

POLICY BRIEF

June 5th, 2020



SCHOLARS
STRATEGY NETWORK

TREPEducator.org/covid-19-ed-conference

Responding to COVID-19: Planning for Trauma-Informed Assessment in Schools

by Sandra Chafouleas, University of Connecticut

In recent years, knowledge about adverse childhood experiences and childhood trauma has come into the mainstream, highlighting that early identification of traumatic event exposure and subsequent support can lessen the negative physical and psychological effects and improve wellbeing.¹

Researchers have recently called for use of school-based screening to identify childhood trauma, but understanding the *what* and the *why* is critical to decisions about use of trauma assessment in schools.² A key consideration is the purpose for doing such an assessment since tools target different features related to trauma (e.g. exposure, symptoms).³ In trauma response, school personnel recognize that multiple issues must be considered in determining the best way to evaluate as “a one-size fits all intervention approach may not be appropriate due to the influence of a combination of internal and external factors.”⁴

Given the diverse effects of the COVID-19 pandemic, such considerations are particularly relevant. Although the literature on long-term psychological effects following pandemics is limited, it does suggest the potential for increased rates of conditions such as depression, anxiety, panic attacks, and suicidality.⁵ As a result, schools should evaluate options to strengthen, rather than overhaul, their current surveillance efforts and assessments in order to appropriately identify and support students’ needs.

As schools prepare to re-open, they must be prepared to assist in recovery efforts at multiple points for intervention – the system, the individual student, the adults. Assessment is important, but preparations to ensure an emotionally and physically safe environment are equally if not more important in mitigating the numbers of children and staff who experience intense and longer-term trauma stress reactions. Core principles in developing an emotionally and physical safe school space build upon common service delivery frameworks that seek to respond to diverse student needs, such as multi-tiered systems of support (MTSS).

Evidence-Based Guidance for How Schools Can Respond to A National Mental Health Crisis in the Wake of COVID-19

In a trauma-informed MTSS framework, schools work to:

- 1) Implement strategies for all students that foster a safe and engaging environment and build positive and adaptive responses
- 2) Incorporate small-group and individual strategies for targeted (at risk) students that address psychoeducation about trauma and its impact, reinforce social support systems, and strengthen skills in areas of self-regulation, attachment, and competency
- 3) Provide intensive and individualized supports for select (identified) students that can include trauma-specific interventions to remediate high-intensity maladaptive reactions.⁶

If schools first engage in a familiar intervention service delivery framework, then they are better positioned to understand if and how current assessment practices should be strengthened in order to identify and support students and staff who are not responding to existing efforts.

It is important to remember that not all student difficulties are a result of trauma. Interpretation of assessment data should consider potential effects of trauma, but evaluation of trauma exposure and potential trauma symptoms is not necessary for every student. Engaging in trauma-specific evaluation should be considered for select situations, such as for those students who are not responding to core trauma-informed supports.

Additionally, effective school responses not only accurately identify students in need of services but should also connect students to the appropriate services available in the school and in the community.³

Questions Schools Should Ask Now in Trauma-Informed Assessment

To guide trauma-informed assessment planning efforts in schools, the following questions are offered:

1. **What assessment data do we need to inform our response?** Before concluding that universal assessment of trauma is necessary for every student (and possibly staff member) as schools re-open, schools should step back to define why those data are needed, asking how results from the assessments shape the response and what recommended practices would be different based on whether these assessment data were available.
2. **What assessment practices are already in use, and how can these be used in trauma-informed response?** Once the purpose for data collection has been identified as related to trauma-informed response, schools can work to identify existing assessment practices to determine if there are gaps. Creating or re-evaluating an inventory of current indicators related to student well-being across domains of functioning (academic, social, emotional, behavioral, physical) offers a first step to

Evidence-Based Guidance for How Schools Can Respond to A National Mental Health Crisis in the Wake of COVID-19

identify potential assessment gaps in relation to the problem to be solved. This inventory includes defining not only what the indicator is (i.e. what it measures), but also how often data are collected, by who, and how data are reviewed.

- 3. What are our options in trauma-specific assessment?** Trauma-specific assessment can target different features related to trauma – generally organized as assessment of exposure to adverse events, trauma symptoms, or both. Assessment of trauma exposure typically involves a relatively brief checklist or questionnaire whereas assessment of trauma symptoms can range substantially, from brief or comprehensive rating scales to interviews.² One caution about the use of ACEs (tallying the number of personal and family traumas experienced prior to 18 years of age) as broad application in schools has not been recommended³, with the original authors of the Adverse Childhood Experiences study recently warning about misapplication of ACE scores to determine risk or service provision.⁷
- 4. What needs to happen to prepare all staff for their roles in trauma-informed identification and response?** Once assessment needs have been identified and options selected, schools should turn their attention to ensuring a coordinated system for effective implementation. This step should include defining roles, responsibilities, and professional learning needs of all staff. A school-wide surveillance system that is trauma-informed does not rely solely on student services personnel to identify those in need of additional supports. Every person plays a role in understanding developmentally appropriate and expected reactions to a traumatic experience like COVID-19. In addition, it is particularly important to build staff awareness of their own reactions as well as values and beliefs about emotions and behavior, and how it may influence their work to identify and support students.

In summary, when choosing among assessment options, it is important to note that the evidence for including trauma assessment in schools is limited, with multiple cautions regarding the need to ensure that qualified school personnel are involved in any evaluation as well as avoiding assumptions about student trauma or soliciting excessive details about the trauma.² Not everyone needs to have deep experience and training in trauma, but all school staff need trauma-informed knowledge and skills that increase their capacity to identify concerns as well as an understanding of with whom and how to share those concerns within the existing frameworks for coordinating service delivery. Every staff member plays a critical role in support strategies that deliver an emotionally and physically safe environment for all.

[Sandra M. Chafouleas](#) is a Board of Trustees Distinguished Professor in the Department of Educational Psychology and Co-Director of the Collaboratory on School and Child Health at the University of Connecticut. The full report upon which this brief can be accessed [here](#), or at csch.uconn.edu.

Evidence-Based Guidance for How Schools Can Respond to A National Mental Health Crisis in the Wake of COVID-19

¹ Chafouleas, S. M. (2016, November 28). *What happened to Eric and Josh? Lessons From 'Resilience' on achieving a whole-child focus in educator preparation* [Web log post]. <http://edprepmatters.net/2016/11/what-happened-to-eric-and-josh-lessons-from-resilience-on-achieving-a-whole-child-focus-in-educator-preparation/>

² Eklund, K., Rossen, E., Koriakin, T., Chafouleas, S. M., & Resnick, C. (2018). A systematic review of trauma screening measures for children and adolescents. *School Psychology Quarterly, 33*, 30-43.

³ Eklund, K., Koriakin, T. A., Chafouleas, S. M., & Dodge, S. (2020). Trauma screening and assessment. In E. Rossen (Ed.). *Supporting and educating traumatized students: A guide for school-based professionals* (2nd Ed). New York: NY: Oxford University Press.

⁴ Chafouleas, S. M., Koriakin, T. A., Roundfield, K. D., & Overstreet, S. (2019). Addressing childhood trauma in school settings: A framework for evidence based practice. *School Mental Health, 11*, 40-53.

⁵ OECD: Organisation for Economic Co-Operation and Development (2020). COVID-19: Protecting People and Societies. https://read.oecd-ilibrary.org/view/?ref=126_126985-nv145m3l96&title=COVID-19-Protecting-people-and-societies.

⁶ Chafouleas, S. M., Koriakin, T. A., Roundfield, K. D., & Overstreet, S. (2019).

⁷ Anda, Robert F., Porter, Laura E., Brown, David W. (2020) Inside the Adverse Childhood Experience score: Strengths, limitations, and misapplications. *American Journal of Preventative Medicine*. <https://doi.org/10.1016/j.amepre.2020.01.009>