

## **MONARCH: Examining a Model for Middle Level and Secondary Trauma Informed Education**

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### **ABSTRACT**

This study explores the challenges, successes, and needs of school staff as they implement a whole-school, culturally sensitive, trauma-informed approach, the MONARCH (Multifaceted approach Offering New Beginnings Aimed at Recovery, Change, and Hope) model. From 2023 to 2024, 116 school staff from 11 public, middle, and high schools in a large city participated in the MONARCH intervention. A subgroup of teachers, support staff, and administrators from each school participated in focus groups facilitated by project evaluators before and during implementation. Focus groups were recorded, transcribed, and coded using thematic analysis. Findings yielded themes focused on the common challenges experienced by school staff in relation to student behavior and supporting Black youth, barriers to MONARCH implementation, and factors that facilitated implementation success. We discuss implications of these findings related to the use of trauma-informed school practice to increase healing and equitable practices for the most vulnerable student populations.

**Keywords:** trauma-informed, culturally responsive practice, childhood trauma, interventions

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Trauma symptoms in children can manifest in many ways, including emotionally, cognitively, socially, and behaviorally (National Child Traumatic Stress Network (NCTSN), 2025b; Swedo, 2024). Youth frequently encounter potentially traumatic experiences (i.e., adverse childhood experiences or ACEs) (Bernard et al., 2021;



NCTSN, 2025a; Swedo, 2024), resulting in stress responses that are challenging in school contexts (Perfect et al., 2016). Additionally, ACEs have been found at higher rates among children who identify as Black or Hispanic, whose families have low income (Sacks & Murphey, 2018; Slopen et al., 2016), or who are involved in foster care (Bruskas & Tessin, 2013). The literature has shown the associations between increased trauma symptoms and challenges with attention and memory, self-regulation, relationships, increased school absences, and lower academic outcomes (Bethell et al., 2014; Perfect et al., 2016). Longer term, ACEs have been related to higher prevalence of alcoholism, drug use, depression, and suicide attempts in adulthood (Felitti et al., 1998).

Further, educators serving children who experience trauma are at risk of developing secondary traumatic stress (STS), a phenomenon (Bride et al., 2004; Hydon et al., 2015; Rankin, 2022; Simon et al., 2022) that results from working with traumatized individuals (Figley, 1995). More generally, teachers report high levels of occupational stress, burnout, and threats to well-being (Doan et al., 2024), which are associated with intent to leave teaching (Madigan & Kim, 2021b), as well as poorer outcomes for students (Madigan & Kim, 2021a). Thus, many schools strive to adopt trauma-sensitive approaches that encourage resilience, prevent re-traumatization, and address trauma symptoms as they arise. Comprehensive, school-wide approaches to trauma, while warranted, have proven challenging to implement (Chafouleas et al., 2021; McIntyre et al., 2019; Wassink-de Stigter et al., 2022).

### **Trauma Sensitive Schools**

Due to the negative impacts of trauma on learning, education systems have increasingly sought to implement trauma-sensitive approaches (Overstreet & Chafouleas, 2016; Watson & Astor, 2025), which are, arguably, an essential step in addressing systemic educational inequities (Ridgard et al., 2015), given the disproportionate rates of trauma among children of color and in families with low income. Schools are well-positioned to help mitigate the impacts of trauma through trauma-sensitive approaches (Ko et al., 2008). Educators who realize the prevalence and potential impact of traumatic experiences and recognize trauma symptoms can respond appropriately and resist re-traumatization (SAMHSA, 2014). School efforts grounded in these principles vary greatly in conceptual framework and practice (Thomas et al., 2019; Norrish & Brunzell, 2023). For example, one common approach is primarily didactic and focuses on building awareness among teachers, students, parents, and others about trauma and its impacts (e.g., Chafouleas et al., 2021; Watson & Astor, 2025). Some models emphasize individual support for students who have experienced trauma (e.g., Fondren et al., 2020). In addition to being able to connect students with mental health and academic supports when needed, educators can encourage healing by developing trusting relationships with students and creating safe, inclusive, positive school environments (Thomas et al., 2019).

Despite the proliferation of trauma-sensitive school initiatives and models (e.g., SAMHSA; Watson & Astor, 2025), research showing the impacts of these initiatives on students and schools remains limited, particularly in relation to whole-school

change (Avery et al., 2021; Maynard et al., 2019; Watson & Astor, 2025). Further, in practice, trauma-sensitive school approaches tend to focus heavily on awareness-building (e.g., Chafouleas et al., 2021; Watson & Astor, 2025) and support for individual students with trauma (Fondren et al., 2020), which, while important components to growing trauma-sensitive environments, may also simultaneously perpetuate deficit-based, stigmatizing perspectives of impacted students and their communities (Alvarez, 2023; Gherardi et al., 2020; Ginwright, 2018).

Such shortcomings may be related to the challenges of implementing trauma-sensitive changes that differ from existing school norms and practices (McIntyre et al., 2019). To this end, L'Estrange and Bentley (2025) found that educators' intent to adopt trauma-sensitive practices did not significantly predict implementation actions. Educators instead reported that implementation benefited from personal factors like skill level and available time, while systemic factors like weak policies, procedures, and administrative support were implementation barriers (L'Estrange & Bentley, 2025).

### **Impacts of Whole-School Trauma Approaches**

When implemented fully and with attention to experiences of collective and systemic trauma, trauma-sensitive school approaches can also be whole-school approaches, as the latter have the potential to encourage healing and help address injustices at the root of trauma exposure (Chafouleas et al., 2023). Some schoolwide trauma-sensitive frameworks include embedding the model components from SAMHSA (2014) across each level within a multi-tiered system of support (MTSS) (Berger, 2019), a public health prevention-oriented model already widely used in schools, (Chafouleas et al., 2016; Hoover et al., 2019).

Trauma interventions in schools have stimulated decreases in student PTSD, depression, and anxiety symptoms (Fondren et al., 2020; Jensen et al., 2017). Whole school approaches to trauma are associated with reductions in disciplinary referrals (Dorado et al., 2016; von der Embse et al., 2019), reduced suspensions (Baroni et al., 2020), increased student engagement (Dorado et al., 2016), decreases in PTSD symptoms (Day et al., 2015), and increased student social-emotional skills (Perry & Daniels, 2016). Finally, practices that may be included in support of schoolwide trauma approaches, such as social-emotional learning have also demonstrated positive outcomes for students, including increased academic achievement and prosocial behaviors and decreased emotional distress and behavior problems (Durlak et al., 2022).

Whole school trauma-sensitive efforts often measure educator outcomes related to foundational trauma awareness training (Watson & Astor, 2025). Smith et al. (2025) found that educators participating in self-guided online and live versions of training for the Trauma Education to Advance Community Healing (TEACH) program grounded in the NCTSN (2017) framework for trauma-sensitive schools, reported satisfaction with the trainings and significant increases in the use of trauma-informed strategies. Similarly, Dorado et al. (2016) found that staff reported significant differences in knowledge about trauma, use of trauma-sensitive practices,

and understanding of burnout and vicarious trauma after participating in the same program training.

### **The MONARCH Model**

The MONARCH (Multifaceted approach Offering New Beginnings Aimed at Recovery, Change, and Hope) model, rooted in critical trauma theory (Stevens, 2009), is a whole-school, trauma-informed approach to school discipline and systems change. Critical trauma theory elevates the intersections of race, gender, and various other identities in our understanding of trauma, rather than overlaying a white-normative or culturally specific rubric of trauma onto diverse populations (Stevens, 2009). Through a critical perspective of trauma, MONARCH seeks to create safe and inclusive education environments using a three-pronged approach: (a) educator professional development, (b) developing a MONARCH Room, and (c) trauma-informed social and emotional learning (TI-SEL) coaching & consultation.

Professional development training is structured around seven modules with content adapted from Day et al. (2015) and Wolpov et al. (2009). Modules cover the foundations of trauma and racial trauma; neurobiology; emotional, behavioral, cognitive, and social functioning; culturally sensitive responses and SEL curricula; utilizing a whole school system approach; and self-care. The MONARCH Room (see Baroni et al., 2020 for full description) is a sensory integration and de-escalation room located within the school and facilitated by behavioral interventionists and paraprofessionals. It is designed to be non-punitive in nature, a safe place, and an alternative to the exclusionary school discipline strategies that are often counterproductive and disproportionately used on Black students (Crenshaw, Ocen, & Nanda, 2015). As such, restorative disciplinary practices are intentionally taught during training as a central ingredient to the success of the model. Finally, a TI-SEL skill development curriculum is utilized to help schools support students. The MONARCH model incorporates coaching and consultation to assist schools in selecting a SEL curriculum and integrating it effectively alongside the other elements of the model.

Originally developed in a second chance academy charter school for students with a history of foster care and/or juvenile justice involvement, MONARCH was initially tested in a large urban setting in a Midwestern state (Day et al., 2015; West et al. 2014). It has since been replicated in both urban and rural schools and in both general education and alternative education settings in the United States. Inquiries have been made into the model by school professionals in Australia, but it is unknown if the model has been implemented internationally.

### **Limitations of Prior Research and Purpose of the Current Study**

While a growing body of evidence highlights the benefits of whole-school approaches to trauma, schools with limited resources or overburdened staff may find them difficult to implement. Whole-school trauma-informed initiatives often require significant administrative coordination and resources to set up and sustain (Maynard et al., 2019). Furthermore, we know little about the experiences, challenges, and

successes of school professionals leading these initiatives. Their insights into what helps or hinders implementation can guide efforts to make whole-school trauma approaches feasible and sustainable. To this end, the current study analyzes focus group data from school personnel implementing the MONARCH model. Specifically, this study aims to address the following research questions (RQs):

1. What are the common challenges that school staff experience related to student trauma and behavior?
2. What barriers did school staff experience during the implementation of the MONARCH model?
3. What promotes and indicates success during MONARCH model implementation?

## METHODS

Data were derived from a larger one-year evaluation of MONARCH model implementation across 11 middle and high schools in a large urban school district in the U.S. Participants included 46 school staff from the core “champion” teams leading the implementation at their respective schools. Baseline focus groups included 18 participants, and follow-up focus groups had 44 participants, with 31.8 % participating in both (i.e., the baseline and follow-up). See Table 1 for participants’ demographic characteristics and Table 2 for student demographics for each school.

**Table 1: Sample characteristics (unique  $N = 46$ )<sup>1</sup>**

| Characteristic                         | Baseline ( $n = 18$ )<br>% / $M$ ( $SD$ ) | Follow-up ( $n = 44$ )<br>% / $M$ ( $SD$ ) |
|--|---|--|
| <i>School type</i>                     |   |  |
| Middle school                          | 72.6                                      | 71.8                                       |
| High school                            | 28.0                                      | 27.2                                       |
| <i>Current role<sup>2</sup></i>        |   |  |
| Teacher                                | 28.0                                      | 9.1  |
| Administration                         | 11.0                                      | 25.3                                       |
| <i>Peer/pupil services<sup>3</sup></i> |   |  |
| In current role 3+ years               | 66.7                                      | 50.0                                       |
| <i>Race and/or Ethnicity</i>           |   |  |
| Asian                                  | 5.6                                       | 2.6  |
| Black                                  | 33.0                                      | 59.0                                       |
| Latine                                 | 28.0                                      | 26.0                                       |
| Mixed race                             | 5.6                                       | 2.6  |
| Native Hawaiian/Pacific Islander       | 5.6                                       | 0.0  |
| White                                  | 22.0                                      | 10.0                                       |
| <i>Gender</i>                          |   |  |
| Man                                    | 33.0                                      | 23.0                                       |
| Nonbinary                              | 5.6                                       | 0.0  |
| Woman                                  | 61.0                                      | 77.0                                       |

|   |               |               |
|---|---------------|---------------|
| <i>Average student enrollment</i>                             | 574.9 (156.5) | 661.0 (322.7) |
| <i>Estimated percentage of student body exposed to trauma</i> | 84.3 (15.4)   | 70.0 (27.8)   |
| <i>Participated in baseline focus group</i>                   | --            | 31.8          |

*Notes.*<sup>1</sup> There were 46 unique participants across baseline and follow-up focus groups. Fourteen staff members participated in both baseline and follow-up focus groups. Two peer/pupil services staff each participated in two follow-up focus groups because (1) follow-up focus groups were school-specific, and (2) their positions were split across two participating schools. Correspondingly, percentages may exceed 100 %. <sup>2</sup> Three participants were employed at a school that taught students in grades 6 through 12. We included these participants in the high school category; <sup>3</sup> Peer/pupil services comprised restorative justice coordinators, school climate advocates, school counselors, school social workers, and district-level student services staff.

## The Intervention

Champions participated in an in-person, three-day, train-the-trainer program. Those who could not attend the three-day training were provided with a one-day virtual training using a truncated training curriculum. Embedded within the training (i.e., Module 6) was guidance on how to develop and implement a MONARCH Room at the participants' respective schools. Trainings were attended by 116 champions from 11 different schools. The first and second authors facilitated the initial training and monthly coaching sessions focused on establishing their MONARCH Room spaces, TI-SEL integration, and overall model implementation. Coaching sessions were held virtually via videoconferencing.

## Demographic Questionnaire

A brief demographic questionnaire was administered before each focus group to capture *gender* (i.e., woman, man, or non-binary), *race and ethnicity* (i.e., Asian, Black, Latine, Mixed Race, Native Hawaiian/Pacific Islander, or White), *school type* (i.e., middle or high school), *role* (i.e., teacher, administration, or peer/pupil services), *time in current role* ( $\geq 3$  years), *student enrollment*, and *estimated percent of student body exposed to trauma* (from 0-100 %).

## Focus Group Protocols

Evaluators created two separate protocols for each data collection wave. Questions were developed in collaboration with model trainers to ensure they were relevant to the model and its implementation progress. Protocol development was also informed by evaluator observations during the initial three-day training and monthly coaching sessions. The baseline focus group protocol included nine questions aimed at assessing initial challenges at school sites and participants' familiarity with trauma-informed practices. The follow-up protocol concentrated on implementation progress and included questions about barriers and successes.

**Table 2: Student Demographic Characteristics During the 2023-24 School Year (in percentages)**

|                        | MS 1<br><i>N</i> = 436 | MS 2<br><i>N</i> = 471 | MS 3<br><i>N</i> = 634 | MS 4<br><i>N</i> = 369 | MS 5<br><i>N</i> = 1,195 | MS 6<br><i>N</i> = 428 | MS 7<br><i>N</i> = 849 | HS 1<br><i>N</i> = 66 | HS 2<br><i>N</i> = 534 | HS 3<br><i>N</i> = 792 | HS 4<br><i>N</i> = 614 |
|------------------------|------------------------|------------------------|------------------------|------------------------|--------------------------|------------------------|------------------------|-----------------------|------------------------|------------------------|------------------------|
| <i>Gender</i>          |                        |                        |                        |                        |                          |                        |                        |                       |                        |                        |                        |
| Female                 | 48                     | 47.1                   | 47                     | 52.3                   | 46.9                     | 49.8                   | 48.6                   | 0                     | 50.6                   | 46.7                   | 51                     |
| Male                   | 52                     | 52.9                   | 53                     | 47.7                   | 53.1                     | 50.2                   | 51.4                   | 100                   | 50.4                   | 53.3                   | 49                     |
| <i>Race/Ethnicity</i>  |                        |                        |                        |                        |                          |                        |                        |                       |                        |                        |                        |
| Black                  | 25.7                   | 20.6                   | 22.2                   | 35                     | 26                       | 35.3                   | 4.7                    | 75.8                  | 63.7                   | 41.4                   | 73.3                   |
| Latine                 | 71.1                   | 67.3                   | 75.1                   | 58.8                   | 44.5                     | 61.4                   | 93.1                   | 24.2                  | 30.5                   | 54.4                   | 17.3                   |
| White                  | 1.8                    | 7.6                    | 1.6                    | 1.1                    | 14.4                     | 2.1                    | 1.2                    | 0                     | 1.1                    | 1.9                    | 1.6                    |
| Other                  | 1.4                    | 4.5                    | 1.1                    | 5.1                    | 15.1                     | 1.2                    | 1                      | 0                     | 4.7                    | 2.3                    | 7.8                    |
| <i>Foster youth</i>    | 2.1                    | 0.2                    | 1.3                    | 0.5                    | 0.3                      | 1.6                    | 0.7                    | 3                     | 4.9                    | 0.9                    | 0.8                    |
| <i>SE Dis.</i>         | 95.2                   | 83.4                   | 98.9                   | 82.4                   | 69                       | 91.8                   | 98.4                   | 92.4                  | 87.1                   | 97.2                   | 81.9                   |
| <i>Homeless</i>        | 7.8                    | 2.4                    | 4.9                    | 1.6                    | 0.7                      | 2.7                    | 1.5                    | 0                     | 7.3                    | 2.1                    | 2.8                    |
| <i>Suspension rate</i> | 0                      | 1.2                    | 0.3                    | 4.6                    | 1.6                      | 1.4                    | 0.3                    | 0                     | 3.1                    | 0.2                    | 0.1                    |
| <i>Expulsion rate</i>  | 0                      | 0                      | 0                      | 0                      | 0                        | 0.2                    | 0                      | 0                     | 0                      | 0.1                    | 0                      |

*Notes.* Data source: [www.ed-data.org](http://www.ed-data.org); MS = middle school; HS = high school; Frequencies were derived from Census Day Enrollment during year of MONARCH Model Implementation (2023-24); Racial and ethnic categories with low frequencies were collapsed. These include: American Indian or Alaska Native, Asian, Filipino, None reported, Multiracial, and Native Hawaiian or Pacific Islander; SE = socioeconomically; Students are determined to be socioeconomically disadvantaged if they meet one of the following criteria: neither parent received a high school diploma; student is eligible for free or reduced- price meal programs; student is eligible or participating in the Title I Part C Migrant Program; the student is considered homeless; the student is foster program eligible; the student was directly certified; or the student was enrolled in a juvenile court school; the student is eligible as tribal foster youth.



## **Data Collection and Analysis**

Data were collected immediately before and approximately halfway through the first year of model implementation via semi-structured focus groups, as these methods reflected the MONARCH model's team-based approach and facilitated efficient data collection from staff with busy schedules. Evaluators conducted two in-person baseline focus groups in September 2023; one group had eight participants and the other had ten. Staff from the same school were assigned to the same group. Follow-up focus groups were conducted during on-site school visits in February 2024, and included 11 total groups; each comprised of three to eight participants. All sessions lasted approximately one hour. Facilitators recorded discussion notes and audio, which was transcribed and reviewed for accuracy before analysis. Thematic analysis was used to identify common themes and patterns that reflected the champions' experiences and perceptions. Coders (i.e., two of the three evaluators) followed a six-stage analytic process (see Clarke & Braun, 2017) to identify final themes.

## **Positionality**

We acknowledge that our own social positions and experiences can shape how we interpret and understand the data. Therefore, we provide the positionality of the researchers who collected and analyzed the data: Author three is a biracial woman of White and American Indian heritage (i.e., a descendant of the Ho-Chunk Nation) with lived foster care experience. She supported the design of the data collection instruments, collected data, and supported data interpretation after analysis. Author four is a gay, cisgender, Latino man who lives in the school district's service area. He has lived experience in kinship care, and collected and analyzed data for the current paper. Author five is a Black, immigrant woman. She also participated in the collection and analysis of data.

## **Credibility and Trustworthiness**

Researchers were external evaluators, and it is possible that some participants may have been apprehensive about speaking with them. However, the immersive nature of the model and evaluation allowed researchers to develop rapport with participants before and throughout the year of data collection. Throughout the data collection process, we reminded participants that we were not district employees, established norms of confidentiality during each focus group, and informed participants that we would only share findings anonymously or in aggregate. Altogether, our position as "familiar outsiders" may have diminished the likelihood of social desirability bias. It is worth noting that some staff members may have been hesitant to share certain experiences in the presence of administrators, who were also participants. Additionally, we sought to increase trustworthiness by examining the





consistency of responses across groups and corroborating emergent patterns with observational data from the training and coaching sessions.

## **FINDINGS**

### **RQ1: What are the common challenges that school staff experience related to student trauma and behavior?**

#### ***Theme 1: Behavior is Not the (Main) Problem***

Virtually every participant in the baseline focus groups reported challenges related to student behaviors. Participant responses showed that bullying, defiance, and violent behaviors were among the most common behavioral challenges they experienced in their daily work with students. Staff were similarly united in their concern about social media as a medium for cyberbullying and sexual harassment. More experienced staff informed us that, prior to the advent of social media, bullying and harassment generally ended after the final bell. Now, social media facilitates near-constant connections between students, allowing for bullying and interpersonal conflict to continue after school hours, as illustrated by one participant: “[Violence between students] happens during school hours and not during school hours. Something our site has been working with a lot is sexual harassment online.”

Despite student behavioral challenges, staff cited school infrastructure as the primary barrier to student learning and trauma-informed approaches. One offered,

The environment is not conducive to trauma-informed teaching or learning. At my school, we have floor rot and no window screens. We try to distract students from this, but it would be helpful for the district to invest in this space...We have mouse traps in our school, which contributes to the unwelcoming environment of the classroom.

Others added that sharing facilities with charter schools created unhealthy tension between students. Students often perceive the different, and sometimes preferential, treatment of charter school students, which can result in conflict or feelings of unworthiness. Overall, staff reported that the unwelcoming environment of schools made it difficult to foster a sense of safety, trust, and comfort, which serve as the foundation for trauma-informed approaches and adaptive self-regulation. The MONARCH model’s emphasis on soft, comforting spaces provided an opportunity to address this longstanding issue.

#### ***Theme 2: Existing Approaches to Fostering Safety and Empowerment***

Most schools had ongoing initiatives to create safe and empowering spaces for students before the introduction of the MONARCH model. Following recent district-sponsored trainings centered on marginalized student populations, staff were familiar with both whole-school and population-specific strategies to promote the academic and socioemotional outcomes of students. Schoolwide strategies included welcoming

students as they arrived in the morning, playing soothing music during class, and hosting music-centered events during lunch. Most schools had Positive Behavioral Interventions and Support (PBIS) teams, which implemented both whole-school and student-specific social-emotional interventions. Staff also stressed the importance of restorative disciplinary practices, with some implementing restorative justice rooms and healing circles, which helped students take accountability for negative behavior without fearing overly punitive consequences. Staff from one school described that rather than suspend students for marijuana use, they hold conversations about how school personnel can address the factors driving students' substance use. Given that many students experienced material hardship, this often included meeting students' basic needs: "We try to do a lot of different things to provide to that population as well as all the kids, so we have [things] like food drives, shoe drives, clothing; like now we have racks for clothing. Families can come get clothes."

Staff also reported having programs and protocols that support students who were Black or in foster care. Student organizations such as the Black Student Union and Becoming a Man fostered a sense of community among students who were Black or boys of color. Teachers and administrators collaborated with school psychologists and counselors to develop a system of checks and balances that ensured students did not miss the same class period or challenging courses due to mandated therapy, court hearings, or other foster care-related commitments.

Recognizing the importance of self-care in promoting social-emotional and trauma-informed learning initiatives, some schools had already taken measures to incentivize self-care throughout the school day, as explained by one team:

Last year, we collaborated with [community-based organization]. They came on campus and helped us find some spaces for wellness rooms. They painted, they brought in rugs and massage chairs, an essential oil mister, a tea kettle... they [teachers] could log onto a calendar and book...twenty-minute sessions during [their] conference period, during lunch, before school or after school, where [they] could go and just disconnect.

## **RQ2: What barriers did school staff experience during the implementation of the MONARCH model?**

### ***Theme 3: Penciling in Time for Trauma-Informed Practice***

Time was the greatest barrier to MONARCH model implementation. Teachers and champions alike struggled to balance implementation with other responsibilities, resulting in a slow and inconsistent rollout of the MONARCH model across many schools.

**Teachers.** Although the MONARCH model is implemented by school staff in and out of the classroom, teachers play a central role in integrating trauma-informed approaches into student learning and the school environment. Nevertheless, champions emphasized that teachers' schedules could not accommodate the additional responsibilities required by the MONARCH model. This was immediately

apparent to respondents in our baseline focus groups, who underscored the need for “easily digestible” materials staff could quickly review: “It would be nice to have things that we can share with our teachers, not like this [big] manual... something that summarizes like a page or several pages for our teachers to have to refer to in their classes that they can see.”

This concern resurfaced during the follow-up focus groups, where champions discussed the administrative origins of these challenges. Floating staff were uncommon, meaning there was rarely someone available to cover classes when teachers needed to take a break. One participant explained, “Because [teachers] have these [student] episodes sometimes in class and at [first] period, and then fourth period rolls around and [teachers] have no time to process.” Finding time to train teachers in the MONARCH model was an especially challenging hurdle. Champions explained that the district sets annual professional development calendars at the start of the school year, leaving little room for additional training, let alone those requiring multiple sessions, such as the MONARCH model. One participant said, “We might find some time, but I don’t know that there’s an hour here and an hour there for professional development [not required by the district].” Additionally, district-mandated professional development often brought additional responsibilities, which discouraged teachers from attending voluntary trainings that would add even more work: “[We] tried to do the teacher trainings, and we made announcements about it...it was like pulling teeth.” Another champion added that trauma-informed learning models were regularly adopted and discarded from year to year, giving teachers little incentive to invest time in learning a model that might be replaced soon: “They [teachers] are curious because, from that sense of being here for a while, they’re always apprehensive. Like, ‘Another new thing. Every couple of years, we do something new.’” Altogether, overloaded schedules and historically fad-like approaches to trauma-informed practices made it difficult to secure the buy-in from this critical contingent of school staff.

**Champions.** Champions similarly struggled to attend to the added responsibility of the MONARCH model. One participant explained, “The team members have a multitude of tasks and things that they’re required to do. And we’re kind of pulling from the same pool of PBIS [staff] and mental health [staff] and social workers [to help implement the model].” Seemingly simple tasks, such as meeting together as a team, proved difficult, as voiced by one administrator:

I need to make more time for us to meet together as a whole group. I don’t think we’ve even met together as a whole group, those of us who went to the in-person training and those of us who went to the virtual training. We just haven’t had the time to do that. And so I need to make the time for that, and I need to schedule it so that everyone is able to have a voice in how we want to move forward.

In some cases, attempts to balance the additional responsibilities of the MONARCH model made it even more difficult for champions to find time for self-care during the school day. Said one administrator, “I would say the barrier is probably time to really roll that out [self-care] to them. We’re just so inundated with

a lot of mandated instructional stuff.” Even taking a lunch break could be challenging: “Well, we are really busy in this school, and you can see the door is nonstop. [We] have some kids that come in and out. Personally, sometimes I don’t even get to take a break or a lunch.” Another champion noted, “[We have] massage chairs... but we don’t have time to go there [to the teacher’s lounge]. I guess you could go after school, but during the day, it’s busy.”

#### ***Theme 4. Finding Resources for the MONARCH Room***

Accessing space and resources for the MONARCH room was a common challenge. Some campuses had little space to spare, which made it difficult to find a permanent, let alone practical, home for the MONARCH room. As described by one team, “Finding a dedicated space that was central enough to everyone that needs to utilize this on the campus was one of the difficult tasks.” Among schools that secured a space, limited budgets and strict regulations on the types of alterations that could be made hindered the sourcing of supplies and decorations: “I would love [it] if someone can come in and make this look less sterile, like with [paint], but I don’t know if that’s possible.” Another team was resigned, admitting, “[We can’t] set up the MONARCH room as we originally had started to plan.” Champions at another school explained, “We just put in a request to the assistant principal for items including decorations, posters, and furniture,” but they were not confident that school funding would allow spending on non-essential items. Altogether, these challenges made it difficult for champion teams to remedy unwelcoming school environments, which many participants viewed as the primary barrier to trauma-informed learning.

#### ***Theme 5. Barriers Beget Barriers***

Without sufficient time, training, or resources to dedicate to the MONARCH model, several schools experienced a slow and incomplete rollout of the model, which resulted in additional challenges. For example, respondents reported that teachers were often unaware or had forgotten about the MONARCH room: “The one thing that’s hard to gauge is how many kids maybe could use this room, but the teacher is not necessarily completely familiar or aware, [not] thinking in the moment, like, ‘Oh, maybe MONARCH room is the best place for you at this time.’” Another team reported, “Every time we mention [the MONARCH model] to the teachers, some of them are surprised. Like they’ve heard of it, but, ‘Oh, I forgot about that.’”

**MONARCH Room Misuse.** Incomplete implementation efforts made it difficult for some schools to foster a unified understanding of the MONARCH room and its use, as explained by one participant:

When I say structure, I specifically mean protocols.... How often can a student visit a room in a given week before we refer [them] to counseling? How many students [should be allowed in the room] at a time, trying to coordinate with teachers about how they would send a student [to the room], how we would send

them back to class? Would it be with an escort, [or] do we trust the kid on their own [to return to class]?

The absence of established norms for the use of the MONARCH room resulted in misuse. While there was some student misuse of the MONARCH room (e.g., visiting the room unnecessarily), champions noted that the lion's share of misuse stemmed from teachers. Said one participant, "I feel like at times some teachers will kind of just pass on students just so they could kind of get them out of their way." A respondent at another school similarly stated, "Sometimes some of the teachers, they know the student, or they kinda get tired of the same student, so they just send them over here [to the MONARCH room]."

**Tracking Progress.** Inconsistencies in model implementation and the documentation of disciplinary actions also complicated champions' efforts to assess the impact of the MONARCH model. For instance, the documentation of school suspensions varied from school to school and year to year, as described by one respondent: "It [administrative system] says there were no suspensions logged. Now, I know for a fact there's been at least a couple of [students] suspended last semester." A champion from another site explained that their school only enters suspensions in the most serious cases: "If there's an official suspension in our system, it's something more egregious that happened, we have to put it in as a suspension." In less serious cases, "[Students] might have a 'cool-down day' where a student is out [of school], but it's not an official suspension in the system."

Some schools were undergoing efforts to address inconsistencies in tracking disciplinary actions. When asked about changes in their suspension rates in the current school year, one champion responded, "It's been going up. But it's been going up because I feel like last year they [previous school administration] weren't doing it [documenting suspensions] at all... I don't think that [suspensions are] happening more. I think it's the same.... It's being documented probably more."

### **RQ3. What promotes and indicates success during MONARCH model implementation?**

Challenges notwithstanding, shifts in staff collaboration, approaches to discipline, and student self-regulation suggested teams were already experiencing positive outcomes stemming from the MONARCH model.

#### ***Theme 6. Promotors of Success***

**Collaboration.** Champions from several schools credited their success to collaborative efforts within and beyond the core MONARCH model team. Flexibility and adaptiveness were key to balancing competing priorities throughout the workday, as explained by one respondent: "I think we're great as a team because we all pitch in if we know that one of us is unable to go to the room, another person will step in, or if there's a crisis or something going on, everybody's jumping in." Another

champion remarked, “The core [champion] team is on the same page, and so when we do have to drag folks along, it will be all of us dragging together.”

**Onboarding Key Stakeholders.** Participants emphasized the importance of getting teachers and students trained in the model as soon as possible. One team noted, “We spent time sort of back-loading the process... to make sure that the teachers understood how to use the system, and the students understood the expectations of what they were gonna get once the system was in place.” Some teams included posters in the MONARCH room and in classrooms to further remind students of the purpose and expectations of the space. Another champion added that starting early affords teachers the time needed to learn and accept new practices: “It [was] one of those things where you just kinda grit your teeth and bear it, but now it’s, you know, it’s more accepted. You know, now it’s being met with more open arms.” Once trained, some teachers became integrated into the core MONARCH team, making it easier to sustain: “So I have trained about 18 of the teachers and staff. And once I’ve trained them, then they understand and then they’re more accepting and more open to the opportunity [to operate the MONARCH room].”

### ***Theme 7: Indicators of Success***

While incomplete implementation efforts and shifting disciplinary documentation practices made it difficult to quantitatively assess the MONARCH model’s impact, champions attributed several positive changes to its implementation.

**Building Self-care into the Workday.** Some staff used the MONARCH model as an opportunity to build more self-care into their workdays, as noted by the following three Champions:

Champion 1: “That’s been a standard for me by me having my background in mental health. I learned early on that I needed to take a lunch no matter what.”

Champion 2: “I need to just go walk, step outside, feel the breeze, feel the air.”

Champion 3: “I utilize those [hourglass] timers, I have them on my desk, and I can flip it, and it’s calming to me, even though if I might be on my computer, I see it dripping down, and it’s calming to me. So that works for me.”

Some sites went so far as to invest in their staff lounges to prioritize self-care on a schoolwide scale: “Our teachers were not [using the staff lounge]. They were staying in the class. But now they actually go in there and use it more [now] that we’ve made it a little nicer, more comfortable for them to go in.”

**Shifts in Disciplinary Approaches.** Champions reported that the MONARCH model was instrumental in shifting their approach to discipline, with one respondent stating, “I’ve gone from being reactive... to now we’re starting to get more proactive.” Members of another team stressed:

This is a different generation, and they think differently, and we have to deal with things differently because what was working before no longer works. So moving away from, you know, that punitive mindset or you know, consequences.... I think we're kind of trying to shift that culture.... It's not so disciplinarian now, it's more looking at the whole child and what's going on.

**Improved Student Self-Regulation.** Participants also noticed improvements in student self-regulation. They were particularly impressed to see the MONARCH room “in action,” as explained by one champion: “And after those 10 minutes are done, I’ll see that their appearance is different. And then you see how they already feel more at ease, and they’re ready to go back to class.” Another participant stated, “[It] seems like most kids who leave here leave in a good place, or a regulated enough place, that they can go back to class without any major disruptions.”

Some schools also reported a reduction in the number of disciplinary referrals since the room has been in use, and an increase in some students’ ability to de-escalate from tense situations: “It provides a space where if they are having a bad day... they know they can come in here... an area or a space where students can talk problems out versus getting physical... and then they realize it’s not as big as they thought it was.” Others added that the MONARCH room was a useful tool in preventing physical altercations between students, as described by one champion: “I credit the MONARCH room for stopping, at least since the semester began [one month ago], four fights.... There have been some students who have been heated and they would have thrown hands, but they came here [the MONARCH room] instead.” Others reported seeing a decrease in their “frequent flyers” — students who are frequent users of the space. When they have asked those students why they have not been to the room lately, students reported that “they [students] feel like sometimes that they don’t need the room.... They kinda know how to control themselves.”

## **DISCUSSION**

This study examined the challenges, successes, and needs of school professionals implementing the MONARCH model across 11 schools. Unsurprisingly, findings illustrate that champions’ primary concerns with educating youth related to student behavior, similar to those documented in the literature (Day et al., 2015), as well as institutional barriers that interfere with supporting students. Additionally, some educators felt they needed more training to bring the model to scale in their schools. Many of these concerns were addressed throughout the school year during ongoing consultation sessions. It was hoped that focus group responses following implementation would indicate increased ability and confidence in implementing MONARCH strategies and offer success stories from the school staff.

At follow-up, responses to the focus group questions illustrated a wide variety of successes, including improved team collaboration, which indicated a major shift in how many teams were operating. That shift was necessary for success and perhaps a byproduct of the model, as its emphasis on whole-school system change was beginning to manifest. There were also shifts in traditional disciplinary practices, as champion teams and their colleagues actively embraced changing system-level

practices. This is evidenced by their reports of improved student self-regulation after introducing the model to students and staff. As these were central goals of the model, it may be likely that implementation, rooted in a critical trauma perspective, played a role in improving culturally sensitive, trauma-informed responses in schools and operationalizing equity-oriented practices for these schools to mitigate long-standing harm.

The challenges noted also reflect that champions were engaging in a deeper analysis of the school building system and observing additional future needs. In a train-the-trainer model, the champions were given the challenge of training teachers and other school staff on the model, while also managing the logistics of setting up and running the MONARCH room. This added workload contributed to issues with resources to stock the rooms and difficulties scheduling staff to work in the space throughout the day. There is great complexity to making such system-wide changes, requiring school personnel at all levels, but a holistic, school-wide approach is necessary to bring true trauma-informed efforts to scale.

The recognition of these challenges represents a vital shift in these schools' awareness, and highlights important practice implications for other schools looking to implement such a model. For example, while the model includes suggested data collection metrics and monitoring processes, there were challenges reported related to assessing the impact of the intervention. This may mean that schools need to enlist even more robust data reporting processes, along with rapid continuous system modifications to truly realize the impact of the model. Another noted challenge focused on time constraints, particularly in relation to staff self-care. While one of the seven MONARCH training modules focuses exclusively on staff self-care, schools will need to also make intentional shifts in practice. School leadership will need to publicly normalize self-care as a priority. For example, starting staff meetings with a trauma-informed activity (e.g., community check-ins), rather than business-as-usual, can help to create this culture. This also means adopting simple and feasible school-wide self-care routines, and gradually scaling up systems to support those routines over time. Finally, there were challenges reported in relation to resource limitations. While much of this speaks to the fiscal challenges that many of our most vulnerable schools are facing, it may be useful for school leaders to connect and collaborate across schools, sharing ideas, potential resources, and innovations that can help move the work forward in their respective buildings.

The study also elevates the importance of implementing trauma-informed education policy as part of successful systems change. While there isn't one specific, overarching federal law solely dedicated to trauma-informed education, several legislative efforts have been introduced to address the issue. Some include the Trauma Informed Schools Act (S. 4397/HR 8526 in the 118th Congress), the Interagency Task Force on Trauma Informed Care (established in 2018 as a result of Public Law 115-271), and the National Law Enforcement Child and Youth Trauma Coordinating Center (S. 1426 in the 118<sup>th</sup> Congress).

Because of recent executive orders, including EO 14151, which targets people of color, people who identify as female, and people with disabilities, intervention research focused on preventing trauma exposure is being defunded. Therefore, schools may face more challenges than ever in addressing trauma, but may still be



able to leverage evidence-supported SEL strategies and policies at the whole school level to address students' needs. As advocacy for equitable school practice continues, organizations like the Collaborative for Academic, Social, and Emotional Learning (CASEL) can provide some guidance and frameworks. Additionally, MONARCH and future research on the model may provide valuable insights.

### **Strengths & Limitations**

While our study may help to further shape the MONARCH model as a method of trauma-informed whole school change, there are some limitations. First, our sample was small, as is common in qualitative research. Also, findings cannot be generalized to other school staff or staff in other school contexts. Still, studying the implementation of models like this can provide guidance on how trauma sensitive approaches can improve whole schools that have been affected by the chronic inequities driving both historically higher rates of trauma and lower rates of educational success.

### **CONCLUSION**

The MONARCH model intervention sought to create system change to address school discipline and to assist teachers in supporting their students. The present study is one of the first to explore staff perspectives from a whole school, culturally sensitive, trauma-informed intervention model, tested at a district level. It is critical to remember that systems do not develop overnight, nor do they change quickly. The barriers are countless, stubborn, and at times, seemingly permanent. However, studies like this provide critical feedback on ways to navigate such important processes in addressing the equity in the educational environment that is so desperately needed.

### **REFERENCES**

- Alvarez, A. J. (2023). Disrupting three prominent racialized trauma tropes. *Educational Researcher*, 52(4), 238-243. <https://doi.org/10.3102/0013189x231152869>
- Day, A. G., Somers, C. L., Baroni, B. A., West, S. D., Sanders, L., & Peterson, C. D. (2015). Evaluation of a trauma-informed school intervention with girls in a residential facility school: Student perceptions of school environment. *Journal of Aggression, Maltreatment & Trauma*, 24(10), 1086-1105. <https://doi.org/10.1080/10926771.2015.1079279>
- Avery, J. C., Morris, H., Galvin, E., Misso, M., Savaglio, M., & Skouteris, H. (2021). Systematic review of school-wide trauma-informed approaches. *Journal of Child & Adolescent Trauma*, 14(3), 381-397. <https://doi.org/10.1007/s40653-020-00321-1>
- Baroni, B., Day, A., Somers, C., Crosby, S., & Pennefather, M. (2020). Use of the Monarch Room as an alternative to suspension in addressing school discipline issues among court-involved youth. *Urban Education*, 55(1), 153-173. <https://doi.org/10.1177/0042085916651321>

- Bethell, C. D., Newacheck, P., Hawes, E., & Halfon, N. (2014). Adverse childhood experiences: Assessing the impact on health and school engagement and the mitigating role of resilience. *Health Affairs*, 33(12), 2106-2115. <http://doi.org/10.1377/hlthaff.2014.0914>
- Berger, E. (2019). Multi-tiered approaches to trauma-informed care in schools: A systematic review. *School Mental Health*, 11(4), 650-664. <https://doi.org/10.1007/s12310-019-09326-0>
- Bernard, D. L., Calhoun, C. D., Banks, D. E., Halliday, C. A., Hughes-Halbert, C., & Danielson, C. K. (2021). Making the “C-ACE” for a culturally-informed adverse childhood experiences framework to understand the pervasive mental health impact of racism on Black youth. *Journal of Child & Adolescent Trauma*, 14(2), 233-247. <https://doi.org/10.1007/s40653-020-00319-9>
- Bride, B. E., Robinson, M. M., Yegidis, B., & Figley, C. R. (2004). Development and validation of the secondary traumatic stress scale. *Research on Social Work Practice*, 14(1), 27-35. <https://doi.org/10.1177/1049731503254106>
- Bruskas, D. & Tessin, D. H. (2013). Adverse childhood experiences and psychosocial well-being of women who were in foster care as children. *The Permanente Journal*, 17(3), e131–e141. <https://doi.org/10.7812/TPP/12-121>
- Chafouleas, S. M., Johnson, A. H., Overstreet, S., & Santos, N. M. (2016). Toward a blueprint for trauma-informed service delivery in schools. *School Mental Health*, 8(1), 144-162. <https://doi.org/10.1007/s12310-015-9166-8>
- Chafouleas, S. M., Pickens, I., & Gherardi, S. A. (2021). Adverse childhood experiences (ACEs): Translation into action in K12 education settings. *School Mental Health*, 13(2), 213-224. <https://doi.org/10.1007/s12310-021-09427-9>
- Chafouleas, S. M., Saleem, F., Overstreet, S., & Thorne, T. (2023). Interventions for Students Exposed to Trauma. In S. W. Evans, J. S. Owens, C. P. Bradshaw, & M. D. Weist (Eds.), *Handbook of School Mental Health: Innovations in Science and Practice* (pp. 73-90). Springer International Publishing. [https://doi.org/10.1007/978-3-031-20006-9\\_6](https://doi.org/10.1007/978-3-031-20006-9_6)
- Clarke, V., & Braun, V. (2017). Thematic analysis. *The Journal of Positive Psychology*, 12(3), 297-298. <https://doi.org/10.1080/17439760.2016.1262613>
- Crenshaw, K., Ocen, P., & Nanda, J. (2015). *Black girls matter: Pushed out, overpoliced, and underprotected*. African American Policy Forum and Center for Intersectionality and Social Policy Studies.
- Doan, S., Steiner, E. D., Woo, A., & Pandey, R. (2024). *State of the American teacher survey: 2024 technical documentation and survey results*. RAND Corporation. <https://doi.org/10.7249/RAA1108-11>
- Dorado, J. S., Martinez, M., McArthur, L. E., & Leibovitz, T. (2016). Healthy Environments and Response to Trauma in Schools (HEARTS): A whole-school, multi-level, prevention and intervention program for creating trauma-informed, safe and supportive schools. *School Mental Health*, 8(1), 163-176. <https://doi.org/10.1007/s12310-016-9177-0>
- Durlak, J. A., Mahoney, J. L., & Boyle, A. E. (2022). What we know, and what we need to find out about universal, school-based social and emotional learning programs for children and adolescents: A review of meta-analyses and directions for future research.

- Psychological Bulletin*, 148(11-12), 765-782.  
<https://doi.org/10.1037/bul0000383>
- Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., & Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) Study. *American Journal of Preventive Medicine*, 14(4), 245-258. [https://www.ajpmonline.org/article/S0749-3797\(98\)00017-8/pdf](https://www.ajpmonline.org/article/S0749-3797(98)00017-8/pdf)
- Figley, C. R. (1995). Compassion fatigue: Toward a new understanding of the costs of caring. In *Secondary traumatic stress: Self-care issues for clinicians, researchers, and educators*. (pp. 3-28). The Sidran Press.
- Fondren, K., Lawson, M., Speidel, R., McDonnell, C. G., & Valentino, K. (2020). Buffering the effects of childhood trauma within the school setting: A systematic review of trauma-informed and trauma-responsive interventions among trauma-affected youth. *Children and Youth Services Review*, 109, 104691. <https://doi.org/https://doi.org/10.1016/j.childyouth.2019.104691>
- Gherardi, S. A., Flinn, R. E., & Jaure, V. B. (2020). Trauma-sensitive schools and social justice: A critical analysis. *The Urban Review*, 52(3), 482-504. <https://doi.org/10.1007/s11256-020-00553-3>
- Ginwright, S. (2018). The future of healing: Shifting from trauma informed care to healing centered engagement. *Occasional Paper*, 25, 25-32.
- Hoover, S., Lever, N., Sachdev, N., Bravo, N., Schlitt, J., Acosta Price, O., Sheriff, L. & Cashman, J. (2019). *Advancing comprehensive school mental health: guidance from the field*. Baltimore, MD: National Center for School Mental Health. University of Maryland School of Medicine. [https://www.schoolmentalhealth.org/media/som/microsites/ncsmh/documents/bainum/Advancing-CSMHS\\_September-2019.pdf](https://www.schoolmentalhealth.org/media/som/microsites/ncsmh/documents/bainum/Advancing-CSMHS_September-2019.pdf)
- Hydon, S., Wong, M., Langley, A. K., Stein, B. D., & Kataoka, S. H. (2015). Preventing secondary traumatic stress in educators. *Psychiatric Clinics of North America*, 24(2), 319-333. <http://doi.org/10.1016/j.chc.2014.11.003>
- Jensen, T. K., Holt, T., & Ormhaug, S. M. (2017). A follow-up study from a multisite, randomized controlled trial for traumatized children Receiving TF-CBT. *Journal of Abnormal Child Psychology*, 45(8), 1587-1597. <https://doi.org/10.1007/s10802-017-0270-0>
- Ko, S. J., Ford, J. D., Kassam-Adams, N., Berkowitz, S. J., Wilson, C., Wong, M., Brymer, M. J., & Layne, C. M. (2008). Creating trauma-informed systems: Child welfare, education, first responders, health care, juvenile justice. *Professional Psychology: Research and Practice*, 39(4), 396-404. <https://doi.org/10.1037/0735-7028.39.4.396>
- L'Estrange, L., & Bentley, L. (2025). Implementing trauma-informed education: translating intentions into practice. *Journal of Trauma Studies in Education*. <https://doi.org/10.70085/jtse.v4i2.120>
- Madigan, D. J., & Kim, L. E. (2021a). Does teacher burnout affect students? A systematic review of its association with academic achievement and student-reported outcomes. *International Journal of Educational Research*, 105, 101714. <https://doi.org/https://doi.org/10.1016/j.ijer.2020.101714>

- Madigan, D. J., & Kim, L. E. (2021b). Towards an understanding of teacher attrition: A meta-analysis of burnout, job satisfaction, and teachers' intentions to quit. *Teaching and Teacher Education*, 105, 103425. <https://doi.org/https://doi.org/10.1016/j.tate.2021.103425>
- Maynard, B. R., Farina, A., Dell, N. A., & Kelly, M. S. (2019). Effects of trauma-informed approaches in schools: A systematic review. *Campbell Systematic Reviews*, 15(1-2). <https://doi.org/10.1002/cl2.1018>
- McIntyre, E. M., Baker, C. N., & Overstreet, S. (2019). Evaluating foundational professional development training for trauma-informed approaches in schools. *Psychological Services*, 16(1), 95-102. <https://doi.org/10.1037/ser0000312>
- National Child Traumatic Stress Network (2025a, March). *What is Child Trauma? Trauma Types*. <https://www.nctsn.org/what-is-child-trauma/trauma-types>
- National Child Traumatic Stress Network (2025b, March). *About Child Trauma*. <https://www.nctsn.org/what-is-child-trauma/about-child-trauma>
- National Child Traumatic Stress Network, Schools Committee. (2017). *Creating, supporting, and sustaining trauma-informed schools: A system framework*. National Center for Child Traumatic Stress. <https://www.nctsn.org/resources/creating-supporting-and-sustaining-trauma-informed-schools-system-framework>
- Norrish, J., & Brunzell, T. (2023). How is trauma-informed education implemented within classrooms? A synthesis of trauma-informed education programs. *Australian Journal of Teacher Education (Online)*, 48(3), 94-120.
- Overstreet, S., & Chafouleas, S. M. (2016). Trauma-informed schools: introduction to the special issue. *School Mental Health*, 8(1), 1-6. <https://doi.org/10.1007/s12310-016-9184-1>
- Perfect, M. M., Turley, M. R., Carlson, J. S., Yohanna, J., & Saint Gilles, M. P. (2016). School-related outcomes of traumatic event exposure and traumatic stress symptoms in students: A systematic review of research from 1990 to 2015. *School Mental Health*, 8(1), 7-43. <https://doi.org/10.1007/s12310-016-9175-2>
- Perry, D. L., & Daniels, M. L. (2016). Implementing trauma—informed practices in the school setting: A pilot study. *School Mental Health*, 8(1), 177-188. <https://doi.org/10.1007/s12310-016-9182-3>
- Rankin, B. (2022). An overview of research on secondary traumatic stress in K-12 teaching: What we know and what we still need to learn. *Educational Forum*, 86(2), 138-150. <https://doi.org/10.1080/00131725.2020.1860172>
- Ridgard, T. J., Laracy, S. D., DuPaul, G. J., Shapiro, E. S., & Power, T. J. (2015). Trauma-informed care in schools: A social justice imperative. *Communiqué*, 44(2), 1-12.
- Sacks, V., & Murphey, D. (2018). *The prevalence of adverse childhood experiences, nationally, by state, and by race or ethnicity*. Child trends. Retrieved March 10, 2020, from <https://www.childtrends.org/publications/prevalence-adverse-childhood-experiences-nationally-state-race-ethnicity>
- Simon, K., Petrovic, L., Baker, C., & Overstreet, S. (2022). An examination of the associations among teacher secondary traumatic stress, teacher–student relationship quality, and student socio-emotional functioning. *School Mental*

- Health: A Multidisciplinary Research and Practice Journal*, 14(2), 213–224.  
<https://doi.org/10.1007/s12310-022-09507-4>
- Slopen, N., Shonkoff, J. P., Albert, M. A., Yoshikawa, H., Jacobs, A., Stoltz, R., & Williams, D. R. (2016). Racial disparities in child adversity in the U.S.: Interactions with family immigration history and income. *American Journal of Preventive Medicine*, 50(1), 47-56.  
<https://doi.org/10.1016/j.amepre.2015.06.013>
- Smith, M., Roberts, A., Elahi, S., Eihentale, L., O'Rourke, M., Meldrum, M., Ramos, B., Holley, C., Baker, S., Bustos, Y., Snider, M., Cicchetti, C., & Raviv, T. (2025). Efforts to improve and expand implementation of trauma-responsive schools: Findings from a randomized pilot of the trauma education to advance community healing (TEACH) program. *School Mental Health*.  
<https://doi.org/10.1007/s12310-024-09739-6>
- Stevens M. (2009). From the past imperfect: Towards a critical trauma theory. *Letters: The Semiannual Newsletter of the Robert Penn Warren Center for the Humanities*, 17(2), 1-5.
- Substance Abuse and Mental Health Services Administration. (2014). *SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach*. HHS Publication No. (SMA)14-4884. Rockville, MD: Substance Abuse and Mental Health Services Administration.
- Swedo, E. A. (2024). Adverse childhood experiences and health conditions and risk behaviors among high school students—Youth Risk Behavior Survey, United States, 2023. *MMWR supplements*, 73.
- Thomas, M. S., Crosby, S., & Vanderhaar, J. (2019). Trauma-informed practices in schools across two decades: An interdisciplinary review of research. *Review of Research in Education*, 43(1), 422-452.  
<https://doi.org/10.31002/0091732x18821123>
- von der Embse, N., Rutherford, L., Mankin, A., & Jenkins, A. (2019). Demonstration of a trauma-informed assessment to intervention model in a large urban school district. *School Mental Health*, 11(2), 276-289. <https://doi.org/10.1007/s12310-018-9294-z>
- Wassink - de Stigter, R., Kooijmans, R., Asselman, M. W., Offerman, E. C. P., Nelen, W., & Helmond, P. (2022). Facilitators and barriers in the implementation of trauma-informed approaches in schools: A scoping review. *School Mental Health*, 14(3), 470-484. <https://doi.org/10.1007/s12310-021-09496-w>
- Watson, K. R., & Astor, R. A. (2025). A critical review of empirical support for trauma-informed approaches in schools and a call for conceptual, empirical and practice integration. *Review of Education*, 13(1), e70025.  
<https://doi.org/10.1002/rev3.70025>
- West, S., Day, A., Somers, C., Baroni, B. (2014). Student perspectives on how trauma manifests in the classroom: Engaging court-involved youth in the development of a trauma-informed teaching curriculum. *Child and Youth Services Review*, 38, 58-65. <http://doi.org/10.1016/j.childyouth.2014.01.013>
- Wolpov, R., Johnson, M. M., Hertel, R., & Kincaid, S. O. (2009). *The heart of learning and teaching: Compassion, resiliency, and academic success*. (3rd printing). Bank Street College of Education.

<https://s3.amazonaws.com/bankstreet-wordpress/wpcontent/uploads/2018/07/theheartoflearningandteaching.pdf>

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