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EVIDENCE SUMMARY
DECEMBER 2025

Do trauma-informed school practices lead to improved mental health and academic outcomes in children?

Strong evidence indicates that trauma-informed school practices hold significant promise for enhancing children's well-being and academic success.

Research on trauma-informed school practices has expanded greatly in the past five years, with the publication of 15 systematic reviews included in this summary. Eleven of these reviews found positive outcomes, including reduced trauma symptoms, better behavior, and academic gains. Educators also reported increased self-confidence in their ability to manage challenging behaviors, as well as improved school climate. While many studies used research designs that produce moderate or suggestive evidence, all reviews supported continued implementation and evaluation.

Empirical support is strongest for clinical interventions targeted toward students at risk or with intensive needs.

Individual and group interventions targeted for students at risk and those with intensive needs consistently reduced post-traumatic stress disorder (PTSD) symptoms and improved resilience. These interventions were often based in cognitive-behavioral therapy and delivered by mental health professionals. These approaches are supported by the most rigorous research.

Classroom-level interventions are supported by moderate evidence from pilot studies or qualitative research.

Teachers' classroom strategies, such as relationship-building and trauma-sensitive discipline, showed positive effects on classroom dynamics and teacher engagement. However, most studies lacked strong experimental designs.

Whole-school interventions show promise but have a weaker empirical base with limited use of randomized controlled trials.

School-wide models show promise for improving school climate, student behavior, and staff capacity, but the evidence is limited by small sample sizes and weak methodologies. More robust studies are needed to confirm effectiveness.

Purpose of this summary

This document summarizes the state of available evidence regarding the impacts of trauma-informed practices in schools on students' mental health and academic outcomes.

What is meant by "trauma-informed school practices"?

Trauma-informed school practices are a set of practices that address the impact of trauma by creating a safe and caring environment. Trauma-informed practices focus on creating a safe school culture, building relationships, and supporting students' self-efficacy. A trauma-informed school system recognizes the widespread impact of trauma on students, staff, and the broader school community, integrating trauma awareness, mental health support, and restorative practices into its culture, policies, and partnerships. It fosters a safe, structured, and supportive environment that promotes positive relationships, resilience, and academic success.

What is meant by "multi-tiered systems of support (MTSS)"?

This evidence summary uses the multi-tiered systems of support (MTSS) framework to describe the trauma-aware practices discussed in this review. MTSS is an approach to providing academic, behavioral, and social-emotional support to all students, including early identification and support of students with learning and emotional/behavioral needs. MTSS is integrated into most U.S. states' education systems.[1] It articulates levels of needs and associated support interventions across three tiers:[1, 2]

- **Tier 1** includes school-wide and universal strategies directed toward all students. These strategies promote a positive school climate, reduce negative conditions, and enhance social problem-solving and coping skills.
- **Tier 2** provides additional support to students identified as needing increased assistance or who are at a higher risk of experiencing trauma. To assist these students, Tier 2 employs various approaches, such as psychoeducation related to trauma, strengthening social support systems, and improving self-regulation skills. Typically, this support is offered in small groups within the school setting.
- **Tier 3** entails clinical interventions such as cognitive behavioral therapy (CBT) to mitigate trauma-related symptoms among students with intensive needs.[2]

[1] I-MTSS Research Network (2024). *What is the current state of I-MTSS implementation in the United States?* https://mtss.org/wp-content/uploads/2024/02/States-of-I-MTSS-Brief-2024.pdf
[2] National Child Traumatic Stress Network. (2017). *Creating, supporting, and sustaining trauma-informed schools: A systems framework*. https://www.nctsn.org/sites/default/files/resources/creating_supporting_sustaining_trauma_informed_schools_a_systems_framework.pdf

What does the evidence show?

Strong evidence indicates that trauma-informed school practices hold significant promise for enhancing children's well-being and academic success.

Research on trauma-informed school practices has expanded greatly in the past five years. Since the publication of the first systematic review (Maynard et al., 2019), over a dozen more have followed. This summary synthesizes findings from **15 systematic reviews** spanning studies of primary and secondary schools. Most of the original studies included in the reviews were conducted in the United States. Others were primarily in Australia, Canada, and the Middle East.

- Of these 15 systematic reviews, **11 consistently reported positive outcomes** associated with trauma-informed school practices, although most were based on studies with **suggestive or moderate levels of evidence**. The remaining **four reviews found effects to be inconclusive**, citing insufficiently rigorous evidence (Lembke et al., 2024; Maynard et al., 2019; Stratford et al., 2020; Watson et al., 2025). No differences in trauma-informed practices or outcomes between primary and secondary schools were reported. **All reviews agreed that the evidence to date warrants implementation and rigorous evaluation of these practices.**

- Reported **student-level outcomes** included reductions in trauma symptoms and depression, improved classroom behavior, enhanced resilience and attention, and gains in academic achievement (Avery et al., 2020; Berger, 2019; Cohen et al., 2021; Fondren et al., 2020; Herrenkohl et al., 2019; Newton et al., 2024; Record-Lemon et al., 2017; Roseby et al., 2021; Thomas et al., 2019; Zakszeski et al., 2017).

- **Educator-focused findings** highlighted gains in knowledge, confidence in handling challenging student behaviors, and willingness to develop better relationships with trauma-affected students (Avery et al., 2020; Berger, 2019; Fondren et al., 2020; Newton et al., 2024; Thomas et al., 2019; Wilson-Ching et al., 2023). Trauma-informed school practices are associated with decreases in educators' disciplinary referrals, while increasing teachers' relationship-building practices (Herrenkohl et al., 2019; Roseby et al., 2021; Wilson-Ching et al., 2023).

- **Schools implementing these practices** frequently reported improved school climate, stronger relationships with families and students, and lower suspension rates (Avery et al., 2020; Cohen et al., 2021; Thomas et al., 2019; Wilson-Ching et al., 2023).

Empirical support is strongest for clinical interventions targeted toward students at risk or with intensive needs.

Geared toward students at risk of traumatic stress (**Tier 2**) or those with intensive needs (**Tier 3**), clinical interventions are usually delivered by school counselors, therapists, or mental health professionals. These interventions are supported by the largest amount of evidence, as well as the most rigorous.

- Herrenkohl et al. (2019) reviewed trauma-focused programs and categorized them into individual, classroom, and whole-school approaches. Findings revealed **clear improvements in PTSD symptoms and resilience** among students receiving individual and small-group

interventions. These were primarily based on the concepts of cognitive behavioral therapy (CBT) and delivered by trained mental health clinicians. **Suspensions and disciplinary referrals declined, and staff knowledge of trauma practices improved.**

- Record-Lemon et al. (2017) focused on studies that used **experimental or quasi-experimental designs**, particularly those based on cognitive-behavioral therapy (CBT). They concluded that **individual interventions**, especially those using CBT, demonstrated **significant benefit** for students, staff, and families.

- Stratford et al. (2020) conducted a systematic review of **91 studies**, identifying a strong evidence base for CBT-based interventions. These included trauma counseling, skill-building, psychoeducation, and parent engagement. Evaluations were often **methodologically rigorous and spanned broad student demographics.**

- Zakszeski et al. (2017) examined 39 studies of trauma-focused practices for elementary students, most delivered by external clinicians post-crisis. Although **87% of the studies reported reduced trauma symptoms**, the authors emphasized the need for more **experimental research with adequate sample sizes.**

Classroom-level interventions are supported by moderate evidence from pilot studies or qualitative research.

Implemented by teachers as part of routine instruction or behavior management, classroom-level strategies typically target students in **Tiers 1 and 2** of the multi-tiered systems of support framework. Relatively fewer and less rigorous studies have been done on these interventions.

- In a review of 13 studies, Wilson-Ching et al. (2023) examined teacher strategies for relationship-building with students. Strategies such as morning greetings; calming spaces; predictable routines; unconditional positive regard (acceptance without judgment); empathy; active constructive responding; reflective practices; emotional intelligence; and whole-school approaches with supportive discipline policies, leadership engagement, teacher training, and family/community involvement all aim to foster safe, trusting, and consistent relationships. Positive outcomes included **improved student relationships with teachers and peers**, and increased teacher engagement. However, most studies were **qualitative or descriptive**, limiting causal inference. According to Herrenkohl et al. (2019), the evidence supporting classroom-level and whole-school interventions is not as rigorous as that for clinical interventions, in part because of the complexity of measuring systems change.

- Cohen et al. (2021) identified studies of trauma-informed classroom practices in high schools. The studies' aims included identifying students with trauma symptoms, providing brief de-escalation support to disruptive students, and articulating specific methods for working with students with trauma symptoms. Although participants reported **subjective improvements**, most studies were exploratory and **lacked rigorous methods**.

- A review by Thomas et al. (2019) included 33 studies focused on trauma-informed teacher practices. While **32 showed some degree of effectiveness**, most were **pilot or preliminary studies**.

- Lembke et al. (2024) reviewed studies specifically addressing **children of refugee background**. They identified three approaches that take this subgroup into account. These approaches focus on **cultural sensitivity; training of school staff** and providing information on trauma resulting from war and migration, as well as the experiences of refugees; and **building an appreciative**

attitude toward them. Although some of the studies showed positive effects of these approaches, most of the studies had methodological weaknesses.

Whole-school interventions show promise but have a weaker empirical base with limited use of randomized controlled trials.

Whole-school models seek to infuse trauma-informed principles across **school culture, leadership, policies, and training,** often through universal staff training, family engagement, and trauma screening initiatives.

- To date, **there are few empirical studies on whole-school responses to trauma**. There is little agreement on what constitutes a whole-school, trauma-informed approach; how a trauma-informed strategy is implemented effectively; or what outcomes should be expected if a school effectively responds to the trauma of students, parents, and the school staff (Maynard et al., 2019; Stratford et al., 2020; Watson et al., 2025). Nonetheless, **existing reviews show promising results.**

- Avery et al. (2020) identified four school-wide models, each emphasizing trauma-informed training, screening, and system-wide change. While all four reported **positive behavioral and emotional outcomes**, the studies were small and had **methodological limitations.**

- In a review of 13 studies**,** Berger (2019) reported improvements in **student academic achievement, reduced PTSD symptoms**, and increased staff confidence in their ability to manage challenging student behaviors. However, only one study used a strong research design, **limiting generalizability.**

- Fondren et al. (2020) synthesized evidence on school-wide trauma-informed practices and found **improvements in teacher confidence, student behavior, and resilience**. Yet, few studies attempted to integrate supports across all three tiers, and **most lacked randomized controlled trials.**

- Reviewing Australian studies, Newton et al. (2024) found that four whole-school programs demonstrated **positive effects on teacher knowledge, classroom relationships, and student behavior**, though **methodological quality was only moderate.**

- Roseby et al. (2021) synthesized findings from 15 studies across preschool to high school contexts. Reported benefits included **improvements in attendance, behavior, attention, resilience, and school engagement**, though **consistency and study quality varied.**

What are the implications for practice and research?

Implement and Strengthen Trauma-Informed Practices Across School Systems

- Tier 2 trauma-informed supports should center on structured, small-group, CBT-informed interventions, delivered by trained staff, that enhance self-regulation, peer belonging, and family connection, while being tightly integrated with school-wide Tier 1 strategies.
- Invest in professional development to equip educators to prevent and respond effectively to trauma-related behaviors.
- Ensure school-wide implementation includes leadership engagement, training, and alignment with multi-tiered support systems.

Advance the Evidence Base Through Rigorous, Tier-Spanning Research

- Conduct further research specifically with refugee/newcomer students to determine the effectiveness of trauma-informed approaches with these groups and potentially identify cultural adaptations.
- Prioritize high-quality experimental and quasi-experimental studies, especially for classroom and whole-school interventions.
- Develop tools to assess trauma-informed school culture, including shifts in teacher mindset and the relationships and connections between school, students, and families. There are currently no such tools that measure the application of trauma-informed practices in the school and classroom.
- Examine the impacts of individual programmatic components of trauma-informed schools and how they interact.
- Evaluate integrated trauma-informed models across all three tiers (individual, classroom, and school-wide) to understand systemic interactions.
- Conduct longitudinal research to assess the sustained impact of trauma-informed practices on student well-being, academic outcomes, and educator support.

How did we identify evidence for this summary?

Included Studies

The Switchboard evidence database includes the following types of studies, categorized by the strength of their evidence:

Strong Evidence

Meta-analyses: systematic analyses of sets of existing evaluations of similar programs

Systematic reviews: syntheses of the best available evidence on specific research questions that use narrative synthesis focused on evaluations of the impacts of at least one specific policy, program, or intervention

Moderate Evidence

Published individual **impact evaluations** using randomized controlled trials (RCTs/C-RCTs), natural experiments, quasi-experimental techniques such as difference-in-difference (DID), instrumental variables (IV), regression discontinuity design (RDD), and propensity score matching (PSM) or other forms of synthetic matching, as well as fixed effects techniques with interaction terms

Suggestive Evidence

Published studies using methods including non-systematic literature review, uncontrolled before and after tests, post-test only, interrupted time series (ITS), cross-sectional regressions, longitudinal panels, cohort and case-controls, and purely qualitative techniques

Excluded Studies

The Switchboard evidence database excludes case studies, unpublished suggestive research, opinion papers, descriptive studies, and unpublished literature reviews.

Search Protocol

Studies included in the database focused on high-income or upper middle-income countries, including but not limited to the United States. Studies included must have been published since 2015. To identify evidence, we searched the following websites and databases using the following population, methodology, and target outcome terms:

Websites and Databases	Population Terms	Methodology Terms	Target Outcome Terms
EBSCO Discovery Service Google Scholar ERIC	Elementary and secondary students	review OR meta-analysis	Trauma informed schools OR Trauma sensitive schools OR Trauma aware schools

For databases or websites that permitted only basic searches, free-text terms and limited term combinations were selected out of the lists above, and all resultant studies were reviewed for relevance. Conversely, for databases or websites with advanced search capability, we made use of relevant available filters. All terms were searched in the title and abstract fields only in order to exclude studies that made only passing mention of the topic under consideration.

After initial screening, Switchboard evidence mapping is prioritized as follows: First priority is given to meta-analyses and systematic reviews, followed by individual impact evaluations when no meta-analyses or systematic reviews are available. Evaluations that are rated as impact evidence are considered before those rated as suggestive, with the latter only being included for outcomes where no evidence is available from the former.

Studies Included

Database and website searching identified 68 studies. After removing duplicates, 61 studies were then screened. Of these, 45 were determined to be irrelevant to this search. Sixteen full-text articles were assessed for eligibility. One full-text article was excluded due to not meeting one or more of the inclusion criteria pertaining to resettlement country, year of publication, population, methodology, or target problem. Fifteen studies were eligible for inclusion. They are listed below, with hyperlinks to the abstracts or full text (when available).

Meta-Analyses and Systematic Reviews

Avery, J. C., Morris, H., Galvin, E., Misso, M., Savaglio, M., & Skouteris, H. (2020). Systematic review of school-wide trauma-informed approaches. *Journal of Child & Adolescent Trauma, 14*, 381–397. Abstract.

Berger, E. (2019). Multi-tiered approaches to trauma-informed care in schools: A systematic review. *School Mental Health, 11*(4), 650–664. Abstract.

Cohen, C. E., & Barron, I. G. (2021). Trauma-informed high schools: A systematic narrative review of the literature. *School Mental Health, 13*(2), 225–234. Abstract.

Fondren, K., Lawson, M., Speidel, R., McDonnell, C. G., & Valentino, K. (2020). Buffering the effects of childhood trauma within the school setting: A systematic review of trauma-informed and trauma-responsive interventions among trauma-affected youth. *Children and Youth Services Review, 109,* 104691. Abstract and Introduction.

Herrenkohl, T. I., Hong, S., & Verbrugge, B. (2019). Trauma-informed programs based in schools: Linking concepts to practices and assessing the evidence. *American Journal of Community Psychology, 64*(3-4), 373–388. Abstract.

Lembke, E. J., Linderkamp, F., & Casale, G. (2024) Trauma-sensitive school concepts for students with a refugee background: A review of international studies. *Frontiers in Psychology, 15*, 1321373. Full text.

Maynard, B. R., Farina, A., Dell, N. A., & Kelly, M. S. (2019). Effects of trauma-informed approaches in schools: A systematic review. *Campbell Systematic Reviews, 15*(1-2), e1018. Full text.

Newton, L., Keane, C. A., & Byrne, M. K. (2024). Trauma-informed programs in Australian schools: A systematic review of design, implementation and efficacy. *Children and Youth Services Review, 156,* 107368. Full text.

Record-Lemon, R. M., & Buchanan, M. J. (2017). Trauma-informed practices in schools: A narrative literature review. *Canadian Journal of Counselling and Psychotherapy, 51*(4). Full text.

Roseby, S., & Gascoigne, M. (2021). A systematic review on the impact of trauma-informed education programs on academic and academic-related functioning for students who have experienced childhood adversity. *Traumatology, 27*(2), 149. Abstract.

Stratford, B., Cook, E., Hanneke, R., Katz, E., Seok, D., Steed, H., Fulks, E., Lessans, A., & Temkin, D. (2020). A scoping review of school-based efforts to support students who have experienced trauma. *School Mental Health, 12*, 442–477. Full text.

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. Abstract.

Watson, K. R., & Astor, R. A. (2025). A critical review of empirical support for trauma-informed approaches in schools and a call for conceptual, empirical and practice integration. *Review of Education, 13*(1), e70025. Full text.

Wilson-Ching, M., & Berger, E. (2023). Relationship building strategies within trauma informed frameworks in educational settings: A systematic literature review. *Current Psychology, 43*(4), 3464–3485. Full text.

Zakszeski, B. N., Ventresco, N. E., & Jaffe, A. R. (2017). Promoting resilience through trauma-focused practices: A critical review of school-based implementation. *School Mental Health, 9*, 310–321. Abstract.

Impact Evaluations

None.

Suggestive Studies

None.

Supplemental Resources

The following study did not meet the criteria to be included in the evidence summary but may provide additional context, guidance, or understanding of the topic.

Howard, J. A. (2019). A systemic framework for trauma-informed schooling: Complex but necessary!. *Journal of Aggression, Maltreatment & Trauma*, *28*(5), 545–565. Full text.