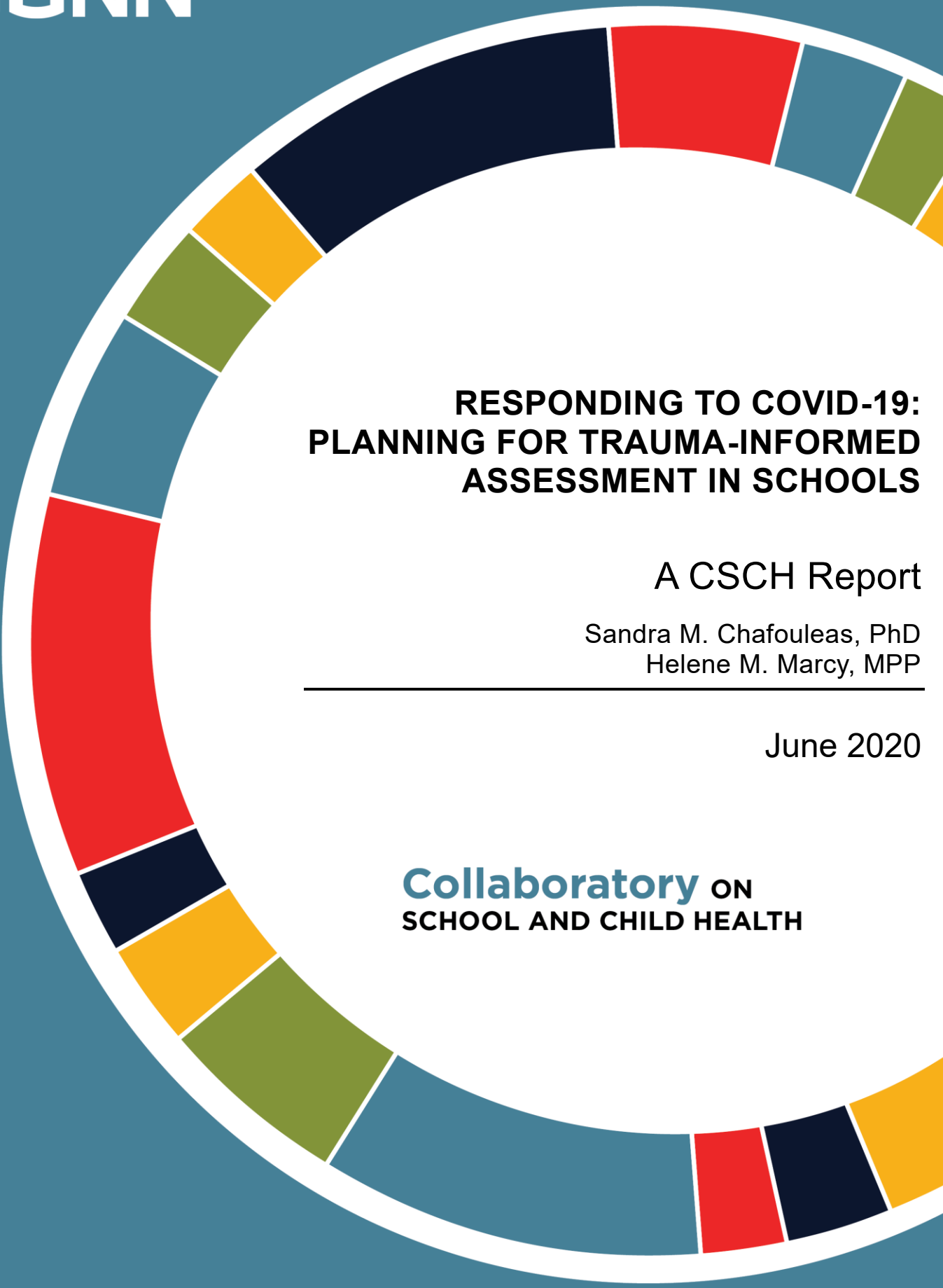




RESPONDING TO COVID-19: PLANNING FOR TRAUMA-INFORMED ASSESSMENT IN SCHOOLS

A CSCH Report

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EXECUTIVE SUMMARY

Children with a history of trauma have an increased risk of negative outcomes throughout their lives. Researchers have recently called for improved school-based screening to identify childhood trauma, but those tools have limitations. Multiple issues must be considered in determining how best to evaluate responses to trauma; a single assessment solution applied broadly across school settings is not recommended. This is particularly important in light of the COVID-19 pandemic. Schools should evaluate options to strengthen their current surveillance efforts to appropriately identify and support needs, but should not undertake a complete overhaul of existing assessment systems.

When children are exposed to a traumatic event such as COVID-19, their individual interpretation and reaction is determined by the interactions among their history of trauma exposure, environmental factors, and personal factors. For some, the impact of the pandemic may be minimal whereas it will be substantial for others. In school, reactions to COVID-19 may manifest itself in many different ways across academic, social, emotional, behavioral, and physical domains, and will vary based on developmental stage. Although assessment plays an important role, preparations to ensure an emotionally and physically safe environment are equally -- if not more -- important in mitigating the number of students and staff who experience long-term traumatic stress reactions.

To guide trauma-informed assessment planning efforts in schools, school leaders should ask questions before deciding to add trauma-specific measures to assessment practices such as:

1. What assessment data do we need to inform our response?
2. What assessment practices are already in use, and how can these be used in trauma-informed response?
3. What are our options in trauma-specific assessment?
4. What needs to happen to prepare all staff for their roles in trauma-informed identification and response?

When determining trauma-informed assessment directions, it is important to note that the evidence for including trauma-specific assessment in schools is limited, with multiple cautions regarding the need to ensure that qualified school personnel are involved in evaluation as well as avoiding assumptions about student trauma or soliciting excessive details about the trauma. 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 using 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.



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Background

Children with a history of trauma exposure are at an increased risk of negative outcomes in all domains of functioning throughout their lives.¹ 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 and intervention can lessen the negative physical and psychological effects and improve long-term wellbeing.² Given that COVID-19 has increased trauma exposure, this report synthesizes what is known to provide guidance on planning for trauma-informed assessment in schools.

In responding to COVID-19, a pressing decision facing schools is if and how to include trauma-informed assessment in their planning. Researchers have recently called for use of school-based screening to identify childhood trauma, but those tools have limitations.³ A key consideration is the purpose for doing such an assessment since tools target different features related to trauma (e.g. exposure, symptoms).⁴

Understanding the *what* and the *why* is critical to decisions about use of trauma assessment in schools. In trauma response, school personnel recognize that “a one-size fits all” intervention approach may not be appropriate due to the influence of a combination of internal and external factors,”¹ and this recognition must also extend to assessment practices. Multiple issues must be considered in determining how best to evaluate responses to trauma; a single assessment solution applied broadly across school settings is not recommended.

Responding to COVID-19 requires that schools evaluate options to strengthen their current efforts to identifying and supporting needs – but this response does not necessitate a complete overhaul of existing assessment systems.

Considerations such as these are particularly relevant given the COVID-19 pandemic. 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 their current surveillance efforts to appropriately identify and support needs – but should not undertake a complete overhaul of existing assessment systems.

Explaining Student Reactions through a Trauma Lens

Children may have a variety of responses to exposure to traumatic events, many of which should be expected and are developmentally appropriate. When children are exposed to a traumatic event such as COVID-19, it is important to remember that their individual interpretation and reaction is determined by the interactions among their history of trauma

exposure, environmental factors, and personal factors (see Figure 1).⁴ For some, the impact of the pandemic may be minimal whereas it will be substantial for others. Although “certain types of trauma exposure, as well as chronic and pervasive experiences, can result in greater long-term negative consequences,”¹ influencing variables include predictability, duration, intensity, and consequences. For example, direct COVID-19 consequences, such as the death of a loved one, may likely be more severe in places with high incidence of the virus. In addition, the duration of disruption to familiar routines in the typical environment, like school closures, varies substantially across the country and perhaps even within regions.

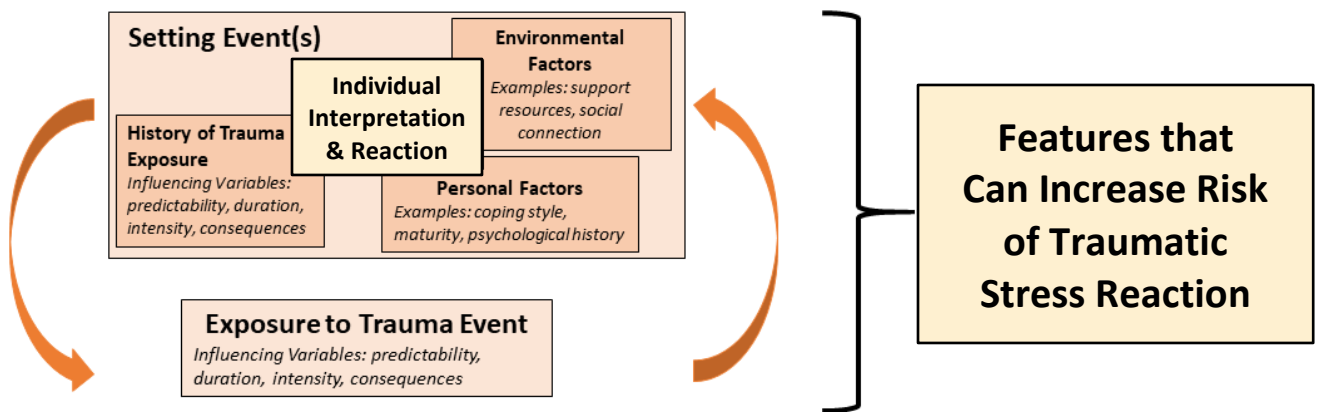


Figure 1. Source: Adapted from Chafouleas, Koriakin, Roundfield & Overstreet (2019)¹

In school, reactions to COVID-19 may manifest itself in many different ways across academic, social, emotional, behavioral, and physical domains. Reactions will vary based on the [developmental stage](#) of the student, and many of these reactions should be expected and are likely to improve over time.⁶ The conditions within the school environment will play an important role in the intensity and duration of trauma stress reactions.

As schools prepare to re-open, they must be ready and able to assist in recovery efforts at multiple points for intervention. Fostering an emotionally and physically safe school environments will assist in promoting adaptive student and staff responses to the trauma experienced as part of COVID-19. Although assessment plays an important role, preparations to ensure an emotionally and physically safe environment are equally—if not more—important in mitigating the number of students and staff who experience long-term traumatic 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). 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, and (3) provide intensive and individualized supports for **select** (identified) students that can include trauma-specific interventions to remediate high-intensity maladaptive reactions.¹

As shown in Figure 2, points for intervention in establishing an emotionally and physically safe environment can be at system, individual and other (adult) levels.

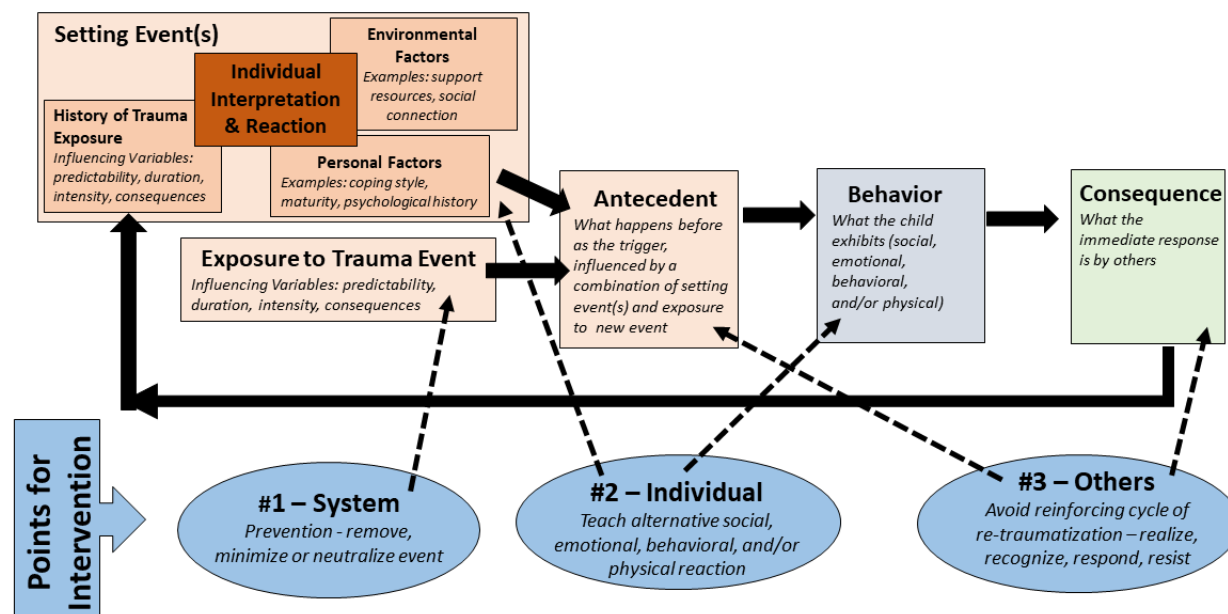


Figure 2. Source: Chafouleas, Koriakin, Roundfield & Overstreet (2019)¹

The steps that are taken at each point have strong influence over individual traumatic stress reactions. For example

- At the **systems level**, what are the actions that need to be taken to remove, minimize, or neutralize school safety concerns? When schools re-open, the immediate prevailing definition of physical school safety may shift from aspects of willful threats (e.g. active shooter, bombing, suicide) to emphasis on environmental health (e.g. cleaning practices, social distancing protocols, ventilation conditions). Promotion and prevention efforts likely focus heavily on minimizing and neutralizing transmission of COVID-19.
- At **student levels**, what actions need to be taken to meet the full continuum of needs, and how might community partnerships be engaged to assist? As schools re-open, staff may require new or strengthened knowledge and skills to effectively use positive supports that meet student social, emotional, and behavioral needs. Workforce re-structuring may be needed to address increased roles in facilitating an emotionally and physically safe environment.
- At **adult (other) levels**, what actions need to be taken to ensure that staff feel physically and emotionally ready to re-enter, and are capable of supporting student needs? As schools re-open, demand for dedicated staff supports may require more than traditionally offered, such as employee assistance programs. Across both students and staff populations, strengthening emotional health through focus on teaching and reinforcing skills that increase positive habits (e.g. connecting with others, checking your thoughts) and reduce negative responses (e.g. anxiety, worry, irrational fear).

These examples provide just a few of the possible scenarios to facilitate an emotionally and physically safe school environment that is well-equipped to respond to student and staff stress reactions. Although expansion is beyond the scope of this report; the primary point is that school personnel planning how to address traumatic stress reactions may best accomplish this by **first** engaging familiar intervention service delivery frameworks such as MTSS, with the understanding that strengthening current assessment efforts may also be needed to identify and support the needs of those students and staff who are not responding to these efforts.

Responding to COVID-19 first requires building off of existing frameworks such as MTSS to strengthen core supports and then considering assessment options to identify and support those students and staff who are not responding.

Questions Schools Should Ask Now in Trauma-Informed Assessment

Although preparation for re-opening schools in response to COVID-19 does suggest considering use of trauma-informed assessment practices, it does not warrant a complete overhaul of existing assessment systems. **First**, 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. Options to engage in trauma-specific evaluation should be considered only in some situations, such as for those students who are not responding to core trauma-informed supports.

Second, as previously noted, strengthening support structures that facilitate emotionally and physically safe environments are foundational to an effective school response since “screening can be a wasted effort without connections to a coordinated system for service delivery that connects students to appropriate services, both within the school and connected to community providers.”⁴ To guide trauma-informed assessment planning efforts in schools, we offer the following questions:

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 new assessments shape the response and what recommended practices would be different based on whether these assessment data were available.

If there are not clear answers to these questions, then perhaps schools should temporarily suspend decisions to implement universal assessment of trauma. Instead, schools could begin with answering why assessment data are needed – what is the problem to be solved and which data can tell us if solutions are effective?

Example purpose statements might include:

- to identify those who have been exposed to trauma and may be at risk for traumatic stress reactions; or
- to confirm presence of traumatic symptoms in students who are exhibiting challenging behavior;
- to understand if the social and emotional support strategies in place are working to reduce anxious behavior

As noted in the examples, defining the problem should include consideration of the level (or tier) at which the problem needs to be solved – meaning it is a problem to be solved for all, some, or a few students. At the same time, schools should consider answering the intended use or purpose of the assessment data. The following table can help organize answers to the question about what assessment data are needed to inform response.

Tier of Problem solving	Purpose of Assessment
Universal • all students and/or staff members (Tier 1) Select • some students and/or staff members (Tier 2) Targeted • few students and/or staff members (Tier 3)	Screening • who needs help? Progress Monitoring • are support strategies working as expected? Diagnostic • why is the problem happening? Evaluative • overall, how well are addressing this problem?
Adapted from Chafouleas, Johnson, Riley-Tillman, & Iovino (2021) ⁷	

Two examples can further illustrate:

- School A is located in a community with limited direct impact from COVID-19. Since personnel have not been able to establish routine communication with the majority of students and their families due to challenges with technological access, leaders may decide that they want to obtain information on trauma exposure in order to understand who may be at risk, and need further evaluation or monitoring (**universal** screening).
- School B is located in a community with substantial direct impact, including many families who have experienced significant illness and death of loved ones. In this situation, school leaders may decide that universal screening is not relevant as it might be expected that strengthened core supports will be needed over a longer duration given the likelihood that a substantial number of students will exhibit traumatic stress symptoms. Instead, they determine that their primary data needs are best focused in **select** screening and diagnosis to confirm and understand why problems are occurring.

What assessment practices are already in use, and how can these be used in trauma-informed response?

Now that 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 in regard to needed data.

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 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 whom, and how data are reviewed.

Continuing our example as related to School A (data needed to obtain information on trauma exposure due to limited COVID-19 direct impact), review of the assessment practices already in use for all students suggests gaps in data relevant to the determined need.

Indicator	How often collected	Who records/collects	How reviewed	Answers data need?
Student information verification	Annually, prior to year start	Families	Administrative Team	no
Attendance	Daily	Office staff	Student Services Team	no
Office discipline referrals	Daily	All school staff	Student Services Team	no
Academic assignments – completion and accuracy	Ongoing, with at least weekly input into student admin system	Teachers	Individual Teachers	no
Academic screening	Three times per year: fall, winter, spring	Teachers	Grade level/subject Team	no
Social, emotional, and behavioral screening	Twice per year: fall, spring	Student services personnel	Student Services Team	no
School climate survey	Annually, spring	Student services personnel	Student Services Team	no
Visits to the school nurse	Ongoing	School nurse		no
Visits to the school counselor, social worker, or psychologist	Ongoing	Student services personnel		no

What are our options in trauma-specific assessment?

If it is decided that a trauma-specific assessment is needed, then schools can evaluate the options. As previously noted, 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 – see additional resources below for an article reviewing the various options.³

Trauma-specific assessments can focus on exposure, symptoms, or both.

Discussion of options in trauma-specific assessment involving screening for trauma exposure would be remiss without mention of the Adverse Childhood Experience (ACE) study.⁸ In brief, a person can “tally” an ACE score by counting up the number of personal and family traumas experienced prior to 18 years of age. Although potentially useful in understanding health and well-being, broad application to school settings has not been recommended since knowing a tally alone does not facilitate understanding intensity of symptoms (remember not all will experience trauma stress reactions as a result of exposure) nor provide direction regarding support services in schools.⁴ The original authors of the ACE study caution against misapplication of ACE scores to determine risk or service provision.⁹ Ethical, legal, and procedural considerations should be weighed prior to choosing an option, which can be organized using these criteria:

	Example Questions
Scope and Focus	• Are we interested in assessing the number of students/staff impacted or exposed to an event? • Are we interested in evaluating the level of traumatic response in students/staff?
Practicality	• Do we have the financial resources available to support implementation of this assessment? • Do stakeholders (families, staff, students, administrators) support use of this assessment? • Do we have the professional knowledge and skills to effectively use the assessment (instrumentation, procedures, analysis)? • Is the time required to collect data from this assessment reasonable? • Can we allocate the resources necessary for data interpretation and use with high fidelity?
Psychometrics	• Is there sufficient evidence of reliability for our intended use of this assessment? • Is there sufficient evidence of validity for our intended use of this assessment? • Is there evidence of classification accuracy (e.g. balance of positive and false identification)?
Legal	• How will parents/guardians be informed of the assessment process? • Have we followed appropriate consent/assent procedures?

Adapted from Eklund, Koriakin, Chafouleas, & Dodge (2020)⁴

In the example of School A (data needed to obtain information on trauma exposure due to limited direct COVID-19 impact), gaps were determined with regard to existing data sources that could provide information on trauma exposure. In reviewing the various options, school leaders determine that they will adapt items from existing trauma checklists to fit their need. A short set of trauma exposure questions (e.g. to what extent has COVID-19 impacted you and/or your family; have you noticed changes in your child's functioning since COVID-19 – such as emotions, sleeping, eating?; what concerns do you have about transitioning your child back to school?) will be added to the student information verification form that is completed by families prior to the beginning of each school year. The administrative team will review the data and immediately refer concerns to the student services team to follow up with families and put in place a re-entry plan for monitoring child functioning.

In contrast, School B (data needs best focused in select screening and diagnosis due to substantial impact from COVID-19) determines that a best option is to include a traumatic stress symptoms rating scale in their assessment inventory, completed by the child and parent, if appropriate. As with select screening practices, the rating scale will be completed for those students who are at risk or already exhibiting indicators of concern. Student services personnel will facilitate completion of the rating scales, and interpretation would be done as a team with integration of data from all sources included to inform directions for supports. For example, observations may integrate information about trauma triggers and interview and file review may include information about historical trauma (e.g. racial, ethnic, cultural).

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 attention includes defining roles, responsibilities, and professional learning needs of all staff. As mentioned earlier, 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.

Schools should consider professional learning needs in order to be ready for school re-opening; school staff may not have the familiarity with social, emotional, and behavioral assessments. In fact, a recent study that looked at both state-level guidance and school district practices found that structures for identifying and supporting student social, emotional, and behavioral needs were less developed than those structures for academic and physical health needs.^{10 11 12 13 14.}

Schools that have existing frameworks for tiered service delivery to address diverse student needs can build on that foundation to craft a trauma-informed response to COVID-19; schools can facilitate recovery efforts through use of existing systems as predictable and familiar routines work for both students and adults. Planning for assessment needs during recovery should rely heavily on existing systems, and options for adding additional practices should be driven by answers to why assessment data are needed (i.e., what is the problem to be solved and which data can tell us if solutions are effective?).

Finally, 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.³ 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.

Not everyone needs to have deep experience and training in trauma, but all school staff need trauma-informed knowledge and skills.

Additional Resources

Integrated Multi-Tiered Systems of Support (I-MTSS)

- [CSCH Think About the Link Project](#)
The UConn Collaboratory on School and Child Health's Think about the Link Project offers evidence-informed practical tools for schools, including materials on integrated multi-tiered systems of support within a whole school, child, and community approach.
- [Ci3T](#)
Comprehensive, Integrated, 3-tiered Model of Prevention. This website offers extensive resources for schools dealing with the academic, behavioral, and social competencies during the COVID-19 pandemic, including resources on screening assessments.
- [Michigan's MTSS Technical Assistance Center](#)
The technical assistance center focuses on technical assistance in implementation of effective, data-driven practices within a multi-tiered system of support, and has included dedicated resources in response to COVID-19.

Trauma-Specific

- [The National Child Traumatic Stress Network](#)
NCTSN's treatments and practices section has information and links to screening and assessment.
- [The National Association of School Psychologists \(NASP\) Trauma Resources](#)
Includes information about trauma and guidance for trauma screening in schools. There is also a COVID-19: Resource Center under "Resources and Podcasts."
- [A Systematic Review of Trauma Screening Measures for Children and Adolescents](#)
This 2018 School Psychology article provides an excellent review of trauma-specific measures.

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End Notes

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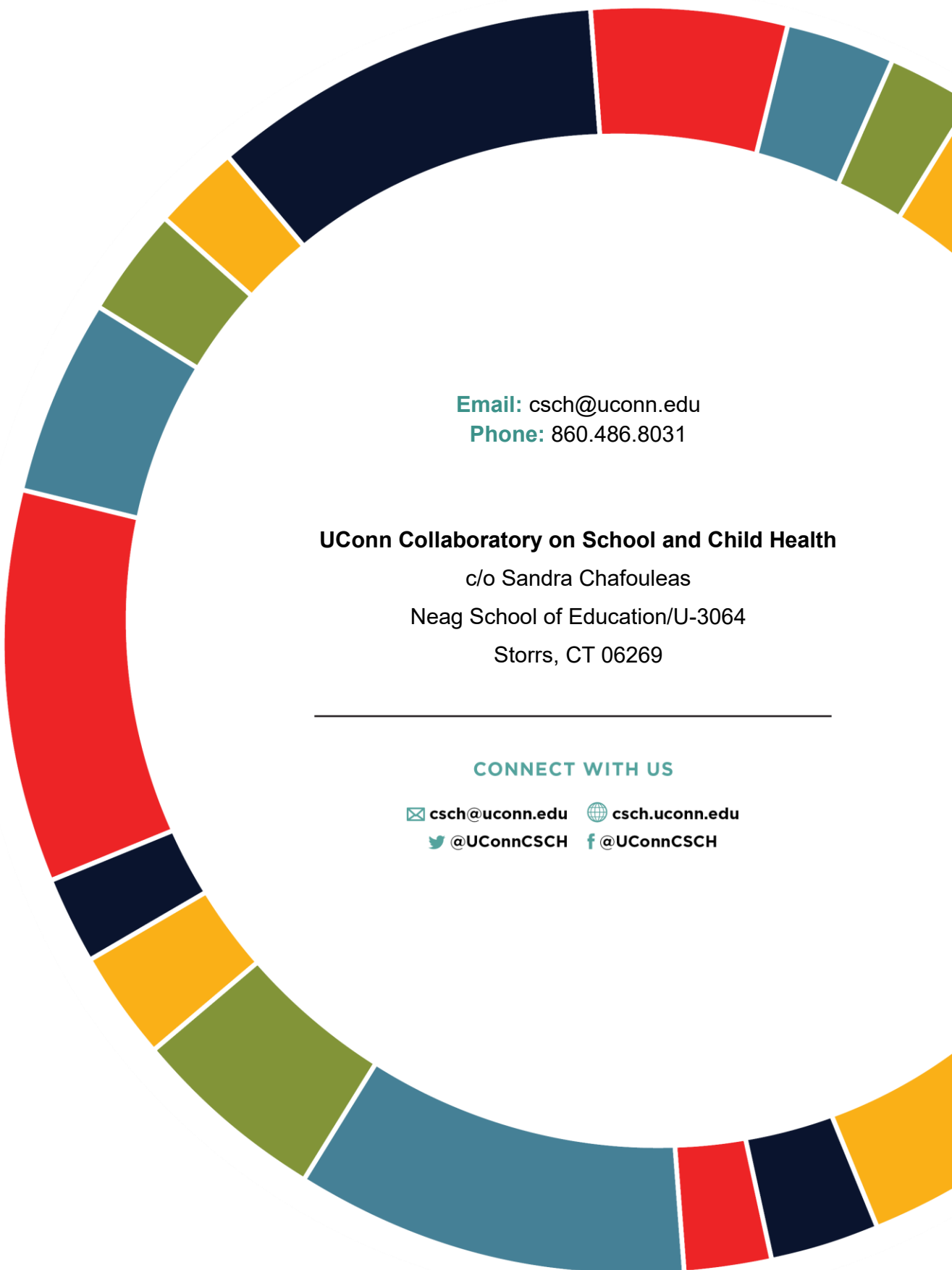
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