

Research Brief

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Jackson State University

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Examining Trauma-Informed Practices in Mississippi Public School Districts: Preliminary Research Findings

**Prepared By:
Michael Tornes, Ph.D.**

**Mississippi Urban Research Center (MURC)
www.jsums.edu/murc**

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Abstract

This study surveyed Mississippi public school districts to identify what trauma-informed practices are in place, how effective are those practices, what specific programs are being implemented, and what resources are needed to better implement trauma-informed practices. Data were collected by distributing an online survey to superintendents of Mississippi's 141 school districts. Fourteen school districts completed the survey. Based on the survey results, half of the school districts reported having trauma-informed policies in place. Of those school districts, 71.4% reported their policies were moderately effective. When asked about specific policies and teaching strategies employed, more than half of the respondents indicated that such policies/strategies were in place to some degree. Only four school districts (28.6%) reported the use of a pre-existing trauma-informed program. Those four school districts each reported using the Youth Mental Health First Aid (YMHFA) program. The other school districts either did not respond to the question or reported they did not offer any specific trauma-informed programs. When asked what resources were needed to better implement trauma-informed practices in school districts, most participants cited more funding (71.4%) and training for teachers/staff (57.1%). Based on survey responses, two recommendations were made for increasing trauma-informed practices in Mississippi schools. First, give more financial support to implement trauma-informed practices. Second, provide more trauma-informed practices training to faculty and staff in addition to students. Due to fewer than ten percent of Mississippi school districts responding to the survey request, this study's results may not be generalizable to all school districts in the state. Future research plans include increasing the survey's sample size by recruiting more Mississippi public-school districts to complete the survey. The goal is to gain a more accurate assessment of what trauma-informed practices are being implemented in the state.

Introduction

The Substance Abuse and Mental Health Services Administration (SAMHSA, 2020) has reported that two thirds of children have exposure to at least one traumatic event by the age of 16. This prevalence of exposure is significant because children exposed to trauma have been found to have learning difficulties such as lower IQ scores, impaired memory, poorer test performance in reading and math, and lower academic engagement (Perfect, et al., 2016). Trauma-informed approaches in schools can help address these issues because they have been found to have various benefits for students such as improvements in disruptive behavior and academic performance (Stratford et al., 2020). However, little is known regarding whether or not these approaches are used in Mississippi schools. To understand the state of trauma-informed practices in Mississippi, a survey study was conducted to identify what approaches (if any) are being used in the state, how effective are those practices, and what resources are needed to implement these practices. The goal of obtaining this information is to assess the needs of public schools in Mississippi regarding the implementation of trauma-informed practices.

Review of Literature

Trauma is defined by SAMHSA (2019) as, “Resulting from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual’s functioning and mental, physical, social, emotional, or spiritual well-being.” Trauma is fairly widespread among children, with more than two thirds of children reporting at least one traumatic event by the age of 16 (SAMHSA, 2020). Trauma exposure among children can lead to various learning difficulties at school (Perfect et al., 2016). For example, children with trauma exposure have been found to have lower intelligence test scores, impaired memory, poorer verbal ability, language disorders, lower standardized test performance in math and reading, higher rates of discipline referrals, excessive absences, inability to successfully complete a grade, lower academic engagement, and higher suspension and dropout rates (Perfect et al., 2016).

One way to address these learning difficulties is through trauma-informed approaches in schools, defined as the implementation of “explicit recognition, understanding, and responsiveness to trauma with intentional efforts made in utilizing evidence-based practices to build healthy relationships, restore emotional safety, and create positive opportunities where students can practice self-regulation strategies and prosocial skills” (SAMHSA, 2014). Examples of trauma-informed approaches are pre-existing interventions such as Cognitive Behavioral Intervention for Trauma in schools (CBITS), Youth Mental Health First Aid (YMHFA), Health Environments and Response to Trauma in Schools (HEARTS), and others.

Benefits of Trauma-Informed Practices

Trauma-informed practices in schools can produce benefits for students, faculty/staff, and parents/caregivers of students. For example, trauma-informed approaches in schools can lead to improvements in student aggression and disruptive behavior, academic performance, depressive symptoms, attention, coping skills, emotional regulation, PTSD symptoms, anxiety symptoms, trauma symptoms, and school engagement (Dorado et al., 2016; Stratford et al., 2020). A study by Mendelson et al. (2015) found that students with low baseline depression who participated in a trauma-informed program showed improvements in teacher-reported social, emotional, and academic outcomes, suggesting that even students with low symptoms may still benefit from trauma-informed approaches in schools (Mendelson et al., 2015).

Teachers and staff have benefitted from participation in trauma-informed practices through improved understanding of trauma and use of trauma-sensitive practices, an increase in attitudes related to trauma-informed care, and a decrease in secondary traumatic stress and burnout (Perry and Daniels, 2016; MacLochlainn et al., 2022; Stratford et al., 2020). Parents/caregivers of children participating in trauma-informed practices in schools have benefitted through increased parental involvement in school and improved attitudes toward mental health (Stratford et al., 2020).

Trauma-Informed Approaches and Mississippi Schools

As of 2023, Mississippi public schools ranked 32nd in education, 48th for overall child well-being, and 50th in health (Annie E. Casey Foundation, 2023). The benefits of trauma-informed practices listed above could help improve educational and social outcomes in Mississippi's public schools. However, little is known about what trauma-informed practices are used in Mississippi schools and how effective they are at improving student outcomes like academic performance. In addition, little is known about the resources that schools require to implement trauma-informed practices.

As stated earlier, the goal of this research study is to assess the needs of public schools in Mississippi regarding the implementation of trauma-informed practices. To obtain that information, the following research questions were proposed to help guide this study's data collection and analysis activities:

RQ1: Do Mississippi school districts have trauma-informed policies in place?

RQ2: How effective are these trauma-informed policies perceived to be?

RQ3: What specific trauma-informed programs are Mississippi school districts using?

RQ4: What resources do Mississippi school districts need to better implement trauma-informed practices?

Methodology

Data were collected by distributing an online survey to the superintendents of the 141 school districts in Mississippi (this list included Forrest County Agricultural High School, Mississippi School of the Arts, Mississippi Schools for the Deaf and the Blind, and Mississippi School for Mathematics and Science). A follow-up email was sent three weeks after the initial email. Overall, 14 school districts responded, representing 9.93% of school districts in the state. One school district also responded, but there were seven responses from different staff members that had conflicting results. Therefore, this one school district was not included and will be used for a separate analysis. The participating school districts will not be named to maintain anonymity.

The survey used was adapted from the *Trauma-Sensitive School Checklist* developed by Lesley University Center for Special Education, and the Trauma and Learning Policy Initiative of Massachusetts Advocates for Children and the Legal Services Center of Harvard Law School (Lesley University & Trauma and Learning Policy Initiative, n.d.). Survey items asked about general trauma-informed policies and effectiveness; specific school-wide policies and practices; classroom strategies and techniques; collaborations and linkages with mental health; programs used; and resources needed.

Data were analyzed using the Statistical Package for Social Sciences (SPSS) software. Descriptive statistics were tabulated for frequencies of responses as well as means and standard deviations of responses. The following sections present an analysis of this study's findings.

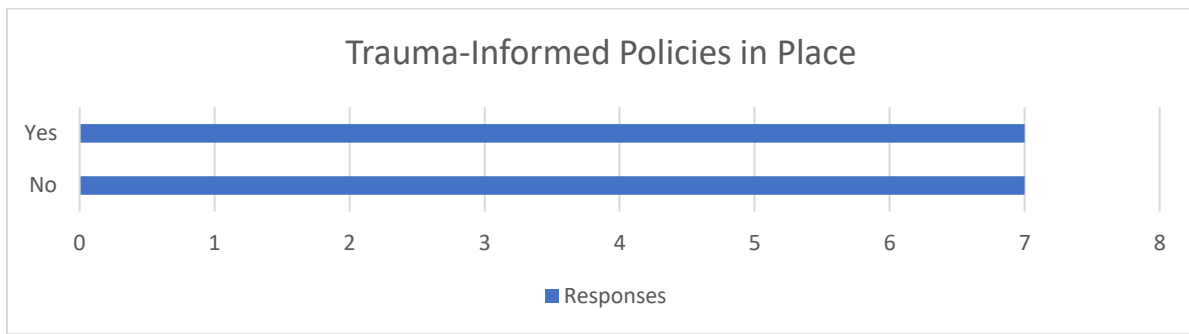
Findings

Policies and Effectiveness

The first block of questions asked participants to state if they have trauma-informed policies in place and if so, how effective do they think those policies are. Half (50%) of the responding school districts reported having trauma-informed policies in place, see Figure 1. Of those seven school districts having policies in place, 71.4% reported the policies were moderately effective and 28.6% reported the policies were very effective, see Figure 2.

Figure 1

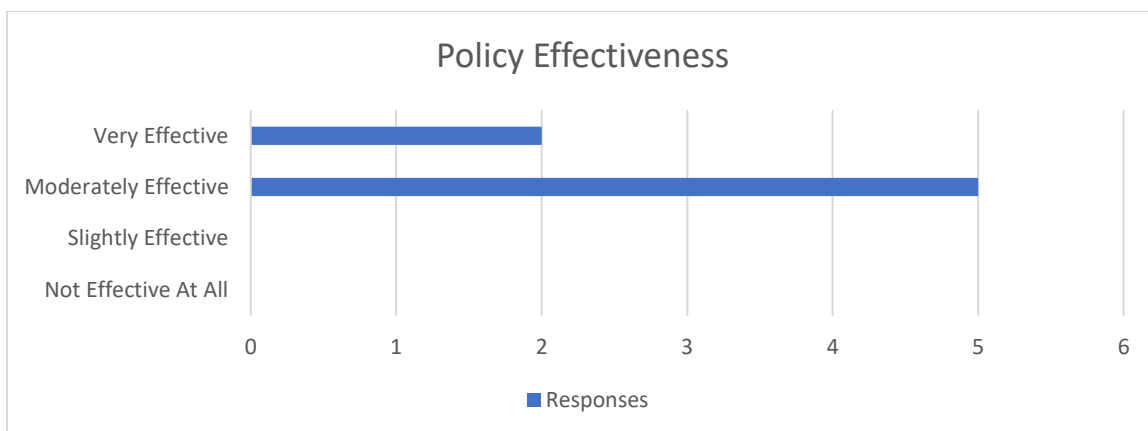
Does your school district have trauma-informed policies in place?



n = 14

Figure 2

How effective are your school district's trauma-informed policies?



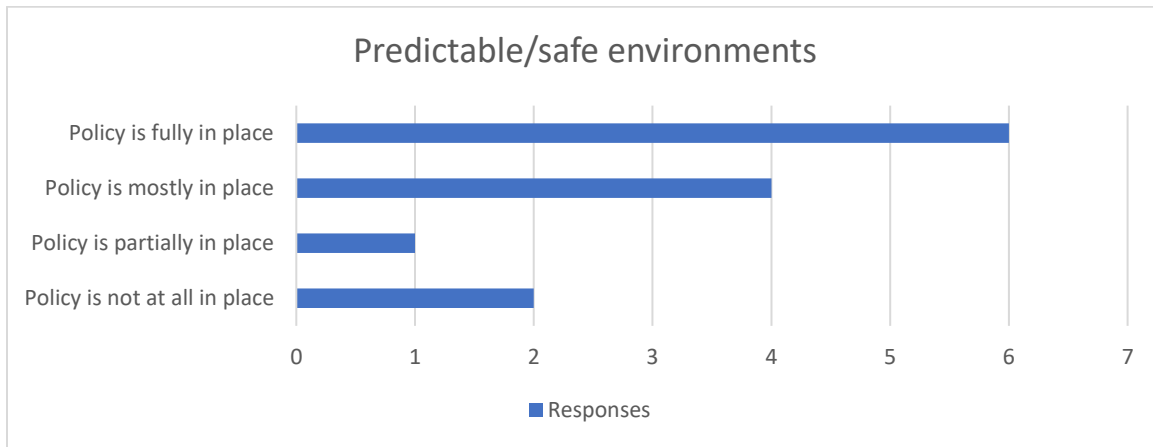
n = 7

School-Wide Policies and Practices

The second block of questions asked participants if their school district's policies /practices contain predictable and safe environments that are attentive to transitions and sensory needs. The most frequent responses were the policy was either fully in place (46.2%) or mostly in place (30.8%), see Figure 3.

Figure 3

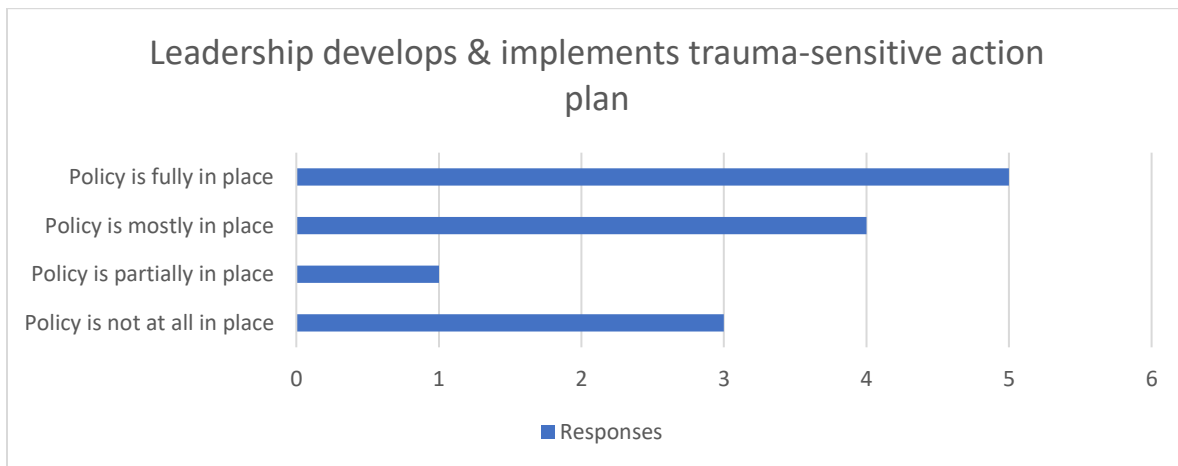
School district contains predictable and safe environments (including classrooms, hallways, playgrounds, and school bus) that are attentive to transitions and sensory needs.



n = 13

Figure 4

Leadership (including principals and/or superintendent) develops and implements a trauma-sensitive action plan.

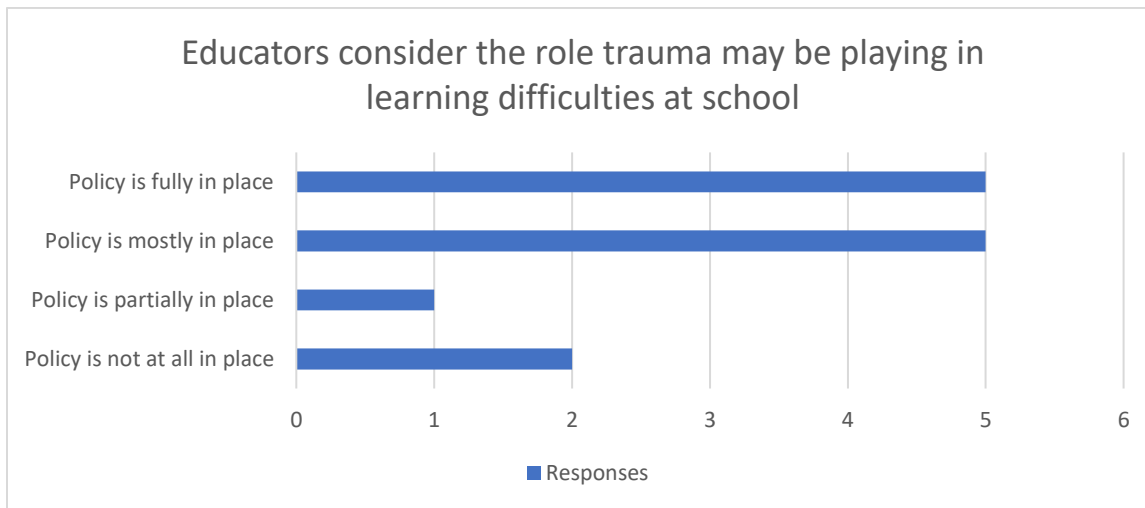


n = 13

When asked if their school district leadership develops and implements a trauma-sensitive action plan, the most frequent responses were that this policy was either fully in place (38.5%) or mostly in place (30.8%), see Figure 4.

Figure 5

General and special educators consider the role that trauma may be playing in learning difficulties at school.

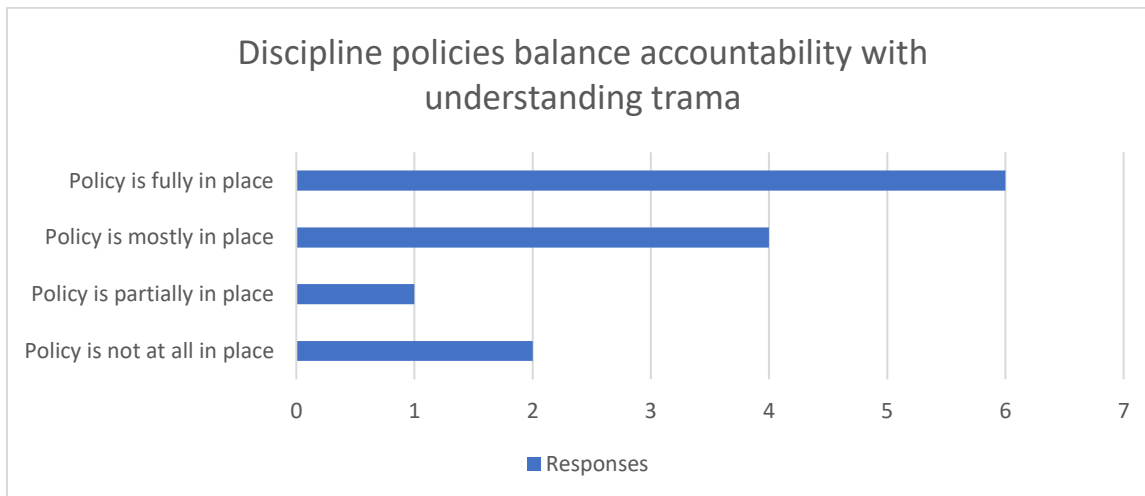


n = 13

When asked if general and special educators in their school district consider the role that trauma may be playing in learning difficulties at school, the most frequent responses were that this policy was either fully in place (38.5%) or mostly in place (38.5%), see Figure 5.

Figure 6

Discipline policies balance accountability with an understanding of trauma.



n = 13

When asked if their school district has discipline policies that balance accountability with an understanding of trauma, the most frequent responses were that this policy was either fully in place (46.2%) or mostly in place (30.8%), see Figure 6.

Figure 7

Support for staff is available on a regular basis, including supervision and/or consultation with a trauma expert.

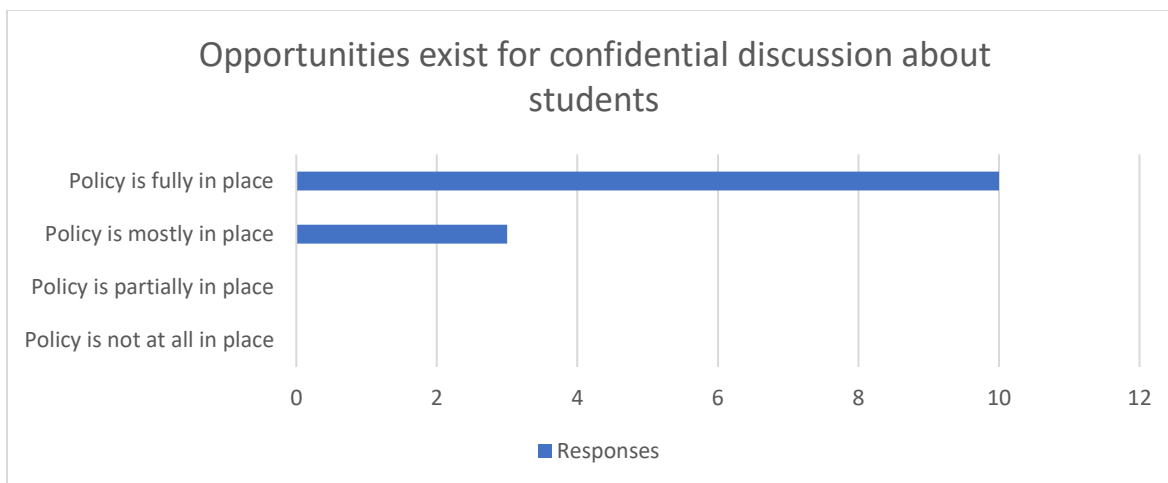


n = 13

When asked if their school district has support for staff that is available on a regular basis, including supervision and/or consultation with a trauma expert, the most frequent responses were that this policy was either not at all in place (38.5%) or fully in place (30.8%), see Figure 7. This policy had the greatest frequency of being not at all in place.

Figure 8

Opportunities exist for confidential discussion about students.

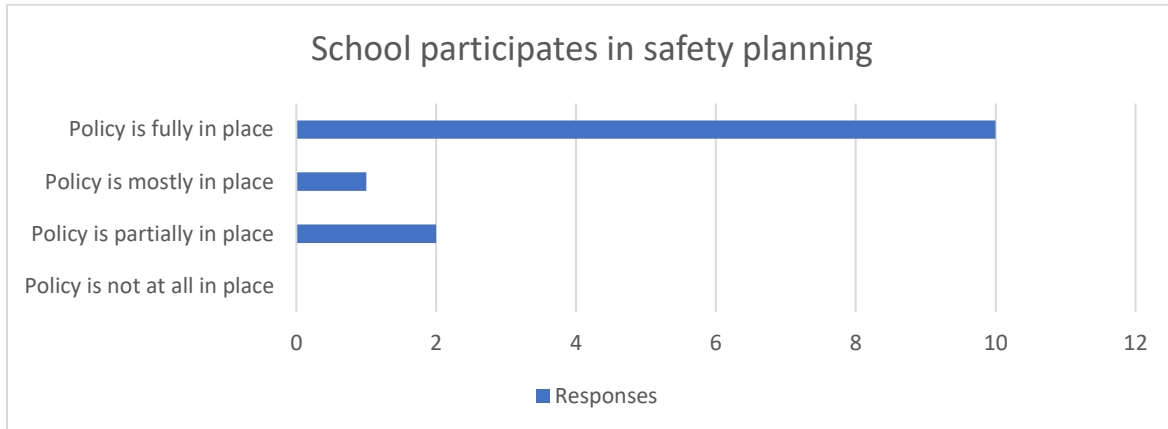


n = 13

When asked if their school district has opportunities exist for confidential discussion about students, the most frequent responses were that this policy was either fully in place (76.9%) or mostly in place (23.1%), see Figure 8. This policy was the only one where no participants reported it being partially in place or not at all in place.

Figure 9

School district participates in safety planning, including sensitive handling of reports of suspected incidents of abuse or neglect.

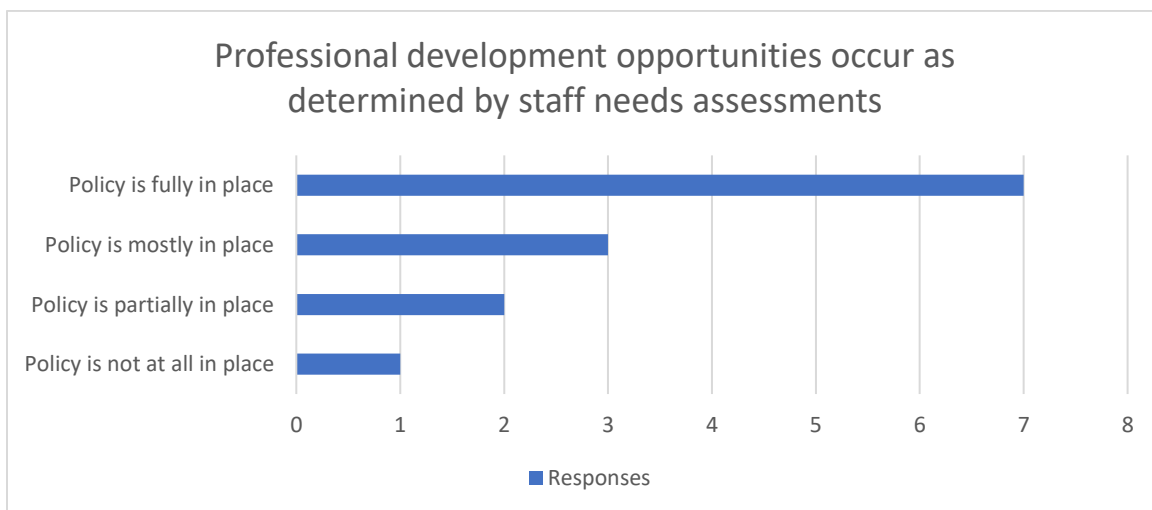


n = 13

When asked if their school district participates in safety planning, including sensitive handling of reports of suspected incidents of abuse or neglect, the most frequent responses were that this policy either fully in place (76.9%) or partially in place (15.4%), see Figure 9. This policy also had a very high frequency of being fully in place.

Figure 10

On-going professional development opportunities occur as determined by staff needs assessments.



n = 13

When asked if their school district has on-going professional development opportunities occur as determined by staff needs assessments, the most frequent responses were that this policy either fully in place (53.8%) or mostly in place (23.1%), see Figure 10.

Mean Scores for School-Wide Policies and Practices

Table 1 presents the mean scores for each policy among the 13 districts who responded to these items. The scores are from one (the policy is not at all in place) to four (the policy is fully in place). Of the 13 school districts responding, the three policies most in place were:

- Opportunities exist for confidential discussion about students (mean score of 3.8)
- School district participates in safety planning, including sensitive handling of reports of suspected incidents of abuse or neglect (mean score of 3.6)
- On-going professional development opportunities occur as determined by staff needs assessments (mean score of 3.2).

The least implemented policy was support for staff is available on a regular basis, including supervision and/or consultation with a trauma expert (mean score of 2.4).

Table 1 *Mean Scores for Trauma-Informed Policies*

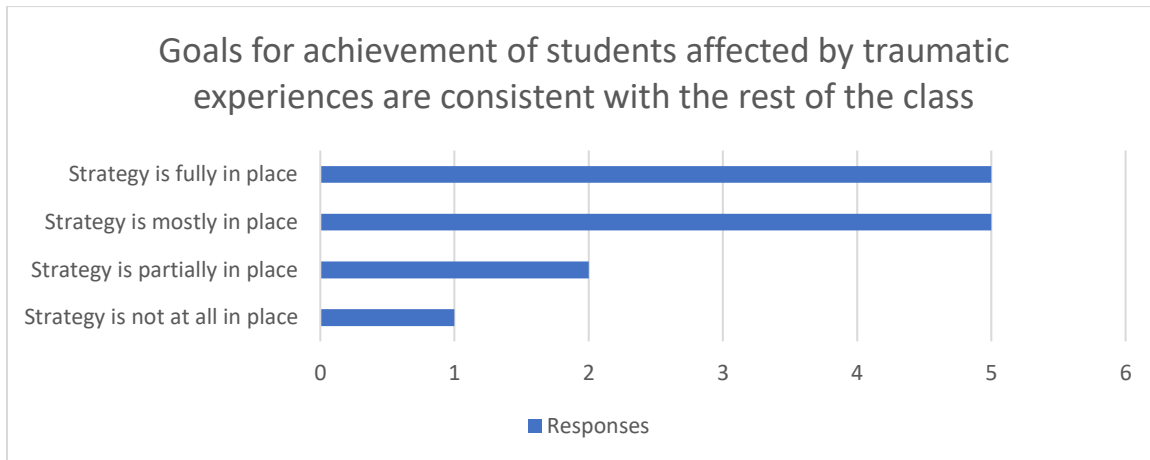
| Item | Mean | Standard Deviation | N |
|---|------|-----------------------|----|
| Opportunities exist for confidential discussion about students. | 3.8 | 0.4 | 13 |
| School district participates in safety planning, including sensitive handling of reports of suspected incidents of abuse or neglect. | 3.6 | 0.8 | 13 |
| On-going professional development opportunities occur as determined by staff needs assessments. | 3.2 | 1.0 | 13 |
| School district contains predictable and safe environments (including classrooms, hallways, playgrounds, and school bus) that are attentive to transitions and sensory needs. | 3.1 | 1.1 | 13 |
| Discipline policies balance accountability with an understanding of trauma. | 3.1 | 1.1 | 13 |
| General and special educators consider the role that trauma may be playing in learning difficulties at school. | 3.0 | 1.1 | 13 |
| Leadership (including principals and/or superintendent) develops and implements a trauma-sensitive action plan. | 2.9 | 1.2 | 13 |
| Support for staff is available on a regular basis, including supervision and/or consultation with a trauma expert. | 2.4 | 1.3 | 13 |

Classroom Strategies and Techniques

The third block of questions asked participants to state if a set of classroom strategies and techniques were in place at their school district. When asked if their school district has goals for the achievement of students affected by traumatic experiences are consistent with the rest of the class, the most frequent responses were that this strategy was either fully in place (38.5%) or mostly in place (38.5%), see Figure 11.

Figure 11

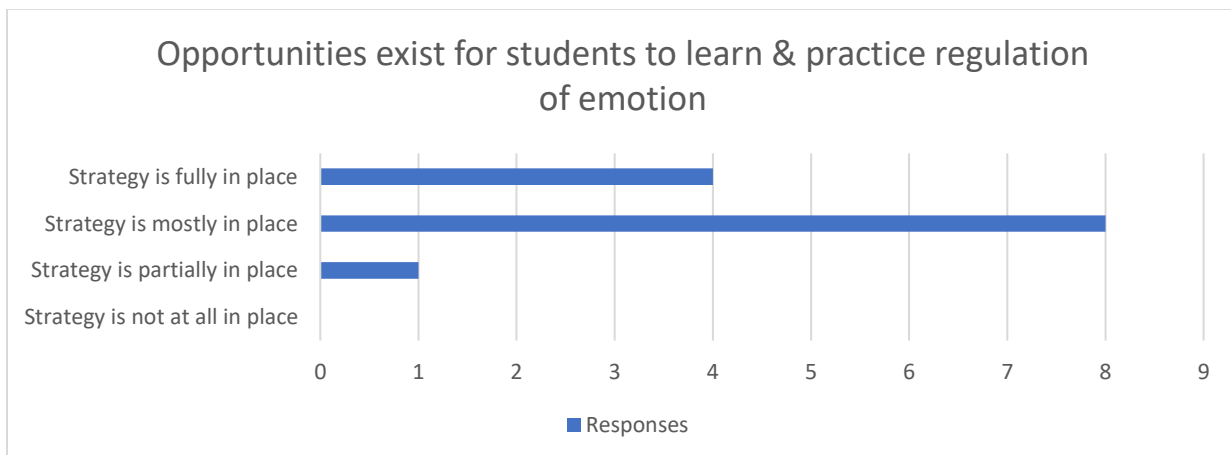
Goals for achievement of students affected by traumatic experiences are consistent with the rest of the class



n = 13

Figure 12

Opportunities exist for students to learn and practice regulation of emotions and modulation of behavior.

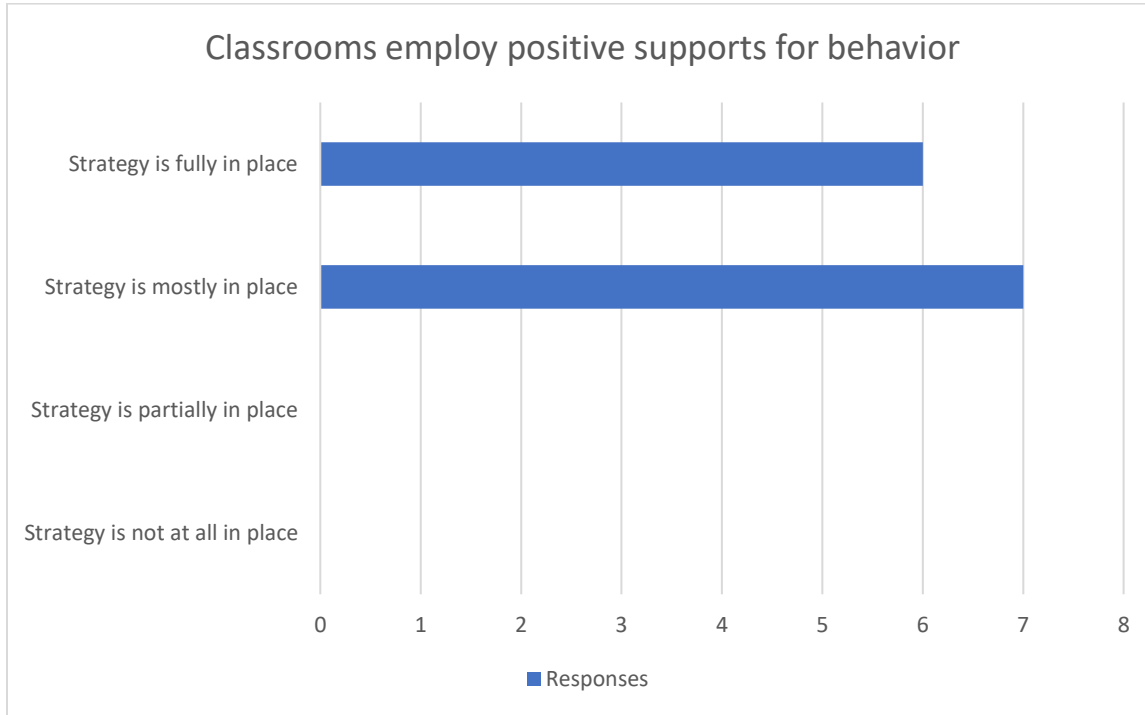


n = 13

When asked if their school district has opportunities for students to learn and practice regulation of emotions and modulation of behavior, the most frequent responses were that this strategy was either fully in place (30.8%) or mostly in place (61.5%), see Figure 12.

Figure 13

Classrooms employ positive supports for behavior.



n = 13

When asked if their school district has classrooms that employ positive supports for behavior, the most frequent responses were that this strategy was either fully in place (46.2%) or mostly in place (53.8%), see Figure 13.

Mean Scores for Classroom Strategies and Techniques

Table 2 presents the mean scores for each strategy and technique among the 13 districts who responded to these items. The scores are from one to four, with one being the strategy is not at all in place and four being the strategy is fully in place. Of the 13 school districts responding, the strategy most in place was classrooms employ positive supports for behavior (mean score of 3.5). The least implemented strategy was having goals for achievement of students affected by traumatic experiences are consistent with the rest of the class (mean score of 3.1).

Table 2

Mean Scores for Classroom Strategies and Techniques

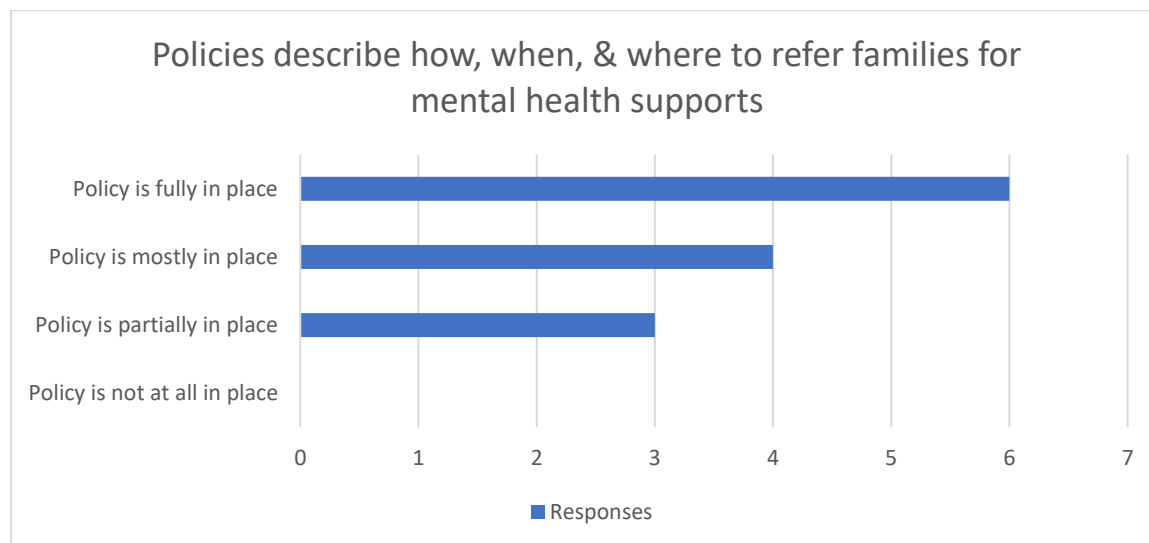
| Item | Mean | Standard Deviation | N |
|--|------|--------------------|----|
| Classrooms employ positive supports for behavior. | 3.5 | 0.5 | 13 |
| Opportunities exist for students to learn and practice regulation of emotions and modulation of behavior. | 3.2 | 0.6 | 13 |
| Goals for achievement of students affected by traumatic experiences are consistent with the rest of the class. | 3.1 | 1.0 | 13 |

Collaborations and Linkages with Mental Health

The fourth block of questions asked school districts to state if a set of policies and practices related to collaborations and linkages with mental health were in place at their school district. When asked if their school district has policies that describe how, when, and where to refer families for mental health supports, the most frequent responses were that this policy was either fully in place (46.2%) or mostly in place (30.8%) see Figure 14.

Figure 14

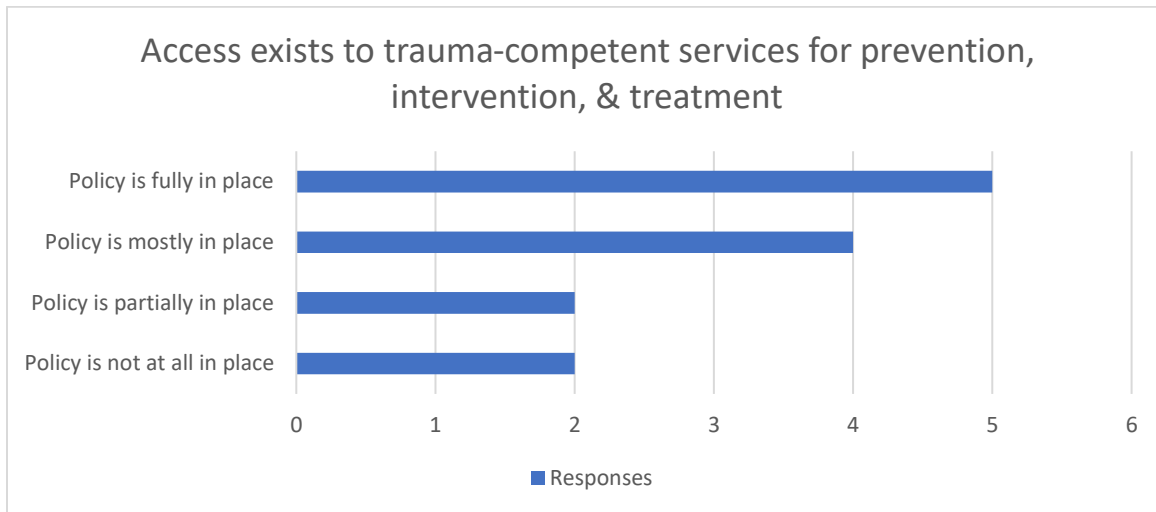
Policies describe how, when, and where to refer families for mental health supports.



n = 13

Figure 15

Access exists to trauma-competent services for prevention, early intervention, treatment, and crisis intervention.

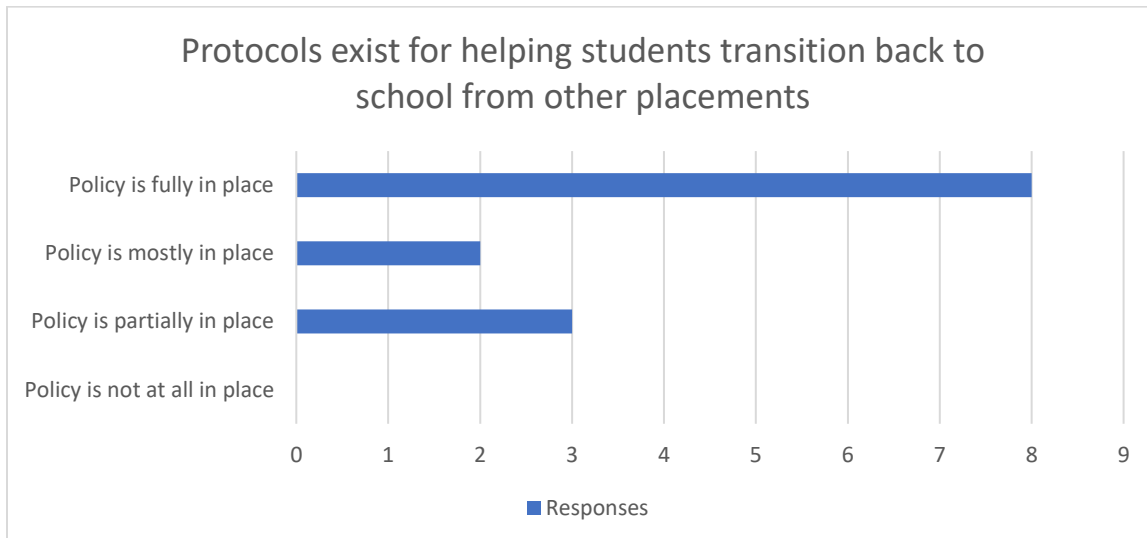


n = 13

When asked if access exists for their school district to trauma-competent services for prevention, early intervention, treatment, and crisis intervention, the most frequent responses were that this policy was either fully in place (38.5%) or mostly in place (30.8%), see Figure 15.

Figure 16

Protocols exist for helping students transition back to school from other placements.

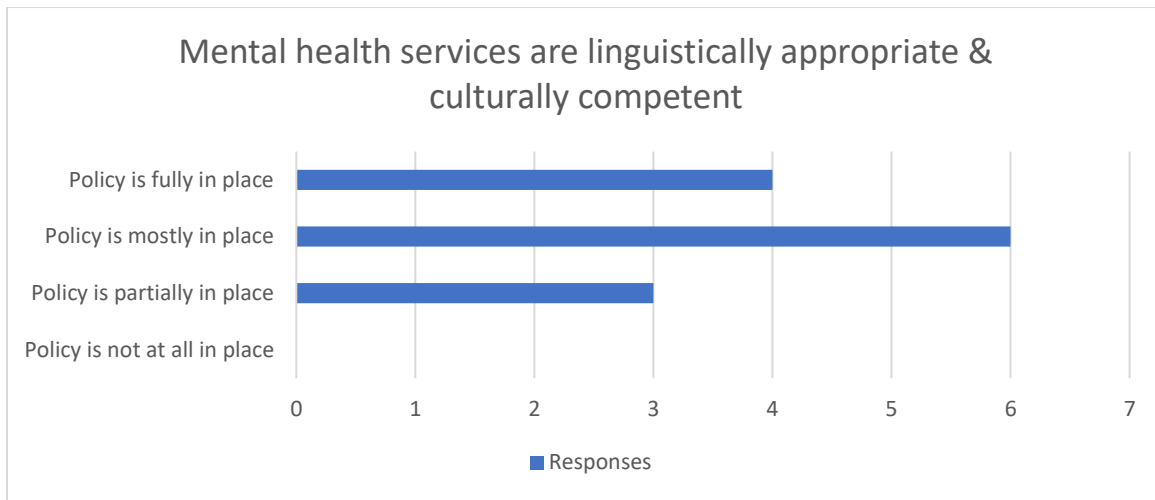


n = 13

When asked if their school district has protocols that exist for helping students transition back to school from other placements, the most frequent responses were that this policy was either fully in place (61.5%) or partially in place (23.1%), see Figure 16.

Figure 17

Mental health services are linguistically appropriate and culturally competent.

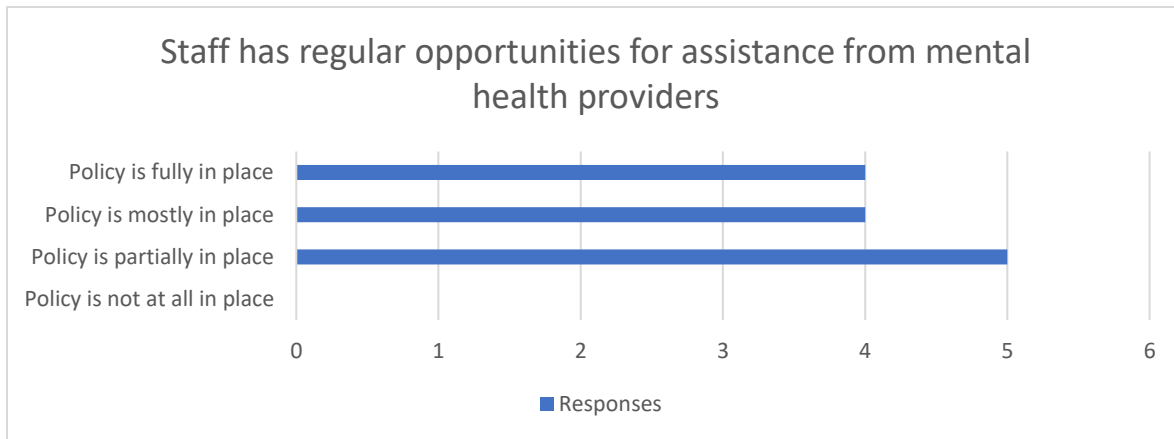


n = 13

When asked if their school district has mental health services that are linguistically appropriate and culturally competent, the most frequent responses were that this policy was either fully in place (30.8%) or mostly in place (46.2%), see Figure 17.

Figure 18

Staff has regular opportunities for assistance from mental health providers in responding appropriately and confidentially to families.

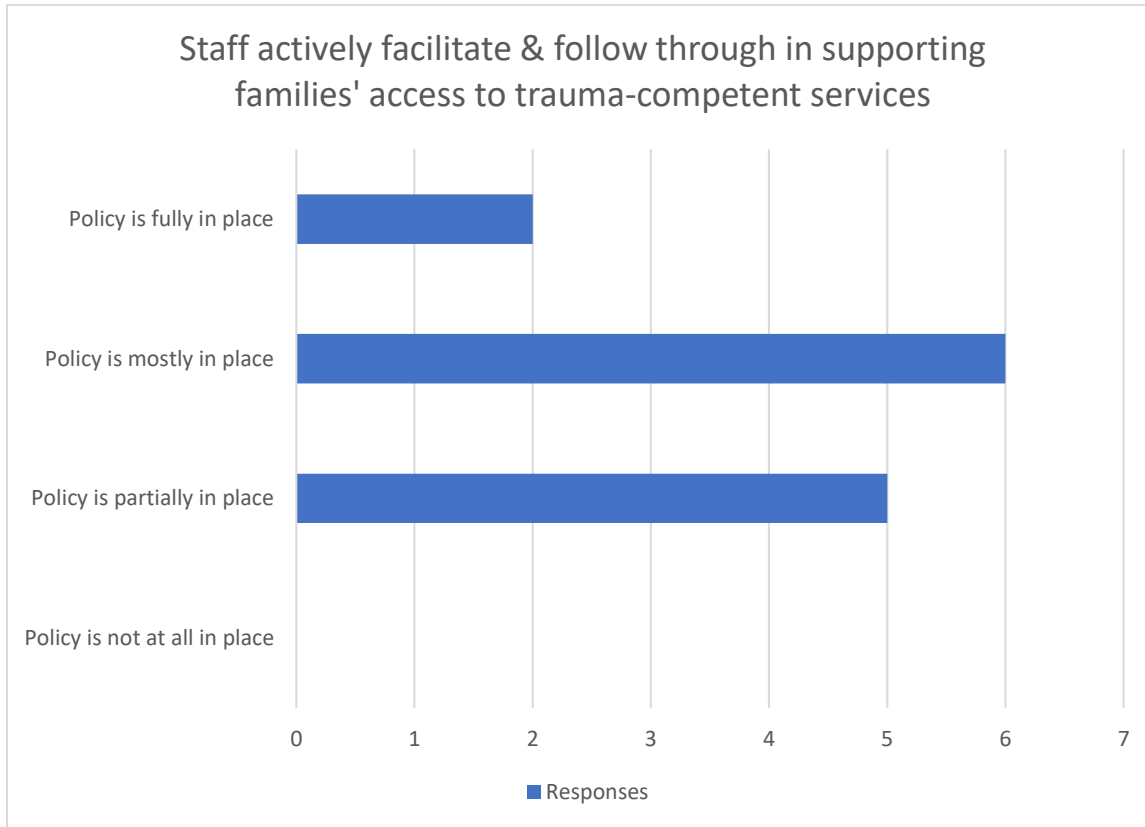


n = 13

When asked if their school district staff has regular opportunities for assistance from mental health providers in responding appropriately and confidentially to families, the most frequent responses were that this policy was either fully in place (30.8%), mostly in place (30.8%), or partially in place (38.5%), see Figure 18.

Figure 19

Staff actively facilitate and follow through in supporting families' access to trauma-competent mental health services.



n = 13

When asked if their school district staff actively facilitate and follow through in supporting families' access to trauma-competent mental health services, the most frequent responses were that this policy either mostly in place (46.2%) or partially in place (38.5%), see Figure 19.

Mean Scores for Collaborations and Linkages with Mental Health

Table 3 presents the mean scores for each strategy and technique among the 13 school districts who responded to these items. The scores are from one (the strategy is not at all in place) to four (the strategy is fully in place). Of the 13 school districts responding, the policy most in place was protocols exist for helping students transition back to school from other placements (mean score of 3.4). The least implemented policy was staff actively facilitate and follow through in supporting families' access to trauma-competent mental health services (mean score of 2.8).

Table 3*Mean Scores for Collaborations and Linkages with Mental Health*

| Item | Mean | Standard Deviation | N |
|---|------|--------------------|----|
| Protocols exist for helping students transition back to school from other placements. | 3.4 | 0.9 | 13 |
| Policies describe how, when, and where to refer families for mental health supports. | 3.2 | 0.8 | 13 |
| Mental health services are linguistically appropriate and culturally competent. | 3.1 | 0.8 | 13 |
| Access exists to trauma-competent services for prevention, early intervention, treatment, and crisis intervention. | 2.9 | 1.1 | 13 |
| Staff has regular opportunities for assistance from mental health providers in responding appropriately and confidentially to families. | 2.9 | 0.9 | 13 |
| Staff actively facilitate and follow through in supporting families' access to trauma-competent mental health services. | 2.8 | 0.7 | 13 |

Trauma-Informed Programs

The next survey question asked participants to indicate what trauma-informed programs, if any, are used in their school district. Table 4 shows the frequency of trauma-informed programs used by school districts. The most frequent responses were that they did not offer a specific trauma-informed program (50%) or did not respond to this question (21.4%). The only program that school districts reported using was Youth Mental Health First Aid (28.6%).

Table 4

Programs Used in Mississippi Public School Districts

| Program Name | Frequency | Percentage (out of 14 participants) |
|---|-----------|-------------------------------------|
| No trauma informed programs offered | 7 | 50% |
| Youth Mental Health First Aid (YMHFA) | 4 | 28.6% |
| No Response | 3 | 21.4% |
| Animating Learning by Integrating and Validating Experience (ALIVE) | 0 | 0% |
| Health Environments and Response to Trauma in Schools (HEARTS) | 0 | 0% |
| Project Linking Action to Unmet Needs in Children's Health (LAUNCH) | 0 | 0% |
| Student Assistance Program (SAP) | 0 | 0% |
| Heart of Learning and Teaching (HLT) | 0 | 0% |
| Monarch Room (MR) | 0 | 0% |
| Resilience Classroom Curriculum (aka FOCUS) | 0 | 0% |
| The Supportive Trauma Interventions for Educators (STRIVE) | 0 | 0% |
| Bounce Back | 0 | 0% |
| Cognitive Behavioral Intervention for Trauma in schools (CBITS) | 0 | 0% |
| Support for Students Exposed to Trauma (SSET) | 0 | 0% |
| Trauma-Grief Component Therapy for Adolescents (TGCT-A) | 0 | 0% |

Resources Needed

The last survey question asked participants to indicate what resources they needed (if any) to better implement trauma-informed practices in their school districts. Table 5 shows the frequency of resources needed (if any) to better implement trauma-informed practices in school districts. The most frequent response was to have more funding (71.4%), followed by more training for teachers/staff (57.1%) and classroom space (28.6%). No participants (0%) indicated that there were no resources needed.

Table 5

Resources Needed in Mississippi Public School Districts

| Resource Needed | Frequency | Percentage (out of 14 participants) |
|--|-----------|-------------------------------------|
| More funding | 10 | 71.4% |
| Training for teachers/staff | 8 | 57.1% |
| Classroom space | 4 | 28.6% |
| Technical assistance | 2 | 14.3% |
| Other: more information | 1 | 7.1% |
| Other: counselors in our schools and more support from community mental health and CPS | 1 | 7.1% |
| No resources needed | 0 | 0% |

Discussion

Based on the survey results, half of the school districts surveyed reported having trauma-informed policies in place. Of those school districts, 71.4% reported these policies were moderately effective. When asked about specific policies and teaching strategies employed, more than half of the respondents indicated that such policies/strategies were in place to some degree.

Based on mean scores, the more fully implemented policies and teaching strategies were:

- Opportunities exist for confidential discussion about students (mean score of 3.8).
- School district participates in safety planning, including sensitive handling of reports of suspected incidents of abuse or neglect (mean score of 3.6).
- Classrooms employ positive supports for behavior (mean score of 3.5).
- Protocols exist for helping students transition back to school from other placements (mean score of 3.4).

The least implemented policies and teaching strategies were:

- Access exists to trauma-competent services for prevention, early intervention, treatment, and crisis intervention (mean score of 2.9).
- Leadership (including principals and/or superintendent) develops and implements a trauma-sensitive action plan (mean score of 2.9).
- Staff has regular opportunities for assistance from mental health providers in responding appropriately and confidentially to families (mean score of 2.9).
- Staff actively facilitate and follow through in supporting families' access to trauma-competent mental health services (mean score of 2.8).
- Support for staff is available on a regular basis, including supervision and/or consultation with a trauma expert (mean score of 2.4).

Emerging Patterns

The pattern that emerged was that policies and teaching strategies that were more fully implemented tended to be directed at students. In contrast, the least implemented policies and teaching strategies were the ones targeted at school staff and administrators. Therefore, trauma-informed policies, at least for those Mississippi school districts participating in this survey, may primarily be implemented at the student level, but not as much at the staff and administrative levels.

Only 28.6% of the school districts surveyed reported the use of a pre-existing trauma-informed program. These four school districts each reported the use of Youth Mental Health First Aid (YMHFA) program. The other 71.4% of school districts either did not respond to the question or reported they did not offer any specific trauma-informed programs. When asked what resources were needed to better implement trauma-informed practices in school districts, most participants cited more funding (71.4%) and training for teachers/staff (57.1%). This finding suggests that funding may be a barrier to implementing trauma-informed practices in Mississippi schools.

Conclusions

Overall, these results provide a snapshot of trauma-informed practices in Mississippi public school districts. Although the school districts who responded to this survey did not always have a specific trauma-informed program implemented, they still had policies and teaching strategies in place that related to trauma-informed care. According to this study's findings, the primary resources that school districts need to implement trauma-informed practices are more funding and more training for teachers/staff. Trauma-informed practices in schools is an important topic because of the prevalence of trauma exposure (e.g., two thirds of children have reported exposure to at least one traumatic event by the age of 16 (SAMHSA, 2020), and trauma's overall effects on student learning (e.g., learning difficulties such as lower IQ scores, impaired memory, poorer test performance in reading and math, and lower academic engagement (Perfect et al., 2016). This study's findings are informative because they provide additional insight regarding the current state of trauma-informed practices in Mississippi's public schools,

and they provide insight into what resources and policies may be needed in Mississippi school districts to address trauma and its related effects.

Recommendations

Based upon survey responses from participating school districts, two recommendations are presented for increasing trauma-informed practices in Mississippi schools. First, school districts need to be given more financial support to implement trauma-informed practices. Most participants reported they needed more funding to better implement these practices in their school districts. Second, trauma-informed practices need to be extended to faculty and staff. Survey respondents reported their school districts tended to implement policies and teaching strategies aimed more at students than also targeting faculty/staff. Including faculty and staff in trauma-informed practices can help improve the understanding of trauma (Perry and Daniels, 2016; Stratford et al., 2020), and decrease secondary traumatic stress and burnout in faculty and staff (MacLochlainn, Kirby, McFadden, & Mallett, 2022). Additionally, most survey respondents reported more training was needed for teachers and staff to be able to better implement trauma-informed practices.

Limitations

Fewer than ten percent of Mississippi school districts were represented in this survey study. Therefore, results of this study may not be generalizable to all school districts in the state. Also, this survey study was only administered to Mississippi's public-school districts, and not its private school districts which may also offer trauma-informed programs to their students.

Future Research

Future research plans include recruiting more Mississippi public-school districts to complete the survey. Increasing the survey's sample size will give a more accurate idea of what trauma-informed practices are being implemented in the state. Future research plans also include conducting case studies on trauma-informed practices operating at the school or district level. Such type case studies can complement the survey data by evaluating how effective these practices are at addressing trauma symptoms in specific schools and/or districts.

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