

Curriculum-Induced Trauma: Trauma-Informed Models and Schools as the Trauma Inducing Agent

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ABSTRACT

Curriculum-induced trauma (CIT) results from school socioracial adverse school experiences (SASEs) or traumatic stressors induced by curriculum supremacy towards whiteness, biased school policies, and culturally insensitive pedagogical practices. Given that schools can perpetrate school-induced trauma (SIT) and exist as trauma-inducing agents, it is imperative that trauma-informed models emphasize the trauma of racism, sexism, ableism, classism, religious and sexual orientation marginalization that are propagated by schools. This paper explores existing trauma-informed models and their ability to address the impact of SIT and CIT. Comprehensive innovative solutions are provided for creating school ecologies that are trauma-free and recommendations are suggested to teachers, administrators, and parents on how to support and combat CIT and SIT.

Keywords: school-induced trauma, curriculum-induced trauma, socioracial, education

The discourse on trauma, and particularly the trauma of school-aged children, has become a highlighted topic in PK-12 schools, universities, and mental health care communities. Trauma for school-aged children is described as adverse childhood experiences (ACE). ACE can be caused by harmful emotional experiences, neglect, abuse, and loss (SAMHSA, 2014). Because trauma is both physical and



psychological, it can impede cognitive, social, and emotional development that negatively impacts academic, interpersonal, and behavioral outcomes (Crosby, 2015). Though minoritized children are more exposed to stress and trauma (Mendelson et al., 2015), trauma indiscriminately impacts every race, socioeconomic status, gender, and belief system (SAMHSA, 2014). The indiscriminate nature of individual or community trauma is not manifested in a social, racial, or historical vacuum. Rather, individual and group trauma occurs in webbed experiences that are couched in social and communal contexts (SAMHSA, 2014). Hence, the relationship between experience, behavior, and social systems must include the impact of socioracial histories (Gordon, 2014) on development, learning, and trauma. Significant behavioral outcomes of distress, difficulty coping, emotional numbness, agitation, and behavioral concerns exhibited by minoritized students in the school setting can result from trauma (SAMHSA, 2014). These behaviors may be mistaken as behavioral concerns, disengagement, and disrespect in the classroom setting when it involves the child trying to make sense of their trauma in the school (Berardi & Morton, 2019). As a result, when these behaviors are exhibited by minoritized students, educators in trauma-informed schools are trained to examine and consider what happened in the home and social life of young children without considering the socioracial, school-induced, and curriculum-induced trauma.

Since the influence of trauma on learning and development can be visible or invisible (Morton, 2018), it is important to acknowledge and respond to how school-induced trauma (SIT) influences socioracial adverse school experiences, emotional development, academic achievement, and the development of higher-order thinking. Trauma is deeply personal and psychological and can be misinterpreted and trivialized when not understood (Hancock & Pass, 2020; Berardi & Morton, 2019). Berardi and Morton (2019) assert that trauma impedes the prefrontal cortex where higher-order thinking, cognitive, and emotional regulation are developed. When this trauma is induced by the school it is important to acknowledge that the source of trauma can not be the primary source of the solution. Hence, there must be a radical change in how trauma-oriented frameworks are developed and implemented. Briggs (2013) argues that school psychologists must be the change agent as the field recognizes the need to move from deficit-oriented trauma frameworks to more preventive-oriented frameworks. However, “the prevalence and impact of trauma on students' ability to meet the academic and social demands of the education environment present educators and the greater community with the responsibility to act” (Morton & Berardi, 2017, p. 489). The responsibility to act must include the promotion of preventive-oriented frameworks and trauma-informed models that acknowledge the reality of adverse school experiences of socioracial identities, school-induced trauma (SIT), and curriculum-induced trauma (CIT).

SOCIORACIAL ADVERSE SCHOOL EXPERIENCES

We define *socioracial adverse school experiences* (SASEs) as those traumatic stressors that are induced by curriculum supremacy towards whiteness, biased school policies, and culturally insensitive pedagogical practices. To clarify, SASEs include traumatic stressors that impact intersectional identities in the school setting only. See

Figure 1 for a visual depiction. As a school-based indicator of traumatic stressors, SASEs include the intersectional identities used to assess academic achievement. We used NAEP's (2020) most common characteristics for disaggregating data for reading achievement as a baseline to support clear intersectional identities. The most common variables used by NAEP (2020) to disaggregate achievement data included (1) race/ethnicity, (2) gender, (3) socioeconomic status/class (free/reduced lunch), (4) ability (students with disability), and (5) language (EL). Further, we recognize that NAEP (2020) does not include sexual orientation and religion as variables to assess achievement, however, we acknowledge the necessity to include these variables as socialracial components. The goal of the analysis was to parlay the achievement variables into intersectional identities to provide teachers, administrators, and support staff explicit language to acknowledge varying ways students can be traumatized and how SIT and CIT can directly impact learning.

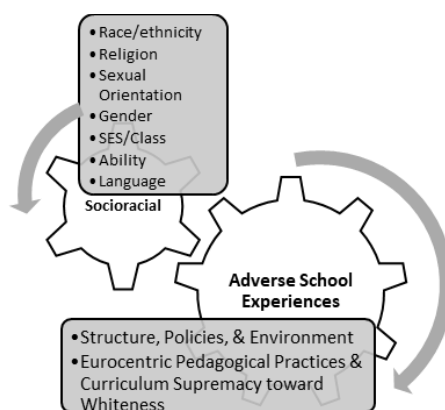


Figure 1. Visualization of Socioracial Adverse School Experiences Framework

Socioracial (S) refers to the intersectional identities of race, gender, ability, language, sexual orientation, religion, and class that all students navigate daily. However race is highlighted as the primary intersectionality as a recognition that Black and other youth of color are disproportionately affected by traumatic stressors (Saleem et al., 2021; Bernard et al., 2020; and Mendelson et al., 2015). Adverse school experiences (ASEs) are the cause of both school-induced and curriculum-induced trauma and are described in two ways. First, adverse school experiences that refer to the functioning of schools manifest through (a) structures that prevent access and opportunity to school programming, (b) policies that support segregation and racial hierarchy like academic tracking and racist disciplinary practices, and (c) school environments that promote monocultural worldviews, values, and traditions. Second, adverse school experiences that focus on the knowledge transfer in schools include (a) the use of Eurocentric pedagogical methods, (b) the reinforcing of white supremacy in curriculum content, (c) erasure of course offerings and content that

counter whiteness ideology, and (d) the minimization or omitted intellectual, artistic, scientific, and innovative contributions of Black and other minoritized populations. In sum, socioracial adverse school experiences (SASEs) describe both the hostile and marginalizing school structures, policies, and environments and the negative experiences associated with the propagation of Eurocentric teaching practices and curriculum supremacy.

SCHOOL INDUCED-TRAUMA (SIT)

Schools and mental health communities as social systems have neglected to explicitly recognize the trauma that is induced by schools as a psychological factor that negatively affects the prefrontal cortex and academic performance of minoritized students (Berardi & Morton, 2019). We define school-induced trauma (SIT) as SASEs that through (a) structures, (b) policies, and (c) environment covertly or overtly impacts the intersectional (race, gender, ability, class, religion, sexual orientation, and language) identity, intrapersonal perspective, psychology, academic success, and in some cases life trajectory of minoritized students. To be clear, SIT doesn't include natural disasters that impact the school or external forces that may produce distress. SIT is solely caused by school structures that stunt access, environments that promote socioracial marginalization, and policies that enforce inequitable disciplinary practices that have undoubtedly exacerbated school-induced trauma for many minoritized students, specifically Black students (Saleem et al., 2021). SIT also includes SASEs caused by structures, policies, and environments that license race-related physical violence initiated by school personnel. Saleem et al. (2021) insist that "race-related stress and trauma may exacerbate risks for psychological and academic difficulties and foster disparities for those from racially marginalized groups" (p. 16). In sum, examples of disturbing events and experiences that promote school-induced trauma in the educational context for minoritized youth include the following (a) overuse of school punishment and low tolerance policies, (b) racially stressful and traumatic environments that reinforce white norms, and (c) structures that restricted opportunities and promote lower academic expectations for Black students (Saleem et al. 2021).

CURRICULUM-INDUCED TRAUMA (CIT)

The curriculum is a political tool that shapes thought, perception, and notions of academic and intellectual achievement. It is a socially constructed tool grounded in political, historical, and cultural dominance. Thus, the curriculum promotes a set of values and a particular worldview that supports belief systems and hegemonic meanings (Hancock & Pass, 2020). Through the sharing of particular socially constructed knowledge and images that are deemed valid and important, the curriculum simultaneously devalues the beliefs, worldview, images, and knowledge that are omitted. Trauma is a deeply distressing or disturbing physical, intellectual, spiritual, or emotional experience that can be realized immediately or later (SAMHSA, 2014). We contend that curriculum-induced trauma (CIT) is a result of White centered perspectives and values that dominate curriculum content,

Eurocentric pedagogical practices, and course/topic offerings that oppresses intersectional identities through the propagation of curriculum supremacy toward whiteness. More specifically, we first propose that CIT can be caused by curriculum content that systematically and continuously overrepresents whiteness as good, normal, and right, while overrepresenting non-whiteness as abnormal, primitive, and unvalued (Hancock & Pass, 2020). Second, CIT is produced through the omission of the historical, scientific, innovative, artistic, and literary contributions, voices, and perspectives of minoritized communities while simultaneously omitting the atrocities, genocide, and unethical actions of whiteness (Hancock & Pass, 2020). While schools encompass the curriculum, CIT is not necessarily produced as a result of school structures, policies, and environment but CIT can also be induced through the teacher's lack of cultural competence toward pedagogical and content knowledge. In sum, CIT is fostered by factors that include (a) the use of only Eurocentric and monolithic pedagogical methods, and (b) the reinforcing of White hegemonic values and point of view in curriculum content, (c) elimination of course offerings and authentic content that counter whiteness ideology, and (d) the minimization or omitted contributions of Black and other minoritized populations (Hancock & Pass, 2020; Saleem et al. 2021).

PURPOSE STATEMENT

Given that schools can be trauma-inducing agents, it is imperative that mental health support systems emphasize the reality of the socioracial adverse school experiences (SASEs) that African American students must navigate in the school milieu. While trauma-informed school practices can adequately support a range of traumatic experiences (Berardi & Morton, 2019), it isn't explicitly clear if these models can adequately support students who are traumatized with the compounded stress of SASEs that are caused by teachers, the school environment, and the curriculum. As such, this paper centers on the following two questions: (1) *Do existing trauma-informed models account for students who have been impacted by school-induced trauma and more specifically curriculum-induced trauma?* (2) *How can trauma-informed models comprehensively decrease curriculum-induced trauma?* To explore these questions we first provide a brief overview of MTSS as a framework for supporting trauma-induced models and two models that acknowledge culture as an important factor in trauma care. Next, we analyze the models to investigate how each responds to the guiding questions. We then provide solutions and recommendations based on the results of the analysis. Finally, we conclude with a comprehensive summary of the main points and future scholarship on this topic.

REVIEW OF TRAUMA-INFORMED FRAMEWORKS AND MODELS

A variety of school-based models are used to support trauma caused by adverse childhood experiences (ACE). However, this paper doesn't allow for an exhaustive exploration of the many trauma-informed models and approaches used to support schools. As such, we have purposefully selected two models based on their acknowledgment of culture as an important factor in effective trauma care.

Specifically, we set out to identify models that originated to support minoritized groups and/or displayed a concerted focus on the importance of culture in trauma support. These two criteria were used to thoroughly analyze four trauma-informed models. In addition, we highlight the Multi-Tiered Systems of Supports (MTSS) as a framework for the effective implementation of trauma-informed models.

MTSS Framework

MTSS is defined as “an evidence-based model of education that employs data-based problem-solving techniques to integrate academic and behavioral instruction and intervention” (Gamm et al., 2012, p. 4; Freeman et al., 2016). The MTSS model seeks to ensure that students have access to necessary resources to support their academic, behavioral, and social-emotional student outcomes (Freeman et al., 2016; Wexler, 2017). In addition, MTSS is designed to support trauma-informed models for optimum implementation in the school setting (Freeman et al., 2016). Guiding principles of MTSS include the following (a) scientific-based research interventions, (b) continuum of interventions based on tiers, (c) problem-solving framework, (d) data-based decision making, (e) use of assessments, (f) systematic screening of students (Sugai & Horner, 2009). Tier 1 (primary tier) focuses on universal support and creating environments that are supportive, safe, and trauma-informed for all students (Dorado et al., 2016). Typically, this tier should focus on 80–90% of the student population in the school (Stoiber, 2014). Tier 2 (secondary tier) focuses on support for youth presenting with higher risk needs and usually serves about 10–15% of the student population in the school (Stoiber, 2014). Tier 3 (tertiary tier) involves support for students directly suffering from the consequences of trauma and for whom Tier 1 and Tier 2 did not meet their specific needs. This tier focuses on supporting approximately 1–5% of the student population in the school (Stoiber, 2014). Collectively, these tiers clarify targeted interventions at each level for students, adults (staff and caregivers), and the overall educational system. This framework focuses on guiding principles for trauma-informed schools of cultural humility, empowerment, compassion, safety, understanding trauma, and promoting resilience (Dorado et al., 2016). Freeman et al. (2016) contend that MTSS is a structural framework that connects knowing to doing. As such, MTSS is a comprehensive framework that provides practical support to intervene at the school, classroom, and personal levels. It is also conducive to scaffolding and guiding trauma-informed approaches to effective implementation.

Cognitive Behavioral Intervention for Trauma in Schools

Cognitive Behavioral Intervention for Trauma in Schools (CBITS) was initially developed to support positive behaviors for minoritized, low wealth, linguistically diverse, and newly immigrated youth to navigate community and home trauma in the school setting (Ngo et al., 2008; Jaycox et al., 2012). CBITS is a comprehensive evidence-based program that includes age and developmentally appropriate group lessons and activities as well as individual and intrapersonal work (Jaycox et al., 2012). Student groups, parents, and teachers are the primary pillars for the program

with an emphasis on reducing psychological reactions and building resilience for optimum success in social and academic settings (Jaycox et. al., 2012). The comprehensive nature of CBITS engages students in multiple techniques to promote resilience and reduce psychological stress. Jaycox et. al. (2012) identifies eight components of CBITS to include: (1) psychoeducation and common reactions to trauma, (2) thoughts-feelings-actions triangle, (3) relaxation training, (4) feeling thermometer, (5) cognitive therapy, (6) real-life exposure, (7) trauma memory and narratives, and (8) social problem-solving. In addition to the multifaceted components to support resilience and emotional health, CBITS also includes culturally relevant teaching practices and prioritizes collaborations with community partners (Ngo et. al., 2008). Further, the use of cultural liaisons with both cultural and clinical experience are integral in implementing intervention measures (Ngo et. al., 2008).

The CBITS model includes 10 student-group sessions based on psychoeducation topics that include common reactions to trauma, disputing negative thoughts, building a fear hierarchy, trauma narrative expression, social problem solving, and relapse prevention (Jaycox et al., 2012). In addition, CBITS engages individual students in three (3) sessions designed to support expressions through trauma narratives, two (2) parent sessions that are focused on teaching children to measure fear, notice thoughts, relaxation techniques, how to face fears, as well as the thoughts-feelings-action triangle, and one (1) session for teachers with topics on reactions to trauma and tips for teaching traumatized students (Jaycox et al., 2012). CBITS is a data-driven and effective school-based program for the intervention and prevention of trauma, particularly among diverse youths and their community (Jaycox et al., 2012; Ngo et al., 2008).

Trauma-Informed School Practices (TISP) Tri-Phasic Model

The Trauma-Informed School Practices (TISP) Tri-Phasic Model is a thorough program that is designed to develop competencies in educators to effectively deliver trauma-informed services (Berardi & Morton, 2019). TISP is governed by three guiding principles that include: (1) attachment-focused refers to attachment theories that provide practical understanding as it pertains to relationships that disrupt or promote brain development, (2) neurobiology-informed highlights the need to understand the neurobiology of stress and trauma on the behavior of students, and (3) strengths-based approaches support the healing, resilience, and healthy prefrontal development through attachment-focused learning partnerships (Berardi & Morton, 2019). In addition, TISP promotes a three-tiered framework for community engagement. First, the *ethic of care* is purposed to promote an inclusive environment that fosters both students' and educators' well-being, resilience, and safety (Berardi & Morton, 2019). Second, *stakeholders' participation* requires a cultural and practical school/system-wide change to include multiple stakeholders in building trauma-informed communities (Berardi & Morton, 2019). Third, *multicultural inclusion* is an ethical disposition that focuses on the inclusion of intersectional identities and the impact of the stress and trauma induced by dominant hegemonies and laws on minoritized populations (Berardi & Morton, 2019). The guiding principles coupled

with the community engagement positions TISP as a strong advocate to combat SASEs as a form of SIT.

Thomas et al. (2019) report that the foundational and common knowledge for supporting and maintaining trauma-informed care is “(a) building knowledge and understanding the nature and impact of trauma; (b) shifting perspectives and building emotionally healthy school cultures; and (c) self-care for educators” (p. 426). *Building knowledge and understanding the nature and impact of trauma* resources engages educators in knowledge about the importance of neurology and brain science as related to trauma as well as the fight, flight, freeze response to trauma (Berardi & Morton, 2019; Thomas et al., 2019). *Shifting perspectives and building emotionally healthy school cultures* support moving from deficit perspectives on student behavior and dispositions to more empathic positions for effective response to student trauma (Thomas et al., 2019). Finally, *Self-care for educators* emphasizes self-awareness of the vicarious trauma symptoms teachers may take on and finding avenues to self-care to mitigate personal trauma (Thomas et al., 2019).

The MTSS framework supports approaches like CBITS and TISP that can be tiered for effective and targeted intervention. As trauma-informed approaches, CBITS and TISP highlight the importance of the sociocultural values of students and a focus on healthy school environments respectively.

EXISTING TRAUMA-INFORMED MODELS AND SCHOOL-INDUCED TRAUMA

We inquired if existing trauma-informed models account for students who have been impacted by school-induced trauma explicitly curriculum-induced trauma. Our review of two existing models and a framework suggests that while they have focused on equity and inclusion in their approaches, and are committed to supporting issues around culture and ethnic identities (Berardi & Morton, 2019; Ngo et. al., 2008), CBITS and TISP have not explicitly accounted for socioracial adverse school experiences (SASEs) as it pertains to school-induced trauma. While CBITS was initiated to support diverse and marginalized students, promote “critical discussions” about the cultural experiences of students and families, engage in culturally responsive teaching methods, promote cultural liaisons as ambassadors to community and family culture, and even take into account cultural ways to express distress (Ngo et. al., 2008), the approach admittedly and effectively focuses on community and home trauma in the school setting, not the socioracial stressors caused by school experiences. And though TISP asserts that it “assist all elements of an academic environment in structuring its culture and processes according to trauma-informed school competencies” (Berardi & Morton, 2020, p. 103), focuses on multicultural inclusion, intersectional identities, and the stress and trauma induced by dominant ideologies, the approach doesn’t explicitly address schools as hegemonic oppressive entities. The lack of focus on SASEs where schools are the traumatizing agent can be easily remedied in both CBITS and TISP.

Addressing trauma from the whole school approach without attention to the experiences of school-induced trauma fails to account for the full experiences of minoritized students. The guiding principles of CBITS and TISP are essential for

supporting minoritized students in educational environments; yet, the failure to account for experiences of school-induced trauma in the school setting is a missed opportunity. The guiding principles are important and the addition of approaches like the STARS Blueprint (Saleem et al., 2021) to support minoritized students with experiences of school-induced trauma is essential for trauma-informed schools. Trauma-informed schools need to be sensitive to the trauma imposed on students through school structures, policies, curriculum, teaching, and environments.

Since both models acknowledge the plight of marginalized and minoritized students, it is important that socioracial adverse school experiences in the context of school structures, policies, curriculum, and environments are explicitly prioritized for treatment and intervention. This would require an overt focus on socioracial adverse experiences that are induced in classrooms and schools. Nonetheless, extending CBITS and TISP focus to explicitly attend to how the school structures, policies, and environments promote SASEs, will enable these approaches to answer the following question favorably: *Do existing trauma-informed models account for students who have been impacted by school-induced trauma and more specifically curriculum-induced trauma?*

TRAUMA-INFORMED MODELS AND DECREASING CURRICULUM-INDUCED TRAUMA

We explored how trauma-informed models can comprehensively decrease curriculum-induced trauma. Trauma-Informed ideologies do not fully account for or acknowledge CIT being perpetrated against minoritized youth through SASEs and instead concentrate primarily on trauma occurring in the home and community. Trauma-informed professionals are conduits for helping to identify these family and community-level trauma experiences and behaviors among children (SAMHSA, 2014). As stated by Beradi and Morton (2019), “trauma-informed practice recognizes that significant stress and trauma are caused by implicit and explicit social values and mores related to aspects of our social identities that are either privileged or marginalized” (p. 104). Yet, the mention of the stress and trauma perpetrated against marginalized populations in the educational system is not acknowledged. Though trauma-informed school practices help support a range of traumatic experiences (Berardi & Morton, 2019), they fail to account for CIT resulting from SASEs.

We contend that trauma-informed models can only placate CIT, have better success at decreasing CIT by infusing approaches like the STARS Blueprint (Saleem et al., 2021) and the HEARTS model (Dorado et al., 2016), but more certainly dismantle CIT by reconstructing new models of trauma-informed care that focuses on trauma prevention through *trauma-free content and teaching (TFCT)*. Given the exclusion and oversight of existing approaches to account for CIT, we suggest an ideological shift to the concept of TFCT to support and sustain trauma-free schools. Since it is irresponsible to expect the traumatizing agent to liberate the traumatized, we argue that TFCT is essential to the prevention of CIT.

We define TFCT as a preventive approach that involves an intentional focus on the elimination of CIT. More specifically, TFCT is an approach to curriculum and pedagogical practices designed to prevent the deeply disturbing events, experiences,

and content resulting in significant distress, difficulty coping, emotional numbness, and agitation for Black and other minoritized students. To intentionally prevent suggests an active resistance to the current curriculum content, offerings, and teaching practices. TFCT requires trauma-informed models to shift from simply asking students *What happened to you?* to further the line of question to ask *How has the curriculum impacted your identity as a diverse learner and student? And How can the curriculum better support your learning?* These questions acknowledge the socioracial adverse school experiences (SASEs) of students and allow educators and schools to understand how teaching and curricula may be traumatizing students they are attempting to protect from trauma. The application of trauma free content and teaching (TFCT) requires a whole school approach that encompasses curriculum content, teaching practices, as well as school structures, policies, and environment.

SOLUTIONS AND RECCOMENDATIONS

It is difficult to expect the problem to be responsible for the solution. Therefore, recommend a comprehensive approach to support students who are subjected to SASEs that yield SIT and CIT. First, we recommend a community-based accountability task force be designed to support the school in shifting from deficit-oriented trauma models to preventive and student-centered models. Second, the establishment of a Curriculum-Induced Trauma Accountability Consortium (CITAC) will require the participation of educators, parents, school health professionals, curriculum developers, district-level leaders, and community organizations as well as two components to include refocusing on trauma prevention and acknowledging SIT and CIT.

Refocus on Trauma Prevention through Trauma Free Content & Teaching (TFCT)

As a result of CIT, which is caused by the compounded stress from SASEs, we recommend the development and implementation of TFCT as a preventative approach to curriculum and pedagogical trauma models. TFCT results in all students having an opportunity to be successful in the school environment regardless of socioracial identities. One of the goals of TFCT is to directly target the removal of compounded socioracial stressors to create a more equitable learning environment. To incorporate the TFCT ideology structural and policy shifts are required (Minor, 2014) in teaching and curriculum content. Structural changes in teaching include adopting and reorganizing pedagogical practices to support a variety of socioracial identities. Policy shifts in curriculum content must acknowledge and amplify the contributions, voices, and perspectives of minoritized communities. This includes the resistance of framing non-whiteness as abnormal, primitive, and unvalued (Hancock & Pass, 2020). Thus, the acceptance of TFCT is essential concomitantly with the implementation of trauma-informed or trauma-sensitive models. Nonetheless, The infusion of TFCT allows schools to continue to use existing trauma-informed models for community and even SIT while being attentive to eliminating CIT of minoritized and marginalized students.

Acknowledge and Educate on SIT and CIT

School administrators and leaders must acknowledge SIT and CIT before incorporating existing trauma-informed models. As schools recognize the negative impacts of SIT and CIT on achievement, we recommend that schools adopt training to educate stakeholders (e.g., teachers, administrators, student support personnel, caregivers, mental health professionals, and students) on CIT and ways to develop authentic content. This includes training centered on the following suggested learning objectives (a) defining and highlighting examples of CIT, (b) identifying the multiple worldviews of historical events, (c) analyzing curriculum perspectives and intent, (d) reexamining and prioritizing seminal literature at all grade levels, and (e) develop skills to effectively assess CIT. Educating school personnel on SASEs is necessary to position them as change agents in combating CIT.

CONCLUSION

We sought to understand if existing trauma-informed models account for students who have been impacted by school-induced trauma and more specifically curriculum-induced trauma. We also explored how trauma-informed models could comprehensively decrease curriculum-induced trauma. Though each of the trauma-informed models we highlighted has the potential to support SASEs and by extension SIT and CIT, they require a critical focus on race. Our findings indicated existing trauma-informed models do not explicitly account for race and racism and lack a comprehensive focus on SIT. Without the infusion of the STARS Blueprint in the foundational components of SAMHSA's guidelines (Saleem et al., 2021) and HEARTS framework, provides additional protections for minoritized students in the school ecology (Dorado et al., 2016) the existing models lack the critical use of race and other intersectionalities in the prevention of SASEs, intervention protocols, and implementation of services in the school milieu. Implementing trauma-informed approaches without explicitly acknowledging SASEs and trauma-free teaching and policies, only perpetuates trauma for marginalized students.

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