



WHITEPAPER

Are Teachers and Staff Ready to Apply Trauma-Informed Practices?

A Survey of 8,054 K-12 Educators Across 11 States



Are Teachers and Staff Ready to Apply Trauma-Informed Practices?

Introduction

Trauma affects nearly half of America's youth. Forty-six percent of young people in the U.S. have reported at least one adverse childhood experience, and nearly 30% have experienced two or more by the time they are 17 years old.¹

Adverse childhood experiences (ACEs) such as violence, neglect, divorce, and family mental illness have been linked to poor performance in school. Children and adolescents affected by trauma often exhibit an increase in anxiety, poor self-regulatory behaviors, and lower self-esteem—factors that can impair verbal ability and other aspects of cognitive function that are critical for successful learning.²

Negative effects of ACEs are not limited to the classroom. Without intervention, there are long-term implications to both physical and mental health. Turmoil in the home has been linked to substance abuse, earlier onset of sexual activity, poor health including increased obesity and cardiovascular reactivity, among other lifelong consequences.³

K-12 educators and other school staff are on the front lines of what is now considered a

public health crisis. Recent findings have triggered a growing imperative to incorporate trauma-informed teaching in the classroom. In fact, many districtwide and statewide policies now mandate the implementation of trauma-informed practices to address this critical need.

Equipping educators to recognize and respond to students impacted by trauma or distress may help reduce the negative health effects associated with ACEs. The goal of these efforts is to provide better opportunities for students to succeed in the short-term and in the long-term for life beyond graduation.

The Survey

Between November 2018 and March 2020, Kognito surveyed 8,054 educators across 11 states in the U.S.

Participants were asked to complete a brief online survey as the first step in taking Kognito's simulation *Trauma-Informed Practices for K12 Schools*. Participants were not required to take the surveys and were not compensated for their participation.

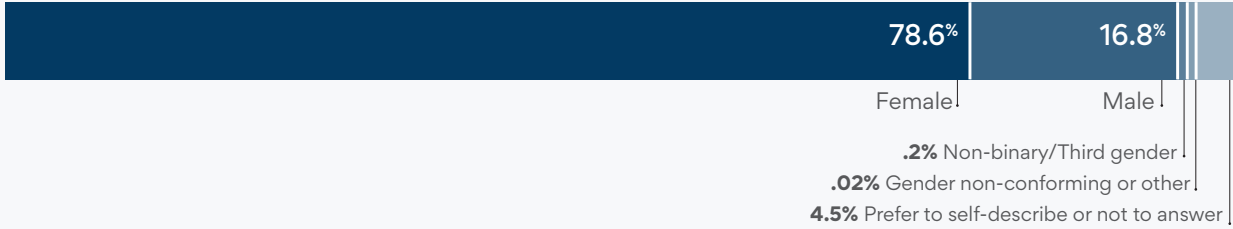
¹ Bethell, CD, Davis, MB, Gombojav, N, Stumbo, S, Powers, K. *Issue Brief: Adverse Childhood Experiences Among US Children*, Child and Adolescent Health Measurement Initiative, Johns Hopkins Bloomberg School of Public Health, October 2017: cahmi.org/projects/adverse-childhood-experiences-aces

² The LENA Research Foundation *The 1995 Hart & Risley Study*. Retrieved April 4, 2020, from lena.org/achievement-gap/.

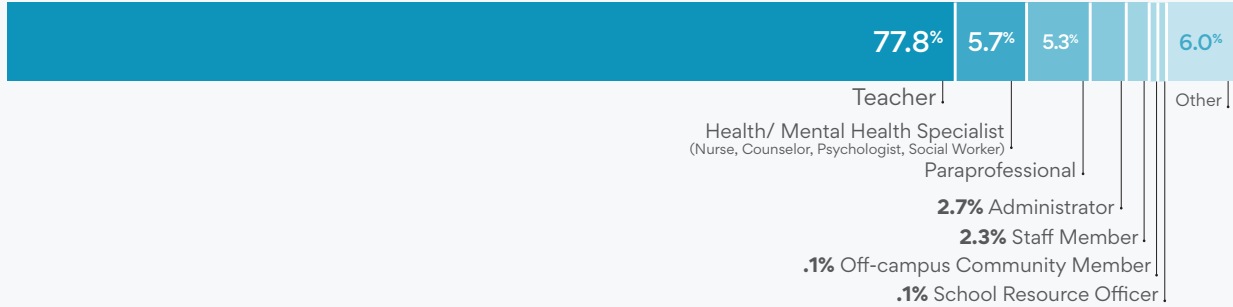
³ McEwen B. S. (2011). Effects of stress on the developing brain. *Cerebrum : the Dana forum on brain science*, 2011, 14.

Demographics

GENDER

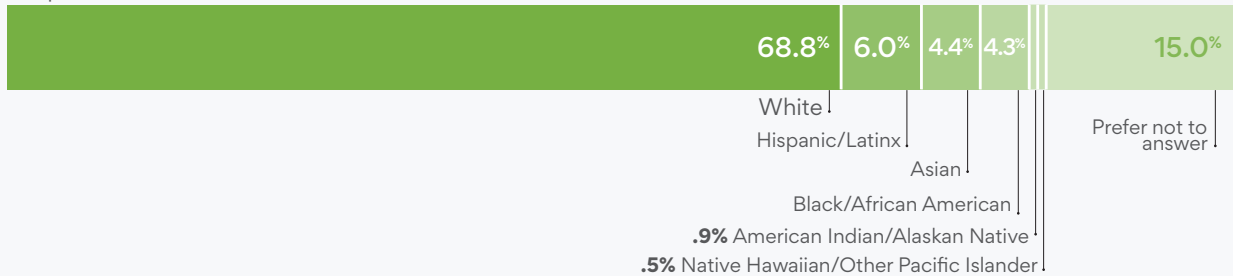


ROLE/TITLE

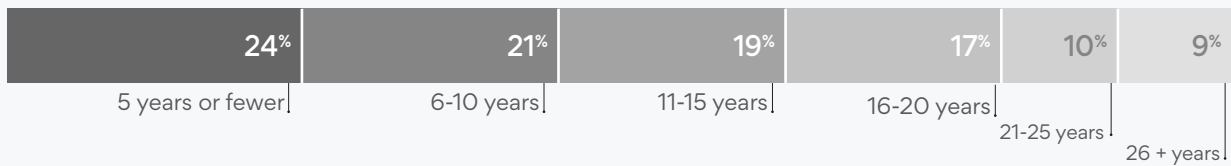


RACE/ETHNICITY

Respondents can select more than one race

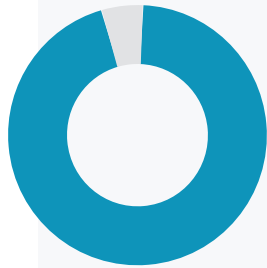


YEARS WORKING IN EDUCATION



Survey Highlights

The survey revealed...



98%

agree

that all educators should receive training in trauma-informed classroom practices



82%

agree

that part of the role of teachers and staff is to connect students experiencing psychological trauma or distress with mental health support services



1 in 2

educators do not feel adequately prepared to recognize signs of trauma in their students



3 in 5

educators do not feel adequately prepared to teach students activities to manage their stress and emotions



3 in 5

educators do not feel adequately prepared to use communication strategies to help students feel safe



3 in 5

educators do not feel adequately prepared to talk with a student to motivate them to connect with support



7 in 10

educators do not feel adequately prepared to implement trauma-informed approaches in teaching

Conclusion

While educators believe that professional development and implementing trauma-informed practices is important, only half of those surveyed felt prepared to recognize signs of trauma in their students.

Trauma-informed policies and training can help close this gap by significantly increasing educators' preparedness and confidence to support students affected by trauma.

Although training in trauma-informed practices is not yet as prevalent as mental health training, universal training for teachers and staff could help those numbers rise. Supporting student and staff well-being through trauma-informed practices can help reduce the negative short- and long-term effects associated with ACEs. This intersection of health and education is a step forward in providing the supportive and safe learning environment all students deserve.

Appendix

Table 1. Please indicate your preparedness to:	Very low, low, medium	High, very high
Recognize when a student is exhibiting signs of psychological trauma or distress	52.56%	47.44%
Talk with a student exhibiting signs of psychological trauma or distress to motivate them to connect with mental health support services	57.93%	42.07%
Use communication strategies to help a student exhibiting signs of psychological trauma or distress feel safe	56.23%	43.77%
Teach students activities to manage their stress and emotions	60.86%	39.14%
Implement trauma-informed approaches in teaching	70.98%	29.02%
Table 2. Indicate how much you disagree/agree with the following statements:	Strongly disagree, disagree, neither	Agree, strongly agree
I feel confident in my ability to recognize when a student is exhibiting signs of psychological trauma or distress	27.87%	72.13%
I feel confident in my ability to talk with a student exhibiting signs of psychological trauma or distress to motivate them to connect with mental health support services	36.76%	63.24%
I feel confident in my ability to use communication strategies to help a student exhibiting signs of psychological trauma or distress feel safe	35.15%	64.86%
I feel confident in my ability to teach students activities to manage their stress and emotions	41.31%	58.69%
I feel confident in my ability to implement trauma-informed approaches in teaching	51.42%	48.58%
Table 3. Indicate how much you disagree/agree with the following statements:	Strongly disagree, disagree, neither	Agree, strongly agree
I think that a student who is receiving mental health treatment is showing a sign of personal strength	14.72%	85.28%
Most teachers and staff in my school think that a student who is receiving mental health treatment is showing a sign of personal weakness	88.83%	11.17%
Part of the role of teachers and staff in my school is to connect students experiencing psychological trauma or distress with mental health support services	17.28%	82.72%
Students who disrupt my class do not care about learning	94.52%	5.48%
I do not take it personally when a student is verbally aggressive towards me	48.68%	51.32%
Table 4. All educators should receive training in trauma-informed classroom practices.*	No	Yes
	2.35%	97.65%

*Survey question from a post-survey sample of 5,960 respondents

About the Co-Sponsors



The Center for Health and Health Care in Schools (CHHCS) envisions a society where school and community environments foster health and create opportunities for all students to thrive. Bridging health and education to create a coordinated approach, CHHCS specializes in the research and implementation of effective school-connected programs, policies, and systems as solutions for improving children's overall health and school success. Guided by public health frameworks, CHHCS emphasizes the importance of prevention and the promotion of health, and the systemic factors in sustaining these approaches.

Learn more at healthinschools.org.



Kognito is a developer of role-play simulations designed to prepare professionals and students to lead conversations in real life that result in measurable improvements in social, emotional, and physical health. Kognito's suite of simulations for PK-12, higher education, primary care, and acute care settings have trained over one million users to lead conversations that change lives.

Learn more at kognito.com.



**CENTER FOR SCHOOL
BEHAVIORAL HEALTH**

Mental Health America of Greater Houston works to advance mental health and to prevent mental illness through collective impact efforts for systems change, primarily in the areas of children's mental health, veterans' behavioral health and integrated health care. MHA of Greater Houston serves as the backbone organization for collaborative work; the organization convenes key stakeholders and creates the conditions to deliver services, advocate for the implementation of best practices, and provide technical assistance and educational services for practitioners and the community at large.

MHA of Greater Houston's **Center for School Behavioral Health** serves as a "living laboratory" for incubating innovative, cost-effective and replicable best practices to improve the behavioral health of students by facilitating collective action; providing highly specialized professional development opportunities, technical assistance and community education; and conducting research, advocacy, and policy analysis.

Learn more at mhahouston.org.

Additional Resources from Kognito



Product

Trauma-Informed Practices for K12 Schools

Learn more about this interactive role-play simulation for educators to build skills, confidence, and empathy that better support students whose behavior might be related to sources of trauma or distress.

See a product walkthrough or try a demo on our website.

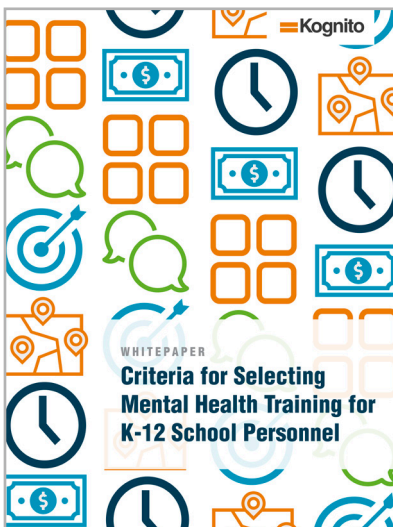


Whitepaper

Integrating Mental Health Into School Safety

As more funding becomes available for schools to invest in school safety, many are looking to adopt a comprehensive approach that includes mental health. This whitepaper provides information on:

- The latest evidence on how psychological safety contributes to student success
- How schools play a role in promoting protective factors and positive emotional development for students
- Ways to integrate mental health into a school safety plan, including universal approaches to addressing mental health
- Making the case for funding, evidence-based mental health prevention and early identification



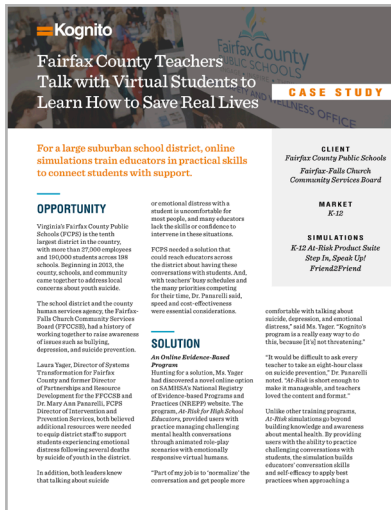
Whitepaper

Criteria for Selecting Mental Health Training for K-12 School Personnel

This whitepaper consolidates a variety of mental health training research and data to provide educators and school leaders with:

- An analysis of the major gaps and challenges in current mental health training approaches for K-12 school personnel
- A comprehensive overview of the main criteria that schools, districts, and states should consider when selecting a mental health training solution
- A side-by-side comparison of the time and cost constraints of face-to-face vs. online and blended training

Additional Resources from Kognito (Continued)



Kognito
Fairfax County Teachers
Talk with Virtual Students to
Learn How to Save Real Lives

CASE STUDY
BUSINESS OFFICE

For a large suburban school district, online simulations train educators in practical skills to connect students with support.

OPPORTUNITY
Virginia's Fairfax County Public Schools (FCPS) is the fourth largest district in the country, with more than 17,000 employees and 100,000 students across 198 schools. Beginning in 2015, the county, schools, and community came together to address local concerns about youth suicide.

The school district and the county business services agency, the Fairfax Falls Church Community Services Board (FCCCSB), had a history of working together to raise awareness of issues such as bullying, depression, and suicide prevention.

Laura Yeager, Director of Employee Transformation for Fairfax County and former Director of Performance and Resource Development for the FCCCSB and Dr. Mary Ann Pananelli, FCCPS Director of Intervention and Prevention Services, both believed additional resources were needed to equip district staff to support students experiencing emotional distress following several deaths by suicide of youth in the district.

In addition, both leaders knew that talking about suicide or emotional distress with a student is uncomfortable for most people, and many educators lack the skills or confidence to intervene in these situations.

FCPS needed a solution that could reach educators across the district about having these conversations with students. And, with teachers' busy schedules and the many priorities competing for their time, Dr. Pananelli said, speed and cost effectiveness were essential considerations.

SOLUTION
An Online Evidence-Based Program
Searching for a solution, Ms. Yeager had discovered a novel online option on SAMHSA's National Registry of Evidence-Based Programs and Practices (NREPP) website. The program, At-Risk Student School Educators, provided users with practice modeling challenging mental health conversations through simulated role-play scenarios with emotionally responsive virtual humans.

"Part of my job is to 'normalize' the conversation and get people more comfortable with talking about suicide, depression, and emotional distress," said Ms. Yeager. "Kognito's program is a really easy way to do this, because it's not threatening."

"It would be difficult to ask every teacher to take an eight-hour class on suicide prevention," Dr. Pananelli noted. "We think about ways to make it manageable, and teachers loved the content and format."

Beside other training programs, At-Risk simulations go beyond building knowledge and awareness about mental health. By providing users with the ability to practice challenging conversations with students, the simulation builds educators' conversation skills and self-efficacy to apply best practices when approaching a

CLIENT
Fairfax County Public Schools
Fairfax Falls Church Community Services Board

MARKET
K-12

SIMULATIONS
K-12 At-Risk Product Suite
Step In, Speak Up!
Friend2Friend

Case Study

Fairfax County Teachers Talk with Virtual Students to Learn How to Save Real Lives

An in-depth look at how the 10th largest K-12 school district in the U.S.:

- Used online simulations to provide educators with practical skills to connect students with support
- Saw a 30-40% increase in the number of students whom educators talked with and referred to mental health services
- Rapidly trained more than 20,000 educators with Kognito's At-Risk for PK-12 simulations



Kognito
Upgrading Bullying Prevention
Training to Better Equip
Broward County School Staff

CASE STUDY
BUSINESS OFFICE

The sixth-largest school district in the country empowers every school employee to confidently identify and respond to bullying through simulation training.

BACKGROUND
Broward County addresses bullying prevention ahead of the curve

Studies show that as many as one in five students will experience physical, verbal, or social bullying in school. To combat this widespread issue, Broward County Public Schools (BCPS), the second largest school district in Florida and the sixth largest in the nation, has implemented one of the most comprehensive anti-bullying policies in the country.

BCPS adopted Anti-Bullying Policy 5.0 in 2010, the first anti-bullying policy in the state of Florida. It has served as a model for the state's 66 districts, leading the way in establishing guidelines for identifying and reporting bullying.

"Addressing bullying prevention is highly important because if students don't feel safe, then they absolutely can't succeed academically," says Aimee C. Wood, MS, LMHC, Prevention Specialist for BCPS.

To help ensure a safe learning environment for BCPS's 267,970

students, all public school staff—administrators, counselors, cafeteria staff, bus drivers, and other roles, in addition to teachers—must complete annual bullying prevention training. This training is designed to give BCPS employees the skills, training, and tools needed to create the foundation for preventing, identifying, investigating, and intervening when issues of bullying arise," as stated in Policy 5.0.

Distances like BCPS are consistently working to foster successful learning environments that is safe for students and free from discrimination and harassment. Teachers and other school staff play a vital role in providing a positive school climate and building relationships with students.

These trainings will seek to create a climate where school staff across the district that takes the safety and support of students and the staff that staff are there to protect and support. Additionally, students are not protected, but our mission is, school employees, administrators, assistant principal, counseling staff, bus drivers and the rest of the staff, training and then needed to create the foundation for preventing, identifying, investigating, and intervening when bullying arises.

— Anti-Bullying Policy 5.0

ABOUT BROWARD COUNTY PUBLIC SCHOOLS
1,012 schools
267,970 students
241 campuses
34,000+ employees

CLIENT
Broward County Public Schools

MARKET
K-12

SIMULATION
Building Respect: Bullying Prevention in Schools

Case Study

Upgrading Bullying Prevention Training to Better Equip Broward County School Staff

As a leader in bullying prevention that implemented Florida's first anti-bullying policy in 2008, learn how Broward County Public Schools:

- Narrowed the decision to replace their existing training with Kognito's Building Respect simulation
- Reached 17,000+ teachers and staff across 241 schools with simulation training
- Was able to provide relevant content addressing minority groups
- Increased the number of educators who feel prepared and confident to recognize bullying and take appropriate action