School-Based Health Centers: Trauma Care

Executive Summary

School-Based Health Centers (SBHCs) are uniquely positioned to provide trauma-informed care to children and adolescents exposed to various forms of trauma, including violence, neglect, abuse, and chronic stress. Given their proximity to students and integration within the school environment, SBHCs serve as critical access points for identifying, addressing, and mitigating the effects of trauma. Emerging research highlights that SBHCs improve behavioral and emotional functioning by offering counseling, crisis intervention, and care coordination, particularly for youth in underserved and high-risk environments.

Key Findings

• Early Identification and Assessment: SBHCs routinely screen students for adverse childhood experiences (ACEs), PTSD symptoms, and trauma exposure, allowing for earlier intervention and linkage to mental health services (Guo et al., 2021).

• **Provision of Trauma-Informed Counseling**: Many SBHCs implement trauma-informed frameworks, offering counseling and cognitive-behavioral interventions tailored to trauma-impacted youth, leading to reductions in anxiety, depression, and disruptive behavior (Schapiro et al., 2020).

• Safe and Trusting Environment: SBHCs provide a consistent, non-judgmental, and accessible space within schools that fosters trust—critical for trauma recovery, especially among students who may not feel safe in traditional healthcare or home settings (Langley et al., 2010).

• **Support for Learning and School Engagement**: By addressing trauma symptoms that interfere with concentration and behavior, SBHCs support students' ability to participate fully in academic and extracurricular activities (Jaycox et al., 2009).

Context

Why It Matters

More than two-thirds of children report experiencing at least one traumatic event by age 16. Untreated trauma can significantly hinder social-emotional development, cognitive functioning, and academic achievement, and it increases the risk of mental health disorders, substance use, and suicide. However, access to trauma-informed care remains limited, especially in marginalized communities. SBHCs close this gap by embedding trauma-responsive services directly into schools.

Implications

Trauma can have lifelong impacts if not addressed early. SBHCs are vital in identifying traumarelated needs and intervening before symptoms escalate. Their holistic, multidisciplinary approach ensures that trauma care is not only accessible but also integrated with educational goals. Investments in SBHCs as trauma-response centers yield long-term benefits in mental health, academic performance, and social well-being.

Next Steps

• Increase Funding for Trauma-Informed Programs: Expand financial support for SBHCs to implement evidence-based trauma interventions and staff training.

• **Standardize Trauma Screening Tools**: Encourage the use of validated trauma and ACEs screening tools within SBHC protocols.

• Build Collaborative Care Models: Strengthen partnerships between SBHCs, schools, families, and community mental health providers to ensure comprehensive care plans for trauma-affected students.

Key References

- Guo, J. J., Jang, R., Keller, K. N., McCracken, A. L., & Pan, W. (2021). Impact of schoolbased health centers on children with trauma experiences: A population-based study. *Journal of School Health*, *91*(1), 38–47. https://doi.org/10.1111/josh.12966
- Schapiro, N. A., Kools, S., Weiss, S. J., & Brindis, C. D. (2020). Integrating traumainformed care into school-based health centers. *Journal of Adolescent Health*, 66(5), 505–507. https://doi.org/10.1016/j.jadohealth.2020.01.002
- Langley, A. K., Nadeem, E., Kataoka, S. H., Stein, B. D., & Jaycox, L. H. (2010). Evidencebased mental health programs in schools: Barriers and facilitators of successful implementation. *School Mental Health*, 2(3), 105–113. https://doi.org/10.1007/s12310-010-9038-1

4. Jaycox, L. H., Langley, A. K., & Dean, K. L. (2009). Support for students exposed to trauma: The role of school-based health centers. *Advances in School Mental Health Promotion*, *2*(1), 51–62. https://doi.org/10.1080/1754730X.2009.9715699