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THE IMPACT OF TRAUMA ON LEARNING AND BEHAVIORS IN THE CLASSROOM AND HOW A
TRAUMA-INFORMED CLASSROOM HELPS

A MASTER'S THESIS

SUBMITTED TO THE FACULTY

OF BETHEL UNIVERSITY

BY

SUSANNE W. KARRIS

IN PARTIAL FULFILLMENT OF THE REQUIREMENTS

FOR THE DEGREE OF

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APPROVED

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I give all the praise and glory to God. This would not have been possible without Him.

Abstract

As trauma is becoming more prevalent among our students, it is essential that districts, schools, and staff understand its impacts in the classroom. The American Psychological Association (2021) estimates that more than $\frac{2}{3}$ of children experience a traumatic event by the age of 16. Trauma makes a neurobiological change to the brain that directly affects physical and cognitive performance. Teachers are getting frustrated with behaviors and the lack of learning that is taking place in the classroom. Research shows that evidence-based interventions and programs that are trauma-informed benefit students and show a reduction in unwanted behaviors and an increase in academic achievement. In order to implement these interventions, it takes time, resources, finances, and education systems that are willing to put the social-emotional needs of students and teachers as a priority. The literature review looks at trauma, how it impacts students in the classroom and what programs and strategies help students impacted by it.

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1. Signs and Symptoms of Traumatic Stress

CHAPTER I: INTRODUCTION

During the math lesson, a 4th-grade student raised his hand and asked: “Mrs. Karris, has your dad ever bought you brass knuckles?” It was not exactly the math question they were looking for. He went on to say that it was the best gift he had ever received from his dad and that he missed him and wished he wasn’t in prison for selling drugs. Obviously, his mind was not on the math lesson. The teacher wanted to swoop him up and talk more with him out in the hall but had 29 other students to teach at that moment. These comments and off-task behaviors were common with several students in that class.

That school year was one of the most challenging years for that teacher because of the diverse needs that students brought with them each day into the classroom. Many had parents in prison, one who had died, or others who just abandoned them for other interests. Some struggled with abuse and neglect at home. Others were exposed to drugs and partying and would regularly talk about the guns at their homes, inappropriate music and video games, and lack of sleep and structure. As a teacher, it was no wonder that math wasn’t a priority. The teacher needed to figure out how to understand where students were coming from and get them engaged in learning even though they had experienced all kinds of trauma outside the classroom.

It was becoming increasingly difficult to teach a lesson without behavioral interruptions, and many of their students were struggling academically. Teachers were unprepared for teaching students who had experienced trauma and what that might look like in the classroom. Even though the school administration, principal, and parents were supportive, they were still

getting frustrated and burnt out. It was important for them to understand trauma, Adverse Childhood Experiences (ACEs), and their impact on behaviors and academics. To become a teacher, this researcher wanted to dig deeper into trauma to better understand students' backgrounds and how to create a learning environment where everyone feels safe, cared for, and able to learn.

Trauma

The word "trauma" comes from the Greek word "wound" (Trauma, n.d.). Trauma is an event that is either witnessed or experienced that has negative and stressful long-term effects on an individual. Approximately 2/3 of school-aged children have experienced a traumatic event in their lives (Minahan, 2019). Everyone responds differently to trauma, but it impacts the way students learn in the classroom. Teachers have students who need social/emotional, academic, and behavioral support due to their trauma.

Prevalence

The National Survey of Children's Health in 2011-12 reported that nearly 35 million children in the United States are living with emotional and psychological trauma, and 52.5% of 2–5-year-old children had experienced severe stressors in their lifetimes. According to the American Psychological Association (2021), more than two-thirds of children reported experiencing a traumatic event by the age of 16. It also reported estimates of trauma exposure depending on the categories, type of measure, the source, and other factors. According to estimates, rates of witnessing community violence range from 39%-85%. Rates of youth exposed to sexual abuse range from 25-43%. It is estimated that 2.5 billion people have been

affected worldwide by disasters in the past decade, with most of the proportion being children and adolescents. The American Psychological Association reported that in 2006, 7.9 million U.S. children received emergency medical care for unintentional injuries and more than 400,000 for injuries due to violence. It should also be noted that race, gender, ethnicity, and poverty all affect a child's risk for exposure to trauma (American Psychological Association, 2021).

In the past, childhood trauma was often seen as a domain for the social workers and psychologists in the school setting (RB-Banks, & Meyer, 2017). Schools and teachers may also be unaware of the stress and trauma a student has experienced because they are unwilling to share or do not show signs. About 50% of childhood sexual abuse victims won't talk to anyone about the trauma they experienced and, if they do, most of those disclosures do not happen until later on in adulthood (Eklund et al., 2018). Research has been done to determine how to identify trauma symptoms so that students can receive evidence-based interventions. Although screening within schools for trauma is fairly new, not many studies demonstrate evidence of the efficacy and effectiveness of screening (Eklund et al., 2018). At best general education teachers are referring students to special education, and they are getting service under the qualification of Emotional Behavioral Disorder (EBD) because the teachers are not trained or knowledgeable about the best practices for responding to students who have experienced trauma (RB-Banks & Meyer, 2017). RB-Banks and Meyer go on to state that with awareness and informed practices with trauma, there should be a decrease in referrals of students to EBD programs, therefore, reducing the over-representation of African American males in that program. Because a student has experienced some adversities or trauma does not mean they

have a learning disability, even though their behaviors or classroom performance may come across that way to teachers.

Impact

Some traumatic experiences can cause a hyperarousal reaction. This response is also known as a “fight, flight, freeze” reaction (Terrasi & Crain de Galarce, 2017). When this type of stress caused by trauma continues, it makes neurobiological changes to the brain, which in turn causes poor physical health and poor cognitive performance (Terrasi & Crain de Galarce, 2017). Students who have experienced trauma exhibit behaviors that get in the way of teachers’ teaching and students’ learning. What changes are needed, and what can educators do to help students who have experienced trauma?

Classrooms need to be structured so students feel safe and know that they are cared for and known by teachers. Jennings’ (2019) research found that when teachers understand how trauma impacts the mind and the brain, they are more equipped to react when feeling frustrated, leading to understanding and compassion. This is important to the field of education because it is essential that teachers learn about trauma and how to create a trauma-informed classroom where learning can take place. Many students are entering our classrooms and struggling with academics and or behaviors. Some students are referred to special education. As a result, educators need to look closely at the cause and change our methods of reactions to a more trauma-informed approach.

Definition of Terms

Trauma: An emotional response to an event or series of events that are very distressing to an individual, such as rape and natural disaster, that have long-term reactions (American Psychological Association, 2021).

Secondary Traumatic Stress: The emotional stress a person experiences when they hear about the traumatic experiences of someone else (National Child Traumatic Stress Network, n.d.).

Toxic Stress: The bodies' prolonged exposure to excessively high levels of stress hormones that become harmful, particularly during child and adolescent development, and contribute to health and mental health disparities (American Psychological Association, 2021).

Post-traumatic Stress Disorder: A psychiatric disorder that occurs when someone has experienced or witnessed a traumatic event (American Psychiatric Association, 2001).

Emotional Behavioral Disorder (EBD): Must have one or more of the following: withdrawal or anxiety, depression, problems with mood, or feelings of self-worth; disordered thought processes with unusual behavior patterns and atypical communication styles; or aggression, hyperactivity, or impulsivity (Minnesota Department of Education, 2021).

Adverse Childhood Experiences (ACEs): ACEs are specific traumatic childhood events that happen before the age of 18 but are remembered throughout a child's life and may experience adverse effects (American Society for the Positive Care of Children, 2021).

Trauma-informed Classroom: A classroom that recognizes that some students have gone through traumatic experiences, and when they act out or refuse to do their work, it has nothing

to do with the teacher or the classroom, but their brains work differently because of the trauma (Levings & Kenton, 2020).

Guiding Research Questions

As a teacher who has been teaching for over 15 years, this researcher has seen a lot of students come to school having experienced or currently living in traumatic environments and how it impacts their learning. Most of these students disrupt the classroom and can be behaviorally challenging. How do teachers distinguish the need for a special education referral and a student who has just experienced trauma? As part of survival as humans, we need to feel like we belong, are a part of something, and hold strong relationships with others (Jennings, 2019). Jennings also stated that when children experience trauma, it disrupts those relationships and attachments that we all need to reach our full potential.

We know relationships are key to learning, but how can we form that bond with students who are resistant and difficult to have in class? It is important that educators understand what trauma is and how to respond to it. Each student has come from a different background and has experienced both positive and negative events that we may never realize. Teachers must meet the students where they are and help them grow as learners regardless of what they bring with them to school. This takes time, training, practice, and patience.

Thesis Questions

This literature review will address the following questions:

- 1) What are examples of trauma?

- 2) What are the signs and symptoms of trauma?
- 3) How does trauma impact learning and behavior in the classroom?
- 4) What are evidence-based practices teachers implement in a trauma-informed classroom?
- 5) What is the impact on teachers and the teacher-student relationship?

CHAPTER II: LITERATURE REVIEW

Literature Search Procedures

The purpose of this chapter is to review the literature on trauma, the impact it brings to the classroom, and aspects of a trauma-informed classroom. To locate the literature for this thesis, this writer searched ERIC, Academic Search Premier, APA PsycINFO, Professional Development Collection, Teacher Reference Center, EBSCO MegaFILE, and Google Scholar for publications from 2016-2021. This list was narrowed by only reviewing published empirical studies from peer-reviewed journals. The keywords used in these searches included “trauma-informed classroom,” “trauma and academics,” “trauma and behavior,” “impact of trauma,” and “trauma-sensitive classroom.”

ACEs

Adverse Childhood Experiences or ACEs is an ongoing study that started in 1995 and includes more than 17,000 people. The purpose of the study was to explore the relationship between childhood trauma and long-term medical health and social consequences (Center for Child Trauma and Service Planning, 2021). The people studied were mainly white, middle-class, college-educated Americans (Felliti et al., 1998). ACEs are classified into three groups: abuse, neglect, and household challenges. Each of these groups is further broken into subcategories giving the following ten adverse childhood experiences:

1. Physical abuse
2. Sexual abuse

3. Emotional abuse
4. Physical neglect
5. Emotional neglect
6. Mother treated violently
7. Household substance abuse
8. Household mental illness
9. Parental separation or divorce
10. Incarcerated household member

(Center for Child Trauma and Service Planning, 2021, p. 4)

Each of these ACEs is given the value of one. All ACE questions refer to the respondent's first 18 years of life (Center for Disease Control and Prevention, 2021). The original study revealed that 27% reported physical abuse; 24.7% sexual abuse; 13.1% emotional abuse; 9.2% emotional neglect, 13.7% mother treated violently; 29.5% household substance abuse; 23.3% mental illness; 24.5% parental separation or divorce; and 5.2% incarcerated household member (Blue Knot Foundation, 2021). The CDC indicated that almost two-thirds of the participants reported at least one ACE, and more than one in five reported three or more ACEs. The findings of this study also showed a relationship between ACEs and negative health and well-being outcomes (Felliti et al., 1998). ACEs are linked to chronic health problems, mental illness, and

substance abuse in adulthood (Centers for Disease Control and Prevention, 2021). The CDC reported that at least 5 of the top 10 leading causes of death are associated with ACEs.

The continual study of ACEs does not recognize all adversities, such as cultural, structural, and systemic forms of oppression (Winninghoff, A., 2020). They do not reflect areas that participants view as adversities (Felitti et al., 1998). Other traumas a child may experience with lasting impact include forced displacement, exposure to wartime or community violence, bullying, natural disasters, and homelessness. The ACEs screening tool usually includes a brief checklist in which each item is counted equally even though the impact on the child may vary greatly (Murphey, D., & Dym Bartlett, J., 2019). Murphey and Dym Bartlett offered the example that a child experiencing a relatively amicable divorce of their parents is less likely to be harmful to a child than sexual abuse, but they get the same score on ACEs. The National Child Traumatic Stress Network collects information on childhood exposure to 20 different trauma types, including those ten labeled as ACEs. Other important traumatic events include school shootings, disasters, racial trauma, and the death or bereavement of a loved one (Amaya-Jackson, L. et al., 2021). Since everyone responds and reacts differently to trauma and defines a traumatic experience differently, screening tools like ACEs should be used as one component of a comprehensive, trauma-informed, strength-based approach to addressing, understanding, and responding to childhood adversity. It is important, as teachers, to know the signs and symptoms of trauma.

Signs and Symptoms

The signs and symptoms of traumatic stress can look different for each individual depending on the age or how severe the traumatic event was. A child experiencing traumatic stress may act uncharacteristically, and these reactions may emerge right away or weeks or months later (Center for Child Trauma Assessment and Service Planning, 2021). A child may have difficulty functioning in the family, peer group, or at school as a result (American Psychological Association, 2021). Below is a chart showing signs and symptoms that different school-age children may experience.

Figure 1

Preschool Children	Elementary School Children	Middle and High School Children
<ul style="list-style-type: none"> • Feel helpless and uncertain • Fear of being separated from their parent/caregiver • Cry and/or scream a lot • Eat poorly and lose weight • Return to bedwetting • Return to using baby talk • Develop new fears • Have nightmares • Recreate the trauma through play • Are not developing to the next growth stage • Have changes in behavior • Ask questions about death 	<ul style="list-style-type: none"> • Become anxious and fearful • Worry about their own or others' safety • Become clingy with a teacher or a parent • Feel guilt or shame • Tell others about the traumatic event again and again • Become upset if they get a small bump or bruise • Have a hard time concentrating • Experience numbness • Have fears that the event will happen again • Have difficulties sleeping • Show changes in school performance • Become easily startled 	<ul style="list-style-type: none"> • Feel depressed and alone • Discuss the traumatic events in detail • Develop eating disorders and self-harming behaviors such as cutting • Start using or abusing alcohol or drugs • Become sexually active • Feel like they're going crazy • Feel different from everyone else • Take too many risks • Have sleep disturbances • Don't want to go places that remind them of the event • Say they have no feeling about the event • Show changes in behavior

Signs and Symptoms of Traumatic Stress (The National Child Traumatic Stress Network, 2021, p.

4)

Post-Traumatic Stress Disorder (PTSD)

Even though most children return to normal functioning after experiencing trauma, some will develop psychological symptoms, and post-traumatic stress disorder (PTSD) is the most commonly diagnosed trauma-related disorder (American Psychological Association, 2021). The U.S. Department of Veterans Affairs (2019) reported that of the children and teens who experience trauma, 3% to 15% of girls and 1% to 6% of boys would develop post-traumatic stress disorder, with higher rates for certain types of traumas. A child with PTSD will have either physically or emotionally terrifying thoughts and memories of a past event (Stanford Children's Health, 2021). For a child to get a medical diagnosis of PTSD, the symptoms must last more than a month and negatively affect the child's life and how they function. These symptoms usually start within three months of the event or experience but can show up months or even years later (Stanford Children's Health, 2021). According to the U.S. Department of Veterans Affairs, three factors will increase the chances of a child developing PTSD. These factors include: how severe the trauma is, how the parents reacted to the trauma and how close or far away the child was to the trauma. Children and teens may relive the traumatic event over and over and may experience nightmares or significant changes in their behavior that affect other aspects of their lives (Stanford Children's Health, 2021). Therapy and medications are used to treat PTSD.

Impact of Trauma in the Classroom

Childhood trauma can affect a child's brain as a result of neurodevelopmental impairments. We have 100 billion brain nerve cells or neurons when we are born. Within the

first two years of life, these neurons form connections as the brain grows and is stimulated (Levings, 2020). When children experience traumatic events, their body produces a stress hormone, and that consequently reduces these connections, especially in the areas of the brain that deal with reasoning and learning (Leving, 2020). If the trauma continues, it weakens the neural pathways to the thinking part of the brain and strengthens the pathways to the survival part, making it hard for some to cope with adversity (Merck, 2018). In the classroom, an adverse situation could be as simple as a math test.

Nadine Burke Harris, a pediatrician and founder of the Center for Youth Wellness in San Francisco, said:

“When any of us are exposed to stress or trauma, it activates our biological stress response. When that response is activated once in a while, it is normal. But when that stress response is activated too often, such as when a child lives with frequent trauma, what happens is, during the response, we see the release of the hormones adrenaline and cortisol. Those hormones have an effect on the brain, our hormonal systems, immune systems, and even how our DNA is read and transcribed. Many who have difficulty with impulse control or self-regulation are showing signs of impaired executive functioning as a result of trauma.” (Theirs, 2020, p. 1)

Traumatic experiences impact learning, behavior, and relationships within the school setting. Students who are exposed to trauma can see themselves and the world around them differently. It can diminish concentration, memory, and the organizational and language skills that children need to succeed in school (Trauma and Learning Policy Initiative, n.d.). Trauma

influences the developmental processes that promote learning and functioning, such as executive functioning, knowledge retention analysis, and comprehension, which all contribute to academic performance (Hong et al., 2018). Executive functioning influences the way children process, understand, and retain learned information, as well as how children manage behaviorally and emotionally within a school environment (Hong et al., 2018). Difficulty planning may make it harder to complete a school task or decide the best way to communicate needs and feelings instead of acting impulsively (Miller, 2021). Miller (2021) stated that students who have experienced trauma tend to be better at getting attention by provoking the adults they depend on instead of complying with expectations. The Trauma and Learning Policy Initiative reported that students have an inability to process social cues and convey feelings making them often misunderstood. Behavioral responses can lead to disrupted learning time and difficulty establishing relationships with peers and adults. They may have delays in age-appropriate social skills and not be able to trust adults or other students because of their experiences (Trauma and Learning Policy Initiative, n.d.).

Students who are exposed to trauma have a difficult time with self-regulation and struggle with negative thinking, being on high alert, inappropriate social interactions, and trusting adults (Minahan, 2019). Traumatized students have not learned to express their emotions in a positive way; therefore, these emotions often come out through aggression, avoidance, shutting down, or other behaviors that are not acceptable in a classroom setting (Minahan, 2019). Kids who have frequent headaches or tummy aches (especially around certain situations or activities) may also be signs of a child dealing with significant adversity that is

overwhelming their systems (Theirs, 2020). Neurobiologically, when a student does not feel safe, cared for, and known, they are unable to learn.

Children who attend school with insecure attachments have difficulty in their relationships with their teachers (Jennings, 2019). Jennings also indicated that exposure to a less sensitive teacher in the early years could lead to years of relationship problems with teachers. This lack of relationship and being able to trust adults comes out with undesired behaviors in the classroom. As humans, we are motivated to be accepted as part of a community that recognizes value like in a classroom. Positive academic and behavioral growth happens when the student-teacher relationship gives students a sense of security and safety where learning can take place (Jennings, 2019).

Trauma-Informed Classrooms

Systematic Review of Trauma-Informed Interventions

Fondren et al., (2020) sought to systematically review papers detailing relevant interventions of trauma-informed and trauma-responsive practices within the school setting. The study looked at 62 peer-reviewed articles with no empirical data, written in English on research relating to the effectiveness of trauma-informed practice in the school setting. The articles were divided into three tiers depending on the services the students received. Fondren et al. (2020) deemed Tier 1 services to be appropriate for all students, Tier 2 services to be used with students who have been exposed to or are at-risk for trauma exposure, and Tier 3 services to be used with students who had been significantly affected by trauma. Tier 1 support included social and emotional learning (SEL) programs, which, when implemented effectively,

consistently show an increase in positive social behaviors and a decrease in negative behaviors (Fondren et al., 2020). Some aspects of cognitive behavior therapy (CBT) were used in 17 out of the 27 Tier 2 studies, and 89% were completed internationally, where the majority of the trauma was war/political violence (Fondren et al., 2020). This same group of researchers also discovered that 83% of the Tier 3 interventions were used in the United States and primarily used Cognitive Behavioral Intervention for Trauma in Schools (CBITS).

Fondren et al. (2020) found that the studies showed that school-wide Tier 1 prevention programs increased social-emotional learning and positive behaviors in the classroom. They also determined that 63% of the Tier 2 interventions using cognitive behavioral therapy resulted in a decrease in trauma symptoms and an increase in positive behavior. They found the Tier 3 intervention of CBITS to be the most effective across age groups and school settings, reducing the posttraumatic stress symptoms and increasing school functioning. The work that was reviewed showed that trauma-informed schools and programs could benefit students who have experienced trauma or who are at-risk of experiencing trauma. What other programs are working well for students who have experienced trauma?

Trauma-Informed Elementary Schools

Trauma-Informed Elementary Schools (TIES) is a program that provides early intervention to students who are showing symptoms of chronic stress or trauma and brings trauma-sensitive services to the classrooms (Rishel et al., 2019). One study looked at the Trauma-Informed Elementary Schools (TIES) program and its effectiveness in 11 schools in West Virginia because it was experiencing a growing drug/substance addiction problem in particular

opioid addictions and has the highest rate of overdose deaths in the country (Governor's Advisory Council on Substance Abuse & Governor's Regional Substance Abuse Task Forces, 2016). There is a link between opioid addiction and childhood traumatic experiences that was identified by the Adverse Childhood Experiences Coalitions of West Virginia (2018). The TIES program was used to help educators and families practice trauma-informed approaches, to provide training and consultation to identify students with trauma, and to get families involved in creating the right interventions for students. Traditional approaches to classroom management and discipline may actually escalate and trigger a child, therefore, teachers are trained on how to use trauma-informed responses within the classroom (Rishel et al., 2019).

There were 51 classes from 11 schools that participated in the TIES program, with students from pre-K to first grade over a two-year timespan (2015-2017). The Classroom Assessment Scoring System (CLASS) was used to measure the baseline and the end results (Rishel et al., 2019). CLASS measured three domains: emotional support, classroom organization, and instructional support. The results showed that TIES classrooms in comparison with traditional classrooms showed a significant increase from the baseline to the end with the emotional support and classroom organization domains, whereas the instructional support showed no significant difference (Rishel et al., 2019). This reflected a positive classroom outcome and suggested that the TIES program, as well as other early intervention trauma-informed programs, should be expanded.

An updated study was conducted during 2015-2019 and increased the total to 94 participating classrooms. The study was designed to extend the pilot with an improved study design and sample size while evaluating the effectiveness of the TIES program (Jiyoung et al.,

2020). Seventy-four classrooms completed both the baseline and follow-up measures using the Classroom Assessment Scoring System at the beginning and end of the year, measuring the same three domains as in the pilot study (Jiyoung et al., 2020). Compared to comparison classrooms, those receiving the TIES curriculum showed significant improvement in emotional support and classroom organization (Jiyoung et al., 2020). The study reported that in the domain of instructional support, both groups showed an overall increase from baseline to follow-up. The positive effects found in the current study are consistent with the pilot study, and considering how each child comes from different traumatic experiences, these results are promising for this school-based program.

Trauma-Informed Programs Based in Schools

One study conducted by Herrenkohl et al. (2019) focused on reviewing the effects of Adverse Childhood Experiences (ACEs) and the existing school programs used to meet the needs of children with a traumatic history. The researchers searched databases and narrowed the pool to 30 articles that focused on individual interventions, group-based interventions, classroom-based interventions, and school-wide interventions. One of the individual and group-based interventions used Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), a technique often used with 1-12 grade students with PTSD and other trauma symptoms. The results indicated that students had fewer reports of PTSD as well as depression and anxiety (Herrenkohl et al., 2019). Herrenkohl et al. (2019) also looked at programs like RAP Club and Cognitive Behavioral Intervention for Trauma in Schools (CBITS). The classroom-based interventions used programs like The Resilience Classroom Curriculum and a critical literacy program designed to increase students' understanding of trauma (Herrenkohl et al., 2019). The

school-wide interventions focused on the tiers of the Response to Intervention (RTI) structure. They looked at programs such as Cultural Adjustment and Trauma Services (CATS) and Healthy Environments and Response to Trauma in Schools (HEARTS).

The results showed that at the individual and group level, CBITS became increasingly common and showed progress in addressing trauma with students, both at the elementary and the secondary level (Herrenkohl et al., 2019). Classroom-based and school-wide methods successfully created a climate in the schools where students felt safe and supported while building nurturing relationships. Building relationships between educators and students is essential for learning to take place. Ultimately, programs need to meet the needs of the students by being culturally sensitive (Herrenkohl et al., 2019).

Trauma-Informed Positive Education (TIPE) Model

A study in Australia looked at how teachers changed pedagogy after going through Trauma-Informed Positive Education training. The teachers learned strategies that looked at both trauma-informed education and positive education for students who have experienced trauma from abuse, neglect, and/or violence (Brunzell et al., 2019). The rationale for this study was to prevent teacher burnout by classroom adversity from unsuccessfully teaching vulnerable students. The Trauma-Informed Positive Education (TIPE) model helps students learn self-regulation by repairing disruptive attachment, increasing psychological resources for wellbeing, and supporting effective integration into the current teaching practice of positive education for vulnerable students (Brunzell et al., 2019). In this study, the researchers focused on three positive education topics: character strengths, growth mindset, and reaching goals through

flow. The study focused on the following questions: In what ways do teachers shift their own practice pedagogy when learning about Trauma-Informed Positive Education? How do changes those teachers make to their practice increase their capacity to address the five emerging challenges (portraying the curriculum, enlisting student participation, exposing student thinking, containing student behavior, accommodating personal need) within the teacher practice literature? Teachers from two different government schools participated in the study. One site was a primary school in a rural community with classrooms ranging from foundations to Year 6, and nine teachers participated. The second site was a large school in a suburb with classrooms ranging from Year 5 to Year 8, and nine teachers participated.

Each term, the teachers learned about a new TIPE domain and strategies that went along with that domain. They were asked to consider which strategies might work best for their group of students and designed their curriculum objectives to incorporate what they learned into their classrooms. At the end of each term, they met again to reflect and modify after looking at classroom data on student achievement and behaviors. Group interviews served as the primary data collection tool. All of the recordings and journal entries were fully transcribed for data analysis. There were several re-readings of the data by participant members as well as two outside auditors. NVivo data analysis was used to sort the data and find themes (Brunzell et al., 2019).

Two major themes resulted in this study. The first theme was building classroom relationships. Teachers did this by choosing specific behaviors that would let the students know that they saw them as human beings worthy of their care no matter what may have occurred in the classroom (Brunzell et al., 2019). Teachers built attachment with these struggling students

by interacting through unconditional positive regard. Every single teacher in this study reported ways in which they used strategies of attachment and unconditional positive regard in their classes. They also agreed this strategy was hard to implement with some of the students who were more resistant to relational relationships and found it challenging to move from theory into practice (Brunzell et al., 2019).

The second major theme that emerged from this study was increasing psychological resources for wellbeing with the following four sub-themes: character strengths, growth mindset, reaching goals, and flow. Brunzell et al., 2019 found that first, the teachers taught specific topics like growth mindset and character strengths. Then they reinforced the topics through daily interactions and reviews throughout the school year. Teachers used follow-up conversations in difficult situations to promote students' insights and self-reflections for the future. The study showed that 67% of the teachers chose to incorporate character strengths as an action research goal hoping that trauma-affected students would increase positive behaviors in the class when they discovered their character strengths, had an opportunity to practice them, and were also given opportunities to be reminded of them with follow up conversations. Growth mindset was used as a strategy by 72.2% of the teachers, and they noticed an increase in on-task minutes and an increase in positive student language within the classroom. The teachers reported that more time was spent accomplishing academic tasks than managing disruptive behaviors. The teachers who used goal-setting and flow strategies were all from the same campus and represented 38.9% of the participants. They all scheduled a morning exercise to increase student self-regulation, and they all had their students participate in an independent reading block before the literacy period. The reading lessons incorporated some

flow strategies: students' skill level matched their work, the task had clear goals that were motivating and achievable, goals were set, and students could track minutes on-task and reading strategies used. They had reading calendars and celebrations for the completion of a book as well as whole class rewards to motivate achieving goals (Brunzell et al., 2019).

This study looked at how different teachers learned about different TIPE strategies and incorporated them into their curriculum to meet the needs of their students. Results showed major themes in nurturing classroom relationships and increasing psychological resources for wellbeing (Brunzell et al., 2019). This would suggest that teachers who collaborate and design pedagogies through trauma-informed practices feel more empowered and equipped to deal with complex students who enter their classrooms with trauma (Brunzell et al., 2019).

RAP (Relax, be Aware, and do a Personal rating) Club

The RAP (Relax, be Aware, and do a Personal rating) Club is a trauma-informed group intervention that takes place over 12 sessions, is co-facilitated by a mental health counselor and a young adult community member, and utilizes evidence-based cognitive-behavioral and mindfulness strategies (Mendelson et al., 2015). A pilot study was conducted with seventh and eighth graders at two urban schools with the outcome of increasing social, emotional, and academic functioning. The RAP club intervention provided students with evidence-based skills for regulating emotions and making effective decisions (Mendelson et al., 2015). The participants in the study were randomly selected to participate in the intervention or to be a part of the control groups. There were a few instances where teachers requested some

students not be placed together in the same study condition. Both participants and their homeroom teachers completed measures at baseline and post-intervention.

The intervention group met twice per week for 45 minutes each session for six weeks. The RAP intervention used cognitive behavioral therapy, psychoeducation, and mindfulness strategies from evidence-supported treatments (Mendelson et al., 2015). During these sessions, the group learned about the nature and effects of stress, mindfulness strategies, identifying emotions, responding thoughtfully rather than impulsively, self-regulation skills, making positive decisions, and communication skills (Mendelson et al., 2015). This group was led by both a mental health professional and a young adult from the community to help engage the students and encourage participation (Mendelson et al., 2015).

The results looked at 23 seventh-grade and 26 eighth-grade students aged 12-15 years old. Mendelson et al. (2015) reported that 94% of the students identified as African American while 6% identified as "other." Compared with the control group, intervention students improved on teacher-rated dysregulation, social competence, academic competence, and authority acceptance. The only area that the teacher-rated prediction did not show improvement on was attention (Mendelson et al., 2015). Student-reported outcomes did not differ by student condition. It makes it hard to interpret the results of this study with the lack of group differences reported by the students (Mendelson et al., 2015). The researchers reflected on their limitations in their assessment measures, in youth comprehension, or in youth willingness to self-disclose information regarding their social and emotional functioning. Even with the limitations, the RAP club is promising. It will require further study and possibly a more realistic model such as a classroom-wide delivery to improve classroom climate and help with

schools' limited resources for addressing mental health. The RAP club addresses internalizing problems and behavioral issues and can be delivered to all students in the grade without prior trauma screening (Mendelson et al., 2020). The universal approach can benefit most students and reduce the burden on schools' limited resources for addressing mental health.

Culturally Responsive Trauma-Informed Approach

Economically disadvantaged children are more likely to have exposure to abuse, loss, and violence resulting in a lack of behavioral and emotional regulation skills and an increase in stressors (Blitz et al., 2016). A study conducted by Blitz et al., (2016) focused on economically disadvantaged children who are more likely to experience trauma. The study examined a school located in an urban setting in the Northeast part of the United States. It had seen a rapid change in racial diversity within the local economy. Over the last 30 years, the community has seen more than a 200% increase in racial diversity (Blitz et al., 2016). The participating school had over 90% of the students eligible for free or reduced lunch, and more than 50% of the students were students of color. The out-of-school suspension rate was more than 5%, and their state test scores were well below average. The school principal and the social worker identified poor living conditions, poverty, and environmental and family stressors as the main stressors that influenced academic and behavioral difficulties and felt it important to develop a culturally responsive trauma-informed model within the school.

The study looked at teachers and teacher assistants to a) get their perceptions of student behaviors, b) examine their understanding of trauma, toxic stress, and race, and c) understand staff self-reported stress levels and teaching efficacy (Blitz et al., 2016). Three

different questionnaires were administered. One was already being used by the district to address racial disproportionality, and the other two were designed by a collaborative team of teachers, a social worker, guidance counselor, nurse, psychologist, and the principal to tailor the project to the school. The qualitative data was collected by interviews with school staff that met with the researchers to answer the question: "What are your thoughts on how these issues of race, culture, and trauma impact your students?".

There were 26 teachers and 16 teacher assistants that participated in the questionnaires and 20 teachers and two teacher assistants that participated in the interviews. The results showed that teachers felt distrusted by students or family members of some ethnic groups but agreed that diverse students can succeed despite negative influences (Blitz et al., 2016). Over 43% of teachers reported two to five lessons were not able to be completed in the last week due to student behaviors. More than half of the teachers reported that their stress levels were high or very high. Student engagement was reported on a low to moderate level. The interviews were reported to be highly emotional, with several staff members fighting back tears, and also appearing angry, frustrated, and defensive at times.

Four major themes were identified in the impact of trauma and toxic stress. Staff reported awareness of trauma and toxic stress with their students. They felt like there was a lack of structure, guidance, and support from the students' homes. Staff reported a need for teaching tools and strategies to support learning and shared the presence of the emotional toll it takes on staff and the secondary trauma and stress they experience (Blitz et al., 2016).

Results indicated that there is a need to develop a culturally responsive trauma-informed school approach like the Sanctuary Model as a framework for a whole-school approach (Blitz et al., 2016). The Sanctuary Model is an organizational approach that promotes nonviolence, including psychological and moral safety, open communications and decision-making, validation of multiple perspectives, and focuses on emotional intelligence, social learning, and social responsibility (Blitz et al., 2016). The Sanctuary Model also addresses the secondary trauma for school personnel. Teachers from the study were open to help and ideas from social workers and other mental health professionals, so this trauma-informed approach could help address students' grief and loss and support their mental health while collaborating with professionals in the field. Findings indicated a need for more teacher strategies for the students struggling emotionally and behaviorally. We know that students with trauma and toxic stress may have difficulties with short-term memory, concentration, problem-solving, and other factors that impact their learning (Blitz et al., 2016). Trauma-informed approaches like The Sanctuary Model can help teachers use different strategies that may work well with students who have experienced trauma. In order to achieve this, there may need to be a significant shift in school culture and learning and implementation of teaching methods and strategies. However, The Sanctuary Model could be a trauma-informed approach that promotes student learning and social justice in education (Blitz et al., 2016).

Factors that Influence Adoption of School-Based Trauma-Informed Interventions

Mental health services often fall upon schools, and schools play a huge role in helping youth access those services, especially for students of color and families with low-income. Studies have shown that school-based mental health interventions help reduce emotional and

behavioral problems; however, we do not know why schools are choosing to adopt programs (Arnold et al., 2020). Arnold et al., (2020) conducted a study that identified factors that influenced the adoption of one particular trauma-informed universal prevention program with eighth-graders in 20 urban schools in Baltimore. Baltimore City Public Schools serves about 80,000 students, of which 79% are Black/African American, and 53% are estimated to be from low-income households.

The intervention was delivered to participating eighth-graders during school hours. They met twice a week for six weeks during the efficacy trial. Each session was 45 minutes long and included a trained study team member facilitator and a community member (Arnold et al., 2020). Interviews were conducted with the principals of each of the schools to determine why they chose to adopt the intervention, as well as their perceptions and attitudes toward the intervention. Arnold et al. (2020) analyzed the data using Yin's 5-phase approach to qualitative data analysis. The interviews were recorded, then transcribed, and finally coded. Coding was concluded when all relevant data was assigned a code. Themes were then put into three categories: individual-level factors, school-level factors, and macro-level factors.

Individual factors included professional characteristics and perceptions of the intervention. Administrators used their own background and professional experiences in choosing to adopt the intervention. They noted that it is important to meet the social-emotional needs of students, especially the needs of the students who have been exposed to trauma. Every principal expressed positive attitudes toward the program and agreed it was filling school programming gaps and liked the psychoeducation about stress and trauma and training in healthy coping skills (Arnold et al., 2020). Nearly all administrators noted that their

students have witnessed or experienced several forms of trauma in their home, school, and neighborhood.

School-level factors that influenced the decision to adopt an intervention were administrative leadership, decision structure, mission/policy alignment, and personnel expertise. They wanted a program to support students' mental health. Principals talked to other staff within the school during the decision-making process. They were influenced by the alignment with their school's mission and agreed that there was a shortage of mental health personnel and that prevention programs were missing from the curriculum (Arnold et al., 2020).

Macro-level factors that emerged were policies and financing, leadership and human capital, and university partnerships. Addressing trauma and promoting mental health are parts of Baltimore City Public Schools Blueprint for Success priorities for the district. Many principals chose this program because it was free and allowed stipends for school staff that participated (Arnold et al., 2020). They liked having partnerships with local community mental health agencies to increase the opportunity to offer after-school programming. Many principals also enjoyed working with the university partner and had positive experiences in the past with research studies.

Teacher Perceptions of Meaningful Work in Trauma-Impacted Classrooms

In another study, Brunzell et al. (2018) looked at the construct of meaningful work and the negative impacts it has on teachers who educate trauma-affected students both in the primary and secondary settings. Research shows that teachers who educate vulnerable and

trauma-affected students do so because the positive social change gives them meaning to their work; however, many are not equipped with strategies to manage the disruptive and disengaged student behaviors. Teachers are often exposed to secondary trauma. This study looked at and explored two broad sources of meaningful work for trauma-informed teachers: practice pedagogy and teacher wellbeing (Brunzell et al., 2018). People who believe that their work has meaning report increases in motivation and workplace well-being.

You may assume that teachers have students who have been trauma-affected if they live in vulnerable communities; however, according to the National Child Traumatic Stress Network, about 40% of students are exposed to traumatic events that could impact their learning. Teachers are not mental health professionals, but they can learn strategies to help students who experienced trauma. Brunzell et al. (2018) found that teachers are on their way to burnout when they feel unable and unsupported to adequately meet the learning needs of resistant students. Teachers reported that they did not have much of a say in decision-making and school policies, their moral values were not validated, and the desire to form strong teacher/student relationships was no longer supported by their schools. This study explored three research questions: What specific sources of meaningful work did teachers derive from working with trauma-affected students? Once sources were identified, how did work become meaningful? How did secondary traumatic stress impact meaningful work for teachers working within trauma-affected classrooms? (Brunzell et al., 2018).

The participants for this study were from two schools in Australia that were identified as having trauma-affected students due to their low socio-economic indicators, transient

populations, recently arrived refugee groups, and Aboriginal communities (Brunzell et al., 2018). The first site was a primary school (pre-K-6th grade) with nine teachers participating. The second research site was a large school serving students from pre-K to year twelve, and they had nine participating teachers. The data was collected in two sessions over a two-month period. The teachers were asked to complete a written journal entry with the following prompts: Why do you do this work? What does being a teacher in this community mean to you? On your best days, what does educating your students mean to you? In what ways do workplace concerns impact your motivation to do this work? How does teaching trauma-affected students impact the meaning that you get from your work? After journaling, they would move to recorded group interviews to discuss their responses. Interactive data theme reduction occurred through several readings of transcriptions and NVivo data analysis software was used to support the sorting of themes (Brunzell et al., 2018).

The results showed two major themes. First was the teachers' practice of pedagogy as a source of meaningful work, such as strategies for teaching and learning and strategies to support positive behaviors (Brunzell et al., 2018). This was made stronger when adequate resources to design engaging lessons and other classroom support were provided to help manage complex behaviors. The research found that teachers voiced it was the success or failure of the students' learning that contributed to the sense that their work helped significance and effective pedagogy directly influenced their sense of purpose and their perceptions that they made an impact with the students. Teachers felt like their pedagogy needed to be more than just academics and saw a need to first address the social and emotional needs within their trauma-affected classrooms (Brunzell et al., 2018). Using

pedagogy focused on student well-being reinforced their perception that their work was meaningful and effective.

The second theme that emerged was teachers' observations of how their own workplace well-being increased their sense of meaning at work. Brunzell et al. (2018) defined teacher well-being as workplace coping, self-regulation, feeling energized, positive relationships, and professional identity. Several teachers reported that they could only increase self-regulation among their students if they self-regulated themselves and modeled it. Meaningful work themes were clustered around wanting to actually be around the students, loving both the work and the classroom community, feeling passionate about their job and efforts, and feeling proud of their work (Brunzell et al., 2018). Another theme was forming relationships with students and feeling they built an attachment as well as trust within the classroom community. One teacher stated that you could not be a teacher without good relationships with your kids.

There is an overwhelming amount of research that suggests there is not only a need for trauma-informed schools and teaching practices, but it is essential to both teachers and students. Teachers cannot teach students who are coming into the classroom so affected by trauma where their behaviors impact what they can achieve. Students aren't able to follow traditional rules and routines when they are not understood and cared for. Once teachers and schools understand how trauma can impact a student the overall approaches to teaching and learning change and all involved can benefit when given the proper support.

CHAPTER III: DISCUSSION AND CONCLUSION

Summary of Literature

This literature review looked at how trauma impacts students in the classroom setting and how trauma-informed approaches are being used to increase learning. Trauma is complex and can have negative and long-term effects on an individual. Everyone responds differently to trauma, but it impacts the way students learn in the classroom. It is also getting in the way of teachers trying to teach. Jennings (2019) stated that when children experience trauma, it disrupts those relationships and attachments that we all need to reach our full potential. Jennings also stated when a teacher understands how trauma impacts the mind and brain, they are more equipped on how to react when feeling frustrated, and it leads to understanding and compassion.

Childhood trauma is becoming more prevalent with more than two-thirds of children experiencing it by the age of 16 (American Psychological Association, 2021). Schools and teachers may be unaware of the stress and trauma a student has experienced because of their unwillingness to share or to show signs. ACEs are linked to chronic health problems, mental illness, and substance abuse in adulthood (Center for Disease Control and Prevention, 2021). Some children will develop some psychological issues with post-traumatic stress disorder being the most commonly diagnosed trauma-related disorder (American Psychological Association, 2021). Trauma weakens the neural pathways to the thinking part of the brain and makes it difficult to deal with adversity (Merck, 2018). An adverse situation in the classroom could be as simple as a math test.

Work that has been reviewed has shown that trauma-informed schools and programs can benefit students who have experienced trauma or who are at risk of experiencing trauma. TIES is a program that provides early interventions to students with trauma symptoms. It was used to help educators and families practice trauma-informed approaches, to provide training and consultations to identify students with trauma, and to get families involved to find the right interventions to use (Rishel et al., 2019). Cognitive Behavioral Intervention for Trauma in Schools at the individual and group level has become increasingly common. It has shown progress in addressing trauma with students, both at the elementary and secondary levels (Herrenkohl et al., 2019). The TIPE model helps students learn self-regulation by repairing disruptive attachments, increasing psychological resources for wellbeing, and supporting effective integration into current teaching practice (Brunzell et al., 2019). The RAP club found success in using cognitive behavioral therapy, psychoeducation, and mindfulness strategies from evidence-supported treatments (Mendelson et al., 2015).

Teachers who believe that their work has meaning report increases in motivation and in workplace well-being. Brunzell et al. (2018) found that teachers are on their way to burnout when they feel unable and unsupported to adequately meet the learning needs of resistant students. Classroom-based and school-wide trauma-informed methods were successful when a climate was created where students felt safe and supported while building nurturing relationships. Teachers felt like their pedagogy needed to be more than just academics, and there was a need to address the social and emotional needs first within trauma-affected classrooms (Brunzell et al., 2018).

Professional Application

Trauma is not limited to the ten adverse childhood experiences listed in the ACEs study. It does not recognize cultural and systematic forms of oppression (Winninghoff, 2020). Other childhood trauma may include forced displacement, exposure to wartime or community violence, bullying, natural disaster, or homelessness. It may include traumatic events like school shootings, racial trauma, and death or bereavement of a loved one. Watching the news and experiencing what is happening around the world and even in our neighborhoods has had an impact on our children. We are in the middle of a pandemic where lots of changes to our “normal” life occur daily. Minnesota has been highlighted in the last couple of years for the Black Lives Matter movement and the racial injustices with George Floyd being murdered by a police officer. Trust has been broken within our communities and the children who have and are experiencing trauma show up in our classrooms more and more.

It is essential for teachers to have training and strategies to be able to recognize signs of trauma and ways to deal with a student who might be responding to trauma in ways that are not cohesive to learning or that follow typical mainstream classroom rules. As schools and districts become more aware of trauma and the effects it has on the classroom, different programs and training are starting to be implemented. These are multi-tier school-wide approaches that are giving teachers a paradigm shift with how they may respond to a student instead of traditional classroom management. One of the essential elements is being able to create a classroom environment where everyone, including the teacher, feels safe, cared for and valued.

It is no surprise that there is a shortage of teachers, and the burnout rate continues to increase. Systems need to be set up in a way that both staff and students are getting their needs met. We need trained mental health professionals involved and available. Teachers need training, time to implement interventions, and support from administration, counselors, and other mental health workers. Understanding trauma and learning how to teach a student who has experienced trauma does not happen overnight. It is not possible with all the other curriculum demands. Districts need to prioritize mental health before they can expect standards to be taught and met by students.

Limitations of the Research

This research was limited to looking at how trauma affects students in the school setting. It did not look at how people are affected as adults and how trauma impacts living independently, maintaining jobs, parenting, marriages, and other relationships. Understanding how a student might respond or react in a classroom may vary dramatically on how an adult would respond to a situation. Trauma is not something that can go away, and everyone responds differently to what they have experienced. There may be different tools or strategies used depending on the age of the person and the extent of trauma they experienced.

Specific ways of determining if a student has experienced trauma and if that plays a part in their learning and behaviors were not clearly studied. Many students have learning and behavioral difficulties within the school setting, and they have not experienced trauma that would affect that. The ACEs are not typically given within a school and teachers don't always have the time to get to know each student and find out about specific traumatic events.

Depending on the level of trauma students have encountered, they may not want to open up and talk about their traumatic experiences. Even though some programs and strategies when working with trauma-affected students can benefit everyone, specific diagnosis methods were not addressed.

While there are many programs and useful tools out there that have had positive results when working with students this research did not address how specific strategies or methods may work better for certain types of traumatic events. The programs and strategies that were used in the schools were general to any type of trauma. One could argue, though, that sexual abuse from an adult could bring on different stressors than your parents getting a divorce, and there may be more effective strategies or programs to use with specific kinds of trauma.

Mendelsohn et al., (2015) also made some observations that could limit the research. The researchers reflected on their limitations in their assessment measures, in youth comprehension, or in youth willingness to self-disclose information regarding their social and emotional functioning. Trauma and how each individual responds and reacts to it is hard to measure with programs and some students aren't open enough to share personal feelings or experiences. A lot of measures might just be overall teacher observations and opinions of how the student is doing rather than hearing or knowing that information from the actual student.

Implications for Future Research

As traumatic experiences are happening every day, schools need to be equipped to meet students where they are at and however, they may be showing up within the classrooms. Research shows that trauma-informed classrooms are seeing improvements both behaviorally

and academically. Still, more research needs to be conducted to determine which specific programs meet the needs of students who have experienced trauma.

Also, research needs to look at trauma-informed positive education that can be implemented as a whole school. Maybe through whole-school programs, staff will be able to identify and work in smaller settings with those who may need more professional support to deal with their trauma. There needs to be more research to help teachers with strategies to build relationships to move from theory to practice. There appears to be students who are resistant to opening up and trusting adults. If they aren't forming relationships with their teachers, then learning will not occur.

Continued research should be conducted to prevent teacher burnout and secondary trauma they are dealing with. What can states, districts, and administrations do to help support teachers? Their voices need to be heard, and we need to do a better job of emotionally preparing teachers and students for learning instead of focusing just on curriculum standards. Teachers may not be able to teach, nor will students learn in environments that are disruptive, loud, and, at times, unsafe. In recent years teachers have had to continue with the curriculum while distance learning/hybrid teaching/social distancing/masking/quarantining etc. This has brought new challenges in education. Further it makes it even more challenging to connect with the students and tend to their needs due to trauma.

There also is a lack of research done for a long period of time to see if these strategies and interventions have a lasting impact on students. Most were conducted just for one school year at most. More studies need to be done for longer periods of time as new trauma happens every day. We need to determine how long the interventions last and if it is an ongoing need

for schools to implement every year. Do these strategies benefit all students? Do some students need more interventions? Different interventions? These are just a few questions educators need to address.

Conclusion

This literature review examined the guiding questions: What is the prevalence and examples of trauma? What are the signs and symptoms of trauma? How does trauma impact learning and behavior in the classroom? What are evidence-based practices teachers implement in a trauma-informed classroom? As trauma seems to become more prevalent among students, schools need to be equipped with resources and strategies to support learning. There is an overwhelming amount of research that evidence-based programs and interventions have shown success among students. Training teachers on strategies and giving them professional development opportunities to learn more about trauma and how it impacts the classroom can be beneficial. Teachers also need to be heard and feel supported when teaching students who may have been affected by trauma. Trauma-informed schools are essential, especially as our world continues to experience trauma, not only on a global level, but even in our own communities and homes. The students who enter our schools need to feel like they belong, they are cared for, and educators need to have both the time and tools available to build those relationships. Jennings' (2019) research found that when teachers understand how trauma impacts the mind and the brain, they are more equipped to react when feeling frustrated, leading to understanding and compassion. Building relationships with students is a vital part of education; however, teachers find that hard when there are so many curriculum

demands and a lack of time during the school day. Schools need to become more trauma-informed, and shifts need to be made in education to address the social-emotional needs of our students. There are many factors that play a role in this change, with finances, support, and time being the most challenging. I hope, however, that education systems will see the need to prioritize and support students who have experienced trauma, as well as the teaching staff who genuinely care for all students and want every child to succeed.

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