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**Input to the Texas House Public Education Committee 2020**  
**Recommendations on HB18 and SB11 Regarding School Safety, Student Mental Health, and Trauma-Informed Training**

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As an organization focused on the protection of children, we appreciate the work done to ensure that our schools are safe from threats that originate both inside and outside our school buildings; and as an organization focused on prevention, we want to ensure that the continued work spends an appropriate amount of time and dollars on preventing rather than simply reacting to those threats.

As you likely know, the federal departments of Education (ED), Health and Human Services (HHS), Justice (DOJ), and Homeland Security convened the Federal School Safety Commission after the 2018 Parkland, Florida, school shooting to identify “best practices” to prevent future school shootings. Their report examined the relationship between school shootings and 19 issue areas -- seven of which affect schools.<sup>i</sup> A recent analysis by Child Trends found that in the aftermath of school shootings, states have been more likely to pass legislation related to preparing for an active shooter event rather than preventing one.<sup>ii</sup>

SB11, HB18, and HB19 were innovative in the way they empowered activities that will make schools safer both before, during and after a threat. By including not only preparation, assessment, and procedures for active threats, but also parental awareness of suicide-related risk factors and other behavioral health concerns, the integration of trauma-informed care practices in each school environment and training for school staff, and the production of a mental health resource inventory, these bills address issues outside of a school’s control through threat mitigation as well as issues inside a school’s control by improving the education of staff, parents, and students, the practices within our classrooms, and the connection to resources outside our classrooms.

Another innovative feature of SB11 was its inclusion of activities to prevent and mitigate the effects of adverse childhood experiences as an allowable use for a district’s school safety allotment. This acknowledgement is a critical piece of the puzzle in understanding how our systems can truly evolve to be safe environments where all our children are able to thrive.

Adverse childhood experiences (ACEs) such as child maltreatment or living in a home with mental illness, substance use, or violence can cause chronic stress and trauma that disrupts the architecture and chemistry of the developing brain. This can lead to difficulties in learning, memory, social interaction, and self-regulation.

These biological changes also result in dramatically increased likelihoods of risky behaviors as well as physical and mental health challenges across the lifespan.<sup>iii</sup>

Students who have experienced trauma like ACEs may experience physical and emotional distress such as:

- Headaches and stomachaches
- Poor control of emotions
- Inconsistent academic performance
- Unpredictable and/or impulsive behavior
- Over- or under-reacting to bells, physical contact, doors slamming, sirens, lighting, sudden movements
- Intense reactions to reminders of their traumatic event:
  - Thinking others are violating their personal space
  - Blowing up when being corrected or told what to do by an authority figure
  - Fighting when criticized or teased by others

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- Resisting transition and/or change<sup>iv</sup>

The effects of early and/or ongoing trauma results in an overactivation of the brain’s alarm systems meaning that these children may fight, freeze, or flee in circumstances that would not trigger the child sitting next to them. This is not because something is wrong with them. It is because of what has happened to them.

**If our intention is to get to the root of the problem, we must find ways to mitigate the effects of early trauma if not prevent it altogether.**

The good news is that we know **healthy** relationships with **supportive** adults in **safe** environments can build the resilience and skills needed for children to overcome adversity and thrive. Simple trauma-informed techniques can help children increase feelings of safety so that they can re-engage their “thinking” brain and engage productively—which not only prevents problem behaviors in the short term but troubling behavioral and health outcomes in the long term.

Because this is new territory for many schools and the call for addressing immediate threats will likely be louder and easier, our recommendation would be:

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- **Provide additional guidance and perhaps incentives for pursuing activities that are evidence-based and have the potential to prevent future threats to school safety by preventing and mitigating the effects of adverse childhood experiences.**
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In December of 2019, the CDC published a report on Preventing Adverse Childhood Experiences<sup>v</sup> which included the following evidence-based strategies that fall within the scope of our school system and where there may be opportunities for work that would increase the long term safety and success of our students.

Strategy	Approach
Promote social norms that protect against violence and adversity	<ul style="list-style-type: none"> <li>● Public education campaigns</li> </ul>
Ensure a strong start for children	<ul style="list-style-type: none"> <li>● Early childhood home visitation</li> <li>● High-quality childcare</li> <li>● Preschool enrichment with family engagement</li> </ul>
Teach skills	<ul style="list-style-type: none"> <li>● Social-emotional learning</li> <li>● Safe dating and healthy relationship skill programs</li> <li>● Parenting skills and family relationship approaches</li> </ul>
Connect youth to caring adults and activities	<ul style="list-style-type: none"> <li>● Mentoring programs</li> <li>● After-school programs</li> </ul>

COVID-19 has dramatically altered the landscape for our families as well as our schools. For many students (as well as educators, staff, and school administrators) concerns related to safety and wellbeing during the pandemic are compounding preexisting trauma, adversity, and disparities. For others, the pandemic has brought new challenges and trauma, which may include increased risk for violence and abuse in the home. Many families will experience adversities related to their isolation, economic hardship, and unmet basic needs.

Some students to consider who may be at additional risk during this time include those:

- With a history of anxiety;
- Who have had episodes of depression or suicidal ideation;
- With learning and attention disorders;
- With a history of child abuse or domestic violence;
- Whose families may have lost jobs or income;
- With loved ones particularly vulnerable to the COVID-19 virus;
- Whose caregivers are healthcare workers, or who work in occupations with potential exposure to the virus;
- Whose parents are divorced, separated, or live in different locations; and
- Who are experiencing less supervision because of caregivers' work schedules.<sup>vi</sup>

Trauma-sensitive schools have the potential to increase positive outcomes among all students, regardless of trauma history. Becoming trauma-informed is not a checklist, but a change in mindset that has the potential to increase student engagement and attendance, decrease referrals and suspensions, and accelerate academic success while minimizing the disruptions and conflicts that can interrupt a teacher's ability to deliver high-quality academic content. However, in order to see those improved outcomes, our new knowledge about the impact of trauma can't only live in our heads, it has to be integrated into our daily interactions with students, staff, and parents.

Our recommendations in monitoring implementation of the trauma-informed training components in these bills include the following:

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- **Ensure adequate funding to assist districts in implementing school-based strategies to support student mental health. This may include leveraging existing and future federal COVID-19 relief funds. The Coronavirus Aid, Relief and Economic Security (CARES) Act includes funding to address the impact of COVID-19 on education, including mental health services and social emotional support.**
  - **Include reporting requirements on how schools utilize the School Safety Allotment to assess how and if it has increased the capacity of districts to address mental health. Direct a portion of SSA funds to be used on mental health strategies.**
  - **Require school board members and superintendents to receive training on trauma and its impact on students and teachers.**
  - **Ensure access to high-quality resources and training in rural parts of the state and prioritize school-based telehealth projects.**
  - **Ensure that trainings include information not only on the effects of trauma and grief but also strategies that teachers can use to mitigate those effects and help students build resilience.**
  - **Ensure that that teachers have access to support in implementing trauma-informed strategies in their classrooms and that schools have access to technical assistance toward using a coordinated school-wide approach. Time and resources spent on training will be wasted if school-wide practices and procedures are not aligned and grounded in research.**
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The challenges for our children during this time are great, and our educational system is uniquely poised to help meet children where they are and help them grow toward health and success. The disruption to our status quo mixed with the intense needs of the moment present an opportunity for system transformation—a chance to align our practice and policy to the research. Thank you for your leadership in bringing these issues to the forefront and for resourcing our schools well to understand and address the trauma and mental health challenges our children face so that they can design more effective strategies for teaching and learning, safety and well-being for all students.

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**About TexProtects**

TexProtects' mission is to protect Texas children from the trauma of abuse and neglect and empowers families to thrive through education, research, and advocacy. Our vision is that all children are safe, nurtured, and resilient. To achieve our mission, TexProtects engages in research, advocacy and education. We advocate for better policies, reforms and appropriate increases in federal, state and local funding for three priority areas: 1) Prevention: Increasing investment in proven child abuse prevention programs, 2) Protection: Strengthening and reforming the CPS system, and 3) Healing: Ensuring victims receive adequate and accessible treatment.

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<sup>i</sup> <https://www2.ed.gov/documents/school-safety/school-safety-report.pdf>

<sup>ii</sup> <https://www.childtrends.org/publications/evolution-state-school-safety-laws-columbine>

<sup>iii</sup> Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., Koss, M. P., & 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://doi.org/10.1016/S0749-3797\(98\)00017-8](https://doi.org/10.1016/S0749-3797(98)00017-8)

<sup>iv</sup> <https://www.nctsn.org/resources/child-trauma-toolkit-educators>

<sup>v</sup> <https://www.cdc.gov/violenceprevention/pdf/preventingACES.pdf>

<sup>vi</sup> <https://www.nctsn.org/resources/trauma-informed-school-strategies-during-covid-19>