As a middle school teacher, I counted strong relationships with my students as key to building a safe and supportive learning environment. Many had experienced homelessness, abuse, war, and suicide ideation and trusted me enough to relate these experiences. My teacher preparation coursework had not prepared me for the secondary traumatic stress (STS) that followed. In my sixth year of teaching, I received a two-hour training on how adverse childhood experiences (ACEs) manifest in the classroom that made me both more empathetic and less likely to internalize student trauma. But it came too late in my career, after I had made up my mind to leave the profession.

SECONDARY TRAUMATIC STRESS

The National Child Traumatic Stress Network defines STS as “the emotional duress that results when an individual hears about the firsthand trauma experiences of another.”1 Symptoms are similar to those from post-traumatic stress disorder (PTSD), which include withdrawal in the workplace and spillover effects into personal and family lives. STS has been studied more extensively in social workers and emergency responders.2 However, teachers are less able to help others heal when they themselves experience STS. Consequently, teachers need training and support to address the STS they may experience as well as identify and address students’ trauma. To ensure that all teachers can do both, state leaders are embedding trauma-informed practices in mandated teacher training on trauma and self-care.

DEFINING A TRAUMA-INFORMED PROGRAM

The U.S. Substance Abuse and Mental Health Services Administration (SAMSHA) describes a trauma-informed program, organization, or system as one that “(1) realizes the widespread impact of trauma and understands potential paths for recovery; (2) recognizes the signs and symptoms of trauma in clients, families, staff, and others involved in the system; (3) responds by fully integrating knowledge about trauma into policies, procedures, and practices; and (4) seeks to actively resist re-traumatization.”4 The holistic approach SAMSHA defines encompasses students, teachers, and others.

Trauma-informed practices include identifying and addressing symptoms of traumatic stress in students or teachers as well as actions to build safe, supportive learning environments. A systemwide approach to creating such environments includes reducing work-related stressors, increasing understanding of STS, and improving staff capacity to understand symptoms and seek help.

Educators’ mental health is tied to feeling effective in their job.5 Understanding the connection between student and staff well-being is an important step toward addressing the effects of COVID-19 and retaining teachers. Moreover, trauma-informed practices help staff develop empathy for students and families, which can further other school climate initiatives.6 When the school climate is safe and supportive, all students and staff can respond to adversity with resilience.

PROVIDING TEACHER TRAINING

A trauma-informed education system will ensure that teachers receive professional development before and after they enter the profession, self-care resources, and access to mental health services. Training should focus on developing knowledge and skills to address student needs, as well as addressing teachers’ self-care and work stressors.

Teachers have been asking for more training in trauma and support systems.7 However, evaluations of trauma-focused teacher professional development using rigorous research methods are scant, especially on STS.8 A small-scale quasi-experimental study in 2022 found that seminars for preservice teachers on trauma-informed practices were associated with lower incidence of STS than for those who did not attend the seminars.9

Sixteen states require professional development for trauma, according to NASBE’s School Health Policy Database and the author’s findings (figure 1). Four require preservice educators to demonstrate competency in the effects of trauma, 13 require teacher professional development on trauma, and 4 require professional development on trauma for licensure renewal (with 2 requiring counselors to receive this training). Oklahoma, Washington, and Utah require preservice and on-the-job training.

There are nuances in these policies that may have implications for how teachers receive this training. Virginia requires training teacher candidates to identify students who have experienced trauma, whereas Washington, Okla-
hommA, and Utah require teacher preparation programs to embed trauma-informed practices within classroom management courses or as a tool for creating safe and supportive schools.

Many states require professional development on how trauma affects students. For example, the Iowa state board requires local school districts to provide training on recognizing the signs of trauma in students and the impact of secondary trauma on school employees and resources on secondary trauma.12 In 2021, Washington enacted legislation requiring “school districts to adopt a policy and procedure to prevent and address secondary traumatic stress in the workforce and to make resources on secondary traumatic stress publicly available.”13 Illinois enacted legislation in 2021 requiring local board members and superintendents to receive training on trauma-informed practices for students and staff.14

States have been using federal relief funds to encourage districts and schools to provide professional development and self-care resources. Many states encourage teachers to exercise self-care, typically through training in mindfulness and building resiliency.

The Illinois State Board of Education and the Center for Childhood Resilience at Lurie Children’s Hospital have partnered to recruit school districts to participate in the Resilience Education to Advance Community Health (REACH) program, which “provides learning experiences to educators, school mental health professionals, and community members on a number of topics related to trauma-responsive schools.”15 South Carolina is partnering with the Children’s Trust of South Carolina and the National Association for Mental Illness to provide professional development on ACEs and trauma-informed practices and self-care workshops.16

State education leaders cannot rely on a single solution for teacher burnout, nor should they neglect efforts to reduce work-related stress. State boards can work with state education agencies to collect data on staff wellness, monitor training effectiveness, and support hiring mental health support staff. They should also seek a balance between training time and time for self-care. Much is required of teachers beyond providing daily instruction, so state efforts should avoid adding new expectations that make it harder for teachers to help students in need.

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NOTES
7 National Education Association and National Council of State Education Associations, “Addressing the Epidemic of Trauma in Schools” (Washington, DC: NEA, July 2019).
10 Iowa Administrative Code 281-14.4.
11 West Virginia Administrative Code 126-99, Expected Behavior in Safe and Supportive Schools (4373).
12 Pennsylvania Unconsolidated Statutes 1949 Act 12 Section 1205.1.

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