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**THE EFFECTS OF TRAUMA ON SPECIAL EDUCATION STUDENTS
SPECIFICALLY WITHIN CERTAIN DISABILITY CATEGORIES SUCH AS
SELECTIVE MUTISM, AUTISM, AND OTHER HEALTH
DISABILITIES**

**A MASTER'S THESIS
SUBMITTED TO THE FACULTY
OF BETHEL UNIVERSITY**

**BY
DAVID (DJ) JOHNSTON**

**IN PARTIAL FULFILLMENT OF THE REQUIREMENTS
FOR THE DEGREE OF
MASTERS OF ARTS IN SPECIAL EDUCATION**

DECEMBER 2022

**THE EFFECTS OF TRAUMA ON SPECIAL EDUCATION STUDENTS
SPECIFICALLY WITHIN CERTAIN DISABILITY CATEGORIES SUCH AS
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BY

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DECEMBER 2022

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The process of determining and then executing the work required for a master's thesis is at times overwhelming. Coupling that with performing a full time job as a Special Education

case manager, as well as being a parent, an engaged citizen and doing much of it in the midst of a global pandemic, has certainly presented its fair share of hurdles to overcome and challenges to take on. It is critically important to acknowledge the support I have received along the way.

I would first like to thank my professors at Bethel University for providing me with an exceptional education that enabled me to switch gears from a career in video production to a service profession of teaching and working with special education students.

Among those notable individuals I tip my hat to, Dr. Peggy McCormick who I had the pleasure of learning from in two courses and in all interactions provided positive constructive guidance along my academic journey.

With regards to the thesis process itself, I would like to thank my advisor Chuck Strand for providing me with encouragement, guidance and the occasional timely push to complete this Capstone project. Also, Jan Mrozinski for her wonderful feedback as 2nd reader. Also thank you Emily Brocato for your excellent communication and unwavering academic support.

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ABSTRACT

Adverse Childhood Experiences (ACEs) have been shown to have life-long consequences. The trail of trauma often associated with negative childhood experiences can impact students as they go through the developmental stages of adolescents all the way through adulthood. Research

shows that fallout from the experienced trauma and traumatic experiences can be magnified, especially if an individual has experienced multiple traumatic events. Educators can support all students using a Trauma-Informed mindset or approach. This thesis focuses on the effects of trauma on special education students, specifically within certain disability categories such as selective mutism, autism and other health disabilities. Evidence strongly suggests that educators can optimize their impact and effectiveness in the classroom when taking a whole-child approach to the profession. Besides focusing on delivering exciting and compelling content, educators should also be mindful of the social-emotional wellbeing of their students. Research indicates that educators should focus on helping each student reach their greatest potential, not only academically but also socio-emotionally. This capstone project reviews how special education teachers can approach this Trauma-Informed work to support students with different and often specific disability needs.

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CHAPTER I: INTRODUCTION

SPOTTING THE SIGNS OF TRAUMA

The way individuals express frustrations or distress can quite often mask the connection to the reality of being confronted with reliving past traumatic experiences. In fact, according to Adversity and Trauma-Informed Practice: A short guide for professionals working on the frontline, the relationship between expression and trauma can elude both the individual

concerned and the people around them (Brennan, 2019). Something as benign as the scent of aftershave or the heat and humidity of a hot July day could trigger a memory of a traumatic event, and that, in turn, could lead to an unexpected response.

For example, one Tuesday afternoon in March, pre-pandemic, a sixth-grade science class was working on a hands-on, small group project in a larger classroom space with a tile floor. Two special education students were teamed up with a special education teacher who was operating as a push-in teacher within the classroom. The project was to use simple building materials such as; cardboard, wood sticks, toothpicks, glue, paints and other materials to construct a scale version of their childhood bedroom. For one of the two special education students, this appeared to be a difficult task. The other student, for the most part, besides using too much glue, was going about the process of trying to construct a scale model of their bedroom space without much trouble. Even though another peer was modeling and an additional teacher was present and supporting, the one student still could not get started and continued to ratchet up their refusal to work on the project. The student moved over to another group of students and “goofed” around, distracting others in the process as they were independently working or working with a table mate.

After repeated attempts by both the general education teacher (scope) and the push-in special education teacher (sequence) to assist the student with following along on the project or even modify the project by drawing a picture instead, the special education teacher in the room was called away on his walkie-talkie, to deal with something else.

The push-in teacher happened to catch the struggling students' case manager in the hallway on the way and briefly stopped to fill him in and ask for his help in light of the

difficulties his student was displaying. Right then, a loud audible crash was heard throughout the middle school.

Instantly, both teachers rushed back to the larger classroom space to see the distressed sixth grader tipping over a second work desk, knocking projects and computers tumbling to the hard tile floor.

As the push-in special education teacher and case manager approached the student, the student attempted to grab a 3D printer and verbally threatened to toss it at the push-in teacher if he took one more step. The general education teacher ushered the other students out of the space while the case manager asked all other personnel to step back and secure the rest of the middle school until an all-clear could be issued.

Before the student could regain a level of control roughly 10 minutes later, a full bookshelf, multiple posters on walls, free-standing chairs, and a black and white printer were upended or destroyed.

How does teaching with a Trauma-Informed Lens potentially change this outcome?

The research rationale behind the topic of Trauma-Informed care or Trauma-Informed Instruction centers around the reality that many students today come to school bringing with them a great deal of trauma. As educators, it is our job to understand the impact of what that trauma does to the learning process and how we can help our students overcome their trauma as well as mitigate triggering that trauma in the practices we bring to bear in our classrooms.

Academic research over the last few years has focused on this topic quite extensively from many different angles, and this thesis will examine the effects of Trauma-Informed Instruction with regard to servicing the needs of special education students from a Trauma-Informed Lens.

Based on research conducted in this area, trauma can significantly impact development and severely impact the functioning of student populations (Crosby, 2018). As more and more research is done on this topic, more is learned regarding how the negative aspects of trauma can shape the learning experience of all students, especially diverse students and students with learning disabilities (Grant, 2020).

But what exactly are Adverse Childhood Experiences (ACEs), and what is Trauma-Informed Care? What does it mean to use a trauma-informed lens or institute Trauma-Informed Practices within schools?

According to Brennan et al., who developed a short guide for professionals working on the frontline, titled, *Adversity and Trauma-Informed Practice*, everyone is faced with emotional challenges; however, for some, these challenges can be severe and adversely impact a person's mental and physical health (2019).

Adverse Childhood Experiences (ACEs) are defined as highly stressful events or situations that occur during childhood and/or adolescence. It can be a single event or incident or prolonged threats to a child or young person's safety, security or bodily integrity. These experiences require significant social, emotional, neurobiological, psychological and behavioral adaptations to survive (Brennan et al., 2019).

Beulah Chizimba adds that often "children and young people engage maladaptive behaviors to mitigate and cope with adversity within their families, peer groups, schools and local communities" (Chizimba, 2021, p. 106). What this can mean in the school setting is quite often a misbehaving student who may act out as a reaction to one thing may actually be responding to traumatic triggers, and unless we dig deeper or seek greater understanding, the connections may go completely unchecked.

But to better understand the typical scope of an ACE assessment, it is helpful to understand what factors go into establishing an ACE score. ACE questionnaires or surveys may vary slightly based on the age of the respondents or the context of the organization which is using or studying the results (Blodgett, 2012). For the most part, however, the ten questions that make up the ACE assessment are the same.

ADVERSE CHILDHOOD EXPERIENCE (ACE) QUESTIONNAIRE

- 1) Did a parent or other adult in the household often:
Swear at you, insult you, put you down, or humiliate you?
Or
Act in a way that makes you afraid that you might be physically hurt? YES or NO
- 2) Did a parent or other adult in the household often:
Push, grab, slap, or throw something at you?
Or
Even hit you so hard that you had marks or were injured? YES or NO
- 3) Did an adult or person at least 5 years older than you ever:
Touch or fondle you or have you touch their body in a sexual way?
Or
Attempt or actually have oral, anal or vaginal intercourse with you? YES or NO
- 4) Did you often feel that:
No one in your family loved you or thought you were important or special?
Or
Your family didn't look out for each other, feel close to each other, or support each other? YES or NO
- 5) Did you often feel that:
You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you?
Or
Your parents were too drunk or high to take care of you or take you to the doctor if you needed it? YES or NO
- 6) Were your parents ever separated or divorced? YES or NO

- 7) Were any of your parents or other adult caregivers:
Often pushed, grabbed, slapped, or had something thrown at them?
Or
Sometimes or often kicked, bitten, hit with a fist or hit with something hard?
Or
Ever repeatedly hit over at least a few minutes or threatened with a gun or a knife? YES or NO
- 8) Did you live with anyone who was a problem drinker or alcoholic, or who used street drugs? YES or NO
- 9) Was a household member depressed or mentally ill, or did a household member attempt suicide? YES or NO
- 10) Did a household member go to prison? YES or NO
(Adverse Childhood Experience (ACE) Questionnaire, revised April 11, 2019)

The number of YES responses a respondent circles determines their ACE score. (0-10)

One of the most comprehensive studies regarding the connection between Adverse Childhood Experiences (ACEs) and long-term health and wellness was conducted in 1998 by a team of doctors and researchers led by Vincent Felitti. Their results transformed the way people perceive the connection between ACEs and potentially long-lasting negative social and health consequences.

According to Felitti, more than half of respondents reported at least one, and one-fourth reported equal or greater than two categories of childhood exposures. He found a graded relationship between the number of categories of childhood exposure and each of the adult health risk behaviors and diseases that were studied (Felitti et al., 1998, p. 245).

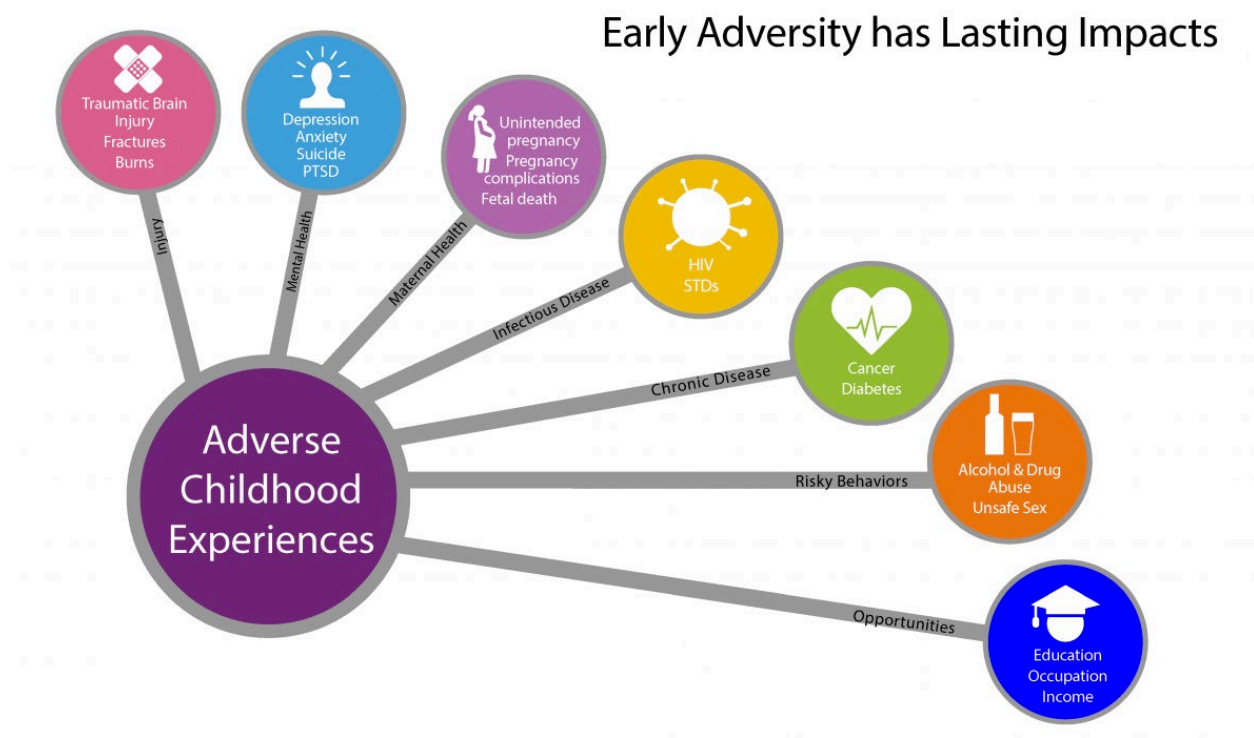
Breaking the results down even more, the Felitti et al., study found people with four or more exposures to childhood trauma had a four to twelve times higher likelihood

to experience increased health risks such as alcoholism, drug abuse, depression and suicide attempts. A two to fourfold increase in smoking, poor self-rated health, greater than 50 sexual intercourse partners, and sexually transmitted disease (Felitti, 1998).

The results from Felitti's research go on to indicate that those with a higher number of trauma categories had an increased risk of adult diseases, including heart disease, cancer, lung disease, higher prevalence of breaking bones and liver disease.

Another interesting correlation is the relationship between a person having a higher number of adverse experiences and a person experiencing multiple health risks later in life.

This graphic from the National Center for Injury Prevention and Control helps illustrate how ACEs can have long-term, lasting impacts.



Content source: [National Center for Injury Prevention and Control, Division of Violence Prevention](#)

According to recent research conducted by Rodger et al., a number of initiatives have been started within school systems to support students affected by trauma and violence, but the troubling point they make is often those initiatives focus on therapeutic treatment by mental health professionals, rather than the educators themselves (Rodger et al., 2020). Some school systems, according to their research, may train teachers in implementing interventions, but a gap exists in better equipping educators to support all students, including those who have experienced structural as well as interpersonal forms of trauma.

That leads to the concept of leading with a Trauma-Informed Lens and as educators developing a Trauma-Informed Practice in order to optimally support all students, and specifically special education students.

- **Examples of trauma and ways to support all students**

Research shows that sometimes the relationship between the original experiences and the expressed difficulty may not always be obvious (Brennan et al., 2019). But how can educators better understand the unique relationship between childhood trauma and misbehavior in the classroom? According to Dombo and Sabatino, instead of responding in anger or exasperation to a student who is “acting out,” respond with curiosity (Dombo & Sabatino, 2019, p. 20).

To better illustrate this important concept, Brennan’s research cited the following examples:

A young woman walks past someone who is wearing aftershave. The scent is so faint that they are not consciously aware of it. It is just similar enough to the aftershave worn by someone who abused her when she was younger. The abuser was a friend of her parents. She finds that memories of the abuse are triggered and come flooding back into her mind and body. These memories are vivid and overwhelming and yet she does not realize that the scent of this stranger was responsible for triggering the memories (2019, p. 13).

Another example cited by Brennen et al., (2019) highlighted the intersectionality between the effects of trauma and misdiagnosed special education needs.

A twelve-year-old girl who had experienced years of physical abuse from her parents would sit in lessons and be very good at paying attention to things that were potential threats. She would intensely watch the people outside the window, the person walking down the corridor, and her peers whispering in the seats behind her. In contrast, the teacher (who was talking about quadratic equations) was not seen to be a threat, and therefore she did not think she needed to prioritize paying attention to her teacher.

The teacher noticed the girl paying attention to everything apart from the content of the lesson. This frustrated him; he raised his voice, he spoke to her quite harshly, and he walked toward her. The girl started with a heightened state of arousal. She saw an angry adult male shouting and walking toward her. This triggered her stress response, and she lashed out at the teacher. This event sparked a reaction from the school, which meant that all her teachers started to pay particular attention to her, which in turn increased the pressure that she felt, and this meant that she found it even harder to pay attention to the content of the lessons, and lashed out more frequently.

Eventually, she was referred to the mental health specialist who diagnosed her with Attention Deficit Hyperactivity Disorder (ADHD) and prescribed her medication. Her particular ability for paying attention to possible threats in her environment, rather than the content of lessons, was misunderstood as an inability to pay attention. Likewise, her hyperarousal was misunderstood as hyperactivity and conduct difficulties. This misunderstanding resulted in her receiving the wrong intervention, which was of course ineffective and meant that she took stimulant medication for no reason (2019, p. 15).

In these two examples of misinterpreting and failing to take into account the root underlying trauma impacting the student, we see how making this mistake can lead to unsuccessful outcomes.

Circling back to the initial case study cited at the beginning of this chapter, leading with a Trauma-Informed Lens likely would have changed the outcome for the 6th grade student as well as the entire middle school. In the scenario presented, we observed a student refusing to begin work on a project to create a scale replica of his childhood bedroom. If the entire team was aware that the student in question had experienced a number of Adverse Childhood Experiences before kindergarten, including the fact that memories of his childhood bedroom were not positive, and he had experienced abandonment as a toddler in his hour of need, the team could have helped the student more effectively. Only small modifications could have provided the support the student needed. Had the lesson included a second option from the get go, allowing students to create a scale version of their childhood bedroom, OR their favorite room in the school for example, the student now has an option which is less likely to make him agitated by traumatic memories. As well, when a student is beginning to show signs of distress, and avoidance can be a readable sign, when the push-in teacher left the room, triggered memories of abandonment came flooding back in and led to an undesired outcome.

This capstone project will focus on understanding trauma and Adverse Childhood Experiences and how they can impact students, and how we as educators can best support students.

Thesis Question

- 1. What are the effects of trauma as it relates to specific disabilities such as Selective Mutism, Autism & Other Health Disabilities?**

And how can special educators use a trauma-informed practice to best support those students?

CHAPTER II: LITERATURE REVIEW

Research Process

Over the last school year, coming off two years of COVID-19 contingencies, distance learning, zoom classrooms and an upending of classroom routines and norms, providing social-emotional support for students has been critically important in today's school systems.

Using a Trauma-Informed Practice school-wide is an example of how an entire community can look out for and support students and meet them where they are at.

The purpose of this research is to fully understand Trauma-Informed Practice and Care, how Adverse Childhood Experiences (ACEs) impact students, and then specifically, how are special education disabilities impacted by a student's past trauma(s), social-emotional stress and overall anxiety generated by today's society at large.

More from the "Guide for working on the frontlines"

In the review of literature for this thesis, Crosby et al., (2020) examined in their article "Social Justice Education through Trauma-Informed Teaching" that in many schools the existing framework that teachers operate under creates a difficult learning environment for traumatized middle-grade students. The article examined the existing classroom management practices of school-wide plans focused on safe schools, anti-bullying, and zero-tolerance policies. Although they point out that teachers do have some autonomy within their individual classrooms, these

policies often do not provide adequate grace for developing young minds and lead to harsher consequences and little room for reconciliation for the student (Crosby et al., 2020).

Discipline disparities were also examined in this article and clearly indicated that students of color, students from low-income families and those with disabilities receive harsher consequences based on more subjective criteria.

According to Crosby et al., (2020), the goals of a Trauma-Informed Curriculum are twofold: (1) teaching substantive content and (2) addressing the socio-emotional needs of students. It can be extremely challenging for traumatized students to focus on the former when little or no attention is given to the latter.

The article went on to define two distinctly different approaches to achieving that goal using the trauma-informed mindset. Crosby, Howell and Thomas outlined how the goals of *Compassionate Teaching* and *The Flexible Framework*, two different Trauma-Informed models, work to achieve these ends within the classroom.

The Trauma-Informed method described as *Compassionate Teaching* centers on three primary goals:

- Creating safety and connection
- Improving students' self-regulation
- Helping students to develop personal agency, social skills, and academic competence.

According to the authors, research studies of preliminary findings indicate that when students are provided more empowerment in the design of the classroom procedures and practices, as well as discipline practices, there is a reduction in post-traumatic stress symptoms, as well as a reduction in suspension and expulsion rates (Crosby et al., 2020).

With *The Flexible Framework*, the concept is similar, but the focus is more centered on professional development and increasing collaboration within schools. According to the authors of *The Flexible Framework*, Shantel Crosby, Penny Howell, and Shelly Thomas, it encourages ongoing professional development for teachers and school staff to become aware of the impact of trauma, practical classroom strategies and responses to students' behavior and legal considerations that may impact trauma-exposed students. It also encourages supportive consultation between teachers and mental health practitioners to assist teachers with difficult student issues (Crosby et al., 2018).

All of this ties in with improving social justice within the school system and society as a whole. The article points out the systemic nature of discipline within classrooms and schools in general and spends time focusing on unpacking the school to prison pipeline, which has been examined and researched in other academic journal articles, especially when it comes to black and brown students, most notably those within special education.

One aspect this article does not address is that of the distinction within special education of service and support needs based on federal-level settings. Further article research may examine in more detail how higher setting levels may equate to higher ACES scores or students who have experienced or are living with higher levels of traumatic experiences.

Grant & Hill (2020) Research

This article focused on the concept of motivation. For the purpose of this literature review, the concept can be summed up in the following manner:

Motivation: All things being equal, the highly motivated individual is more likely to achieve than the individual with a lower level of motivation (Grant & Hill, 2020). There is a

natural connection between creating and maintaining motivation in students and teaching from a Trauma-Informed Mindset.

The authors examined this in more detail when focusing specifically on teacher motivation. They stated that awareness of factors external to the classroom that positively or negatively influence the learning environment is invaluable to the teacher's ability to plan more effectively and strategically (Grant & Hill, 2020).

Although this article focused more on the connection between motivation within student learners and success rates or what the authors described as academic depth of learning, there are takeaways in relation to the concept of Trauma-Informed Instruction that the authors addressed in their article. Grant and Hill examined the ways in which engaged, effective teachers can reach a broad spectrum of learners and help them find intrinsic motivation.

According to the authors, teachers should be compelled to gain content knowledge and the ability to deliver effective instruction to diverse learners. These skills are developed by observation, practice, collaboration and ongoing professional development. Self-confidence, alongside knowledge of the school climate and culture, are some of the intangible factors and variables that require attention to improve student performance. Awareness of factors external to the classroom that have positive or negative influences on the learning environment is invaluable to a teacher's ability to plan more effectively and strategically (Grant & Hill, 2020).

This connection to the external forces that shape the students within the classroom is also addressed in the previous article reviewed written by Crosby, Howell and Thomas. Although the authors in their academic article focused more broadly on the trauma students often bring with them into the classroom, Grant and Hill acknowledged that what students bring with them into class greatly impacts what shapes their motivation to actually learn.

Another connection between the concept of building motivation within the classroom and understanding trauma-informed instruction centers around building sincere relationships of trust between students and teachers. This pedagogy concept can be linked to the *Zone of Proximal Development* promoted by Russian psychologist Lev Vygotsky. The deep connection and interdependence between student and teacher are in many ways central to the concept of using a Trauma-Informed Framework to shape our teaching strategies in a modern-day classroom (1978).

However, this article focused more on how teachers and school staff can develop environments and learning spaces where students are motivated to learn. Grant and Hill focused on the fact that in each classroom there are high-achieving and more engaged learners, and the prospect of equally teaching all students in the class effectively can often seem an insurmountable task (2020). Using the skill outlined called curriculum compacting, according to the authors, allows a diverse group of learners all the ability to learn.

This is also true for the entire culture and climate within the school itself. The article addressed the need for educators to examine and change the way we have structured our learning environments in order for all learners to find the motivation to become life-long learners.

According to Grant and Hill, taking a more in-depth look at motivation interventions through a holistic ecological lens that is both culturally intelligent and Trauma-Informed will create a strength-based collaborative learning perspective with the capacity to increase success among all students (2020).

McIntosh (2019) Research

Meanwhile, Michael McIntosh (2019) examined a major concern within schools across our country, notably the intersectionality of race, class and trauma. According to McIntosh, our

most vulnerable students are exposed to and experience repetitive and often prolonged exposure to trauma and traumatic experiences. Poverty, often combined with other socio-economic conditions as well as race and gender discrepancies, creates substantial difficulties for many students, students often marginalized by the systems established without them at the forefront (2019).

McIntosh explored identity factors or categories such as “minority,” “at-risk,” “Latino/Latina,” “African-American,” “disabled,” and “low socio-economic,” which are often accompanied by exposure to factors like trauma, racism and classism (2019).

He went on to explore how these multiple factors increase the students' potential struggles and create additional hurdles many students (and educators) must overcome in order to be successful in the classroom and beyond.

McIntosh also examined the effects of gender identity and sexual orientation marginalization on students and how that, coupled with the underlying other factors of race and class can often compound the traumatic effects on learning and belonging.

Instead of combating this intersectionality of race, class and socio-economic status with only changes in the curriculum and teacher mindset, most notably leading with a Trauma-Informed Framework, McIntosh centered this article on Social Justice Leadership and the Social Justice Framework. He argued that when these core values/strategies are implemented in a school and community setting, there is a greater probability that the negative effects of the intersectionality of racism, classism and trauma can be diminished (2019).

McIntosh's article explored how economically disadvantaged children of color experience trauma at a level that intensifies the effect of racism and other discrimination and impacts their academic achievement (2019).

Addressing how to combat the intersectionality that McIntosh addressed in this article, he focused on one well-known approach called the *Sanctuary Model*, developed in 2013 by Dr. Sandra Bloom, an Associate Professor at Drexel University in Philadelphia. The model uses the (S.E.L.F.) curriculum to guide individual treatment and organizational change. According to McIntosh, (S.E.L.F.) stands for "safety, emotions, loss, and the future." The *Sanctuary Model* has been used across a variety of settings including residential facilities, juvenile justice facilities, mental health programs and schools (2019).

Although McIntosh explored the Sanctuary Model in some depth, there are multiple different naming conventions for Trauma-Informed Instruction and Care. In many ways, the idea is that we as educators must create safe spaces, be conscious of students' emotions and respect their pasts, all with an eye on opening up paths toward the future for our students. That is at the heart of *Trauma-Informed Care*.

For many educators, the question remains: How does one lead with a Trauma-Informed Lens? In the following example cited by Dombo and Sabatino (2019), there are small changes all educators can make to their practices that provide safer learning environments.

SAFE AND UNSAFE TEACHING BEHAVIORS

Safe	Unsafe
Focusing on the student when he or she speaks to you.	Not making eye contact, looking away, or looking at something else when the student is speaking.
Speaking in a moderate tone and volume.	Yelling, muttering under your breath, or whispering to someone else.

Exhibiting consistent behavior so your students know what to expect.	Displaying erratic, unpredictable behavior.
Establishing clear rules that apply to everyone, with consequences appropriate to the violation.	Creating no rules, rules that are randomly and unevenly applied, or punitive measures that do not match the violation.
Having the ability to control your emotions and stay calm.	Having big emotional swings or outbursts, or being easily startled or rattled.
Communicating boundaries and respecting others' boundaries.	Setting no boundaries and not following others' boundaries.
Providing attention and care to all students.	Favoring some students and giving preferential treatment.
Allowing students to leave the classroom to go to a safe place if they feel triggered and unsafe.	Using threats to make students think they are unable to leave the classroom for any reason.
Practicing unconditional, positive regard for all students.	Judging some students for their behavior or taking student behavior personally.
Providing honesty and transparency.	Lying, obfuscating, or refusing to explain reasons for actions.
Holding all students to high standards and expecting them to work to their ability.	Ignoring or not expecting much from students because of their "problems."

(Dombo & Sabatino, 2019, p. 20)

Research indicates deploying these simple techniques in teaching practices will help not only students with a high level of childhood trauma but all students will benefit.

Pandemic Trauma

Take, for example, the past 2-½ years, which in many ways has created trauma in the lives of many. In early 2020, the entire world was negatively impacted by the effects of the Covid-19 pandemic. According to Ellen McKenzie's research titled "Child Resilience in a Global Pandemic", unlike most crises, the Covid-19 pandemic affects every human across the

globe, and this, in turn, makes it difficult for communities to obtain outside support (2021). In fact, the American Psychological Association (APA) has drawn attention to the possible negative impacts of lockdowns, distance learning and the ramifications of Covid-19. They point out the pandemic has led to an increase in loneliness, anxiety, depression and post-traumatic stress disorder (PTSD) as outcomes of quarantine (APA, 2020).

Psychologists caution that the Covid-19 pandemic may exacerbate already existing mental health challenges - warning that we may see more depression and anxiety in children due to fears about their health and that of their families (McKenzie, 2021). During the height of the pandemic, especially during lockdowns and distance learning, social isolation, family financial strain and major changes in daily routines were experienced by virtually all children around the world.

The trauma of isolation and increases in anxiety have manifested themselves in many ways for youth worldwide. According to Sideropoulos et al., (2021) writing in the *Journal of Autism and Developmental Disorders*, anxiety is a reaction to a potentially stressful or dangerous situation leading to a physiological response and cognitive processes helping us to deal with the difficult situation (McKenzie, 2021, p. 2657). The team's research found that for students who have special education needs and disabilities, those difficulties were magnified.

Their research revealed that special education students have additional support needs, not only with regards to learning but often with basic day-to-day activities, like getting dressed, eating meals and regular personal hygiene, as well as with behavior needs that are difficult to monitor and support from the other end of the computer screen. Typically, the research acknowledged that this support is often provided by a range of professionals within the school and community (Sideropoulos et al., 2021). For nearly a full year, most students in the United

States were tasked with working from home, learning new school routines and going through developmental stages without the services and support typically provided by educators and school personnel.

One of the biggest challenges cited by a study from Pakistan, which examined teacher preparedness in helping students navigate the difficulties of distance learning, was that both public and private educational institutions were not trained and well prepared to use online educational systems (Khan et al., 2021). Their research focused mostly on teacher preparedness but highlighted the fact that in Pakistan, and common throughout the world, many special education students were difficult to reach, and it was a very challenging task due to many additional challenges (poverty, adequate facilities at their homes, etc.) and accommodations needed by many special needs students as well as their families were a much bigger challenge than anticipated (2021).

As school districts have removed precautions and barriers to in-person learning, educators have observed an increase in anxiety for all students, both typically developing (TD) children as well as students with special education needs and disabilities (SEND) (Sideropoulos et al., 2021). Their research did quantify an interesting distinction between the two groups. They studied the effects of anxiety at three different time points of the pandemic. The first measure of anxiety was collected right before the pandemic caused worldwide shutdowns before March of 2020. They also collected second data results at the beginning of lockdowns, March and April of 2020. They then recorded a third measurement June-August of 2020. All student anxiety measured during this time period showed an increase.

Their findings indicated that students with special needs scored higher anxiety scores than their typically developing counterparts throughout the study, with one interesting

distinction. During lockdowns, while almost all students were engaged with distance learning, students with special education needs level of anxiety increased less than their typically developing peers. Sideropoulos et al. attributed this distinction to the reduction of in-person social interaction anxiety that was not present during distance learning, for the reason why special education needs students experienced a slightly less increase than TD students (2021).

Examining Specific Disabilities

Through the pandemic, we have seen how the effects of trauma and student anxiety can affect all students. Now, as students, especially in the middle school grade level, scramble to make up for lost social-emotional development time, this researcher wanted to examine in greater detail how trauma and anxiety affect students within different disability categories.

Modern day special education case managers often work with students classified under multiple disabilities categories. From emotional behavioral disorders to autism to other health disabilities, there are no stereotypical children that fit perfectly into concrete constraints, but there are commonalities that students with different disability distinctions exhibit.

Selective mutism (SM) is an anxiety disorder in which a child fails to speak in some situations (e.g., school) despite the ability to speak in other situations (e.g., home) (Poole, 2020, p. 1059). SM affects about 1-2% of the population and is most often classified under the category of Emotional Behavioral Disorders (EBD). Research indicates that anxiety and past trauma are major contributing factors in children affected by this disability. In fact, the classification of SM under the umbrella of EBD may need to change as more research emerges. According to Karl McDaniel, who wrote in the BU Journal of Graduate Studies in Education, SM, in contradiction

to many assumptions, is not a manifestation of oppositional behavior, and children do not simply outgrow it (McDaniel, 2021, p. 45).

Kristie L. Poole et al., (2021) explored this topic in their research article entitled “Distinguishing Selective Mutism and Social Anxiety in Children: A Multi-Method Study,” which highlighted how selective mutism has a more specific presentation of anxiety in speech-demanding social situations (Poole et al., 2021, p. 1065). Their discussion goes on to indicate that students diagnosed with selective mutism may be more likely to not speak in certain situations due to higher levels of fear and anxiety (2021).

Similarly, a student who may receive special education services under the disability designation of Speech Impediment (SI) due to stuttering may experience heightened episodes of stuttering based on increased Social Anxiety Disorder (SAD). Researchers have linked the prevalence in many cases of stuttering to increases in anxiety.

According to Lisa Iverach and Ronald M. Rapee, writing in the *Journal of Fluency Disorders*, stuttering is a speech disorder characterized by involuntary disruptions to speech which impede the capacity to communicate effectively (Iverach & Rapee, 2013, p. 70). In their article, they highlighted their research regarding the connection between stuttering and anxiety, or more specifically, Social Anxiety Disorder.

For context, Social Anxiety Disorder (SAD) can be defined or associated with a person possessing a fear of being judged or evaluated poorly and negatively. An individual impacted by SAD may experience nearly every social interaction with the fear that harm will come to them (Iverach & Rapee, 2013). SAD is associated with chronic negative thoughts, strong avoidance from anything perceived as stressful, and even safety behaviors (Rapee & Heimberg, 1997; Iverach & Rapee, 2013).

Research goes on to show that traumatic experiences, and the prevalence of Adverse Childhood Experiences in the short and long term have consequences that heighten the likelihood an individual will experience higher levels of stress, social anxiety disorder or other health disorders (Brennan et al., 2019; Dombo & Sabatino, 2019).

Autism Spectrum Disorder (ASD) can present in many different ways within individual children on the spectrum. According to the Centers for Disease Control (CDC) autism spectrum disorder (ASD) is **a developmental disability caused by differences in the brain**. Some people with ASD have a known difference, such as a genetic condition. Other causes are not yet known. Scientists believe there are multiple causes of ASD that act together to change the most common ways people develop (CDC, 2022).

For the purpose of this thesis question, this researcher examined how those students who exhibit echolalia, a repetition of speech, are impacted by increased levels of anxiety. Cohn et al., (2022) researched autism and echolalia and shared their findings in their article entitled “Repeating Purposefully: Empowering Educators with Functional Communication Models of Echolalia in Autism.” Their study looked at the meaning behind the repeated words or phrases to better understand if individuals with echolalia use their repetitions to engage in communicatively functional speech in the absence of self-generated speech. They used a three-pronged approach to study; how researchers evaluate the purposefulness and meaning behind echoed utterances, collect data for educators so they could better understand the connection between echoed utterances and purposeful speech, and finally, they looked at providing a response strategy to assist teachers in assisting students in developing more self-generated speech.

They made six core observations; first, many echoes are expressed with the expectation of a response from a conversation partner (2022, p. 10). What the researchers termed turn-taking

echoes, they noted this occurred often in their data and concluded this indicated a reciprocal communication relationship. They indicated that teachers, paraprofessionals and caregivers collaborate to help bring understanding to possible meaning to echoed utterances and engage students with echolalia to encourage more communication.

Their second takeaway, echoed utterances occur within a physical context and communicative context (2022, p. 11). Again, this is why the researchers stress the importance of those educators who work closely with echolalia students to examine the physical zonal proximity of where echoed utterances take place, as well as the communicative context in which it occurs. This, they indicate, will assist and equip educators to develop appropriate responses (2022).

Third, delayed echoes often have meaning and purpose that may not be immediately apparent (2022, p. 12). Their research found that students that display delayed echoing are often trying to convey functional meaning. Again, they indicate that it is very important for those around the student to work together to put context behind delayed echoes and fuel continued growth in communication skills.

Fourth, any and all mitigations of the source utterance are important and are likely to indicate developmental progress. In other words, adding or subtracting words or parts of utterances indicates progress and should be encouraged.

Fifth, educators should use data collection to assist in the process of understanding or putting meaning behind echoed utterances. They pointed out that tracking key phrases or certain utterances will help a team better understand their potential meaning and purpose.

Finally, they observed that it is inappropriate and counterproductive to apply abatement treatments in a wholesale attempt to extinguish echolalia (2022, p. 13). They noted that this

technique had been attempted numerous times throughout the last number of decades with little success. They cited many other research data that support the conclusion that trying to stop echolalia in ASD individuals is not the appropriate approach to take.

Even though their collection of data and research was published in 2022, the authors did not examine increases or decreases in echolalia based on increases or decreases in stressful or anxious situations due to Covid-19 pandemic. They did cite evidence that locations and environment can impact echoed utterances in students with ASD.

Other Health Disabilities (OHD) is a category of special education which includes a number of different physical health challenges. The Minnesota Department of Education (MDE) includes the following syndromes, disorders and diseases within the special education category checklist of OHD: Turner syndrome, Crohn's disease, cystic fibrosis, diabetes, epilepsy, fetal alcohol syndrome, hydrocephalus, juvenile rheumatoid arthritis, lead poisoning, leukemia, lupus, Lyme disease, metabolic disorders, migraine, neurofibromatosis, organ transplant, Prader-Willi syndrome, primary immunodeficiency disorder, sickle cell disease, sleep disorders, tuberous sclerosis, cardiovascular disease, cancer, burns, bronchopulmonary dysplasia, asthma, attention-deficit/hyperactivity disorder, acquired brain injury (2021, p. 40).

Not all state educational departments include all the same disabilities under this special education classification. ADHD, for example, is not universally categorized as Other Health Disability. MDE even raised the question in their most recent publication on guidance for OHD: should mental health diagnoses such as anxiety, depression, eating disorders or post-traumatic stress disorder be considered? Traditionally these health conditions might qualify under the Emotional/Behavioral Disorders (EBD) category. They acknowledged that often a student may

have a dual diagnosis, presenting multiple, often complex variables (MDE, 2021). They indicated the IEP team should carefully consider what category best supports the students' needs.

Also, reviewing the current checklist from the State of Minnesota, there are noted physical health conditions which can be exacerbated by increased levels of anxiety and/or the presence of trauma, current or even triggered from the past.

Asthma is a breathing condition that restricts airflow to the lungs. In moments of heightened anxiety and stress, narrow passages can become restricted, leading to a serious asthmatic episode (CDC, 2022). This is a serious health condition, and again, research draws a connection between teaching through a Trauma-Informed Lens, being aware of the realities of student anxieties and being mindful of the increased health implications for students receiving special education services.

Special education case managers can attest, knowing the whole child, learning their hopes and fears, their joys and struggles, can take work, but the culmination of the research collected for this capstone project strongly supports that this work is a key component of Trauma-Informed Practice and Care. Not only should teachers focus on teaching exciting and engaging content but also on supporting the whole child's social-emotional developmental needs. Whether through a pandemic or other adverse childhood experiences, research indicates that to truly be effective, today's special education teacher needs to know how to listen, desire the best for all of their students, and show students the paths that lead to success. Listen, love and lead.

CHAPTER III: APPLICATION OF RESEARCH

What I set out to do with this research project was to better understand the intersectionality between Adverse Childhood Experiences (ACES), trauma in general and the anxiety young people face today in their everyday lives, and how can I, as a modern day special educator, best support the students on my caseload, and throughout my school, prepare for life, resiliently ready to take on the many challenges they will likely face.

Each avenue of research led me down new and exciting paths, and like many before me, I'm sure, my initial thesis question expanded and adapted to fit the growing fascination within the different research areas I pursued.

At the end of the day, however, what laid out before this researcher was a new understanding of how to look at and vigorously approach being a special education teacher. I'm teaching with a Trauma-Informed Lens in order to be cognizant of the realities of social anxiety and the impact on different disabilities, including the complexities of helping students grow and

develop through global pandemics, as well as divorces. Other factors are overcoming physical limitations, mastering accommodations and adaptations, and achieving self-satisfaction, independence and growth.

This has led to a framing of a personal teaching philosophy which is truly a culmination of this fantastic academic journey. Besides all the important due process paperwork, assessments and data collection, I believe the work of a special education case manager can best be summed up in three simple words: *Listen, Love, Lead*.

LISTEN

Special Education students are General Education students first. Kids are kids, some may just face additional challenges. Those challenges may be unique, and difficult and could take a team to help overcome or live with, but it is our job responsibility to listen through all the noise, to help determine how to best support each and every student's needs to the best of our abilities.

When we actively listen we engage in the process of learning. We take in information, we ask follow-up questions out of curiosity and wonder, and we process and synthesize the information provided in order to put context around what we've learned. In order to be effective, special education teachers must master this skill of listening. Only by fully understanding the ramifications of potential early childhood adverse experiences, for example, traumatic experiences that can increase anxiety, which can increase the impacts of many disabilities, can we even begin to serve and support the students we work with (Brennan et al., 2019).

How does one do this? Through education and experience we have access to a gigantic team of professionals, and other individuals often ready to assist in this process. Fellow special education and general education teachers and support staff, administrators, like principals and guidance counselors, service providers and of course parents or guardians are all on this team. But the most critically important individual is the child. To really be student-centric and hear from all parties we must truly listen to our students. To do this we must listen with respect, and empathy, care and compassion. Bethel University professors have likened it to the Golden Rule of Special Education teaching. Listen to our students in the same way that we ourselves wish to be listened to. Not only are we role-modeling in this process and building a meaningful, trusting relationship, but we are listening between the words to find the needs, to understand the struggles, to pinpoint the difficulties, and the antecedents to behaviors and providing ourselves the opportunity to praise the joys, and demonstrate love.

LOVE

In the summer of 1972, Dr. Leo F. Buscaglia, an associate professor of special education at the University of Southern California, and famed author and public speaker, challenged the educational systems and educators in general to re-examine our main responsibility in working with children. He argued that at that time in American history the educational system had failed its humanistic function, citing mankind's inability to change significantly or find new ways of doing things when evidence points to the fact that old ways aren't working any longer, or never did (Buscaglia, 1972).

Buscaglia went on to state four keys to how educators should rethink this responsibility. (Note: 50-years ago, the masculine term "man" or "he" was used to encompass all genders.)

- To develop wisdom by sharing meaningful knowledge with the child, so that he may discover the wonder of learning and accept as his own responsibility the development of his limitless potential. *Wisdom*.
- To recognize joy as one of life's most significant goals. To learn to celebrate joy in himself, in his fellow men, and in each moment of his life. *Joy*.
- To grow continually in love so as to live in love. To love himself, others and his world. *Love*.
- To develop courage so as to be able to live out his life in continual wonder, joy and love. *Courage*. (Buscaglia, 1972, p. 443-444)

Buscaglia put out this challenge to educators over 50 years ago asking teachers to examine our own philosophies on what exactly our role is. If teachers focus their job responsibilities simply around the fact that they are a middle school math instructor or a high school science teacher, that teacher might be doing a great job of sharing information and facts, but facts alone are nothing; they are meaningless, and can actually stifle motivation, curiosity, and growth, he says. Isolated, unrelated facts serve only to clutter thinking; to be truly wise is to question facts rather than be controlled by them (Buscaglia, 1972, p. 444). On this one aspect, I believe 50 years of American history, especially over the last few years, facts do still matter. Still, I believe if Dr. Buscaglia was to rephrase his thoughts on wisdom, the focus would be on teaching students how to evaluate information and cultivate intellectual curiosity.

But the key takeaway from his article is Love. Buscaglia wrote three entire books about the subject of love and headlined numerous speaking engagements focused on our societies' need for love. Education, he insisted, is a major source for instilling knowledge of love, and the

responsibility, empathy, and caring that go with it. The greatest lesson teachers can provide in this area is role modeling love in our interactions with students every day in our classrooms.

He indicated that students must be taught their most profound duty is to love themselves. For only through the realization of self can he be anything to any other man; only by loving himself and accepting responsibility for himself can he love or be responsible for any other man (1972, p. 445).

And in so many ways, this is the key take away this researcher found in examining Trauma-Informed Care and Instruction, especially within the bounds of working with students receiving special education services. If we focus solely on the responsibility of paperwork and processes and schedules, we may miss our opportunities to create lifelong learners, focused on maximizing their potential and loving themselves, prepared to give their all to themselves, their families and their surrounding communities. In another way, it's the social-emotional development so many educators fear children missed out on as a result of the trauma inflicted by distance learning, living through a worldwide pandemic and the divisions and confusions it spawned (Sideropoulos et al., 2021). As schools returned to in-person learning the number of students dealing with mental health challenges increased significantly (McKenzie, 2021). Is this direct causation of what Dr. Buscaglia said 50 years ago; all educators have a major responsibility to help our students love themselves, in order to share that love with the world.

Through the decades, this concept is not new. And one could argue, whether teaching students through a Trauma-Informed Lens, or with love as Dr. Buscaglia called it, or promoting resilience within our students, or focusing on the social-emotional well being of our students, the concepts are in many ways the same. We may teach from our head, but from our heart we must lead.

LEAD

And that brings us to the third leg of the application triangle, LEAD. In the case of specific disabilities this can be critically important, and while the role of special education case manager can be multifaceted, we should focus on leading at the micro and macro levels.

In the most immediate sense if we lead with a Trauma-Informed lens, we can be better prepared to support students through emotional struggles and behavioral outbursts. As Dombo and Sabatino (2019) pointed out in their article “Trauma Care in Schools, Creating Safe Environments for Students with Adverse Childhood Experiences,” by deploying Trauma-Informed Care in our classroom, we;

1. Label the emotions you see the children demonstrating.
2. Place emotion faces with the identifying labels around the classroom.
3. Provide an opportunity to reflect on the behavior and feelings exhibited.
4. Work with the child to calm down. This is also known as co-regulation.
5. Add calming and mindfulness exercises for all the kids in the class.
6. Educate children about how their brain works and how we can all get overwhelmed.

(Dombo & Sambatino, 2019, paraphrased from the reference/article)

These are short-term, immediate Trauma-Informed tools to assist any student, including students on an Individual Education Plan (IEP). But how can we assist students with specific disabilities at the macro level?

In my research I looked at Selective Mutism (SM), Autism (ASD) and Other Health Disabilities (OHD), and in all three areas I found that at the macro level it is critically important for us to really listen and love in order to lead effectively.

As case managers we are responsible for orchestrating annual IEP meetings. Are all the people invited to the table? Only by listening and asking questions, and working with all parties can we truly see the big picture and ensure the entire team is headed in the same direction.

For example, working with a student with selective mutism, a unique and specific health condition that may impact a small percentage of the population, but without proper support and services, can have a huge impact on the development of the child. Questions to ask parents and guardians: Is the student receiving any speech services? Seeing a therapist for SM? Seeing a therapist for anxiety? Currently receiving any outside mental health support? Does the student have peers they feel comfortable speaking with? Who are their friends? What situations make speech more difficult? In what situations does speech come more freely? Have you ever tried stimulus fading? (This is a process of a person, trusted in communication by an SM individual, introducing and “fading” that connection to another person) (McDaniel, 2021).

Potentially, there could be a number of services that may need to be coordinated to make sure their voices are present at the IEP table. Student’s friends are not invited to an IEP meeting granted, but with coordinated effort, they could be close lockermates, or share classes throughout the school day, when their case manager is LEADING the way to make sure this happens. This provides positive communication opportunities and an example of leading from a macro level.

Also, organizing an ever expanding zone of influence and familiarity around the student. Engage in fading work and communicate the preferred means in which to engage the student, maintain the students reciprocation in communication, and monitor that progress over time to be able to watch for notable changes (White & Bond, 2022).

Similarly we see when working with a student on the Autism spectrum who may have a wonderful gift in music or understanding of the concepts of mathematics, but struggles to read

the social cues of a room, or respond accordingly to a change in routine, it is our job to build the goals to teach those skills and praise the successes along the way.

By actively listening, we learn what those real difficulties are for our students. We also learn the gifts. As we promote our students' sense of love for themselves, we must do everything in our power to feed the gifts and strategically support growth in areas that need development. For example, if a student on the spectrum demonstrates great joy at his or her mathematical skills, and is often misbehaving in math class, out of boredom more so than anything else, feed that joy by promoting that student's gifts by offering more engaging and challenging work.

That work could be in the form of additional math problems or being promoted even to a higher level math class, but it might also be optimal to develop the students social skills by teaching them how to mentor a peer, and successfully work in a small group to not only share what they know, but work on developing the skills that they demonstrated difficulty with.

Other Health Disabilities (OHD) is a rather wide umbrella disability category that includes Attention Deficit Hyperactivity Disorder (ADHD) to Cognitive Developmental Delay (DCD) to Traumatic Brain Injuries (TBI) just to name a few. For the purpose of this thesis, I examined how some of the syndromes, disabilities and diseases classified under OHD are exacerbated by increases in anxiety. Asthma, sleep disorders, even attention deficit/ hyperactivity disorder can be more pronounced due to increases in anxiety (Sciaraffa et al., 2017). Speech and communication, locomotion and mobility, fine motor skills can all be impacted for a child with cerebral palsy (CP) for example. Those skills can be developed over time, but growth milestones are most often delayed. Heightened levels of anxiety and stress can delay development (Brennan et al., 2018).

This again is where taking the LEAD role is vitally important. When working with a student with CP within a school setting, they may need services from a speech language pathologist, a physical therapist, an occupational therapist, outside doctors, one-on-one paraprofessionals, general education teachers and special education staff, parents and caregivers. It is the special education case manager's job to coordinate support and organize the lines of communication. Not only during re-evaluations and annual IEP meetings but even on a day-to-day basis, as the special education case manager has the best opportunity to Listen, Love and Lead.

CHAPTER IV: DISCUSSION AND CONCLUSION

SUMMARY OF LITERATURE

This capstone project focused on the effects of trauma on special education students within specific disability categories, seeking a greater understanding of how Adverse Childhood Experiences (ACEs) and trauma in general impact development. The collection of research for this thesis was first assembled into a working book, starting from a macro-level to understand how trauma impacts student development and how educators can help all students find success in the classroom by taking a Trauma-Informed approach.

After reviewing a number of articles focused on implementing Trauma-Informed Care in schools, this researcher was interested to review primarily current research dated March, 2020, the start of the Covid-19 Pandemic in the United States. For many people across the world, the global pandemic increased stress and anxiety, and provided numerous scholarly articles focused on the mental health of children, before, during and after the direct impacts of Covid-19 procedures.

The research collection goes on to drill down into the micro level of how increases in traumatic experiences, or increases in social anxiety, stress, depression and other mental health conditions were impacted especially within specific special education categories.

LIMITATIONS OF RESEARCH

As the topic exploration narrowed down, it became increasingly difficult to isolate data, specifically new data on specific disability categories with regards to trauma. Abundant research is available concerning different and unique mental health challenges and special education classifications. However, when it comes to data and studies conducted focusing on how specific

disability categories are impacted by increases or decreases in stress and anxiety brought about by the existence of Adverse Childhood Experiences (ACEs), that data and research is harder to come by.

Using the effects of the pandemic as a barometer in comparing typically developing (TD) students and special education needs and disability (SEND) students was enlightening. In some areas, the research showed that certain disability categories experienced smaller negative impacts of the pandemic and distance learning versus typically developing students. However, it was difficult to parse out specific data regarding specific disability categories to see how a student with Autism might be impacted versus a student with Emotional/Behavioral Disorders.

IMPLICATIONS OF FUTURE RESEARCH

Due to the limitations with regards to research data specifically looking at the ramifications of increases in anxiety and stress brought about by trauma and adverse childhood experiences an argument could be made that more case studies, creating hard empirical data about commonality and generalities within various subcategories of special education would be beneficial for educators working with special education students. Working under an Adolescent Behavioral Specialist (ABS) license, more research could be done that generates usable data that looks at the differences between and within specific disability categories.

One can not assume every student will fit neatly into a specific behavioral profile with regard to how changes in stress, triggered traumatic memories, or heightened levels of anxiety will affect them; however, generalities and a deeper understanding of the implications of trauma can be beneficial in supporting all students' needs.

The Trauma-Informed Approach examines the whole child, and as educators consider the best ways to teach resiliency and curiosity and empathy, alongside reading, writing and arithmetic, all data is important to help expose effective ways to support students.

PROFESSIONAL APPLICATION

A side goal of the capstone project was to create a coherent flow of understanding regarding trauma and adverse childhood experiences and their impact on special education students, specifically within specific special education categories. By studying trauma from a macro lens and then drilling down into the specific needs and supports at a more micro level, the goal was to provide helpful, useful tools that can be used in the classroom, but also provide a greater understanding of ACEs, trauma and how a caseload of students can best be supported on a day-to-day basis. By examining this topic primarily from a pandemic to present perspective, the goal was to have a common guide for collecting observations and data from the research. A researcher could only hope their capstone project would be deemed worthy enough to be considered the framework for a college class for prospective special education teachers.

CONCLUSION

Adverse Childhood Experiences (ACEs) have been shown to have lifelong consequences. Trauma associated with negative childhood experiences can impact students as they go through the developmental stages of adolescents all the way through adulthood. Often this can create additional challenges for young people. Research shows that fallout from experienced trauma and traumatic experiences can be magnified, especially if an individual has experienced multiple traumatic events. Educators can support all students using a trauma-informed mindset or practice. This thesis focused on the effects of trauma on special education students, specifically within certain disability categories such as selective mutism, autism and other health disabilities.

Evidence strongly suggests that educators can optimize their impact and effectiveness in the classroom when taking a whole-child Trauma-Informed Approach to the profession. Besides just focusing on delivering exciting and compelling content, educators should also be mindful of the social-emotional wellbeing of their students. Research indicates that educators should focus on helping each student reach their greatest potential, academically and socio-emotionally. This capstone project reviewed how special education teachers can approach this Trauma-Informed work to support students with different and often specific disability needs by engaging in the Three Ls, Listen, Love, and Lead.

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