

Dropout Prevention and Trauma: Addressing a Wide Range of Stressors That Inhibit Student Success

A National Dropout Prevention
Center/Network White Paper

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The mission of the National Dropout Prevention Center/Network (NDPC/N) is to increase high school graduation rates and reduce school dropout rates through research, research dissemination, and the provision of evidence-based solutions. It accomplishes these goals by serving as a clearinghouse and network for evidence-based information that supports dropout prevention. The NDPC/N provides technical assistance and other professional assistance to school districts in the United States, all in support of dropout prevention. Fifteen effective strategies (National Dropout Prevention Center/Network, n.d.) guide the work of the NDPC/N. The topic of this paper threads through and is important to the success of many, if not all, of the strategies. This publication is designed to inform and facilitate awareness of and best practices related to dropout prevention and trauma-informed education.

FRAMING THE ISSUE

Factors that contribute to a student dropping out of school come from several different domains (i.e., individual, family, school, and community), and efforts to identify students who are at risk of dropping out of school often focus on variables such as students' discipline history, academic performance, and attendance (Parr & Bonitz, 2015; Suh, Suh, & Houston, 2007). Although understanding how these different domains and individual variables influence future academic success and/or risk for dropping out is important, identifying and examining the underlying issues that lead to misbehavior, academic struggles, and poor attendance in school can offer educators and policymakers insight to develop relevant interventions. For many students, trauma is one of these underlying issues. Traumatic events are likely experienced by students in every school in America, and they can have a significant impact on academic success and high school graduation.

Trauma can be defined in a variety of ways. According to the *Diagnostic and Statistical Manual of Mental Disorders*, 5th edition (DSM-5; American Psychological Association, 2013), a traumatic event

Broadly defined, trauma is any event that is “extremely upsetting, at least temporarily overwhelms an individual’s internal resources, and produces lasting psychological symptoms.” (Briere & Scott, 2015, p. 10)

includes exposure to actual or threatened death, serious injury, or sexual violence. This definition, however, does not include events that have a lasting impact on an individual's mental health (e.g., divorce or separation). A broader definition that includes the types of trauma that are far more frequent but still have lasting effects on an individual is one that describes trauma as any event that is “extremely upsetting, at least temporarily overwhelms an individual's internal resources, and produces lasting psychological symptoms” (Briere & Scott, 2015, p. 10).

The types of traumatic events that students experience will vary greatly. Acts of mass violence, such as the school shootings that occurred at Columbine High School in 1999 and Sandy Hook Elementary in 2012 are commonly known traumatic events that impact both school children and the individuals who are involved in supporting them. The most pervasive threat of trauma to children, however, is not necessarily these kinds of events, but rather the chronic

and/or systemic acts of violence that happen in or close to home (Meyers, 2014). Examples can range from seeing someone shot at the park down the street or witnessing domestic violence at home. Due to the pervasive nature of trauma among school-age students, all school personnel must recognize and incorporate trauma-informed prevention, intervention, and postvention efforts to provide the educational and social-emotional supports needed for students to experience academic success despite their trauma history.

A CALL FOR TRAUMA-INFORMED EDUCATION

In their roles as student support personnel, school counselors are well positioned to come in contact with children and adolescents who have experienced traumatic events. Figure 1 presents data from Rumsey’s (2017) doctoral dissertation where she explored how often school counselors ($N = 174$) encountered students dealing with different types of trauma. Given the frequency with which school counselors in Rumsey’s study reported addressing trauma-related concerns, the potential impact of trauma on today’s students cannot be ignored.

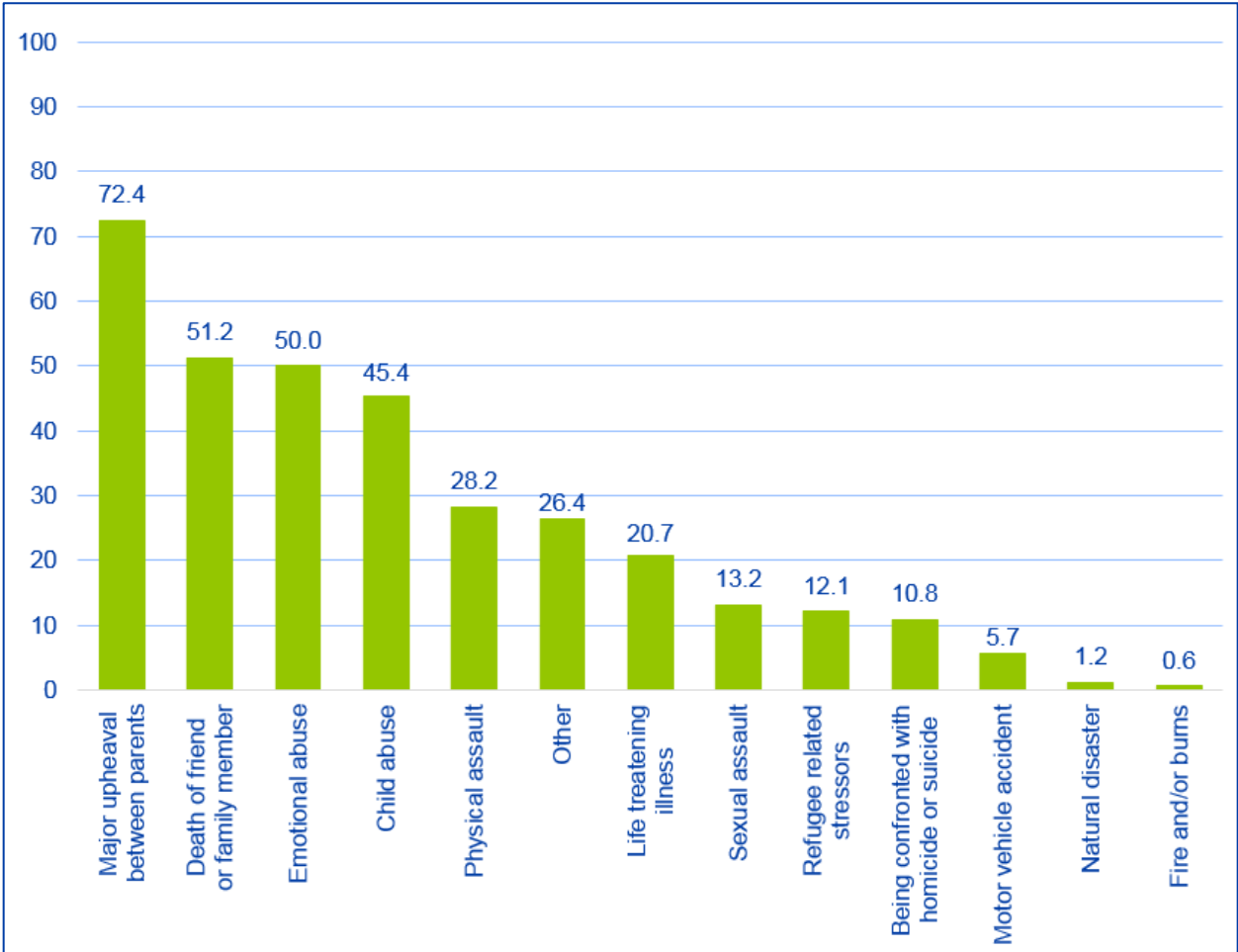


Figure 1. Percentage of K-12 school counselors who encountered students dealing with traumatic incidents at least multiple times per month, by type of trauma. Data from Rumsey (2017).

The increasing awareness of the prevalence of exposure to trauma among youth (Finkelhor, Turner, Shattuck, & Hamby, 2015) and the impacts of trauma on development (Meyers, 2014; Perfect, Turley, Carlson, Yohanna, & Saint Gilles, 2016; Walkley & Cox, 2013) have led to a growing national movement to create educational environments that are responsive to the needs of trauma-exposed youth (Cevasco, Rossen, & Hull, n.d.; Civic Impulse, n.d.; Overstreet & Chafouleas, 2016). This movement involves developing trauma-informed schools and identifying effective interventions for supporting youth affected by trauma in schools. A trauma-informed approach, according to 2014 guidelines from the Substance Abuse and Mental Health Services Administration (SAMHSA), is one that (1) *realizes* the impact of trauma and its role as a barrier to successful outcomes; (2) *recognizes* the signs and symptoms of trauma in children, families, staff, and others involved with the system; (3) *responds* by integrating knowledge about trauma into policies, procedures, and practices; and (4) seeks to resist *re-traumatization* of individuals within the system or school (SAMHSA, 2014).

REALIZING THE IMPACT OF TRAUMA

According to a report from the U.S. Attorney General’s National Task Force on Children Exposed to Violence (2012, p. 3), an estimated 46 million children are affected by trauma each year. The National Child Traumatic Stress Network (2005, p. 3) estimates that one in every four children will experience a traumatic event before the age of sixteen. The types of traumatic experiences that impact children include, but are not limited to, the following:

- automobile accidents
- serious injuries or illnesses
- acts of violence
- terrorism
- physical, sexual, or emotional abuse
- medical procedures
- the unexpected loss of a loved one through death, divorce, or incarceration
- life-threatening natural disasters

Using data from the 2014 National Survey of Children’s Exposure to Violence (NatSCEV), Finkelhor et al. (2015) found that 67.5% of children surveyed had directly experienced or witnessed at least one form of violence, crime, or abuse within the prior year; 50.0% had more than one exposure; 15.0% had six or more exposures; and 4.4% had ten or more exposures. For those children who experience multiple traumatic events, the likelihood of experiencing negative symptoms is increased.

National data indicate that about 68% of children experience or witness at least one form of violence, crime, or abuse per year.

RECOGNIZING THE CONNECTION BETWEEN TRAUMA AND SCHOOL DROPOUT

Research shows that exposure to traumatic events can lead to psychological symptoms (Cook, 2015; Hodges et al., 2013), learning challenges (Meyers, 2014), and lack of engagement (Porche, Costello, & Rosen-Reynoso, 2016). While many children will adapt and overcome trauma, many will develop childhood traumatic stress symptoms including

- intense and ongoing emotional upset;
- depression;
- anxiety;
- behavioral changes;
- difficulties at school;
- poor school attendance;
- problems maintaining relationships;
- difficulty eating and sleeping;
- aches and pains;
- withdrawal; and
- substance abuse, dangerous behaviors, or unhealthy sexual activity among older children.

Challenges associated with these traumatic stress symptoms often include problems with attention, memory, executive functioning, emotional self-regulation, and relationship formation, all of which can have tremendous effects on a child's ability to be successful in a school environment. For example, traumatized children may struggle to feel safe and build relationships, which could lead to a lack of engagement in the school setting. Additionally, complex trauma, which includes repetitive, ongoing experiences of prolonged stress, can alter the brain structure and lead to cognitive and developmental issues that can affect academic success (Meyers, 2014; Walkley & Cox, 2013). Additionally, in many cases, children experiencing these kinds of effects from trauma can be mislabeled with attention deficit disorder, oppositional-defiant disorder, and conduct disorder (Perry, 2009), meaning the underlying concerns related to trauma may never be addressed.

The connection between trauma and school dropout is evident. The symptoms of traumatic stress described above are very closely related to commonly identified dropout risk factors. Specifically, students are more likely to drop out of school when they have or display learning challenges, low academic achievement, emotional disturbances, disengagement, and or truancy (Hammond, Linton, Smink, & Drew, 2007)—all potential symptoms of trauma. Also, data show that children who have experienced trauma drop out of school at a significantly higher rate (19.79 %) than those who have not experienced trauma (12.97%; Porche, Fortuna, Lin, & Alegria, 2011).

RESPONDING WITH EFFECTIVE TRAUMA-INFORMED INTERVENTIONS

Effective trauma-focused solutions for working with families and students are housed in two categories of the National Dropout Prevention Center/Network’s (NDPC/N) *15 Effective Strategies for Dropout Prevention: Foundational Strategies and Managing and Improving Instruction* (see Table 1).

Dropout prevention will be most effective when educators are aware of how trauma affects students and families, when collaborative systems are established to support students and their families through trauma, and when the individual needs of students are taken into consideration.

In general, dropout prevention will be most effective when educators are aware of how trauma often affects students and families, when collaborative systems are established to support students and their families through trauma, and when the individual needs of students are taken into consideration.

Table 1
Effective Strategies for Dropout Prevention Related to Trauma-Informed Interventions

Foundational Strategies	
Systemic Approach	Addressing dropouts as a school, community, family, and individual, systemwide issue and using data for systemic renewal
School-Community Collaboration	Engaging the greater community in the dropout issue
Safe Learning Environment	Making schools places where students want to be
Managing and Improving Instruction	
Professional Development	Educators learning at-risk student issues and strategies
Individualized Instruction	Flexibility in teaching methods and motivational strategies

Note: This table lists five of the NDPC/N’s *15 Effective Strategies for Dropout Prevention* (excerpted from Addis & Withington, 2016, p. 4) most likely to include, accommodate, or support strategies to address trauma.

Effective solutions to dropout prevention for students exposed to traumatic events start with school staff learning about trauma. All staff members need to understand what trauma is, what it looks like, and how it affects students and families (Cole, Eisner, Gregory, & Ristuccia, 2013). With a solid foundation of knowledge about trauma, and in collaboration with community

organizations, school staff can incorporate comprehensive, systemic, trauma-informed practices. These might include developing policies and procedures that convey a safe and supportive environment for students and families who have experienced trauma, ensure students are supported rather than penalized for behaviors related to trauma, help students learn to cope and manage their emotions in healthy ways, and are established in partnership with community agencies to provide support services as needed. Additionally, educators need to consider that students who have been exposed to trauma might benefit from individualized academic or social-emotional supports in the school environment.

EXAMPLES OF EFFECTIVE INTERVENTIONS

- *Baker Elementary School, Brockton, MA:* Brockton School District started by educating their staff about trauma. With that knowledge, teachers created safe, supportive school environments where relationships and community building were prioritized. They helped students learn how to calm themselves down and generated options in their classrooms that students could choose when they were feeling overwhelmed. At the end of two years, disciplinary referrals were down by 75% (Bornstein, 2013).
- *Bemiss Elementary School, Spokane, WA:* Spokane County took an approach that emphasized educating teachers about adverse childhood experiences and how they affect student learning. Then they focused on helping teachers reframe how they view students, address problem behaviors, and create a school environment where students feel safe. After integrating trauma-sensitive practices for seven years, these efforts resulted in a 20% decrease in disciplinary referrals and a 30% decrease in suspensions each year for the past two years (Stevens, 2013).
- *El Dorado Elementary School, San Francisco, CA:* This K-5, high-needs elementary school housed mostly minority students who were regularly exposed to violence in their neighborhoods. With grant funding, the school incorporated comprehensive, trauma-informed practices to change the culture of the school. For example, teachers were educated on how trauma affects kids and were provided opportunities to focus on their own wellness. Students were taught how to cope with stress and calm themselves, and they also were provided counseling as needed. Also, each classroom created a safe space where students could go to calm down or take a break. The school's efforts resulted in a 74% decrease in disciplinary referrals and an 89% decrease in suspensions (Stevens, 2014).

RECOMMENDATIONS FOR EDUCATORS

- **Require all school professional staff to participate in trauma-specific professional development on a regular basis.** Knowledge about trauma has been shown to increase teacher awareness and challenge their perceptions of student behavior. Provide funding to



support schools in partnering with community organizations to bring in specialists who can speak to these issues. Provide refresher training or updates each year.

- **Integrate schoolwide and targeted interventions.** Research shows that schoolwide trauma-informed practices can make a difference, but many students need individualized attention. Ensure the availability of tiered systems of support.
- **Monitor the implementation of trauma-informed practices.** Identify district-level personnel who can monitor the frequency, quality, and consistency of implementation. School-level data should be examined and used to inform future implementation.
- **Screen new staff.** Identify and hire staff members who are open to conceptualizing student behavior with trauma in mind.
- **Develop collaborative relationships with the community.** Be proactive in seeking partnerships with community-based professionals and organizations that can offer specialized expertise or assistance. By partnering with mental health professionals and entities such as law enforcement, refugee support organizations, and domestic violence centers, to name a few, schools can generate referral lists and solicit experts to provide information to school staff and families.
- **Work in partnership with families.** Provide information to families about trauma symptoms and the potential impact of trauma on children and entire families. Share resource lists and encourage families to seek support for their children and/or themselves from either school or community-based resources.



CONCLUSION

There is a growing awareness of the impact trauma has on the psychological, social, and cognitive development of children and a push for schools to create trauma-informed practices. Understanding not only the variables that might indicate that a student is at increased risk of dropping out of high school, but also the underlying causes and contributors to those variables, is important for developing effective interventions and dropout prevention programs. Many of the risk factors that are associated with dropping out of high school are also known to be symptoms of childhood exposure to trauma. Students who exhibit these symptoms are often mislabeled, and the underlying concerns remain unknown and/or untreated. By implementing trauma-informed and effective dropout prevention strategies, schools can provide a safe, supportive environment and improve the services they provide to all children.

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