

Link for Schools

A System to Prevent Trauma and Its Adverse Impacts

Sally J. Immerfall, MEd, RN, BSN, NCSN

Marizen R. Ramirez, MPH, PhD

School-age children experience trauma at alarming rates. Children's ability to attend, concentrate, and participate in the educational process can be adversely impacted by trauma. How can school staff, especially school nurses, best listen, support, and encourage a student with trauma in their lives? Link for Schools is an evidence-informed intervention program that provides information and training for school staff. Link provides tools for listening or responding to a traumatized student with a focus on the principles of trauma-informed care, psychological first aid, and elements of motivational interviewing. Link-trained staff are better equipped to develop a relationship with a student, but future research is recommended to support its evidence base.

Keywords: adverse childhood events; motivational interviewing; school setting trauma-informed care; psychological first aid

What Is Trauma and the Most Effective Approaches for Intervention?

Behavioral health professionals define trauma 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. (Substance Abuse and Mental Health Services Administration (SAMHSA), 2014, p.7)

This is sometimes referred to as *psychological trauma* to distinguish it from other types of trauma. The event or circumstance may be ongoing or a one-time occurrence. Incidents that can be considered traumatic are varied, from what might be considered the events of ordinary life such as divorce, illness, accidents, and death of a family member or friend to extreme experiences of abuse, homelessness, or war. One in four U.S. students will witness or experience a traumatic event before the age of 4 and more than two-thirds by age 16 (Flannery, 2017). Two-thirds of youth report experiencing at least one traumatic event by age 16 (Suarez, Belcher, Briggs, & Titus, 2012).

Children who have witnessed traumatic events, such as domestic violence, shootings, or even fighting, can develop traumatic stress that in time can impact their physical and emotional health. Child traumatic stress is defined by the National Child Traumatic Stress Network (NCTSN) as stress that "occurs when a child experiences an intense event that threatens or causes harm to his or her emotional and physical wellbeing" (NCTSN, n.d.). Children who suffer from child traumatic stress, experiencing one or more than one trauma in their lives, may develop reactions that continue to affect their

daily lives years after the traumatic events have ended. Traumatic events or experiences, oftentimes termed *adverse childhood experiences* (ACES), may be direct or indirect, where a child is a victim or a witness. "The events may be scary, dangerous or violent and may include violence, accidents, death, illness, injury, abuse or neglect" (Changing Minds Now, n.d.).

Evidence of how exposure to traumatic and toxic stress and violence can negatively impact a child's life is abundant. Stress results in the release of hormones, including cortisol, that stimulate many responses from multiple body structures in the body, including the liver, cardiovascular, and respiratory systems. When children experience traumatic toxic stress, the resulting continuous stress response system activation results in the interruption of the structure and function of the neuroendocrine and immune systems. Resulting damage may lead to behaviors that include anger-rage, impulsivity, panic attacks, anxiety, somatic problems, and impaired memory, among others (Oral et al., 2015). The encouraging fact is that the young brain is able to change, and we now know that cultivating stable, supportive relationships can prevent or even reverse this damage, resulting in life-long benefits for the child's learning, behavior, and overall health. Science and research have repeatedly shown that a consistently caring adult in the life of a child is one of the most important protective factors toward helping the

child heal and build resilience (Changing Minds Now, n.d.).

Why School Nurses?

Schools are a natural place for intervention and opportunity for building a relationship with a trusting adult, and school nurses in particular can serve as one of those trusting adults. School nurses serve a vital role in the school community by promoting positive mental health outcomes in students through school/community evidence-based programs and curriculum. “As members of interdisciplinary teams, school nurses collaborate with school personnel, community healthcare professionals, students, and families in the assessment, identification, intervention, referral, and follow-up of children in need of behavioral health services. School nurses, because of their regular access to students, are uniquely qualified to identify students with potential behavioral health concerns. School nurses can serve as advocates, facilitators, and counselors of behavioral health services within the school environment and in the community.” (NASN, 2017)

School nurses interact with students daily in the hallway, clinic, cafeteria, and classroom. Students trust school nurses and often confide in them. Every time a school nurse connects with a child to talk and listen to them, comfort and celebrate with them, or inspire and collaborate together with them, they help to build the student’s “adaptive toolkit” that they can access to face adversity. This committed adult connection with a traumatized student can foster the child’s ability to cope with difficult and distressing life situations.

Although equipped with basic knowledge in mental health assessment and interventions, school nurses may benefit from structured interventions that specifically address childhood trauma. Link for Schools provides this unique approach in its training.

What Is Link for Schools?

Link for Schools was originally conceptualized as a secondary or tertiary

prevention program to help lower stress, build resilience, and improve connectedness after a child’s stressful life experience. Link provides tools for listening or responding to a traumatized student with a focus on the principles of trauma-informed care (TIC), psychological first aid (PFA), and elements of motivational interviewing (MI). “Trauma Informed Care is an organizational structure and treatment framework that involves understanding, recognizing, and responding to the effects of all types of trauma” (The Trauma Informed Care Project, n.d.). Trauma-informed care stresses physical, psychological, and emotional protection for both students and school staff and helps traumatized students rebuild a sense of power and control. Becoming “trauma informed” means developing a mindset that recognizes children often have many different types of trauma in their lives. Children who have been traumatized need support and understanding from those around them at school. Understanding the impact trauma can have on a student is an important first step in becoming a caring and empathic school community. Psychological First Aid addresses basic needs and reduces psychological distress by providing a caring comforting presence and education on common stress reactions. It empowers the individual by supporting strengths and encouraging existing coping skills (Minnesota Department of Health, n.d.).

Link for Schools interventionists use motivational interviewing, a “person-centered” open-ended communication style that leads to positive behavior change (Miller & Rollnick, 2004). MI elicits “change talk” by focusing on empathy, understanding, and reflection; avoiding disagreement; and supporting the student’s belief that he or she can be successful in engaging in behavior change (Miller & Rollnick, 2004; SAMSHA-HRSA Center for Integrated Health Solutions, n.d.). Prior research indicates the effectiveness of MI in adopting positive behavioral changes to reduce a variety of adolescent risky behaviors, including substance use,

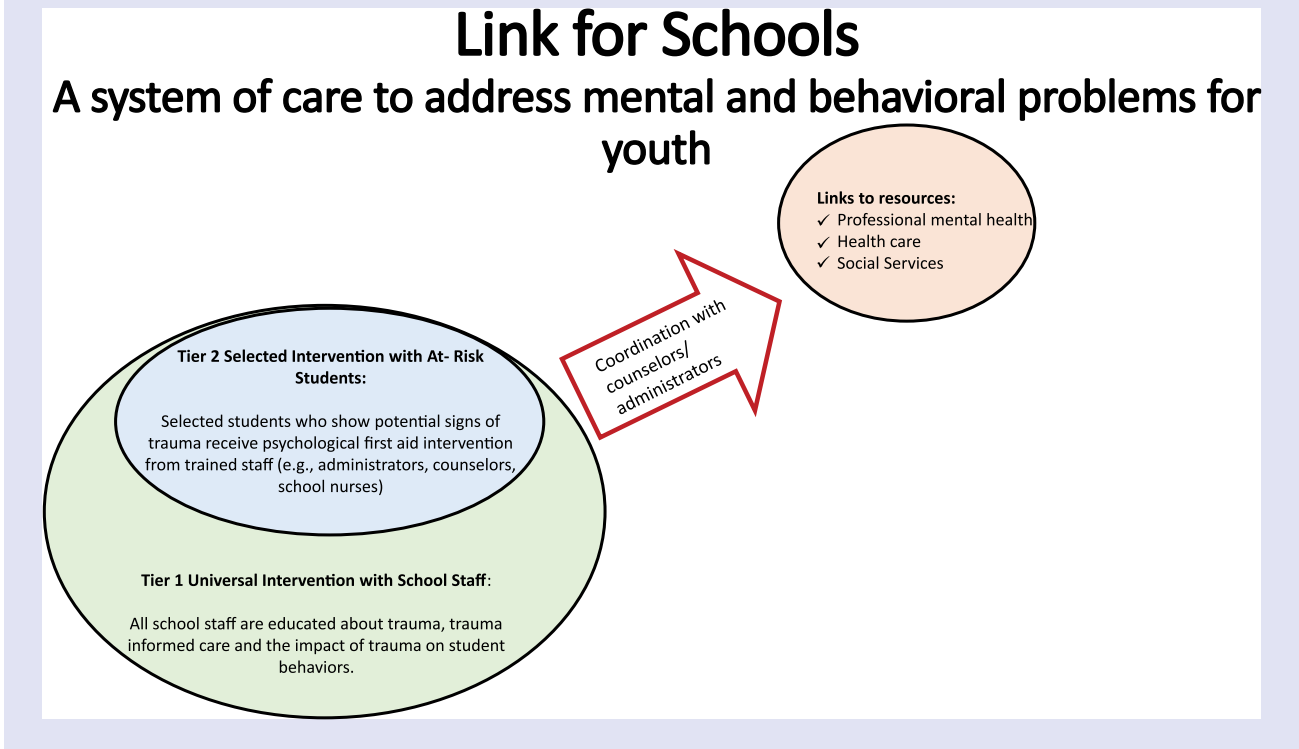
sexual risk taking, and risky driving (Jensen et al., 2011; Karofsky, Zeng, & Kosorok, 2001; Peek-Asa et al., 2014; Suarez & Mullins, 2008). Most school nurses have some exposure to MI, either through a basic course during their bachelor of nursing program or special workshops. However, using MI with fidelity is not easy. It requires extensive training to first understand MI’s theoretical underpinnings and then acquire the skill to apply MI in practice (Madson, Loignon, & Lane, 2009).

Link for Schools is a two-tiered trauma intervention program. At Tier 1, all school staff are trained in TIC and the impact of trauma on student behaviors. The training is composed of a video and discussion opportunity for the school staff. This is followed by intense motivational interviewing and psychological first aid training (Tier 2) for selected staff that can include school nurses as well as counselors, administrators, and other school personnel willing to be trained.

At Tier 2, selected students who show potential signs of the impact of trauma receive psychological first aid interventions, including utilization of motivational interviewing techniques and screening for stress (see Figure 1). Signs of the psychological trauma in a student may include a change in behavior or academic performance, poor attendance, violence, or psychosomatic symptoms noted with frequent trips to the nurse’s office. During psychological first aid sessions, the need for additional resources may be identified, based on the results of screening. Hence, the student may be referred to social services, health care services, or a mental health professional. The expected outcome and goal is to address mental and behavioral problems among at-risk youth.

The Link for Schools program takes a systemized approach to trauma response by providing two layers of support for children both with universal Tier 1 and selected Tier 2 interventions. In addition, the two tiers require open communication and coordination so that students are monitored through the

Figure 1. Link system of care, Tier 1 and Tier 2



process of identification, screening, and referral. School nurses play a key role and may coordinate with a school counselor, administrator, and/or parent/guardian. Thus, Link for Schools enhances the capacity of schools to address social and behavioral concerns by building resiliency through the support of trusted adults at school. As staff are trained and carry out the skills they have learned, they will more naturally pull those skills out of their toolbox as they interact with children. School staff will have a better understanding of the effects of trauma on students and how it impacts their lives at home, school, and in the community. They will build trusting relationships with students that will result in increased student resiliency and improved attendance, attentiveness, and behaviors during the school day.

How Did Link for Schools Begin?

In 2008, Cedar Rapids, Iowa, experienced a flood that affected thousands of families, homes, and businesses, including schools

and administrative buildings. The University of Iowa College of Public Health partnered with nurses in Cedar Rapids Community School District (CRCSD) to examine the feasibility of using a recently developed school-based mental health intervention system with flood-affected children. The program, titled Psychological First Aid (PFA): Listen, Protect, Connect-Model and Teach, was developed by Marlene Wong at University of Southern California (USC). It was the precursor to Link for Schools. The purpose of the study with school nurses in CRCSD was to develop a protocol for delivering PFA by school nurses and begin collecting data to preliminarily assess PFA's effectiveness in improving school attendance, coping, and PTSD symptoms. School nurses were trained in the PFA program by Marizen Ramirez and Marlene Wong. School nurses carried out the components of the program with students affected by the flood and those that were experiencing other traumatic events. Strategies offered to students included referral to a mental health professional, connecting the student

back to school through activities, techniques in conflict resolution/control of anger, and support.

Students who received PFA had reduced depression and posttraumatic stress disorder (Ramirez et al., 2013). The results of this study have been shared at state and national school nurse conferences in Iowa and Wisconsin and the 2013 NASN Conference in Orlando. Presenters were Marizen Ramirez, formerly from University of Iowa College of Public Health, Rhoda Shepherd, and Sally Immerfall, from CRCSD Health Services.

The Link team, from the Universities of Minnesota and Iowa, along with school nurses, learned from this initial work with CRCSD that school nurses and school staff needed additional communication supports and therefore developed the Link for Schools program.

Where Are We Now?

The Link for Schools project has expanded to support children in various settings, and a program of Link has been

developed in hospital settings for parents of injured children (Ramirez et al., 2017). Furthermore, efforts are underway to develop a school nurse–focused training program that includes education about trauma, selected motivational interviewing skills, and psychological first aid. Over the next year, we will identify and collaborate with school nurse leaders across Iowa, translate materials through engagement with the school nurses, develop school nurse–focused Link training materials, and train a small group of school nurses in Iowa to pilot test the acceptability of the training materials.

A second future goal is to establish a strong evidence base with larger trials moving forward. Currently, we are testing the Link program for its effectiveness in reducing trauma and violent behaviors in a large-scale randomized controlled waitlist trial. We will learn more about Link’s effectiveness in the next few years.

Schools are an ideal place for intervention and opportunity for building a relationship with a trusting adult for the growing number of students that experience trauma. School nurses serve a vital role in that process, and Link for Schools has been shown to be an effective tool for developing the support and relationships that are so important for our students to build resilience to trauma. ■

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Sally J. Immerfall, MEd, RN, BSN, NCSN
 Research Clinical/Health Care
 Research Manager
 University of Iowa College of Public
 Health
 Department of Occupational and
 Environmental Health
 Iowa City, IA
 Sally Immerfall was a school nurse
 and health services facilitator in the
 Cedar Rapids Community School
 District for 19 years. She has been a
 research clinical/health care
 research manager since 2016.

Marizen R. Ramirez, MPH, PhD
 Associate Professor
 Division of Environmental Health
 Sciences
 University of Minnesota
 Dr. Ramirez is an injury and
 violence prevention epidemiologist
 and professor in the School of
 Public Health. She has conducted
 epidemiologic and intervention
 research on school violence and
 pediatric trauma for over 15 years.