International Journal of School Social Work

Volume 6
Issue 1 *Trauma-Informed Education Through a Social Justice Lens (Part 1)*

Article 3

2021

Integrating Social Justice Practices into Graduate Training: Collaborating with Stakeholders to Adapt Professional Development in Puerto Rico

Kathryn D. Kurtz
University of Massachusetts Boston, kath0625@gmail.com

Emily R. DeFouw
University of Massachusetts Boston, emily.defouw@gmail.com

Marta E. Pagan-Ortiz
University of Massachusetts Boston, marta.pagan@gmail.com

Recommended Citation

Kurtz, Kathryn D.; DeFouw, Emily R.; and Pagan-Ortiz, Marta E. (2021) "Integrating Social Justice Practices into Graduate Training: Collaborating with Stakeholders to Adapt Professional Development in Puerto Rico," *International Journal of School Social Work*: Vol. 6: Iss. 1. https://doi.org/10.4148/2161-4148.1068

Integrating Social Justice Practices into Graduate Training: Collaborating with Stakeholders to Adapt Professional Development in Puerto Rico

Abstract

Treating trauma has become an international social justice concern, with increasing numbers of graduate training programs prioritizing how to conceptualize needs and interventions within a trauma-informed framework. Minimal research and guidelines exist for adapting these trauma-informed practices for the local community context. Additionally, trauma-informed practices often fail to consider ongoing structural issues faced by oppressed communities such as poverty and racism. Social work, psychology, and counseling graduate training programs often rely on a cultural competency framework instead of a social justice framework that addresses racism and Whiteness. During our graduate Counseling and School Psychology training program at the University of Massachusetts Boston, we collaborated with stakeholders at a school and community center in San Juan, Puerto Rico to culturally adapt and deliver trainings in trauma-informed practices for staff using an ecological validity framework. Using our work in Puerto Rico as a case study, this paper addresses the cultural adaptation of trauma-informed practices and factors to consider when implementing trauma-informed practices, emphasizing the need for creating safety. Strategies for embedding this trauma-informed work into mental health graduate training programs and recommendations for working with individuals from marginalized groups in school settings are discussed.

Keywords

Trauma-Informed Practices, Social Justice framework, Cultural Adaptation, Ecological Validity Framework, Graduate Training, Safety

Integrating Social Justice Practices into Graduate Training: Collaborating with Stakeholders to Adapt Professional Development in Puerto Rico

Approximately 20-50% of youth have experienced violence (Stein et al., 2003; Jaycox et al., 2009). Given the high number of children from oppressed communities who are impacted by exposure to stressors and trauma, treating trauma has become an international social justice priority. With the increasing need for implementation of trauma-informed practices in school and community settings, graduate mental health students (e.g., social work, psychology, counseling) require training to be both culturally responsive to community needs and antiracist in their approaches. This article will (1) provide an overview of the current status and limitations of trauma-informed practices and research, (2) discuss the current preparation of mental health graduate students to implement trauma-informed practices in oppressed communities, (3) present a case study related to a graduate student immersion experience involving culturally adapting trauma-informed practices training, (4) propose strategies for embedding a trauma-informed social justice framework informed by Critical Race Theory (CRT) into pre-service mental health graduate programs, and (5) conclude with a summary and future implications and recommendations.

A case study involving a collaboration between the Boys and Girls Clubs of Puerto Rico (BGCPR) and the Counseling and School Psychology department at the University of Massachusetts Boston in the United States will be used as an example. We highlight how mental health graduate training programs can integrate training in trauma-informed practices situated in a social justice framework.

Current Status of Trauma-Informed Care in School Settings

Historically, the focus of trauma treatment has been on intervening with the individual impacted by the traumatic event. The goal of these treatments is often symptom reduction, informed by a deficit approach (Thomas et al., 2019). As the definition of trauma and trauma-informed care approaches in community settings has expanded, schools have attempted to implement more systemic trauma-informed practices to varying degrees (e.g., educator training, collaboration across mental health and educational systems). The goal of these practices has been to build capacity within schools to meet the increasing need of students exposed to trauma (Thomas et al., 2019). These practices initially focused on siloed staff training (e.g., developing awareness of the impact of trauma on children's functioning, emphasizing self-care for educators working with youth who are traumatized) and delivering individualized or small group-based trauma-focused mental health services to children. Practices have grown to consider embedding trauma-informed practices into school policy and procedures, school climate, disciplinary practices, teaching and classroom management, family engagement, and collaboration across systems (i.e., school, district, university, community mental health settings, hospitals; Shamblin et al., 2016; Thomas et al., 2019). While

a range of interventions has been proposed, questions remain regarding how to determine (1) the quality of interventions delivered and their effectiveness on youth and educator outcomes, (2) measurement outcomes, (3) intervention conceptualization within a framework, and (4) address the link between structural oppression and traumatic stress (Carter et al., 2020; Kang & Burton, 2014).

In a systematic review examining school-based trauma-informed interventions from 1998 to 2018, Thomas and colleagues (2019) found 30 different trauma-informed interventions. These interventions targeted the individual student, teacher or classroom, and/or administrator or school levels. Specifically, individual or small group student-level interventions were largely based on cognitive-behavioral principles to target skill development of the child and designed to be implemented by clinicians with master's level training or higher (e.g., school social workers, school psychologists). These include Trauma-Focused Cognitive Behavioral Therapy (TF-CBT; Cohen et al., 2017), Cognitive Behavioral Intervention for Trauma in the Schools (CBITS; Stein et al., 2003) and Bounce Back (Langley et al., 2015). A meta-analysis of 21 studies found TF-CBT was the only treatment that met the "well-established" criteria for psychosocial treatments for children exposed to trauma (Silverman et al., 2008). CBITs and the Mental Health for Immigrants Program met the "probably efficacious" criteria. Cognitive behavioral therapy (CBT) interventions, in comparison to non-CBT interventions, produced a larger effect on youth outcomes (e.g., ratings on Child PTSD Symptom Scale; Silverman et al., 2008). Given students' limited access to mental health staff in many schools, especially high needs schools, interventions such as Support for Students Exposed to Trauma (SSET) which can be implemented by teachers, have also been developed (Jaycox et al., 2009).

At the teacher and school levels, trauma-informed care typically emphasizes didactic training and consultation/coaching for adults (e.g., Dorado et al., 2016; Shamblin et al., 2016). The goals of this training include increasing knowledge around the impact of trauma on students' learning and utilizing this knowledge to foster healthy and safe relationships with students (Dorado et al., 2016; Perry & Daniels, 2016; Shamblin et al., 2016).

Embedding Trauma-Informed Care in Multi-Tiered Systems of Support

To foster equitable partnerships among students, families, schools, and communities, it is important to focus on questions which explore structural issues that may cause trauma instead of solely focusing on individual traumatic events as has been suggested by the Adverse Childhood Experiences (ACEs) model (Felitti et al., 1998; Wisconsin Department of Health Services, 2013; Wolpow et al., 2009). However, this shift in thinking requires dismantling current educational practices that disproportionately traumatize individuals from marginalized groups (McGee & Stovall, 2015; Kang & Burton, 2014) and considers strategies for embedding trauma-informed practices into existing frameworks which can foster more equitable access to supports, such as multi-tiered systems of support.

There are emerging trauma-informed multi-tiered systems of support frameworks in the United States including HEARTS (Dorado et al., 2016) and Project LAUNCH (Shamblin et al., 2016) that provide frameworks for students who have experienced adverse childhood events, chronic stress, and poverty (Phifer & Hull, 2016). Core goals of HEARTS include targeting systemic factors that disproportionately impact marginalized groups including increasing student engagement, building staff and school knowledge of trauma-informed classroom and school-wide strategies, addressing staff burnout, and integrating a cultural and equity lens for approaching disciplinary decisions (Dorado et al., 2016, p. 164). Similar to HEARTS, Project LAUNCH focuses on community partnerships to provide school-based consultation and mental health services emphasizing a "relationship-based approach" (Shamblin et al., 2016, p. 191).

In terms of educator outcomes, Dorado and colleagues' (2016) results suggested an increase in school personnel's understanding of trauma and use of trauma-informed practices. Student outcomes included a positive impact on student attendance and learning, as well as a decrease in office disciplinary referrals, physical aggression, and out-of-school suspensions. Additionally, HEARTS improved students' trauma-related symptoms, including the development of healthy relationships with others (Dorado et al., 2016). Project LAUNCH involved building community partnerships to better meet the needs of the rural community impacted by poverty with positive effects on teacher confidence and student resiliency (Shamblin et al., 2016).

While there is emerging evidence related to the impact of trauma-informed care in schools on student and educator outcomes, different outcome measures have been utilized making it difficult to determine the overall effectiveness of these interventions. Studies have included measures related to teachers/staff outcomes (e.g., knowledge of trauma and its impact on student functioning, teacher confidence and competence in intervening with challenging behaviors; Crosby et al., 2015; Shamblin et al., 2016), the quality of the classroom/learning environment (Shamblin et al., 2016), and individual student-level factors (e.g., symptoms of post-traumatic stress disorder, depression, anxiety, externalizing behaviors, behavior problems, resiliency; Jaycox et al., 2009; Shamblin et al., 2016; Silverman et al., 2008). More research is needed on the impact of trauma-informed care interventions on educational practices that are negatively impacted by structural racism, including instruction, classroom management, and discipline and its subsequent impact on students from marginalized groups (Thomas et al., 2019; Kang & Burton, 2014). Without this research, trauma-informed care practices will continue to perpetuate current educational inequities.

Pre-Service Training in Trauma-Informed Practices

In the field of education, many school-based professionals (e.g., teachers, school social workers, school counselors, school psychologists) have a direct and critical role in leading school teams in questioning current practices that

disproportionately negatively impact students from marginalized groups. Given school-based mental health professionals are also expected to serve as interventionists and trainers for other school professionals in addressing mental health needs and trauma experienced by students, pre-service preparation of these mental health professionals is essential. Pre-service training in socially just informed trauma-informed practices must be prioritized to help prepare school-based professionals during their graduate-level training through coursework and practica or internships placements prior to them entering the field as professionals.

Various programs and accreditation boards have outlined seven proposed school mental health competency domains of (1) professional standards and ethics, (2) communication and building relationships, (3) cross-systems collaboration, (4) social-emotional, behavioral, and academic supports, (5) data-based decision-making, (6) professional growth and self-care, and (7) cultural competence or cultural humility (Iachini & Wolfer, 2015). Social work, counseling, and psychology training programs have emphasized the development of cultural competency and humility. However, recent research has proposed these frameworks are limiting in how they prepare practitioners to be antiracist in their work, to understand Whiteness as perpetuating structural oppression, and to pursue equity and social justice in their practice (Quiros et al., 2019; Pulliam, 2017, & Abrams & Moio, 2009; McGee & Stovall, 2015).

School-based mental health professionals often enter the profession due to wanting to help or serve others and understand and value the importance of positive child-adult relationships. However, many professionals report having difficulty with connecting and building relationships with individuals from marginalized groups (Freeman et al., 1999). This is fueled by the "savior mentality" of many White trainees and professionals (Andrews & Leonard, 2018). Many school-based mental health professionals report experiencing burnout and turnover due to "adjusted-related cultural differences" (Schwartz et al., 2016, p. 3). Turnover and burnout in schools lead to poor school climate (Guin, 2004) and lower student achievement over time (Hanselmann et al., 2016). Given how approximately half of teachers who report high levels of occupational stress leave the field within the first five years of teaching (Ingersoll, 2002), it is important to provide pre-service training in trauma-informed, anti-oppressive practices that foster social justice to school-based mental health professionals for both positive educator and student outcomes.

Critical Race Theory as a Social Justice, Trauma-Informed Framework

Previous research suggests pre-service training programs must involve coursework and experiential activities to support professionals in developing skills to build relationships with students and families (Schwartz et al., 2016). However, prior to building relationships with students, families, and communities from marginalized groups, it is critical to ensure an environment of *safety* from being retraumatized by those in positions of power and oppressive systems. This concept

of *safety* is often overlooked, yet it is a precursor to building collaborative relationships and is suggested to be the foundation of trauma-informed practices (Herman, 1992). Opportunities for exploring and practicing strategies for building safety should be built into pre-service training for mental health professionals. Elements of safety include openness to listening and learning, establishing an environment of collaboration, willingness to experience uncomfortable emotions with the goal of experiencing growth, and awareness and acknowledgement of power and biases (Schwartz et al., 2016). After *safety* is established, it is often important to monitor that it is also maintained when working as a school-based mental health professional. Building relationships that are safe and where power is equitably distributed, though, requires White practitioners to develop an understanding of the role of Whiteness in structural oppression, the intersectionality of identities among individuals from marginalized groups, and structural racism as traumatic for People of Color (POC; McGee & Stovall, 2015; Quiros et al.2019). Perhaps utilizing a Critical Race Theory (CRT) framework (Crenshaw et al., 1995) is a more equitable approach to situating the work of developing mental health trainees' skills in trauma-informed practices (Quiros et al., 2019; Pulliam, 2017; Abrams & Moio, 2009).

Courses in social work, counseling, and psychology graduate training programs that focus on cultural competency and cultural humility can be problematic in a number of ways. These can include lack of instructor training or expertise to lead discussions in this area, dynamics in the classroom that may perpetuate power and privilege, and courses focusing on individual factors and not larger oppressive systems (Abrams & Moio, 2009). While there have been models proposed to teach social justice courses grounded in CRT and anti-oppression (e.g., Pulliam, 2017), coursework is often aimed to improve knowledge and awareness. Programs, however, should also include experiential activities with opportunities for graduate students to engage with community members and stakeholders and have reflexive experiences around critical issues including but not limited to privilege, race, class, and religion (Schwartz et al., 2016; Andrews & Leonard, 2018). Andrews and Leonard (2018) describe the concept of "critical service-learning" which attempts to move away from students engaging in service learning *for* a community and instead focuses on students working *with* a community (p. 148). Critical service-learning aims to focus on building students' critical consciousness of privilege, distributing power among participants, and understanding of the causes of social issues (Andrews & Leonard, 2018).

Trauma as a Systems Issue in Schools

While trauma treatment research may include more representation of children from marginalized groups as compared to other psychosocial treatment literature, data has not typically been disaggregated and analyzed by racial or cultural groups to assess differential impacts by group (Silverman et al., 2008; Thomas et al., 2019). Thus, there is missing information related to the context of

the population served by the intervention (e.g., school setting, community factors, demographics of the participants; Thomas et al., 2019). Without this data, it is difficult to discern which elements of the interventions have been effective, for whom they have been effective, and if or how they should be adapted to be more tailored to the needs of the setting. Traditional models of trauma treatment were developed to address the processing of a single traumatic event (e.g., TF-CBT, CBITS) and were not necessarily designed to target intergenerational trauma or trauma exacerbated by systemic factors (e.g., oppression, poverty, community violence, institutional racism). Some trauma-informed care intervention studies have addressed the context of their settings as it related to implementation, such as the urban context of Dorado and colleague's (2016) study and the rural context of Shamblin and colleagues' (2016) study. For example, Shamblin and colleagues' (2016) program evaluation in rural Appalachia was informed by the limited resources in their rural setting and the need to focus on efficient and strengths-based capacity building among community and school providers using an Early Childhood Mental Health Consultation Model. While some studies (e.g., Jaycox et al., 2009) have focused on youth who have experienced trauma related to structural issues, such as community violence, these studies did not consider adaptations to the interventions to increase buy-in and did not result in larger effects on youth and educator outcomes.

There are models and programs designed for specific groups who have experienced trauma or are experiencing ongoing trauma, such as the Cultural Adjustment and Trauma Services (CATS) program which targets immigrant children and adolescents (Beehler et al., 2012). CATS include bicultural/bilingual clinicians and culture brokers to engage in coordination of outreach and care services, as well as support relationship building between students and school staff. Other studies describe implementing modified or adapted versions of interventions, such as The Heart of Teaching and Learning: Compassion, Resiliency, and Academic Success (Day et al., 2017), but do not describe the process utilized for adapting the interventions to meet the cultural needs of their settings. Perhaps the greatest need in the area of implementing trauma-informed care in schools is related to developing greater understanding of the role of cultural and contextual fit for school settings serving youth who are marginalized (Thomas et al., 2019).

Significance of Culturally Adapting Evidence-based Interventions

Research suggests individuals from marginalized groups respond diversely to behavioral health interventions (Barrera et al., 2013; Huey & Polo, 2008), including school-based interventions (Farahmand et al., 2011). Much of this research has focused on differences between racial and ethnic groups, with the White group serving as a point of comparison for different marginalized groups (Adler, 2009). Findings include marginalized individuals, particularly POC, have a different experience of the mental healthcare system compared to White groups (Atdjian & Vega, 2005). For example, individuals from marginalized groups are less likely to engage in services and more likely to experience problems once they

do seek help, including inadequate and discriminatory treatment (Cook et al., 2016; Klonoff, 2009; Nestor et al., 2016; Secker & Harding, 2002). Significantly, POC are more likely to prematurely drop out of treatment when engaged with White providers (e.g., de Haan et al., 2018; Fortuna et al., 2010; Snowden et al., 2001). Most relevant to school psychology, is the finding that stakeholders have reported school-based interventions, such as social-emotional learning, are often not culturally and contextually relevant for their students from marginalized groups in urban communities (e.g., addressing racism and community violence; Graves et al., 2017).

Adapting Trauma-Informed Practices in Schools

Questions remain around how to adapt interventions to better meet the needs of students from marginalized groups while also maintaining fidelity in that the core components of the intervention are preserved (Chorpita et al., 2005). Ijadi-Maghsoodi and colleagues' (2017) research was one of the only studies identified to utilize a formal process of seeking stakeholder input through student focus groups to inform the cultural adaptation of a trauma-informed intervention: The Resilience Classroom Curriculum. This curriculum focuses on skill development in the areas of emotion regulation, problem solving, goal setting, communication, and managing stress reminders (Ijadi-Maghsoodi et al., 2017). The curriculum was adapted using Bernal and colleagues' (1995) ecological validity model based on input from student focus groups and school social workers' input related to their understanding of the classroom contexts in which they were delivering the interventions. Adaptations were centered around metaphors (i.e., examples being replaced by those more relevant to the student population), goals (i.e., linking skills taught in the intervention to those identified as important by the students), and method (i.e., social workers adapting the delivery of the intervention based on the needs of the particular classroom). Overall, positive effects were found related to acceptability of the intervention to the students and social workers participating (e.g., intervention was helpful, increased support and connection, helped to destigmatize mental health difficulties, and had indirect positive effects on teachers; Ijadi-Maghsoodi et al., 2017). Results also suggested positive outcomes related to students' resilience, including empathy and problem-solving abilities (Ijadi-Maghsoodi et al., 2017). This begs the question of how cultural adaptation processes can be systematically integrated into research, graduate training, and school-based practice.

Translating Social Justice Theory into Practice: A Case Study

One way in which mental health graduate training programs can address this issue is by designing transnational immersion experiences and embedding the concept of critical service-learning into their curricula (Andrews & Leonard, 2018). These experiences can take on different forms depending on the capacity and focus of the program; however, they would benefit from being grounded in the following

objectives: (1) expanding worldviews; (2) challenging beliefs and biases; (3) examining Whiteness and privilege; (4) developing anti-oppressive practices; and (5) increasing knowledge around the lived realities and sociopolitical factors oppressing individuals from marginalized groups (Heppner & Wang, 2014; Smith et al., 2014). At the Department of Counseling and School Psychology at the University of Massachusetts Boston, the training addresses cross-cultural work and developing social justice skills across clinical, research, and training spheres. The authors are not aware of other mental health graduate training programs that require a transnational immersion experience.

The course at the University of Massachusetts Boston, *Transnational Social Justice in Counseling and School Psychology*, developed by Dr. Sharon Horne, provides doctoral students with an opportunity to apply their skills in a transnational context and collaborate with colleagues abroad. The purpose of the course is to take a critical service-learning approach to support graduate students in developing skills in transferring social justice competencies to transnational psychology. Students develop skills in recognizing systemic and structural power and privilege on a global level, engaging in critical consciousness activities around concepts such as the White savior mentality, and becoming adept at working across boundaries by building upon interconnections and commonalities that the field of psychology provides. Cohorts in this program have traveled to different countries or transnational contexts (i.e., Kyrgyzstan, Chile, Puerto Rico, and Colombia which was postponed due to the global COVID-19 pandemic), often based on the professor and/or students' transnational networks.

The latest cohort to complete an immersion experience traveled to Puerto Rico in 2019 - two years after the island was devastated by Hurricanes Irma and Maria. The cohort identified various organizations to collaborate with, one of which was the Boys and Girls Clubs of Puerto Rico (BGCPR). BGCPR offers after school programming and services to mostly children and youth living in poverty. Their programs focus on academic, personal, and professional development for these children and their families. After initial conversations with leadership at BGCPR, BGCPR and the cohort collaboratively identified needs around dealing with the effects of trauma, including an interest in developing mindfulness practices. While the cohort had expertise in both the areas of trauma and mindfulness, one challenge was how to adapt these practices to meet the local communities' needs. One widely used framework for adaptations is the aforementioned ecological validity model (Bernal et al, 1995), which addresses eight dimensions of interventions: language, persons, metaphors, content, concepts, goals, methods, and context (Bernal et al., 2009). This model has been used to adapt school-based interventions for Latinx English language learners (Castro-Olivo et al., 2018), a social-emotional learning intervention for culturally and linguistically diverse high school students (Cramer & Castro-Olivo, 2016), and a school-based social-emotional learning program for Latino immigrant adolescents (Castro-Olivo & Merrell, 2012), among many others.

Using this framework, we adapted trauma-informed practices for professional development trainings at BGCPR (see Table 1 for intervention adaptations; Castro-Olivo et al., 2018). The trainings included an overview of the impact of trauma, introduction to trauma-informed practices, self-care and stress reduction strategies based in mindfulness practices, and an overview of how to implement these with youth and children. Although the cohort developed initial materials in English, the adaptation avoided verbatim translations. A Puerto Rican doctoral student and a researcher familiar with the culture first reviewed an English-language draft of the materials. From there, they developed the training in Spanish using partial translations and rewritings which focused on language, metaphors, content, and methods. Further adaptation included aligning training goals with the needs identified by BGCPR staff (persons and goals) and integrating the group's historical and current experiences into the training (context and concepts, the history of poverty and colonization on the island, as well as the current impact of Hurricane Maria). The training was delivered in Spanish by two team members, while all students supported the training activities and discussions.

Despite our work and best intentions, there were a number of challenges faced and lessons learned from this experience. The challenges in doing this type of trauma-informed work can be summarized in three interconnected issues: 1) timing, 2) funding, and 3) capacity. Given this intervention occurred in the context of a class, the relatively brief amount of time, as well as the timing of the class (i.e., final semester of the program), were significant barriers. While the professor carries the responsibility of forming and maintaining the primary relationship and related communications with the partnered organizations, it is in the context of classwork that requests for funding, intervention development, planning, and implementation logistics occur. Intervention adaptation then are conducted with limited funds, which decreases the capacity for individuals who can carry out certain pieces of the work due to linguistic barriers (e.g., translation, intervention facilitation). These issues place limitations on the capacity to develop and establish safety, which as mentioned, is an integral part to trauma-informed care practices and foundational for this work.

Reflections of Striving to Become Anti-Oppressive in our Approach as Practitioners

By engaging in cross-cultural collaboration and immersion, we, as counseling and school psychology graduate students, learned how important it is to continue to develop an awareness of how sociopolitical factors and oppressive systems impact the work we do as mental health providers. The major difference between this cross-cultural training and the traditional school-based coursework was that it allowed us to examine our own biases and privilege in a different, unfamiliar context. When working in U.S. schools as mental health practitioners, we are often in positions of privilege and power, given our professional status, level of education, and often race, ethnicity, and/or cultural identity. However, in a cross-cultural experience, there may not be an obvious shared identity which can incite

feelings of discomfort and/or vulnerability. To become socially just practitioners, we need opportunities that involve unfamiliarity and differences in power, access, and privilege. Our work in Puerto Rico allowed us to further understand how our own individual and cultural backgrounds differ from others and impact the way we work, while also providing the benefit of learning different practices for working in these contexts.

Implications for Trauma-Informed Practice, Research and Conclusions

Our work with a community in Puerto Rico highlighted the critical need to build more immersive experiences into graduate training allowing trainees to develop a deeper understanding of power and privilege while practicing how to establish safety and build relationships in communities different from our own. Social work, counseling, and psychology graduate training programs should strive to incorporate understanding the role of oppressive systems in traumatic stress, developing awareness of the importance of trauma-informed practices that are focused on changing oppressive practices and systems, and developing skills in systematically adapting interventions to make them more culturally and contextually relevant for systems and individuals. Mental health graduate training programs that are embedding a social justice orientation and practices into their current coursework and training experiences should continue to share their lessons learned with others. Instead of focusing solely on skill development in trauma-informed practices related to intervening at the individual level, graduate training programs should prioritize equipping their students with skills to challenge existing oppressive systems and practices that cause traumatic stress. Our graduate program provided us with ongoing opportunities to develop and practice these skills. Building safety and trust serves as the base of socially just trauma-informed care. We will never have true safety and trust without equitable practices and systems. As such, we acknowledge that we, as practitioners and researchers supporting youth, families, and communities, have much more work to do together.

Table 1

Cultural Adaptations of the Trauma Training

Dimension	Cultural Adaptations
Language	Delivered the intervention in Spanish.
Persons	Had interventionists who were not only fluent in Spanish but familiar with and sensitive to the needs of the local culture implement the intervention.
Metaphors	Ensured the intervention was not directly translated from English to Spanish but that individuals familiar with the culture reviewed the translation for relevant metaphors, clinical language, and examples
Content	Incorporated content identified as important by members of the cultural group (e.g., did not include information on diagnosis/symptoms of PTSD but focused more on interventions to support community members). Incorporated strategies that required limited financial resources given the complexity of the financial climate in Puerto Rico related to the impact of Hurricane Maria and the response of the United States government. Provided materials relevant to the training topic in Spanish.
Concepts	Focused on protective factors and framed interventions as fostering skill development.
Goals	Addressed the needs identified by the stakeholders of the community. Incorporated examples that were tied to the goals and values of the community (e.g., supporting your community, understanding difficulties in the context of Puerto Rico's history and colonization, developing agency as a community to cope with complex trauma).
Methods	Fostered group discussion instead of relying solely on interventionist delivery of information.
Context	Considered the history and political context of the cultural group, including the history of poverty, colonization, and the continued impact of Hurricane Maria in the case of Puerto Rico.

References

Abrams, L. S. & Moio, J. A. (2009). Critical race theory and the cultural competence dilemma in social work education. *Journal of Social Work Education*, *45*(2), 245-261.

Adler, N. E. (2009). Health disparities through a psychological lens. *American Psychologist*, *64*(8), 663. https://doi.org/10.1037/0003-066X.64.8.663

Andrews, P. G. & Leonard, S. Y. (2018). Reflect, analyze, act, repeat: Creating critical consciousness through critical service-learning at a professional development school. *Education Sciences, 8*, 148-161.

Atdjian, S., & Vega, W. A. (2005). Disparities in mental health treatment in US racial and ethnic minority groups: Implications for psychiatrists. *Psychiatric Services*, *56*, 1600-1602. https://doi.org/10.1176/appi.ps.56.12.1600

Barrera Jr, M., Castro, F. G., Strycker, L. A., & Toobert, D. J. (2013). Cultural adaptations of behavioral health interventions: A progress report. *Journal of Consulting and Clinical Psychology*, *81*, 196. https://doi.org/10.1037/a0027085

Beehler, S., Birman, D., & Campbell, R. (2012). The effectiveness of cultural Adjustment and trauma services (CATS): Generating practice-based evidence on a comprehensive, school-based mental health intervention for immigrant youth. *American Journal of Community Psychology*, *50*, 155–168. https://doi.org/10.1007/s10464-011-9486-2

Bernal, G., Bonilla, J., & Bellido, C. (1995). Ecological validity and cultural sensitivity for outcome research: Issues for cultural adaptation and development of psychosocial treatments with Hispanics. *Journal of Abnormal Child Psychology*, *23*, 67– 82. https//doi.org/10.1007/BF01447045

Bernal, G., Jiménez-Chafey, M. I., & Domenech Rodríguez, M. M. (2009). Cultural adaptation of treatments: A resource for considering culture in evidence-based practice. *Professional Psychology: Research and Practice*, 40, 361–368. https://doi.org/10.1037/a0016401

Carter, R.T, Kirkinis, K., & Johnson, V.E. (2020). Relationships between trauma symptoms and race-based traumatic stress. *Traumatology, 26*(1), 11-18. http://dx.doi.org.ezproxy.lib.umb.edu/10.1037/trm0000217

Castro-Olivo, S. M., & Merrell, K. W. (2012). Validating cultural adaptations of a

school-based social-emotional learning programme for use with Latino immigrant adolescents. *Advances in School Mental Health Promotion, 5*(2), 78-92. https://doi.org/10.1080/1754730X.2012.689193

Castro-Olivo, S., Preciado, J., Le, L., Marciante, M., & Garcia, M. (2018). The effects of culturally adapted version of First Steps to Success for Latino English language learners: Preliminary pilot study. *Psychology in the Schools, 55*(1), 36-49. https://doi.org/10.1002/pits.22092

Chorpita, B. F., Daleiden, E. L., & Weisz, J. R. (2005). Modularity in the design And application of therapeutic interventions. *Applied and Preventive Psychology*, *11*, 141–156. https://doi.org/10.1016/j.appsy.2005.05.002

Cohen, J. A., Mannarino, A. P., & Deblinger, E. (2017). *Treating trauma and traumatic grief in children and adolescents.* New York: The Guilford Press.

Cohen, J.A., Mannarino, A. P., Jankowski, K., Rosenberg, S., Kodva, S., & Wolford, G. L. (2016). A randomized implementation study of trauma-focused cognitive behavioral therapy for adjudicated teens in residential treatment facilities. *Child Maltreatment, 21*(2), 156-167. https://doi.org/10.1177/1077559515624775

Cook, B. L., Trinh, N. H., Li, Z., Hou, S. S. Y., & Progovac, A. M. (2016). Trends in racial-ethnic disparities in access to mental health care, 2004–2012. *Psychiatric Services, 68*, 9-16. http://doi.org/10.1176/appi.ps.201500453

Cramer, K. M., & Castro-Olivo, S. (2016). Effects of a culturally adapted social-emotional learning intervention program on students' mental health. *Contemporary School Psychology, 20*(2), 118-129. https://doi.org/10.1007/s40688-015-0057-7

Crenshaw, K., Gotanda, N., Peller, B., & Thomas, K. (Eds.). (1995). *Critical race theory: The key writings that formed a movement. New* York, NY: The New Press.

Crosby, S. D., Day, A. G., Baroni, B. A., & Somers, C. L. (2015). School staff perspectives on the challenges and solutions to working with court-involved students. *Journal of School Health, 85*, 347–354. https://doi.org/10.1111/josh.12261

Day, A. G., Baroni, B., Somers, C., Shier, J., Zammit, M., Crosby, S., Yoon, J., Pennefather, M., & Hong, J. S. (2017). Trauma and triggers: Students' perspectives on enhancing the classroom experiences at An alternative residential treatment-based school. *Children & Schools, 39*, 227–237. https://doi.org/10.1093/cs/cdx018

de Haan, A. M., Boon, A. E., de Jong, J. T., & Vermeiren, R. R. (2018). A review of mental health treatment dropout by ethnic minority youth. *Transcultural Psychiatry*, *55*, 3-30. https://doi.org/10.1177/1363461517731702

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*, 163-176. https://doi.org/10.1007/s12310-016-9177-0

Farahmand, F. K., Grant, K. E., Polo, A. J., & Duffy, S. N. (2011). School-based mental health and behavioral programs for low-income, urban youth: A systematic and meta-analytic review. *Clinical Psychology: Science and Practice, 18*(4), 372-390. http://dx.doi.org/10.1111/j.1468-2850.2011.01265.x

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://doi.org/10.1016/S0749-3797(98)00017-8

Fortuna, L. R., Alegria, M., & Gao, S. (2010). Retention in depression treatment among ethnic and racial minority groups in the United States. *Depression and Anxiety*, *27*, 485-494. https://doi.org/10.1002/da.20685

Freeman, D. J., Brookhart, S. M., & Loadman, W. E. (1999). Realities of teaching in racially/ethnically diverse schools: Feedback from entry-level teachers. *Urban Education, 34*, 89-114. https://doi.org/10.1177/0042085999341006

Gehlert, S., Sohmer, D., Sacks, T., Mininger, C., McClintock, M., & Olopade, O. (2008). Targeting health disparities: A model linking upstream determinants to downstream interventions. *Health Affairs*, *27*, 339-349. https://doi.org/10.1377/hlthaff.27.2.339

Graves, S. L., Jr., Herndon-Sobalvarro, A., Nichols, K., Aston, C., Ryan, A., Blefari, A., Schutte, K., Schachner, A., Vicoria, L., & Prier, D. (2017). Examining the effectiveness of a culturally adapted social-emotional intervention for African American males in an urban setting. *School Psychology Quarterly, 32*(1), 62-74. http://dx.doi.org/10.1037/spq0000145

Guin, K. (2004). Chronic teacher turnover in urban elementary schools. E*ducation Policy Analysis Archives, 12*, 2-30. https://doi.org/10.14507/epaa.v12n42.2004

Hanselman, P., Grigg, J., Bruch, S. K., & Gamoran, A. (2016). The consequences

of principal and teacher turnover for school social resources. *In Family environments, school resources, and educational outcomes.* Emerald Group Publishing Limited.

Heppner, P. P., & Wang, K. T. (2014). A cross-cultural immersion program promoting students' cultural journeys. *The Counseling Psychologist, 42*(8), 1159-1187. https://doi.org/10.1177/0011000014548899

Herman, J. L. (1992). *Trauma and recovery: The aftermath of violence from domestic abuse to political terror.* Basic Books.

Huey Jr, S. J., & Polo, A. J. (2008). Evidence-based psychosocial treatments for ethnic minority youth. *Journal of Clinical Child and Adolescent Psychology*, *37*, 262-301. https://doi.org/10.1080/15374410701820174

Iachini, A. L., & Wolfer, T. A. (2015). Promoting school mental health competencies: Exploring the utility of decision cases for pre-service learning. *Advances in School Mental Health Promotion, 8*(2), 104-120. http://dx.doi.org/10.1080/1754730X.2015.1009130

Ijadi-Maghsoodi, R., Marlotte, L., Garcia, E., Aralis, H., Lester, P., Escudero, P., & Kataoka, S. (2017). Adapting and implementing a school-based resilience-building curriculum among low-income racial and ethnic minority students. *Contemporary School Psychology, 21*, 223–239. https://doi.org/10.1007/s40688-017-0134-1

Ingersoll, R. M. (2003). Turnover and shortages among science and mathematics teachers in the United States. *Science Teacher Retention: Mentoring and Renewal,* 1-12.

Jaycox, L. H., Langley, A. K., & Stein, B.D., Wong, M., Sharma, P., Scott, M., & Schonlau, M. (2009). Support for students exposed to trauma: A pilot study. *School Mental Health,1,* 49 – 60. https://doi.org/10.1007/s12310-009-9007-8

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*, 1587-1597. https://doi.org/10.1007/s10802-017-0270-0

Kang, H. K. & Burton, D. L. (2014). Effects of racial discrimination, childhood trauma, and trauma symptoms on juvenile delinquency in African American incarcerated youth. *Journal of Aggression, Maltreatment, & Trauma, 23,* 1109-11-25. https://doi.org/10.1080/10926771.2014.968272

Klonoff, E. A. (2009). Disparities in the provision of medical care: An outcome in search of an explanation. *Journal of Behavioral Medicine*, *32*, 48-63.

https://doi.org/10.1007/s10865-008-9192-1

Langley, A.K., Gonzalez, A., Sugar, C.A., Solis, D., & Jaycox, L. (2015). Bounce back; Effectiveness of an elementary school-based intervention for multicultural children exposed to traumatic events. *Journal of Consulting and Clinical Psychology, 83*(5), 853- 865. https://doi.org/10.1037/ccp0000051

McGee, E. O. & Stovall, D. (2015). Reimagining Critical Race Theory in education: Mental health, healing, and the pathway to liberatory praxis. *Educational Theory, 65*(5), 491-511.

Michael, K. D., Bernstein, S., Owens, J. S., Albright, A., & Anderson-Butcher, D. (2014). Preparing school mental health professionals: Competencies in interdisciplinary and cross-system collaboration. *In Handbook of school mental health* (pp. 31-43). Springer, Boston, MA. https://doi.org/10.1007/978-1-4614-7624-5_3

Nestor, B. A., Cheek, S. M., & Liu, R. T. (2016). Ethnic and racial differences in mental health service utilization for suicidal ideation and behavior in a nationally representative sample of adolescents. *Journal of Affective Disorders, 202,* 197-202. https://doi.org/10.1016/j.jad.2016.05.021

Perry, D., & Daniels, M. (2016). Implementing trauma-informed practices in the school setting: A pilot study. *School Mental Health, 8*, 177-188. https://doi.org/10.1007/s12310-016-9182-3

Phifer, L. W. & Hull, R. (2016). Helping students heal: Observations of trauma-informed practices in the schools. *School Mental Health, 8,* 201-205. https://doi.org/10.1007/s12310-016-9183-2

Pulliam, R. (2017). Practical application of critical race theory: A social justice course design. *Journal of Social Work Education, 53*(3), 414-423. https://doi.org/10.1080/10437797.2016.1275896

Quiros, L., Varghese, R., & Vanidestine, T. (2019). Disrupting the single story: Challenging dominant trauma narratives through a critical race lens. *Traumatology,*26(2),160-168. http://dx.doi.org/10.1037/trm0000223

Schwartz, T., Dinnen, H., Smith-Millman, M. K., Dixon, M., & Flaspohler, P. D. (2017). The Urban Teaching Cohort: Pre-service training to support mental health in urban schools. *Advances in School Mental Health Promotion, 10,* 26-48. https://doi.org/10.1080/1754730X.2016.1246195

Secker, J., & Harding, C. (2002). African and African Caribbean users' perceptions of inpatient services. *Journal of Psychiatric and Mental Health Nursing, 9,* 161-167. https://doi.org/10.1046/j.1365-2850.2002.00455.x

Smith, M. D., Jennings, L., & Lakhan, S. (2014). International education and service learning approaches toward cultural competency and social justice. *The Counseling Psychologist, 42*(8), 1188-1214. https://doi.org/10.1177/0011000014557499

Shamblin, S., Graham, D., & Bianco, J. (2016). Creating trauma-informed schools for rural Appalachia: The partnerships program for enhancing resiliency, confidence, and workforce development in early childhood education. *School Mental Health, 8*, 189-200. https://doi.org/10.1007/s12310-016-9181-4

Stein, B. D., Jaycox, L. H., Katoaka, S. H., Wong, M., Tu, W., Elliott, M. N., & Fink, A. (2003). A mental health intervention for school-children exposed to violence. *Journal of the American Medical Association, 290*, 603–611. https://doi.org/10.1001/jama.290.5.603

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/10.3102/0091732X18821123

Wisconsin Department of Health Services. (2013). Retrieved from www.dhs.wisconsin.gov/tic.