



Rhode Island Trauma-Informed Schools Implementation Plan and Supporting Material





RIDE Rhode Island
Department
of Education

Table of Contents

Letter from the Commissioner	1
Executive Summary	2
Research and Key Frameworks Guiding the Commission	2
Landscape Analysis and Needs Assessment	2
Recommendations and Example Actions	3
Moving Forward	6
Resources Required to Implement the Recommendations	6
Introduction	7
Resources Required to Implement the Recommendations	7
The Work of the Rhode Island Trauma-Informed Schools Commission	8
Understanding Trauma and Trauma-Informed Practices	9
Key Frameworks Informing the Commission’s Recommendations and Example Actions	13
Key Findings From the Landscape Analysis and Needs Assessment	17
Key Recommendations and Next Steps for Implementing a Vision for Trauma-Informed Schools in Rhode Island	18
Moving the Vision Forward	28
Want to Learn More About Trauma-Informed Practice Today?	28
References	29
Acknowledgments (in alphabetical order by last name)	37
Appendix: Process for the Landscape Analysis and Needs Assessment	39

Letter from the Commissioner

Dear Rhode Island,

As Commissioner of Elementary and Secondary Education, I am acutely aware of the critical importance of addressing the impact of trauma on our students' lives. The challenges they face outside the classroom directly influence their ability to succeed within it. The COVID-19 pandemic disrupted every aspect of our lives, fundamentally altering the ways in which we live, work, and learn. For many students, the pandemic exacerbated feelings of anxiety, loneliness, and uncertainty. The loss of loved ones, economic hardships, and the collective trauma of a world in crisis further strained the resilience of our communities. As we navigate the complexities of recovery and rebuilding, it is essential that we recognize and address the trauma experienced by our students, families, and educators alike.

The Rhode Island Department of Education (RIDE) has taken proactive steps to integrate a multi-tiered system of supports and trauma-informed practices into our policies, programs, and professional development initiatives. We have collaborated with experts in the field, community partners, and our school communities to build mental health literacy among faculty, staff, youths, and families. RIDE's Office of Student, Community and Academic Supports has worked diligently to secure federal funding to strengthen schools' capacity to provide culturally relevant, evidence-based trauma support services; increase the number of qualified mental health service providers in our schools; and provide training and technical assistance to improve academic and social-emotional outcomes.

However, despite these commendable efforts, we must acknowledge that the challenges posed by trauma are complex. The diverse and growing needs of our student population require a sustained and multifaceted approach to effectively address trauma and its effects on learning and development. Achieving lasting change in trauma-informed practices will require ongoing collaboration, coordination, and investment not only by RIDE but by the broader Rhode Island community. To that end, I am grateful for the work of the Trauma-Informed Schools Commission for providing these recommendations for broad consideration.

By creating environments that prioritize safety, connection, and emotional well-being, we can support students as they rebuild a sense of stability and security. Further, by equipping educators with the tools and resources to recognize and address trauma, we can cultivate cultures of care and compassion that empower students to thrive academically, socially, and emotionally. Finally, by continuing to foster meaningful partnerships and leveraging collective resources and expertise, we can create a network of support that extends beyond the walls of our schools.

My thanks to the Trauma-Informed Schools Commission for their dedication to this important work. Together, we can make a meaningful difference in the lives of Rhode Island students.

In partnership,



Angelica Infante-Green

Executive Summary

The Rhode Island Trauma-Informed Schools Commission presents its Implementation Plan (the Plan) for the Trauma-Informed Schools Act, RIGL 16-21-41, signed into law in June 2022. This legislation established the Commission to aid the Rhode Island Department of Education (RIDE) in implementing trauma-informed practices across the state's elementary and secondary schools. The Plan outlines the vision and charge of the Commission and provides an overview of research, best practices, and key frameworks informing the Commission's work. It also offers recommendations and example actions derived from research, analysis, and collaboration with interest holders.

In April 2024, the Commission will seek public input on the contents of this Plan. The public input process will include a public survey available to students, families, and school staff, as well as meetings with professional and community-based organizations in Rhode Island to gather public input on the recommendations and example actions. These sessions will inform the findings and recommendations submitted in the final report.

Research and Key Frameworks Guiding the Commission

Trauma-informed practices in schools can be key to cultivating safe and supportive learning environments, recognizing the deep impact of stress and trauma on students' academic, social, and emotional well-being. Trauma-informed practices transcend surface-level behavioral interventions, prioritizing a comprehensive understanding of the diverse experiences that students and staff bring into the educational setting. By fostering feelings of safety, inclusion, belonging, and support, schools not only can enhance academic achievement but also can nurture the development of the whole person, especially those who have faced adversity.

There is a growing consensus among educators and researchers regarding the transformative potential of trauma-informed practices. Its significance is highlighted in literature on the neuroscience of learning and well-being and the role of culture and context in trauma-informed practices. The Plan outlines this research as well as key frameworks informing the Commission's recommendations and example actions, including the Substance Abuse and Mental Health Services Administration's (SAMHSA's) six guiding principles of trauma-informed practice (Centers for Disease Control and Prevention, 2022), healing-centered engagement (Ginwright, 2018), RIDE's Multi-Tiered System of Supports framework, and implementation science (National Implementation Research Network, 2015).

A program, organization, or system that is trauma-informed realizes the widespread impact of trauma and understands potential paths for recovery; recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system; and responds by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively resist re-traumatization. (SAMHSA, 2014, p. 9)

Landscape Analysis and Needs Assessment

The legislation requires the Commission to review and assess existing trauma-informed school- and community-based resources and initiatives across the state and identify existing resources, organizations, funding sources, and data sources to support implementation of the Trauma-Informed Schools Act in Rhode Island. The following points summarize some of the main strengths of the existing trauma-informed efforts:



- Rhode Island has been highly successful in securing external funding from federal sources to support trauma-informed schools and the well-being of students and staff, and many school districts are in the process of implementing facets of trauma-informed practice.
- Rhode Island has a strong network of youth-serving organizations dedicated to enhancing children’s school experiences. The analysis identified 47 organizations offering services aligned with trauma-informed schools, including offering alternative learning options, community and family support, and university-based training.
- Rhode Island offers technical assistance to the field through a variety of state-approved guidance and resources and through trainings offered by various organizations.

The recommendations in this Plan build on these strengths while addressing challenges, including a shortage of resources for Tier 1 practices (with more resources allocated for Tiers 2 and 3), insufficient funding to cover programs in schools statewide, overwhelming caseloads for mental health professionals, limited ongoing professional development supports for implementing trauma-informed practices, and educator and provider retention issues.

Recommendations and Example Actions

Recommendation A: Promote a shared understanding among adults in schools about the prevalence and impact of trauma and about trauma-informed approaches

Culturally responsive and sustaining trauma-informed practices are vital for effectively supporting healing from trauma and creating safe learning environments in Rhode Island schools. Despite recognizing their importance, Rhode Island educators reportedly lack comprehensive professional support to implement these approaches, resulting in a statewide gap in professional learning. The following are example actions that Rhode Island could carry out to address this gap:

- Establish a professional tiered system of support that includes professional learning and training, ongoing assistance, and resources within schools to equip educators with the necessary knowledge and tools.
- Utilize effective models such as train-the-trainer programs, coaching, and communities of practice to enhance staff implementation of new practices and ensure sustainability.
- Ensure investments of state and district funds for the implementation and sustainability of a professional learning and development support system.
- Provide opportunities for stacked credentials and grow-your-own initiatives to support Rhode Islanders’ professional and career development.
- Promote evidence-informed self-assessments that schools can use to identify trauma-responsive programming and policy domains of strength, as well as areas for improvement (e.g., Trauma Responsive Schools Implementation Assessment).

Culturally responsive and sustaining education is an approach to advancing learning and equity in education by creating culturally affirming and inclusive learning environments and experiences that support the attainment of comparably positive outcomes for all student groups. (Warner & Browning, 2021, p. 2)



Recommendation B: Adopt trauma-informed disciplinary procedures and practices

Research underscores that students' stress responses can be connected to their acting out in ways that are perceived as challenging and often result in exclusionary and punitive disciplinary measures that—rather than address underlying causes—tend to exacerbate issues, perpetuate racial disparities, and hinder learning. Trauma-informed approaches prioritize evidence-based, nonpunitive strategies embedded within a multi-tiered system of supports (MTSS) to reduce future misbehavior and promote healthy student behavior.

Education leaders play a crucial role in fostering equitable learning environments through responsive, restorative, and trauma-informed discipline practices. However, successful implementation of this style of discipline necessitates reflection on beliefs about discipline and awareness of biases among educators. The following are examples of actions that Rhode Island could carry out to promote these practices:

- Review and potentially revise adult social and emotional competency standards and discipline policies to align with trauma-informed, restorative, and responsive approaches.
- Continue to critically reflect on discipline beliefs and engage in learning to become aware of biases and mindsets and to integrate trauma-informed capacity building into professional development.
- Build on existing organizational systems and structures to support implementation, such as continuing to adopt inclusive instructional materials, develop inclusive attendance and discipline policies within the MTSS framework, employ participatory engagement strategies, and utilize school improvement teams and district strategic planning teams to integrate trauma-informed practices.

Recommendation C: Implement school-based planning processes that promote trauma-informed practices

Effective implementation of trauma-informed practices requires participatory engagement and aligned systems, involving community members and leaders in decision-making processes to address disparities and promote cultural responsiveness, equity, and well-being. Central to this approach is the inclusion of student, staff, and family voice in school planning and leadership to enhance engagement, trust, equity, and positive academic outcomes. Aligned systems ensure coherent efforts across all levels of education, sustaining conditions for whole-person learning and development. To achieve this approach, Rhode Island could carry out the following example actions:

- Integrate trauma-informed approaches into existing school improvement structures, such as local education agency (LEA) strategic plans, to facilitate coordination and alignment of initiatives and policies and to support safe and supportive learning environments.
- Provide guidance to LEAs to ensure systems are in place within schools to support the development of family engagement strategies, policies, and programs that can be adapted to any context (school/grade).
- Develop or adapt a framework (e.g., Child Trends' Comprehensive School Employee Wellness Framework) for considering employee well-being in creating and evaluating policies and procedures.
- Engage students, staff, and families through surveys, focus groups, and listening sessions for gaining crucial insights into current needs, co-designing and implementing efforts, and tracking progress toward goals.



Recommendation D: Improve educator and school staff well-being and quality of life

Ensuring the well-being of educators and school staff is paramount for the successful implementation of the Trauma-Informed Schools Act, as poor educator mental health significantly impacts student outcomes. Factors such as workload, school environments, and resource shortages contribute to educator burnout and stress, hindering staff ability to effectively support students. The following are examples of actions that Rhode Island could carry out to address these challenges:

- Adopt policies and create systems that support staff well-being, including capacity-building programs and access to mental health services.
- Build on social media-based recruitment efforts of Educate401 to address teacher shortage and build diversity in the workforce.
- Develop programs that focus on building the capacity of leaders, school boards, unions, and policymakers to understand the importance of staff well-being and its effects on student and school outcomes.
- Direct attention and resources to the unique well-being challenges faced by administrators and staff of color.

Recommendation E: Provide wraparound supports for the whole person and community

To promote equity and support the needs of the whole person and whole community, LEAs can implement wraparound supports that coordinate services within schools and the broader community. Wraparound supports address academic, behavioral, mental health, and physical health needs through personalized plans and collaboration, with an emphasis on prevention and early intervention. Research suggests that effective implementation of wraparound services leads to positive outcomes for students, systems, and costs. Funding remains a challenge, but partnerships with organizations and seeking Medicaid reimbursement offer potential solutions. The following are examples of actions that Rhode Island could use to address the need for wraparound services and to address issues with cost:

- Continue establishing school-based health care centers to facilitate wraparound services, leveraging opportunities for new school facilities to create spaces that enable holistic supports, establishing partnerships with various organizations, and seeking Medicaid reimbursement to help alleviate associated financial challenges.
- Develop community partnerships and build infrastructure so schools have access to universal screenings to aid in identifying students in need of support, complementing a trauma-informed approach to care.
- Train educators and wraparound support providers in trauma-informed care principles to minimize re-traumatization and/or adopt training that enhances the capacity of school staff related to adverse childhood experiences and trauma.
- Implement capacity building for communication and collaborative problem-solving to support the wraparound process.
- Establish interagency and interdepartmental coordination and collaboration structures to promote sharing of resources, and removal of regulatory burdens, which could reduce barriers to providing students with wraparound services.

Moving Forward

Altogether, the Plan presented in this document intends to foster a statewide culture of trauma-informed practice, ensuring that Rhode Island schools provide safe, supportive environments where all students and staff can thrive. Leadership and legislative support at all levels will be crucial for the successful implementation of trauma-informed approaches to help ensure the well-being and success of Rhode Island's educational community. After obtaining public input, the final report will detail the Commission's findings and recommendations for implementing trauma-informed practices in every elementary and secondary school in Rhode Island.

Resources Required to Implement the Recommendations

The Plan presents an ambitious path toward fully integrating trauma-informed practices within all Rhode Island schools. RIDE has been pleased to have the opportunity to support the development of this work in partnership with the Commission. As the report will make clear, some of the recommendations may be possible within existing resources while others will require additional investments from elected officials and coordination of existing investments by structures such as the Children and Youth Cabinet of Rhode Island. Implementation of the Plan will require expanded operational capacity for managing departmental changes and collaboration, making key decisions, championing the importance of the work, offering guidance and strategic direction, and providing professional development and support to LEAs.

RIDE has demonstrated commendable resourcefulness in acquiring external funding from federal entities to support trauma-informed practices. However, the existing grant funding is time limited, earmarked for specific purposes, and insufficient to cover programs in schools statewide. State-level capacity to support this work over the long term and at all schools is essential. The final report, due June 30, 2024, will identify potential resources that align with the purpose of this act as directed in the statute.

Introduction

The Rhode Island Trauma-Informed Schools Act, RIGL 16-21-41, was signed into law in June 2022 and established the Trauma-Informed Schools Commission (the Commission) to assist the Rhode Island Department of Education (RIDE) with implementing the act. Commission members represent a range of health and education system interest holders as required under the legislation.

The Commission is charged with

- conducting a review and assessment of existing trauma-informed school- and community-based resources and initiatives across the state;
- informing the development of a trauma-informed school implementation plan and supporting materials that will be submitted to the Council on Elementary and Secondary Education;
- researching, identifying, and cataloging state, federal, and philanthropic sources that align with the purpose of the act; and
- submitting a final report that details the Commission's findings and recommendations for implementing trauma-informed practices in every elementary and secondary school in Rhode Island.

The Implementation Plan (the Plan) described in this document is the second of three documents required from the Commission per the legislation. The Plan includes an introduction to trauma-informed practices, a brief overview of the results of a landscape analysis and needs assessment, and a set of recommendations and example actions for implementing trauma-informed practices in Rhode Island schools. The Commission's first report detailing its progress was submitted in March 2023. The Commission's final report detailing the findings, existing resources, and recommendations will be submitted by June 30, 2024.

In April 2024, the Commission will seek public input on the contents of this Plan. The public input process will include a public survey available to students, families, and school staff, as well as meetings with professional and community-based organizations in Rhode Island, to gather public input on the recommendations and example actions. These sessions will inform the findings and recommendations submitted in the final report.

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The Work of the Rhode Island Trauma-Informed Schools Commission

The recommendations and example actions in this Plan were generated between June 2023 and December 2023 through a process that involved meetings and other input activities, field research, and guidance from experts on trauma-informed practice in schools. The Commission's process followed design principles for developing recommendations that lead to system improvements based on analyzing and understanding interest holders' experiences. These activities were guided by the RIDE Office of Student, Community and Academic Supports and were facilitated by WestEd.

To develop its recommendations and example actions, the Commission engaged in three main activities adapted from Liberatory Design (Anaissie et al., 2021).

1. **See, Empathize, and Define:** Investigate potential system strengths and challenges, empathize to learn more about the people most impacted by and involved in the system, and develop a shared point of view about interest holders' needs and opportunities for system improvement.
2. **Ideate:** Generate different ways to address the problem.
3. **Design:** Turn ideas into recommendations for changes to policy and practice that will lead to improved experiences in the system.

The Commission's vision of trauma-informed schools

To frame its purpose and guide its work, the Commission envisioned trauma-informed schools in Rhode Island as places that

- provide culturally responsive and sustaining learning environments;
- infuse knowledge of trauma prevention and healing into mindsets, daily practice, and policy;
- prioritize a culture of safety, awareness, respect, and empathy for all students, staff, and families; and
- promote a healthy, resilient, and connected community.

The Commission's recommendations and example actions align with and are organized around this guiding vision, with particular attention to the following three areas outlined in the Trauma-Informed Schools Act:

- Promote a shared understanding among adults in schools about the prevalence and impact of trauma and about trauma-informed approaches.
- Adopt trauma-informed disciplinary procedures and practices.
- Implement school-based planning processes that promote trauma-informed practices.



Additionally, the Commission has adopted the following two recommendations to support implementation of trauma-informed schools and promote alignment with RIDE’s Strategic Plan:

- Improve educator and school staff well-being and quality of life.
- Provide wraparound supports for the whole person and community

Understanding Trauma and Trauma-Informed Practices

Trauma-informed practices in schools have emerged as a key aspect of fostering a safe and supportive educational environment and a positive school climate. School climate describes the overall experience of members within the school community, both inside and outside the classroom. This encompasses the quality of interpersonal relationships, the practices of teachers and staff, and the organization’s structure. Often called the “learning environment,” it involves aspects such as psychological, emotional, and physical safety; the nature of relationships; teaching and learning practices; a sense of belonging; and the broader institutional setting (Aspen Institute, 2021).

Research shows that students master academic content most effectively when they experience trusting and affirming relationships and feel emotionally and physically safe so they can focus on learning. Just as important, schools teach by example what it means to be part of a community, imparting vital lessons on getting along with others, being part of a team, and building a strong work ethic. All of this—academic learning, life skills, and character development—is impacted directly and profoundly by school climate. (Aspen Institute, 2021, p. 2)

To support a positive school climate, a trauma-informed school system ensures “all teachers, school administrators, staff, students, families, and community members recognize and respond to the behavioral, emotional, relational, and academic impact of traumatic stress on those within the school system” (The National Child Traumatic Stress Network [NCTSN], 2018). Recognizing the profound impact of stress and trauma on students’ academic, social, and emotional well-being, educational institutions are increasingly acknowledging the importance of adopting trauma-informed approaches. This paradigm shift goes beyond merely addressing behavioral symptoms, emphasizing a holistic understanding of the diverse and often challenging experiences that students and staff bring into the educational environment. By prioritizing feelings of safety, inclusion, belonging, and support and a proactive response to stress and trauma, schools can strive to create spaces that not only facilitate academic success but also nurture the overall development of all students and staff, particularly those who have faced adversity. As educators and researchers delve into the significance of trauma-informed practices, the literature reflects a growing consensus on their transformative potential in shaping a more inclusive and compassionate educational landscape. This section summarizes some key aspects of that literature.



Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual’s functioning and mental, physical, social, emotional, or spiritual well-being. (Substance Abuse and Mental Health Services Administration [SAMHSA], 2014, p. 7)

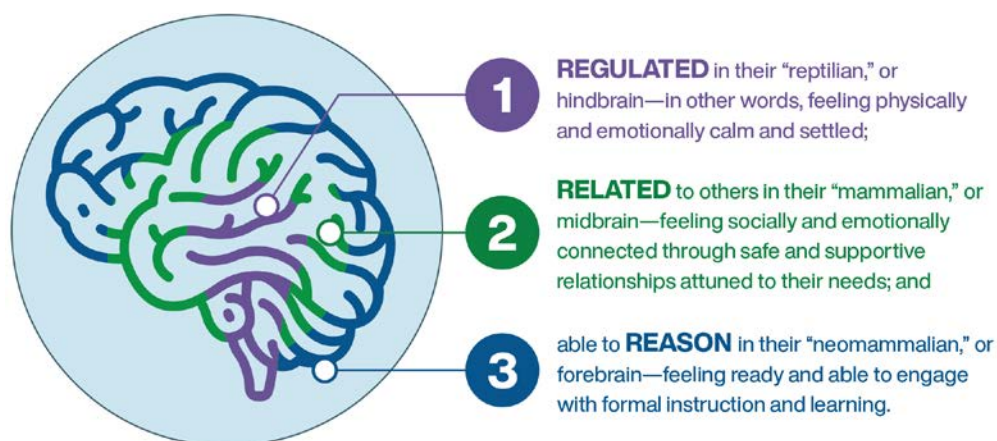
Trauma is not the event itself but rather a person’s experience of the event. What may be traumatizing to one person may or may not be traumatizing for another, but trauma is never a choice.

Childhood trauma may be caused by adverse experiences, such as abuse, neglect, systemic oppression, or challenges at home or in the community. Trauma can affect almost every part of a student’s life, making it hard for them to grow up healthy (Van der Kolk, 2015). It can also make it difficult for students to manage their emotions, build healthy relationships, focus, participate, and learn (Bartlett & Sacks, 2019). By its very nature, trauma affects a person’s well-being. However, experiencing trauma does not determine one’s destiny. Individuals can prevent and heal from the harmful effects of stress and trauma, no matter a person’s age. This means that even if someone has gone through traumatic experiences, there are ways to help them recover, learn, and improve their well-being.

The neuroscience of learning and well-being

Trauma-informed practice is built on brain science research that focuses on human development and well-being. A straightforward way to apply this perspective in education is by using neuroscientist Bruce Perry’s “3 Rs” framework: Regulate, Relate, and Reason (Perry, 2022). Perry advises that educators should understand the process of how to reach the “learning brain”—starting from the back of the brain and moving toward the front. As illustrated in Figure 1 (adapted from Pate, 2020), this approach emphasizes ensuring first that people feel physically and emotionally calm and settled (Regulate), then feel socially and emotionally connected through safe and supportive relationships (Relate), and then are finally ready to engage in formal instruction and learning (Reason).

Figure 1. The 3 Rs Framework



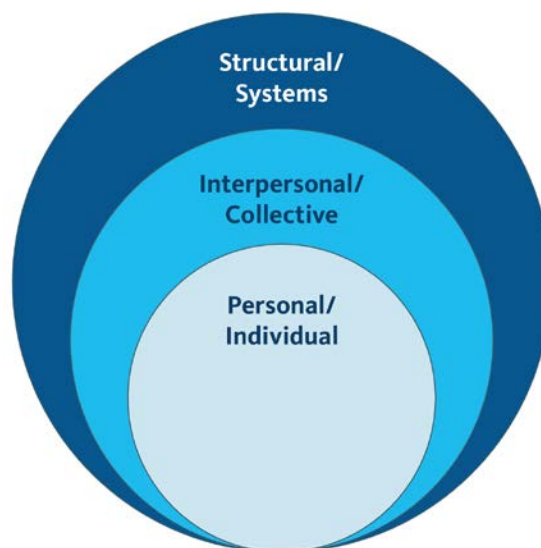
If someone is feeling unsettled, it can be challenging for them to connect with others in healthy ways. And until they feel connected in safe and supportive relationships and environments, they will unlikely be able to fully engage in the higher level processing needed for teaching and learning. This is true for everyone, no matter their stress or trauma background, but it is especially important to remember for students and adults who are experiencing adversity (Pate, 2020).

The roles of culture and context in trauma-informed practice

Culture and context play significant roles in how people develop and learn as well as how people react to stress and trauma and, subsequently, how people heal from experiences. Applying an ecological systems lens can be helpful for understanding that culture, experiences, relationships, environments, and systems all affect people, groups, and larger systems. Environments have the same potential to cause trauma as they have to act as the key to healing. This understanding is based on the notion that everything is connected, both within and between individuals, groups, and systems (Gaias et al., 2018; Neal & Neal, 2013). In other words, personal and interpersonal experiences operate inside or exist within larger systems, as highlighted in Figure 2.

The term trauma-informed practice can overemphasize the individual experiences of trauma and its symptoms, neglecting its collective aspect and root causes. Adverse experiences often occur within communities, like neighborhoods with high rates of violence or disasters, and these experiences often stem from political and societal inequities. A healing-centered approach is more holistic and includes cultural, spiritual, and community elements, focusing on collective experiences and overall well-being (Ginwright, 2018).

Figure 2. Interconnected Individuals, Groups, and Systems



Source: Adapted from Bronfenbrenner, 1979



The three levels of this ecological system are described in the following ways (Pate et al., 2023):

- *Personal/Individual* refers to what is going on within individual people (biologically, psychologically).
- *Interpersonal/Collective* refers to individuals' interactions with others and their interactions with each other; it includes relationships, community, and the collective experience.
- *Structural/Systems* refers to infrastructure, processes, organizational aspects, resources, and policies that establish the conditions for the ways people think and act.

As with other areas of human development and learning, culture and context play significant roles in how people react to trauma and heal from experiences. Research suggests that the differences primarily relate to how individuals' brains perceive something as a threat versus a support (Hammond, 2015). Hammond describes why this is especially true for systemically marginalized students:

When we look at the stress some students experience in the classroom because they belong to marginalized communities because of race, class, language, or gender, we have to understand their safety-threat detection system is already cued to be on the alert for social and psychological threats based on past experience. (p. 45)

A growing body of research suggests the effective implementation of trauma-informed practices and related whole-person strategies requires that educators understand the role that race, culture, and bias play in the learning ecosystem (e.g., Humphries & McKay-Jackson, 2022). Culturally responsive and sustaining trauma-informed practice, then, begins with practitioners who cultivate the practice of critical and ongoing self-reflection. This means employing a critical lens—a lens filtered through the perspective of salient identities such as race, gender, sexuality, language, religion, and ability—when making decisions and developing resources. Additionally, it means considering environmental factors such as socioeconomic status, housing stability, and interaction with the foster care system. This self-reflective practice encourages educators to pause, notice, and name their biases; to respond rather than react to the individuals around them; and to look for patterns or trends over time in their beliefs, values, and attitudes about racial and cultural differences (Moore et al., 2016).

The ability of adults to regulate their own emotions is also critical in the culturally responsive and sustaining, trauma-informed learning environment because adults are the “emotional thermostat” that has the power to influence students' moods and attitudes (Hammond, 2015, p. 65). Ultimately, the pathway to restoring well-being among young people who experience trauma can be found in drawing on their culture and identity as assets (New York State Education Department [NYSED], n.d.). Ginwright (2018) reflects on the central role that culture can play in grounding students:

The pathway to restoring well-being among young people who experience trauma can be found in culture and identity. Healing centered engagement uses culture as a way to ground young people in a solid sense of meaning, self-perception, and purpose. This process highlights the intersectional nature of identity and highlights the ways in which culture offers a shared experience, community, and sense of belonging. Healing is experienced collectively, and is shaped by shared identity such as race, gender, or sexual orientation. (para. 14)



Key Frameworks Informing the Commission's Recommendations and Example Actions

Grounded in the ecological systems perspective described earlier, the Commission considered several guiding principles and frameworks in developing its recommendations and example actions. While SAMHSA's six guiding principles of trauma-informed practice (Centers for Disease Control and Prevention [CDC], 2022) are foundational to trauma-informed care, Ginwright's healing-centered engagement (Ginwright, 2018) expands on the principles with a whole-person perspective. The Commission used these guiding principles in identifying key priorities, which were then fine-tuned to align with the drivers of implementation science (National Implementation Research Network [NIRN], 2015) and fit within the context of a multi-tiered system of supports (MTSS).

The six guiding principles of trauma-informed practice

A program, organization, or system that is trauma-informed realizes the widespread impact of trauma and understands potential paths for recovery; recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system; and responds by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively resist re-traumatization. (SAMHSA, 2014, p. 9)

There are six guiding principles of trauma-informed practice that are useful for school and district leaders to consider (CDC, 2022) (see Figure 3). The following list briefly describes each:

1. **Safety:** Create an environment in which people feel physically and emotionally safe.
2. **Trustworthiness and Transparency:** Develop trust. Share information clearly and consistently with everyone involved.
3. **Peer Support:** Offer opportunities for people who have experienced trauma to share their stories. Sharing promotes recovery and healing, as it helps people realize they are not alone in their experiences.
4. **Collaboration and Mutuality:** Understand that healing often happens in relationships. Sharing power and decision-making in meaningful ways fosters a sense of community and support.
5. **Empowerment, Voice, and Choice:** Acknowledge and build on people's strengths and experiences. Letting people have a say and make choices helps them assert their agency and feel more confident.
6. **Cultural, Historical, and Gender Issues:** Be aware of and respectful toward different cultural, historical, and gender experiences. Doing so involves creating policies and practices that actively interrupt identity-based biases and historical trauma and treat all people with respect and care.



Figure 3. Six Guiding Principles of Trauma-Informed Practice

Source: CDC, 2022

Healing-centered engagement

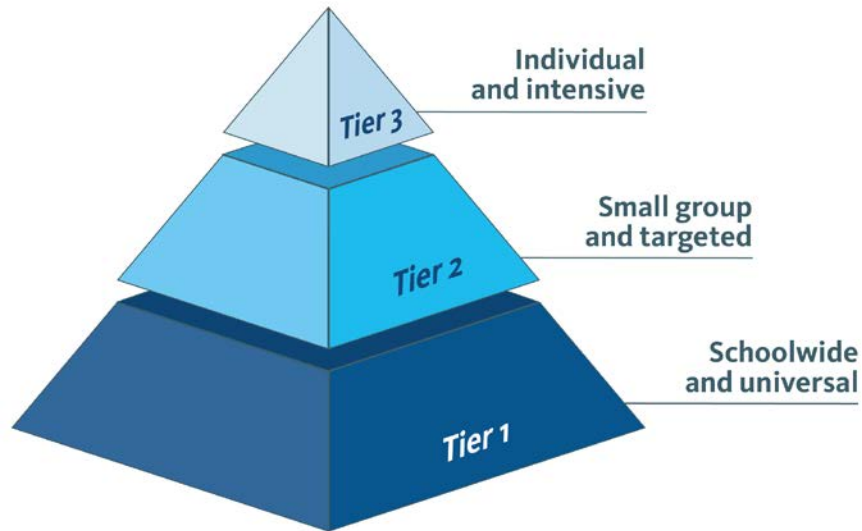
One way for educational leaders to begin building resilience and healing that supports people is through a process called a healing-centered approach (Ginwright, 2018), which combines **healing** (i.e., becoming well again) and **resilience** (i.e., the ability to overcome serious hardship or adverse experiences) (American Psychological Association, n.d.). A healing-centered approach

- builds on SAMHSA’s guiding principles of trauma-informed practice;
- focuses on the whole person, not only their experience of trauma;
- highlights ways that trauma and healing are experienced collectively;
- supports people to take control of their own well-being; and
- helps people move beyond “what happened to you” to “what’s right with you.”

A multi-tiered system of supports

For adopting evidence-based programs such as trauma-informed care in education settings, implementing them in isolation can be difficult to sustain, making it important to situate them in frameworks such as MTSS (Figure 4). MTSS in Rhode Island is defined as a framework for school improvement that ensures that all students are supported for meeting academic, behavioral, and social–emotional outcomes.¹ It includes five essential components: team-driven shared leadership; data-based problem-solving and decision-making; a layered continuum of support; evidence-based practices; and family, school, and community partnerships.

¹ For more on MTSS and its evolution in Rhode Island, review the MTSS district practice profile at https://drive.google.com/file/d/1p6bFJ7_gVawALF9rOOxD4l4M3dgNGYPH/view and visit the BRIDGE RI website at <https://www.mtssri.org>.

Figure 4. Multi-Tiered System of Supports

Focusing on Tier 1 in MTSS means having a safe and supportive school environment for *all* students and reserving Tiers 2 and 3 for the smaller number of students who need more targeted and intensive services (Chafouleas et al., 2016). High-quality schoolwide practices, programs, and policies that prioritize supportive learning environments and relationships can prevent toxic stress and trauma and can promote healing and resilience among young people and adults (Bershad & Ross, 2019; Duke, 2020; Elmore et al., 2020; Morton & Berardi, 2018; National Scientific Council on the Developing Child, 2005/2014; Robles et al., 2019). Strong support at this first level can sometimes reduce the need for more specialized support at Tier 2. Specific examples of Tier 1 practices and programs include the following:

- Early childhood education and care (Bershad & Ross, 2019; Michael et al., 2015; Nores et al., 2005)
- Safe, supportive, nurturing relationships and environments (Bershad & Ross, 2019; Crouch et al., 2018; Duke, 2020; Elmore et al., 2020; Howell & Miller-Graff, 2014; Michael et al., 2015; National Scientific Council on the Developing Child & Center on the Developing Child, 2015; Robles et al., 2019) and connectedness and belonging in school (Centers for Disease Control and Prevention & National Center for Chronic Disease Prevention and Health Promotion, 2009; Song & Qian, 2020)
- Trauma-informed practices (Blitz & Lee, 2015; Dube & McGiboney, 2018; Kataoka et al., 2018; Morton & Berardi, 2018; Romero et al., 2018) and social and emotional learning (SEL; Biglan et al., 2017; Durlak et al., 2010, 2011; Lewis et al., 2013; National Scientific Council on the Developing Child & Center on the Developing Child, 2015; Taylor et al., 2017)
- Resilience-building and strengths-based practice (Blodgett & Dorado, 2016; Masten & Curtis, 2000; Seligman, 2009; Ungar et al., 2014)
- Recess and play time (Yogman et al., 2018)
- Family and community engagement (Institute of Medicine, 2002; National Scientific Council on the Developing Child & Center on the Developing Child, 2015)

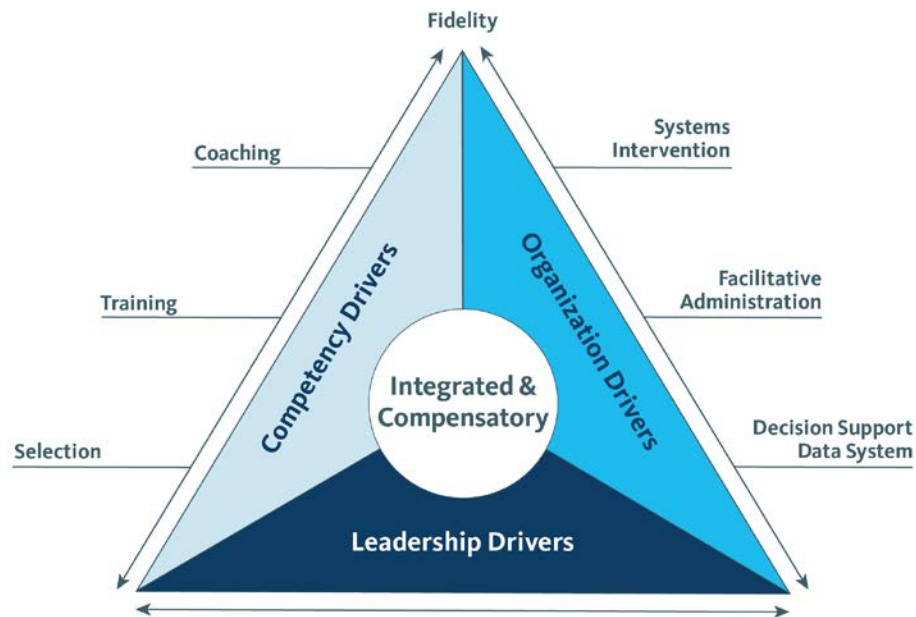


- Health promotion interventions: exercise (Easterlin et al., 2019), mind-body practices (Jacobs et al., 1996; Lazar et al., 2000), proper nutrition, and nature experiences
- Cross-sector partnerships (Michael et al., 2015)
- Adult supports for self-care, self-regulation, compassion fatigue, vicarious trauma, and resisting re-traumatization (Blodgett & Dorado, 2016; Cieslak et al., 2014; Cohen & Collens, 2013; Romero et al., 2018)

Implementation science

Implementation science is commonly applied to enhance the adoption and ongoing use of approaches like trauma-informed schools. It focuses on identifying effective methods and strategies to facilitate the practical application of research by educators and policymakers. Central to this process are the Implementation Drivers, which constitute the essential elements of capacity and operational support necessary for the success of a program (NIRN, 2015). These drivers are categorized into three main areas: Competency (skills and knowledge), Organization (structural and procedures), and Leadership (guidance and management) (see Figure 5).

Figure 5. Implementation Drivers



Source: Adapted from NIRN, 2015

According to NIRN (2015), there are two main factors that help in effectively implementing a program or practice, with leadership underlying each of the two factors:

- Competency Drivers: choosing the right staff, training them, coaching them, and checking how well they stick to the program or practice guidelines. The goal is to make sure the staff can carry out the program or practice correctly and keep improving.



- Organization Drivers: good communication, problem-solving, and using data to make decisions. These help to create and maintain systems and infrastructure for effective implementation of a program or practice while also supporting competency and leadership drivers.

The role of engaged and adaptive leadership

Engaged and adaptive leadership is the foundation of these drivers. Leadership challenges often come up when managing changes, making decisions, giving advice, and helping all pieces of the organization work well together. Leaders at all levels support effective implementation and sustainability through the following:

- modeling cultural responsiveness and establishing clear expectations for culturally sustaining and stigma-free trauma-informed practices
- creating leadership teams focused on diversity, inclusion, belonging, and equity
- providing strategic direction, allocating resources effectively, championing the importance of trauma-informed practices, and supporting innovation to sustain trauma-informed practices over time
- demonstrating empathy and respect for students, staff, and families
- advocating for policies that support and fund wraparound supports and interest-holder engagement
- fostering a culture of collaboration and shared responsibility
- supporting continuous improvement and data-based decision-making
- allocating resources toward family and student engagement practices and bringing students, families, and communities into the process of developing and revising policies and practices at the state and local levels
- modeling healthy work–life harmony and advocating for policies and practices that support staff well-being

Key Findings From the Landscape Analysis and Needs Assessment

The legislation requires the Commission to review and assess existing trauma-informed school- and community-based resources and initiatives across the state and identify existing resources, organizations, funding sources, and data sources to support implementation of the Trauma-Informed Schools Act in Rhode Island. The Commission conducted a landscape analysis and a needs assessment to meet this charge. See the Appendix for more detail regarding the process of the landscape analysis and needs assessment. The Commission’s final report will provide a detailed account of its exploration and findings, but the following points summarize some of the main strengths of the existing trauma-informed efforts and areas for improvement:

- Rhode Island has been highly successful in securing external funding from federal sources to support trauma-informed schools and the well-being of students and staff, and many schools are in the process of implementing trauma-informed practices. However, the existing grant funding is time limited, earmarked for specific purposes, and insufficient to cover programs in schools statewide. The capacity to support this work at all schools is essential.
- Rhode Island has a strong network of youth-serving organizations dedicated to enhancing children’s school experiences. The analysis identified 47 organizations offering services aligned with trauma-informed schools, including offering alternative learning options, community and family support, and university-based training.



- The state has more resources and initiatives aimed at Tier 2 (targeted) and Tier 3 (intensive) services compared to Tier 1 (universal) policies and practices. There is a particular shortage of resources for trauma-informed disciplinary policies, nondiscriminatory discipline practices, and school planning.
- Rhode Island offers technical assistance to the field through a variety of state-approved guidance and resources and through trainings offered by various organizations. Focus group participants highlighted the need for ongoing professional development to effectively implement trauma-informed approaches across districts, schools, and communities in Rhode Island. They also emphasized the importance of stronger family and community engagement for enhancing student achievement and wellness outside the classroom.
- Focus group participants reported that counselors and social workers are overwhelmed with high caseloads and multiple responsibilities. Attention to the roles and responsibilities of school-based mental health professionals could ensure that existing staff can share their expertise. Building up the workforce, based on need, is necessary. Participants agreed that a trauma-informed teaching workforce would be most effective.
- Focus group participants reported that teachers and other school staff are leaving the Rhode Island education workforce to seek employment in neighboring states with higher salaries.
- RIDE lacks the resources and capacity to support trauma-informed schools statewide without a significant long-term investment from elected officials. This work is a critical part of state-level work connected to district and school improvement.

Key Recommendations and Next Steps for Implementing a Vision for Trauma-Informed Schools in Rhode Island

Establishing trauma-informed environments involves significant changes at the individual, group, and system levels by all involved parties. Creating readiness for such changes is critical, but this step is often not given enough attention or is underestimated. Starting an initiative before people are ready to implement it can lead to outcomes that are ineffective, unsustainable, costly, and possibly even harmful. Grounding efforts in the science of implementation can help ensure systems are ready and able to effectively implement and sustain efforts and can support personal and collective well-being through these changes (NIRN, 2015). Through the legislation and required activities, the Commission has identified the following five recommendations for implementing the Trauma-Informed Schools Act:

- Promote a shared understanding among adults in schools about the prevalence and impact of trauma and about trauma-informed approaches
- Adopt trauma-informed disciplinary procedures and practices
- Implement school-based planning processes that promote trauma-informed practices
- Improve educator and school staff well-being and quality of life
- Provide wraparound supports for the whole person and community

The sections that follow contain additional detail on each of the recommendations and offer example actions that existing research or other states have shown to support effective implementation and/or sustainability of these recommendations. Implementation drivers are key factors that facilitate implementation and ensure the development of relevant *competencies*; necessary *organization supports*; and *engaged, adaptive leadership* (see NIRN, 2015).



Recommendation A: Promote a shared understanding among adults in schools about the prevalence and impact of trauma and about trauma-informed approaches

In Rhode Island, while many school staff recognize the importance of culturally responsive and sustaining and trauma-informed approaches, focus group participants articulated a pressing need for more comprehensive professional support in this area, emphasizing the inadequacy of sporadic or solely virtual professional learning options. To address this gap, professional learning opportunities to support trauma-informed schools should include training, ongoing supports, and resources within schools. School-based resources and continuous support can help ensure that educators and administrators have the necessary knowledge, tools, and mindsets to create and maintain safe and supportive learning environments.

Train-the-trainer models are one way to build trauma-informed practice capacity while promoting sustainability, staff engagement, staff development, and leadership opportunities. Such models meet the need for building local capacity while meeting the desire for contextualized, in-person, on-site professional learning for staff. Train-the-trainer models also build in sustainability so that LEAs do not have to consistently rely on external vendors to provide services and supports. Studies have also shown that these models are cost-effective and effective at broadly disseminating knowledge (e.g., Yarber et al., 2015).

Additionally, Joyce and Showers's seminal work in 1982 highlighted that coaching can lead to over 80 percent of school staff implementing new practices, a 60 percent increase over professional development alone. Research on the effectiveness of coaching continues to be supported in myriad aspects of education, from general to special education and across various age groups (Reddy, 2023). However, the current professional development resources in Rhode Island, mostly funded by federal grants, are often limited in regard to time and earmarked for one-time training sessions, which is less effective than ongoing support is for learning and shifting paradigms. Additionally, these resources tend to be available primarily to school districts participating in grant programs, leaving a gap in the professional learning needs of other districts across the state.

A key consideration for any professional learning related to trauma-informed practices is that trauma-informed practices and social-emotional learning strategies must be culturally responsive and sustaining to be effective (e.g., Humphries & McKay-Jackson, 2022). *Culturally responsive and sustaining practices* involve understanding the role of race, culture, and bias in the learning environment, maintaining high expectations for all students, connecting academic skills with students' cultural backgrounds, and encouraging students to critically reflect on their lives and societal inequalities (Gay, 2018; Ladson-Billings, 1995; Neri et al., 2019; Paris, 2012).

Culturally responsive and sustaining practices involve valuing and incorporating students' cultural experiences and knowledge as positive assets in the learning process (Ladson-Billings, 1995; Paris & Alim, 2014). Educators using this approach recognize and strive to understand the various forms of cultural capital—skills, knowledge, and networks—that students and families possess (NYSED, n.d.). For students and adults, healing from trauma can be facilitated by leveraging culture and identity—as culture provides a sense of meaning, community, and belonging—and healing is often experienced collectively (Ginwright, 2018).

Adopting culturally responsive and sustaining trauma-informed practices often starts with practitioners engaging in critical self-reflection, acknowledging their biases, and making decisions through a lens that considers various identities like race, gender, sexuality, and religion. Self-reflective practice encourages educators to pause, notice, and name their biases and stressors; to respond rather than react to the individuals around them; and to look for patterns or trends over time in their beliefs, values, and attitudes (Moore et al., 2016). Many school staff engage in reflective practices already. Exploring strategies to adopt these practices districtwide is beneficial to creating safe, supportive, and predictable school cultures.



In addition to providing comprehensive professional learning opportunities, disseminating a variety of culturally responsive and sustaining trauma-informed resources—including practical examples, guidelines, and success stories—could significantly contribute to a deepened understanding and the widespread adoption of trauma-informed practices in Rhode Island schools. These varied approaches could collectively strengthen the commitment to and implementation of culturally responsive and sustaining trauma-informed practices in Rhode Island.

Culturally responsive and sustaining education is an approach to advancing learning and equity in education by creating culturally affirming and inclusive learning environments and experiences that support the attainment of comparably positive outcomes for all student groups. (Warner & Browning, 2021, p. 2)

Example actions subject to available resources

- RIDE could partner with institutions of higher education to develop standard educator competencies around culturally responsive and sustaining trauma-informed schools.
- RIDE and LEAs could develop professional learning programs (e.g., workshops, online modules and courses, coaching sessions) that are aligned with established competencies and focus on building specific skills and knowledge required for culturally responsive and sustaining trauma-informed practices.
 - » Training and supports for all educational staff, including teachers, leaders, and mental health professionals, should focus on bolstering universal (Tier 1) practices and supports.
 - » RIDE and LEAs could develop and implement ongoing training and supports (observation, coaching, professional learning, communities of practice, train-the trainer) and feedback loops to ensure sustained knowledge and skills. They could consider adopting a tiered system of support for staff based on educators' and schools' needs.
 - RIDE and LEAs could provide ongoing coaching and supports for staff that are aligned with established competencies and help them effectively implement and sustain culturally responsive, trauma-informed practices.
 - RIDE and other state-level partners could facilitate a statewide, state-administered community of practice for administrators and other education leaders to support professional learning on trauma-informed practices and the core features of schoolwide positive behavioral supports.
 - » RIDE could promote evidence-informed self-assessments that schools can use to identify trauma-responsive programming and policy domains of strength as well as areas for improvement (e.g., Trauma Responsive Schools Implementation Assessment).
 - » For professional learning for school and district leaders, RIDE could embed guidance on supporting the well-being of all school staff.
- Entities could invest state and district funds into developing the infrastructure and systems needed for a comprehensive professional development strategy (training, training-of-trainers, coaching, community of practice, etc.). Such infrastructure could facilitate communication, coordination, and collaboration.



- RIDE could explore stacked credential opportunities through career and technical education for young people who are interested in entering the field of education (teachers, school mental health professionals).
- RIDE could promote coherence among new and existing grow-your-own staff programs in Rhode Island (Motamedi et al., 2017).
- RIDE and LEAs could continue building awareness and reducing stigma through the Let It Out media campaign. Media campaigns can be effective in reducing mental health stigma and promoting behavior changes in educational contexts (Freeman et al., 2015; Thompson et al., 2021).
- RIDE and LEAs could celebrate wins and highlight best practices through awards, including for bright spots and exemplars.
- RIDE could develop an online hub for trauma-informed schools on RIDE's website (see Alaska Department of Education and Early Development, 2020, for an example). Include materials that equip students, staff, and families with knowledge about trauma and trauma-informed practices (recognizing signs, effectively implementing practices, etc.). Update and disseminate information to reinforce and expand learning, ensuring sustained awareness and skill-building.
- Include guidance for school districts to increase awareness of trauma and mental health issues and reduce trauma and mental health stigma.
- RIDE and LEAs could establish organizational structures that facilitate collaboration among schools, districts, and community organizations. Doing so involves creating networks that share resources, best practices, and support mechanisms for awareness and for implementing practices.

Recommendation B: Adopt trauma-informed disciplinary procedures and practices

Research has shown that many challenging student behaviors might stem from traumatic stress responses (NCTSN, n.d.; Van Der Kolk, 2015), and students are often labeled as defiant or emotionally disturbed rather than receiving the support they need for responding to the trauma (Walkley & Cox, 2013; Wiest-Stevenson & Lee, 2016). Using punitive, exclusionary discipline approaches with these students can contribute to further escalation of their challenging behaviors and to re-traumatization (Delale-O'Connor et al., 2017; Dutil, 2020). Further, due to the high levels of trauma in communities of color (Anderson, 1999; Kiser & Black, 2005) and the presence of implicit bias in school discipline practices (Girvan et al., 2017), racial disproportionality in office referrals, suspensions, and expulsions is a growing concern (Okonofua et al., 2016; Sanders et al., 2023; Soto-Vigil Koon, 2013).

Not all discipline is problematic, however. In fact, education leaders play a crucial role in fostering safer, more supportive, and equitable learning environments through responsive, restorative, and trauma-informed discipline practices. However, understanding the difference between discipline and punishment (Coloroso, 2002) is crucial.

Punishment-based policies and practices actually work against the desired outcome of meeting school expectations and learning by activating students' fight, flight, and freeze behaviors and breeding distrust among those who participate, regardless of their roles (Office of Safe and Supportive Schools Technical Assistance Center Collaborative, 2023). Such impacts may become barriers to effective learning. As outlined earlier, many students experiencing chronic or toxic stress or trauma are likely to exhibit behaviors that are punished rather than understood as a communication of underlying needs, which can then be appropriately addressed.



Alternatively, policies and practices that emphasize trauma-informed, responsive, and restorative discipline underscore rules as critical to teaching, learning, and safety, thus keeping students open to learning instead of pushing them away (Office of Safe and Supportive Schools Technical Assistance Center Collaborative, 2023). Such discipline also helps students develop inner self-discipline skills because students learn what to do and what not to do, and not simply how to avoid getting caught next time (Coloroso, 2002). These policies and practices are focused on relationship-building and repairing harm when behavioral infractions occur (Kidde, 2017).

When formulating disciplinary policies, leaders must understand the underlying rationale and assess whether practices aim to punish rule violations or actively promote responsive relationships and a safe, equitable community (Osher et al., 2020). Research suggests that exclusionary discipline lacks evidence for effectively changing student behavior, likely increasing future misbehavior (Fabelo et al., 2011). Thus, to enhance healthy student behavior, policies and interventions should prioritize evidence-based, nonpunitive, trauma-informed approaches and supports.

This approach is rooted in the understanding of the effects of trauma, seeks to reduce potential escalation and avoid re-traumatization, and is embedded within an MTSS framework (e.g., Kentucky Department of Education, 2021; Tennessee Department of Education, 2019). For example, universal supports (i.e., Tier 1) are robust and preventative, including engaging instruction, fostering a positive school climate, building healthy and trusting relationships, and engaging in restorative practices. Studies have also shown reductions in office referrals and suspensions after implementing trauma-informed practices through schoolwide, multi-tiered supports (Baroni et al., 2020; Dorado et al., 2016).

Finally, implementing trauma-informed, restorative, and responsive discipline requires adults to reflect upon their beliefs about discipline and to become aware of and challenge their biases. Otherwise, a change in discipline policy will not effectively or sustainably change practices.

Example actions subject to available resources

- RIDE could explore strategies to incorporate SurveyWorks school climate data into the statewide staff evaluation systems to underscore the link between students' sense of well-being in school and student achievement.
- RIDE could review the education code to ensure that discipline policies align with a trauma-informed, restorative, and responsive approach.
- LEAs could review and reflect on their practices and policies relating to discipline, considering the ways in which they orient toward punishment, responsive approaches, or a combination of discipline practices.
- LEAs could evaluate discipline data annually for racial, ethnic, or special education disparities and develop a plan to eliminate those disparities as required under RI General Law.
- RIDE and LEAs could integrate the content of capacity building (as outlined in Recommendation A) around trauma-informed, restorative, and responsive discipline. This includes building on existing coaching and training that supports crisis and verbal de-escalation, provides restorative and trauma-informed practices, and reduces hands-on intervention in schools.
- RIDE and LEAs could establish organizational structures that promote trauma-informed, restorative, and responsive discipline. This process may involve
 - » continuing to identify high-quality instructional materials that are inclusive, reflective, and engaging of diverse cultures, such as standards for English language proficiency, math, science, and health along with the Culturally Responsive and Sustaining Education framework;



- » continuing to promote the development of trusting relationships through relationship mapping;
- » developing or revising and implementing inclusive, supportive, proactive, and restorative attendance and discipline policies within the MTSS framework;
- » employing participatory engagement strategies to co-design culturally responsive and sustaining, trauma-informed policies, plans, and systems; and
- » using existing school improvement teams and district strategic planning teams dedicated to managing and supporting the integration of trauma-informed Tier 1 classroom management practices, drawing on SurveyWorks school climate measures (school improvement teams and district strategic planning teams could monitor fidelity to the trauma-informed model, troubleshoot challenges, and ensure practices are embedded in overall organizational culture; including district- and school-level mental and physical health leaders on these teams could ensure connections to accountability and academic performance as it relates to trauma-informed policies, practices, and programs).

Recommendation C: Implement school-based planning processes that promote trauma-informed practices

Promoting participatory engagement and having aligned systems are two key strategies for implementing trauma-informed practices. *Participatory engagement* involves engaging community members and system leaders to collectively determine, implement, and assess key actions and investments for generating system conditions that promote cultural responsiveness, trauma sensitivity, and well-being (Valdez et al., 2023). A participatory framework is central to a culturally responsive and sustaining trauma-informed approach because voice, choice, and agency are paramount to healing.

Key to this participatory approach is the inclusion of student voice, agency, and co-creation. Schools often rely on the voices of a small number of regularly engaged students who may not accurately represent the full range of student experiences. By committing to sharing decision-making power more broadly, LEAs can engage in authentic and actionable conversations with students about how to best design school systems that fully respond to students' hopes, needs, and aspirations. Involving students in school planning and leadership can increase their engagement, build trust with adults, promote equality, and improve their mental health (Conner et al., 2022; Mathias, 2023). When students who have faced adverse experiences participate in their schools and communities, this power and autonomy can help them heal and become more resilient (Morsillo & Prilleltensky 2007; Prilleltensky & Prilleltensky 2006).

Studies also show that when schools allow families to take an active role in their children's education, their children are more likely to do well in school, have better social skills, and attend school regularly (Henderson & Mapp, 2002). When schools develop collaborative partnerships with families, it can lead to higher self-esteem in students and a more positive attitude toward school (Jeynes, 2007). Schools reaching out to and developing partnerships with families from marginalized groups is particularly important (Ferlazzo, 2011). For instance, when LEAs in Rhode Island develop their strategic plans, they must bring together a diverse group of people to look at the LEA's needs, set priorities, find root problems, set goals, and plan how to achieve those goals. Participatory engagement during this process could be a significant contributor to creating a safe and supportive learning environment and helping LEAs prioritize initiatives.

Having *aligned systems* focused on trauma-informed practices means that educators at every level of the school system—from the state level to the classroom—are working simultaneously and coherently to sustain conditions for whole-person learning and development. Equitable outcomes are more likely when trauma-informed and related whole-person initiatives



are implemented within an aligned and coherent system that involves all interest holders, including students, staff, families, leaders, and policymakers (Walrond & Romer, 2021).

State education agencies and LEAs frequently use a wide variety of initiatives and programs designed to create conditions for student success. Although those initiatives may be evidence-based, they often fail to achieve desired outcomes, in part because they operate in fragmented or uncoordinated siloes that can inhibit effective implementation (Walrond & Romer, 2021). However, when systems are aligned and coherent, these initiatives can come together to achieve their intended goals.

In Rhode Island, creating guidance on how to incorporate trauma-informed approaches into existing school improvement structures, such as an LEA's strategic plans, may support alignment and encourage LEAs to prioritize this work. For instance, LEAs need ways to evaluate current needs and track progress toward safe and supportive learning environments for students and staff as they are developing their strategic plans. The voices of students, staff, and families are critical in gaining this insight. LEAs might use various methods to achieve this engagement, including surveys, focus groups, listening sessions, and existing data to elevate community strengths, share power, and prioritize transparency.

Example actions subject to available resources

- With guidance from RIDE, LEAs could develop capacity-building programs for all interest holders involved in or with the school system, including leaders, teachers, staff, students, families, community partners, and policymakers. This effort might involve the following:
 - » Ensure that every entity has voice in decision-making and that each entity understands what is involved in trauma-informed schools, including knowledge, skills, and implementation and sustainability strategies. Doing so would include providing ongoing supports to help maintain and deepen competency throughout the system.
 - » Develop or adopt programs that enhance the competency of school staff in effectively engaging with students and families in a respectful, trauma-sensitive manner. Training would focus on cultural responsiveness, communication strategies, collaborative problem-solving, and understanding diverse family dynamics. It would also more broadly relate to family, student, and staff engagement (Jacques & Villegas, 2018). Ongoing professional development would ensure that staff continuously refine and apply these strategies.
 - » Develop accessible (plain language, translated, 504-compliant) resources and free learning sessions on trauma-informed practice for students and families.
- RIDE and LEAs could establish organizational structures that facilitate collaboration among students, staff, and families. This process might involve the following:
 - » Develop and share resources, communication protocols, and collaborative plans to contribute to a well-organized and integrated approach to facilitating participatory engagement within and across related systems.
 - » Leverage existing opportunities, such as back-to-school nights, nutrition programs, or parent-teacher conferences, and youth advisory councils to collaborate and seek feedback from families, students, and community partners on service needs.
 - » Designate staff to be family liaisons or coordinators who act as a bridge between schools and families.
 - » Create collaborative structures (e.g., family advisory councils, student advisory councils, partnerships with community organizations) to enhance student and family engagement. Ensure that student and family engagement is embedded in the schools' culture and practices and that the engagement is both formal (i.e., structures) and informal (i.e., relationships, conversations).



- » Provide guidance to LEAs to ensure systems are in place within schools to support the development of family engagement strategies, policies, and programs that can be adapted to any context (school/grade).
- » Develop learning and networking opportunities for families and school staff to focus on safe, supportive, and predictable learning environments.
- RIDE and LEAs could establish organizational structures that facilitate the alignment of initiatives, policies, and procedures across different levels of the education system (state, region, district, school). Doing so might involve the following:
 - » Create (or leverage existing) task forces or committees responsible for reviewing and aligning existing policies with trauma-informed practices.
 - » Develop clear protocols for communication and collaboration among different departments and levels within and across education and related systems to ensure effective implementation and sustainability.
 - » Align school improvement resources (e.g., LEAs' strategic plans) to integrate trauma-informed practices.
 - » Collect data related to the implementation of trauma-informed practices.
 - » Provide guidance for LEAs on collecting qualitative data on safe and supportive environments and relationships.
 - » Develop or adapt a framework (e.g., Child Trends' Comprehensive School Employee Wellness Framework) for considering employee well-being in creating and evaluating policies and procedures.

Recommendation D: Improve educator and school staff well-being and quality of life

Ensuring the well-being of educators and school staff is paramount for the successful implementation of the Trauma-Informed Schools Act. Poor mental health significantly impacts an individual's ability to learn new approaches to teaching and discipline, making teacher well-being foundational for effectively implementing the robust professional learning offerings described earlier in this report. Given the research findings that poor teacher mental health can lead to worse outcomes for students, both academically and in other areas (Madigan & Kim, 2020; McLean & Connor, 2015), teacher well-being becomes a crucial concern for RIDE's process of implementing the Trauma-Informed Schools Act.

Workload, school environments, and lack of resources are often cited as sources of burnout and stress for educators (Bottiani et al., 2019; El Helou et al., 2016; Koerber et al., 2023; Schor et al., 2022; Will & Superville, 2022). Healthy teachers can better handle stress and are more likely to stay in the profession for the long term (Acton & Glasgow, 2015). Indeed, when low levels of teacher well-being lead to turnover, it can disrupt student learning and place financial strain on schools (Ronfeldt et al., 2013). Researchers have also noted that principals and teachers of color are more likely than their White counterparts to experience poor well-being and mental health (Steiner et al., 2022).

This research suggests that policies, systems, and structures that facilitate staff well-being are crucial for implementing the recommendations in this report and retaining seasoned teachers over time.

Example actions subject to available resources

- RIDE could develop guidance for LEAs to develop programs that focus on building the capacity of staff and leaders to recognize and address well-being challenges. Programs might include those that focus on mental health awareness, stress management strategies, work-life harmony strategies, relational skills, coping skills, and so on. Ongoing professional development opportunities can ensure that staff continuously enhance their well-being competencies.

- RIDE could develop programs that focus on building the capacity of leaders, school boards, unions, and policymakers to understand the importance of staff well-being and its effects on student and school outcomes. Such efforts would make these groups aware of resources and supports that staff need to effectively teach and lead and would make them aware of the systems and structures needed to support the well-being of all school interest holders (students, staff, families, and leaders). For example, RIDE could
 - » develop guidance for administrators and teachers and/or explore high-impact practices that support educator well-being, such as adjusting school schedules to allow for additional planning, professional development, and wellness time for teachers, as done in other states (National Conference of State Legislatures, 2023), and
 - » build on social media-based recruitment efforts of Educate401 to address teacher shortages and build diversity in the workforce.
- With the guidance of RIDE, LEAs could establish (or leverage existing) organizational structures (e.g., District Health and Wellness Subcommittees) that are dedicated to promoting staff well-being. These structures could help to
 - » manage and support the work of improving staff well-being;
 - » create a supportive environment by developing and implementing policies, systems, and practices that prioritize the physical and mental health of staff; and
 - » partner with organizations to increase access to resources such as mental health counseling, wellness programs, and flexible work arrangements.
- With the guidance of RIDE and the Rhode Island Executive Office of Health and Human Services, LEAs could expand capacity to support school-based health services through the upcoming Medicaid Waiver Expansion.

Recommendation E: Provide wraparound supports for the whole person and community

To advance equity, states, districts, and schools must serve the whole person and whole community. One way to do so is through wraparound supports. Wraparound in schools is a comprehensive team approach to addressing the diverse needs of students by coordinating various services and resources within the school and from the outside community (The National Wraparound Initiative, 2019). Wraparound aims to provide holistic assistance to students and their families, considering factors such as academics, behavior, mental health, physical health, and well-being. Key components of wraparound supports typically include personalized plans tailored to individual students; collaboration among educators, families, and community organizations; and a focus on prevention and early intervention. The goal is to create a supportive environment that enables students to thrive academically and personally.

A 2017 review (Schurer Coldiron et al.) of empirical articles concluded that wraparound services, when implemented effectively, are likely to produce positive youth, system, and cost outcomes. A recent study found that wraparound services supported youths' development of a supportive relationship with a caring adult, improved their capacity to navigate challenges in school and life, and improved their families' functioning (Haight et al., 2023).

One evidence-based approach for facilitating wraparound supports is to have school-based health care centers (Michael et al., 2015). Provided in various ways, health clinics on school campuses have been associated with a multitude of positive educational and health outcomes. Students attending schools with school-based health centers experience improved grade-point averages, attendance rates, vaccination rates, reproductive health, and mental well-being (Knopf et al., 2016). In addition, school-based health centers have shown effectiveness in enhancing school connectedness among adolescents from low socioeconomic backgrounds (Bersamin et al., 2018). Notably, children and adolescents who are eligible for Medicaid and/



or who do not have health insurance are the most likely groups to access health care through schools (Amaral et al., 2011; Koenig et al., 2016), underscoring the critical importance of school-based health care for educational and health equity.

While the positive outcomes associated with school-based health care underscore its importance, funding remains a significant obstacle to implementing this approach (Heinrich et al., 2023). Many school districts establish partnerships with federally qualified health centers, local government agencies, universities, Medicaid providers, community-based organizations, and/or foundations to help finance school-based health care programs (Dunfee, 2020).

Regardless of the approach to providing whole-person care, it is critical that providers are familiar with the causes and impacts of trauma and trained in the principles of trauma-informed care. For example, school-based mental health providers should be trained to reduce the likelihood of re-traumatization in their interactions with students and families, while also compassionately navigating handoffs to Tier 3 or community-based providers.

Universal mental health screenings are another strategy to identify students facing social, emotional, or mental health challenges (National Center for School Mental Health, 2020). SAMHSA (2023) has developed a comprehensive guide to the implementation of a trauma-informed approach, including information on screening, assessment, and progress monitoring.

Medicaid reimbursement offers a potential source of financial support for school-based health care services. Medicaid is a public health insurance program that covers health care services for individuals who meet income or other eligibility requirements. Medicaid billing programs can help reimburse local agencies for the services they provide to Medicaid-eligible students under certain circumstances, such as when the child who receives the service is enrolled in Medicaid (Centers for Medicare and Medicaid Services [CMS], 2023). Reimbursable services may include medical care, mental health care, dental care, health education, and substance abuse counseling (CMS, 2023). Many special education and related services that schools provide to students with disabilities are eligible for Medicaid reimbursement (CMS, 2023).

Example actions subject to available resources

- RIDE and LEAs could develop or adopt training that is aligned with established competencies and enhances the capacity of school staff (teachers, mental health professionals, leaders, support staff) related to
 - » adverse childhood experiences, trauma, or other mental or behavioral health issues;
 - » communication strategies and collaborative problem-solving (for all staff); and
 - » the process of identifying, referring, connecting, and/or providing trauma-informed wraparound supports (depending on staff type) and coordinating and delivering mental health treatment and other services to students with serious and complex needs.
- RIDE and LEAs could establish organizational structures that perform the following functions:
 - » Facilitate interagency and interdepartment coordination and collaboration among those delivering wraparound supports and services. Doing so involves creating coordination mechanisms (interagency and interdepartment teams or partnerships) to ensure seamless integration of services.
 - » Utilize opportunities for new school facilities to create spaces that enable holistic supports.
 - » Develop and share resources, communication protocols, and collaborative plans to contribute to a well-organized and integrated approach to providing wraparound supports within and across education systems.
 - » Develop district and school attendance guidance aimed at reducing absenteeism for students who miss instruction to receive school-based or inpatient physical or mental health services.



- RIDE could expand the reach of services by
 - » providing guidance to school districts on the various models to address physical and mental health needs in schools, including school-based health centers and community school models, and
 - » collaborating with the Rhode Island Executive Office of Health and Human Services to expand the reach of Medicaid services to cover mental health service for students who are Medicaid eligible regardless of individualized education program (IEP) status.

Moving the Vision Forward

The Trauma-Informed Schools Commission is eager to hear your feedback on the contents of this Plan. The public input process involves a public survey and meetings with professional organizations in Rhode Island to gather public input on the recommendations and example actions. These input sessions will inform the findings and recommendations submitted in the final report.

Want to Learn More About Trauma-Informed Practice Today?

System change takes time and resources, yet the children and adults working in Rhode Island schools have urgent needs. The following resources are available now for you and your school community.

- Access resources and trainings to learn more about trauma, trauma-informed approaches, and trauma-informed schools.
 - » [Safe Spaces modules](#)
 - » [Crisis Prevention Institute Trauma-Informed Care for Educators Resource Guide](#)
 - » [Rhode Island Prevention Resource Center: Trauma-Sensitive Schools training](#)
 - » [The Three R's: Reaching the Learning Brain](#)
- Use guides to begin planning a schoolwide approach to being trauma-informed.
 - » [Creating Conditions for Student Success: A Policymakers' School Climate Playbook](#)
 - » [Integrating a Trauma-Informed Approach Within a PBIS Framework](#)
 - » [The Missouri Model for Trauma-Informed Schools](#)
- Connect with other educators and caretakers who are doing this important work.
 - » [PACEs Connection](#)



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Appendix: Process for the Landscape Analysis and Needs Assessment

The landscape analysis occurred in three phases:

1. A systematic online search using key terms from the Trauma-Informed Schools Act (e.g., trauma-informed schools, mental health)
2. An analysis of the findings for relevance and quality
3. A process of feedback and revision to add further resources, organizations, funding sources, and data sources as suggested by Commission members and RIDE staff

After the landscape analysis was conducted, Commission members explored existing state-level data related to trauma-informed approaches in schools, including school climate data from the 2023 SurveyWorks, to identify areas for further investigation through a needs assessment. The Commission determined the need to further explore interest-holder perspectives on topics such as existing school policies and practices, barriers and facilitators to implementing a trauma-informed approach, and staff wellness. In October 2023, WestEd staff organized focus groups with approximately 40 participants in Rhode Island, including

- one student focus group,
- one parent focus group,
- two educator focus groups,
- two service-provider focus groups,
- two school and district leadership focus groups,
- two state leadership focus groups, and
- two community-based organization focus groups.

Example questions for the focus groups included the following:

- How familiar are you with trauma-informed approaches?
- What do you believe are the greatest supports and barriers your school, district, or state has that would help or hinder implementing trauma-informed schools?
- How does your workplace support the mental and physical well-being of you and your colleagues?
- What are the most pressing needs you see students and families facing?