these statewide goals. The Center for Childhood Resilience<sup>d</sup> at Lurie Children’s Hospital supports schools in adopting TIC and has created a Trauma Responsive Schools-Designation (TRS-D) that schools may earn. The Center is currently working with the Illinois State Board of Education (ISBE) to pilot a program called REACH (Resilience Education to Advance Community Healing) with schools across the state. REACH provides virtual and in-person professional development, along with school-wide supports, to create schools that are trauma-informed.

The Illinois Childhood Trauma Coalition<sup>e</sup> connects and provides resources to organizations across the state that utilize TIC, while the Partnership for Resilience<sup>f</sup> brings together diverse partners (such as schools, families, healthcare institutions, teacher and school employee unions, and community-based organizations) to develop trauma-informed schools. The Collaborative for Academic, Social, and Emotional Learning (CASEL)<sup>g</sup> is a nationally-recognized hub for scholarship and support related to SEL, a useful component of a trauma-informed system. Finally, the Illinois Children’s Mental Health Partnership<sup>h</sup> conducts planning and resource provision related to a range of mental health issues in children, including trauma.

## Setting the Stage for Further Briefs: Populations More Likely to Experience Trauma

While most children will experience a potentially traumatic event, prolonged and multiple traumas tend to cluster in a smaller subset of children.<sup>7,8,32,33</sup> Special attention may be needed for these populations. In the wake of the pandemic, two populations immediately surface as potentially in need of more attention and support<sup>1</sup>:

- ▶ *Children with a known prior incidence of trauma.* These children are more likely to experience subsequent trauma, or to have issues with past trauma in the context of stressful situations.<sup>9</sup> As multiple traumas are associated with poorer outcomes,<sup>7</sup> schools should prioritize these children for intervention.<sup>19</sup>
- ▶ *Children exhibiting behavioral problems in school (i.e., the signs of trauma).* Children who are showing the signs and symptoms listed above should be assisted accordingly.<sup>19,34</sup>

Beyond these important indicators, there are other characteristics that are associated with a higher risk of experiencing trauma, due to structural and systematic failure to protect children (and adults) in certain populations. Based on extant research, children more likely to experience trauma include:

- ▶ Children in families that have low income and/or are experiencing financial stress<sup>6,32</sup>
- ▶ Children of adults with low education levels<sup>32</sup>
- ▶ Children in foster care<sup>12</sup>
- ▶ Children experiencing homelessness<sup>17</sup>
- ▶ Children of mothers who were younger than 20 at the birth of the first child<sup>32</sup>
- ▶ Black and Hispanic children<sup>8,33</sup>
- ▶ Children with disabilities<sup>11</sup>
- ▶ Children from communities that have high rates of poverty, violence, crime, and/or unemployment<sup>6,32</sup>

Children with identities that intersect populations listed above are at particular risk for trauma. Screening tools are sometimes recommended for identifying students who have experienced trauma and for gauging the level of traumatic experience at a schoolwide level. However, the use of such tools is complicated and not without controversy. In general, if used, screening tools should be high-quality, should be applied universally (not targeted only at certain student populations), and should involve active consent by parents.<sup>16,26</sup> But screening may also be a much more informal process, simply involving a caring adult (such as a teacher) referring a child they are concerned about to support personnel who can better assist the child.

If TIC is embedded in a strong, multi-tiered system, schools can utilize some of the universal approaches listed above to identify students in need of further support (without regard to student characteristics). But different populations may require slightly different approaches for addressing their trauma. In subsequent briefs, we focus on TIC for select populations from this list, starting with briefs on young children in families with low income and youth experiencing homelessness.

## Conclusion

In the wake of the pandemic, Illinois has established legislation to enact TIC in educational institutions across the state. This introductory brief outlined how research defines trauma and TIC, along with populations that may be more likely to experience trauma. Subsequent briefs will detail TIC for specific populations.

---

### Endnotes

<sup>a</sup> The text of Illinois House Bill 2170 may be found here: <https://www.ilga.gov/legislation/publicacts/101/PDF/101-0654.pdf>.

<sup>b</sup> IWERC's research agenda is collectively determined by a Research Advisory Council of 84 stakeholders across the state of Illinois. This stakeholder group includes researchers, members of state agencies, policy advocates (including the Illinois teachers unions), and practicing educators in settings spanning early childhood to adult workforce training. This Council suggested a research review of trauma-informed approaches to education in the wake of the pandemic; this brief series is intended to fulfill IWERC's commitment to that suggestion.

<sup>c</sup> IWERC's website is <https://dpi.uillinois.edu/applied-research/iwerc/>.

- <sup>d</sup> Information on the Center for Childhood Resilience can be found at <https://childhoodresilience.org/>.
- <sup>e</sup> Information on the Illinois Childhood Trauma Coalition can be found at <http://lookthroughtheireyes.org/ictc/>.
- <sup>f</sup> Information on the Partnership for Resilience can be found at <https://partnership4resilience.org/>.
- <sup>g</sup> Information on CASEL can be found at <https://casel.org/>.
- <sup>h</sup> Information on the Illinois Children's Mental Health Partnership can be found at <https://www.icmhp.org/>.

## References

- Rider, E. A., Ansari, E., Varrin, P. H., & Sparrow, J. (2021). Mental health and wellbeing of children and adolescents during the covid-19 pandemic. *BMJ (Clinical Research Ed.)*, *374*, n1730. <https://doi.org/10.1136/bmj.n1730>
- Taylor, S. S. (2021). Trauma-Informed Care in Schools: A Necessity in the Time of COVID-19. *Beyond Behavior*, *30*(3), 124-134. <https://doi.org/10.1177/10742956211020841>
- American Psychological Association [APA]. (2020). *APA Dictionary of Psychology*. <https://dictionary.apa.org/trauma>
- Substance Abuse and Mental Health Services Administration [SAMHSA]. (2014). *SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach*. Substance Abuse and Mental Health Services Administration.
- Brooks, S. K., & Greenberg, N. (2022). Preventing and Treating Trauma-Related Mental Health Problems. In P. Lax (Ed.), *Textbook of Acute Trauma Care* (pp. 829-846). Springer International Publishing. [https://doi.org/10.1007/978-3-030-83628-3\\_44](https://doi.org/10.1007/978-3-030-83628-3_44)
- Centers for Disease Control and Prevention [CDC]. (2021, January 5). *Adverse childhood experiences: Risk and protective factors*. <https://www.cdc.gov/violenceprevention/aces/riskprotectivefactors.html>
- Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., Koss, M. P., & Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. The Adverse Childhood Experiences (ACE) Study. *American Journal of Preventive Medicine*, *14*(4), 245-258. [https://doi.org/10.1016/s0749-3797\(98\)00017-8](https://doi.org/10.1016/s0749-3797(98)00017-8)
- Sacks, V., & Murphey, D. (2018). The prevalence of adverse childhood experiences, nationally, by state, and by race/ethnicity. In *Child Trends Research Brief*. (p. 20). [https://www.childtrends.org/wp-content/uploads/2018/02/ACESBriefUpdatedFinal\\_ChildTrends\\_February2018.pdf](https://www.childtrends.org/wp-content/uploads/2018/02/ACESBriefUpdatedFinal_ChildTrends_February2018.pdf)
- American Psychological Association [APA]. (2008). *Children and trauma: Update for mental health professionals*. <https://www.apa.org/pi/families/resources/update.pdf>
- Whitfield, C. L. (1998). Adverse childhood experiences and trauma. *American Journal of Preventive Medicine*, *14*(4), 361-364.
- Substance Abuse and Mental Health Services Administration [SAMHSA]. (n.d.). *Trauma-Informed Care in Behavioral Health Services. Treatment Improvement Protocol (TIP) Series 57: Part 3, Literature Review* (HHS Publication No. (SMA) 13-4801). Substance Abuse and Mental Health Services Administration.
- Klain, E. J., & White, A. R. (n.d.). Implementing Trauma-Informed Practices in Child Welfare. *ABA Center on Children and the Law*, 15.
- Goddard, A. (2021). Adverse Childhood Experiences and Trauma-Informed Care. *Journal of Pediatric Health Care: Official Publication of National Association of Pediatric Nurse Associates & Practitioners*, *35*(2), 145-155. <https://doi.org/10.1016/j.pedhc.2020.09.001>
- Slade, E. P., & Wissow, L. S. (2007). The influence of childhood maltreatment on adolescents' academic performance. *Economics of Education Review*, *26*(5), 604-614. <https://doi.org/10.1016/j.econedurev.2006.10.003>
- Stempel, H., Cox-Martin, M., Bronsert, M., Dickinson, L. M., & Allison, M. A. (2017). Chronic School Absenteeism and the Role of Adverse Childhood Experiences. *Academic Pediatrics*, *17*(8), 837-843. <https://doi.org/10.1016/j.acap.2017.09.013>
- Eklund, K. & Rossen, E. (2016). *Guidance for Trauma Screening in Schools: A product of the defending childhood state policy initiative*. The National Center for Mental Health and Juvenile Justice.
- Hopper, E. K., Bassuk, E. L., & Olivet, J. (2010). Shelter from the storm: Trauma-informed care in homelessness services settings. *The Open Health Services and Policy Journal*, *3*, 80-100.
- Levenson, J. (2017). Trauma-Informed Social Work Practice. *Social Work*, *62*(2), 105-113. <https://doi.org/10.1093/sw/swx001>
- Halladay Goldman, J., Danna, L., Maze, J. W., Pickens, I. B., & Ake III, G. S. (2020). *Trauma-Informed School Strategies during COVID-19*. National Center for Child Traumatic Stress. [www.NCTSN.org](http://www.NCTSN.org)
- Conradi, L., & Wilson, C. (2010). Managing traumatized children: A trauma systems perspective. *Current Opinion in Pediatrics*, *22*(5), 621-625. <https://doi.org/10.1097/MOP.0b013e32833e0766>
- Ginwright, S. (2018). *The Future of Healing: Shifting From Trauma Informed Care to Healing Centered Engagement*. Medium. <https://ginwright.medium.com/the-future-of-healing-shifting-from-trauma-informed-care-to-healing-centered-engagement-634f557ce69c>

22. Kearney, C. A., & Childs, J. (2021). A multi-tiered systems of support blueprint for re-opening schools following COVID-19 shutdown. *Children and Youth Services Review*, *122*, 105919. <https://doi.org/10.1016/j.chilyouth.2020.105919>
23. Minkos, M. L., & Gelbar, N. W. (2021). Considerations for educators in supporting student learning in the midst of COVID-19. *Psychology in the Schools*, *58*(2), 416-426. <https://doi.org/10.1002/pits.22454>
24. Maynard, B. R., Farina, A., Dell, N. A., & Kelly, M. S. (2019). Effects of trauma-informed approaches in schools: A systematic review. *Campbell Systematic Reviews*, *15*(1-2), e1018. <https://doi.org/10.1002/cl2.1018>
25. Chafouleas, S. M., Pickens, I., & Gherardi, S. A. (2021). Adverse Childhood Experiences (ACEs): Translation into Action in K12 Education Settings. *School Mental Health*, *13*(2), 213-224. <https://doi.org/10.1007/s12310-021-09427-9>
26. Overstreet, S., & Chafouleas, S. M. (2016). Trauma-Informed Schools: Introduction to the Special Issue. *School Mental Health*, *8*(1), 1-6. <https://doi.org/10.1007/s12310-016-9184-1>
27. Mahoney, J. L., Durlak, J. A., & Weissberg, R. P. (2018). An update on social and emotional learning outcome research. *Phi Delta Kappan*, *100*(4), 18-23.
28. Jackson, C. K., Porter, S. C., Easton, J. Q., Blanchard, A., & Kiguel, S. (2020). Linking Social-Emotional Learning to Long-Term Success. *Education Next*, *21*(1), 65-72.
29. Henfield, M., Washington, A., Besirevic, Z., & Rue, L. D. L. (2019). Introduction to Trauma-Informed Practices for Mental Health and Wellness in Urban Schools and Communities. *The Urban Review*, *51*, 537-539. <https://doi.org/10.1007/s11256-019-00541-2>
30. Thomas, M. S., Crosby, S., & Vanderhaar, J. (2019). Trauma-Informed Practices in Schools Across Two Decades: An Interdisciplinary Review of Research. *Review of Research in Education*, *43*(1), 422-452. <https://doi.org/10.3102/0091732X18821123>
31. Illinois State Board of Education [ISBE]. (2021). *Whole Child Task Force*. Whole Child Task Force. <https://www.isbe.net/wholechild>
32. Marryat, L., & Frank, J. (2019). Factors associated with adverse childhood experiences in Scottish children: A prospective cohort study. *BMJ Paediatrics Open*, *3*(1), e000340. <https://doi.org/10.1136/bmjpo-2018-000340>
33. Merrick, M. T., Ford, D. C., Ports, K. A., & Guinn, A. S. (2018). Prevalence of Adverse Childhood Experiences From the 2011-2014 Behavioral Risk Factor Surveillance System in 23 States. *JAMA Pediatrics*, *172*(11), 1038-1044. <https://doi.org/10.1001/jamapediatrics.2018.2537>
34. National Child Traumatic Stress Network Schools Committee. (2017). *Creating, supporting, and sustaining trauma-informed schools: A system framework*. National Center for Child Traumatic Stress.