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TRAUMA-INFORMED PRACTICES AND HOW THEY SUPPORT STUDENTS WITH
DISABILITIES IN ELEMENTARY SCHOOL

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

BY
KIM HANEY

IN PARTIAL FULFILLMENT OF THE REQUIREMENTS
FOR THE DEGREE OF
MASTER OF ARTS
DECEMBER 2022

BETHEL UNIVERSITY

TRAUMA INFORMED PRACTICES AND HOW THEY IMPACT STUDENTS WITH
DISABILITIES IN ELEMENTARY SCHOOL

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DECEMBER 2022

APPROVED

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Acknowledgements

I want to thank my family and friends for their encouragement through this process. I want to thank my thesis advisor and the people at ARC for helping me and guiding me through this process. Lastly, I would not be here if it wasn't for the guidance and strength from God. I am reminded daily of my purpose and He has guided me through this process.

Abstract

Trauma-informed practices have become more utilized within the education setting, which has led to the need for teachers to be educated in these practices. Educators need to know how trauma impacts their students and appropriate interventions for their student who has experienced trauma. Through being educated on the signs of trauma, interventions to support students, and how trauma impacts students educators are able to meet their students' needs. Students with disabilities are also impacted by trauma and can show internalized and externalized behaviors. Through recognition of these specific behaviors and how trauma can exacerbate these behaviors, it is vital that educators learn from trauma-informed practices, specifically at the elementary level.

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Chapter I: Introduction

Children are walking into schools throughout the world, carrying the weight of their experiences. To some students, this means not having enough food to eat, absent parental figures, witnessing traumatic events at home or within the community, or having been impacted by mental illness (Felitti et al., 1998). Recognizing the signs and symptoms of a traumatic event is just the beginning to understanding students who experience trauma (Oelhberg, 2011). This starts with the introduction of what trauma is and then extends into how educators can support students who have experienced trauma. This is accomplished through the process of understanding how trauma impacts the brain (Carrión et al., 2010; Carrión et al., 2012; Oelhberg, 2008).

Trauma can impact students in different ways and each student is going to react differently to a traumatic event. Oelhberg (2011) reported that students who display misbehaviors within the classroom should not be misunderstood. After experiencing trauma, brains are mentally impacted by the traumatic stress they have experienced, which causes the child to struggle with self-regulation and how trauma is stored in the brain. The memories that are stored in the brain during a traumatic event are what cause students to become triggered by facial expressions, tone of voice, and body language an educator may display to the student (Oehelberg, 2011). Students have different triggers and it is essential that staff members become aware of these triggers in order to identify the students who are impacted by trauma.

Substance Abuse and Mental Health Services Administration (SAMHSA) (2014) created the “Six Principles of a Trauma-Informed Approach” to help combat the impact that trauma was having on students in education and other settings. These principles include, “safety, trustworthiness and transparency, peer support, collaboration and mutuality, empowerment, voice

and choice, and cultural, historical and gender issues” (p. 10). Through the utilization of these approaches it is vital to provide the proper training in implementing these strategies within educational settings. The goal of using these six principles is to help make sure that students, parents, and educators can provide the care needed in order to support the student who has experienced trauma (SAMHSA, 2014). SAMHSA (2014) also outlined how these approaches can be implemented with the six principles in the following implementation domains. These domains include, “governance and leadership, policy, physical environment, engagement and involvement, cross sector collaboration, screening, assessment, treatment services, training and workforce development, progress monitoring and quality assurance, financing, and evaluation” (p. 12). To help organizations or schools to implement the six key principles, the school or organization can use these domains. Through the implementation of the domains to support these principles, it is vital that the schools follow the procedures laid out so they can identify the appropriate services and interventions for their students (SAMHSA, 2014).

Many schools have started implementing the six principles through the domain of training and workforce development. A way they have done this is through the implementation of Crisis Prevention Intervention (CPI) training. Through this training, schools or districts have staff members become trainers to help staff develop strategies in deescalating students. These strategies include recognizing paraverbal, nonverbal, and body language staff members' projects while working with students who are escalated. The strategies taught by Crisis Prevention Institute (CPI) can help staff to recognize how their patterns of behavior influence the student's behavior. The training has been designed for staff members to observe, apply, and collaborate ways they can offer students who may need assistance in de-escalation. CPI (2022) also stressed

the importance of staff members having the ability to “rationally detach” from situations of students being in crisis. Similar to Oehlberg (2011), CPI recognized the importance of how body language, tone of voice, and nonverbals impact the students who are in crisis and what can be done to combat the potential of triggering that student further.

It is vital for staff to recognize the impact that trauma has on the students. More specifically, it is important to look at how students with disabilities are influenced by trauma. With these students, trauma can impact behavior and their academic abilities in a school setting. Trauma negatively affects their ability to focus and learn new concepts, their interaction with peers, and their ability to self-regulate (Buxton, 2018; Crosby, 2015; Shalka, 2015).

Students with disabilities, specifically those receiving special education services under the category of Emotional/Behavioral Disorders (EBD), have very similar patterns of behaviors as the students who are experiencing a traumatic stressor within their life (Buxton, 2018; Hurless & Kong, 2021). Hurless and Kong (2021) stated that the similarities between these two groups of individuals include “anxiety, low self-esteem, hyperactivity, aggression, withdrawal from relationships, and difficulties in learning” (p. 56). Buxton (2018) compared the characteristics of EBD listed in the Individuals with Disabilities Act (IDEA) and students who have experienced trauma; these similarities include: challenges in learning, difficulties with behavior, displays of internal or external symptoms, changes in mood, and behaviors that are not appropriate for that age group. Additionally, Cavanaugh (2016) stated, “about 30% of adolescents with EBD have also experienced trauma or show signs of post-traumatic stress disorder” (p. 41). It is critical for educators to recognize the signs and triggers of each student who have experienced trauma. Elementary students are the area of focus for this research since this is one of the first times

students are entering into the world of education (Crosby, 2015). During the early years of a student's education is when teachers and other staff members oftentimes begin to see these behaviors and typically when students first begin to be identified as needing additional aid outside of the school setting. Educators are among the first individuals to recognize these behaviors and are the first to begin identifying supports these students (Crosby, 2015; Rischel et al., 2019).

Definitions

Important definitions for this paper include:

Adverse Childhood Experiences (ACES):

The Centers for Disease Control and Prevention (CDC) (2022) defined Adverse Childhood Experiences (ACEs) as an event that occurs during childhood (ages 0-17) that is seen as traumatic. These events include but are not limited to violence within the home or community, abuse, neglect, history of substance abuse, history of mental health, or unstable household.

Emotional and Behavioral Disorders (EBD)

Emotional and Behavioral Disorders is an education label given to students who meet the following criteria:

show one or more of the following emotional or behavioral responses: a) withdrawal or anxiety, depression, problems with mood, or feelings of self worth; b) disordered thought processes with unusual behavior patterns and atypical communication styles; or c) aggression, hyperactivity, or impulsivity. (Minnesota Department of Health, paragraph 1, 2022)

Hippocampus

Carrión et al. (2012) defined the hippocampus, the part of the brain that is able to process and store information and memories.

Prefrontal cortex

Carrión et al. (2012) described the prefrontal cortex (PFC) to be the part of the brain that helps focus attention, process new learning, and decision making.

Trauma-Informed Approach

The trauma-informed approach is defined by SAMHSA (2014) “being grounded in four assumptions of realizing, recognizing, responding, and resisting the re-traumatization” (p. 9) of the client/students. It also includes the six key principles of “safety, trustworthiness and transparency, peer support, collaboration and mutuality, empowerment, voice and choice, and cultural, historical, and gender issues” (p. 9). It is understanding how trauma impacts the client/student and how the organization plans and implements the trauma-informed practices.

Guiding Question

This thesis will address the following research question: How can the trauma-informed model support students with disabilities in elementary school? After researching this topic further, three areas became a focus for the topic of trauma-informed practices on student academics, student behavior, and the impact of training elementary school personnel. The focus age group for this project is elementary age students. Focusing on this age group can help educators learn more about the benefits of supporting students who have experienced trauma at a young age. It is critical to look at the benefits that trauma-informed practices have on the

behavior of students with disabilities because trauma-informed practices can assist in reducing negative behaviors and an increase in time spent on academic growth. By implementing trauma-informed practices for students with disabilities at the elementary level, educators have the potential to help students be more successful in and out of school.

CHAPTER II: LITERATURE REVIEW

What does it mean to be Trauma-Informed?

When examining trauma-informed practices, it is vital to understand what it means to be trauma-informed. Baker et al. (2015) were inspired to create a scale that organizations could use to help measure their staff's understanding of trauma-informed practices. Baker et al. (2016) created the Attitudes Related to Trauma-Informed Care (ARTIC) which was created through a mixed method study of an already existing measure. Researchers developed the 75 item measure, ARTIC, composed of 8 subscales. Baker et al. (2016) indicated that:

these subscales included attitudes about (a) underlying causes of problem behavior and symptoms (b) the impact of trauma (c) response to problem behavior symptoms, (d) on-the-job behavior, (e) self-efficacy at work, (f) reactions to the work, (g) personal support of Trauma-Informed Care (TIC), and (h) system-wide support for TIC (p. 64).

Participants rate their responses on the ARTIC on a seven-point Likert scale. Researchers surveyed a total of 760 service providers, 165 of whom were educators. Participants were given 75 items to complete and answer questions about what they know about trauma-informed care.

Baker et al. (2015) concluded that the ARTIC is a reliable and valid measure. To help support the needs of different organizations, different lengths of the ARTIC were created including the ARTIC-10, ARTIC-30, and ARTIC-45. Champine et al. (2022) used two of the ARTIC assessments which include the ARTIC-10 and ARTIC Support-System (ARTIC-SS) to survey community members (school staff, provider, law enforcement, educators, etc.) in Pottstown, Pennsylvania. The ARTIC-10 and ARTIC-SS were used to examine community members' beliefs about trauma-informed practices and how their job can aid in the implementation of trauma-informed practices. To help support the schools, businesses, providers,

and parents with implementing trauma-informed practices, The Pottstown Trauma-Informed Community Connection (PTICC) “consisted of representatives including early childhood providers, law enforcement officials, members of the faith community, and behavioral health and social service providers from Pottstown, PA” (page 461). The PTICC was created to help the community grow in understanding the meaning of trauma-informed practices and what businesses can do to help support their community.

Champine et al. (2022) supplemented the ARTIC-10 and ARTIC-SS subscales along with a third subscale that focused on how the PTICC training impacts views on trauma-informed practices within their line of work. These subscales were taken three times throughout the study to help track the changes in participant responses. The researchers compared the responses to each time the measures were taken and found that responses showed a little improvement in staff members' beliefs about trauma-informed practices and in the assistance participants noticed within the workplace.

Lastly, participants shared their thoughts on the definition of trauma-informed. The themes include “reframing one’s perspective, being more self-reflective, acquiring skills to respond more effectively to others who have experienced trauma, a sense of hope for the future, perceived benefits of trauma-related training, and challenges in getting others to ‘buy-in’” (Champine et al., 2022, p. 466). By assessing the participants’ perspectives, researchers identified the main themes for the definition of trauma informed including: changing perspective, reflecting on their own traumatic experiences, and ensuring they build on skills and behaviors needed to support someone who has experienced a traumatic event .

Similar to Champine et al. (2022), Guevara et al. (2021) focused on building a trauma-informed model through interviewing and having participants complete questionnaires about their knowledge and understanding of trauma-informed practices. Participants for the study included community practitioners, service workers, and educators. Guevara et al. (2021) researched these domains “workforce development, trauma-informed services, and organizational environment” (p. 2868). Within each domain there are specific components as well. The researchers compared how the implementation of these domains and components were utilized by community providers, educators, and service workers.

Guevara et al. (2021) concluded that each category of participants had similar interest in implementing the trauma-informed practices after the training. The researchers felt more support was needed in accessibility to evidence-based practices (EBPs) and in screening and assessment of students who have experienced trauma. The first step to becoming trauma informed involves understanding what a traumatic event is and how it can impact an individual.

Adverse Childhood Experiences

Before looking at the behavior of the students, researchers began investigating the behavior and health concerns of adults. Felitti et al. (1998) examined the relationship between health problems in adults and traumatic childhood experiences within a primary care setting. Researchers started to define what qualified as a childhood exposure to a negative event and divided them between two areas- various types of abuse and types of dysfunctions within the household. Once the areas were defined, a survey was created with a breakdown of each category. Researchers agreed on the final result which included questions about: psychological

abuse, physical abuse, sexual abuse, substance abuse, family history of mental illness, how the mother was treated, and if a family member was incarcerated (Felitti et al., 1998).

Once the information was collected for the ACEs study, researchers examined their results. Felitti et al. (1998) found that clients with higher ACEs scores were more likely to show risk behaviors or have disease conditions that could lead to early death. Researchers discovered the first area impacted by ACEs are social, emotional, and cognitive impairment. The social, emotional, and cognitive impairment is vital in understanding how students in elementary school are impacted by ACEs (Blodgett & Langian, 2018; Delaney-Black et al., 2002; Goodman et al., 2012). Of the three areas of social, emotional, and cognitive impairments, which is the most important in understanding and supporting first?

Impact of ACEs on the Brain

The impact of ACEs on the brain can play a significant role in how children process information and react to situations that occur around them (Felitti et al., 1998; Perry, 1999). Similar to Felitti et al. (1998), Perry (1999) agreed that how children process trauma is different from child to child. There are factors that also play a role in how the trauma is processed in the brain such as a child's family history, the child's environment, and how the individual child responds to different stressors. As a child is continually exposed to events that the child finds traumatic, the brain begins to build connections focused around those responses. The child then becomes more hyper aroused or dissociates from what is triggering them (Perry, 1999; Perry, 2005).

Perry (2005) explained how children who are in a constant state of sensing a threat if the child is continually within the environment that causes the threat. These children are in a

constant state of fight, flight, or freeze and have a hard time adapting to unfamiliar situations within the classroom setting. Compared to their peers who grew up in an environment with less stress, children who have experienced trauma will become more reactive to unfamiliar situations. This can look like hyperarousal leading to fight or flight or dissociation which causes the child to freeze. Children who continue to stay in the stress response have a higher risk of developing Post-Traumatic Stress Disorder (PTSD) (Perry, 1999).

Perry (1999) studied how PTSD in children can go misdiagnosed or even undiagnosed due to the similarities of symptoms across other mental health disorders. These symptoms include “impulsivity, distractibility and attention problems, aggressive (often re-enactment) play, school failure and regressed or delayed development” (p. 4). Understanding that PTSD can be misdiagnosed or undiagnosed is key for educators to know about. As teachers are recognizing the externalizing behaviors of students they can become more aware of what PTSD looks like in their students and potential ways to help students who are experiencing symptoms of PTSD.

Perry (1999) concluded that it is vital for children to get help after a traumatic event has occurred. Interventions that could help the child will vary on the event and how the child is responding to the event. Just by being aware of the event and the potential signs of PTSD can help in changing how the child recovers from the event. If left untreated the child’s brain will continue to stay in a hyperarousal or dissociative state (Perry, 2005).

To better understand the brain, researchers began looking at specific parts of the brain and how they are impacted by PTSD. Carrión et. al (2010) studied the impact of trauma on a specific area of the brain. Researchers focused on the hippocampus and how the hippocampus responds to tasks of retrieving and encoding information. Participants were chosen based on age (10-17

years old) and if they had post-traumatic stress symptoms. A selected group of participants were also identified as the control group. Researchers had the participants complete tasks that involved retrieving and encoding information. In order to help researchers look at the impact that post-traumatic stress had on the brain, they used functional magnetic resonance imaging (fMRI) while each of their participants were engaged in their tasks.

As a result, Carrión et al. (2010) concluded that there was a difference in the hippocampus activity in participants who showed symptoms of post-traumatic stress and those that were part of the control group. The fMRI scans showed that those who had experienced post-traumatic stress had a reduced level of activity within the hippocampus compared to the control group. Further understanding the impact of a traumatic event on the brain better helps one understand why there are social, emotional, and cognitive impairments within the academic setting.

The hippocampus is not the only part of the brain that researchers have studied when it comes to traumatic events. The area of the brain called the prefrontal cortex is another area that can help educators understand the impact trauma has on the brain. Carrión et al. (2012) studied the impact of stress on the prefrontal cortex and on the hippocampus. Information for Carrión et al. (2012) study was completed as a synthesis of other studies. These studies were used to gather information needed from each of the studies to review the impact that traumatic stress has on the brains of youth. Some studies focused on the impact the trauma had on just the hippocampus, just the pre-frontal cortex, or on both parts of the brain. The researchers concluded that impact to both the hippocampus and the prefrontal cortex could be identified through brain imaging and that youth were impacted by traumatic stress because the traumatic stress caused an increased

level of cortisol in the brain. Youth who received mediation in managing traumatic stress decreased their cortisol levels and showed improvement in the functions of their hippocampus and prefrontal cortex (Carrión et al., 2012).

The MRI was used to help Carrión et al. (2012) understand the relationship between cortisol levels produced in the brain and how they impact the prefrontal cortex and the hippocampus. Participants for the study included children with Post-Traumatic Stress Symptoms (PTSS) and a control group of children who were identified as healthy were selected for the study and their cortisol levels were examined. Researchers concluded that they could identify the abnormalities within the brain that are linked to post-traumatic stress symptoms (PTSS). The identification of low cortisol levels within the hippocampus and prefrontal cortex within youth can help adults intervene and assist children who are experiencing post-traumatic stress symptoms (Carrión et al., 2012). Hence, identifying the level of ACEs exposure and the impact of traumatic stress from a negative childhood exposure to trauma can impact the brain at a young age (Carrión et al., 2010; Carrión et al., 2012; Felitti et al., 1998).

Academic Impacts on Students who Experience Trauma

Elementary Students

To help further the study of ACEs in an academic setting, Blodgett and Lanigan (2018) explored the impacts of ACEs on student attendance, behavior, and academics. These researchers used similar questions to the ACEs study but adjusted and added a question to conform to the needs of the participants. Staff personnel were asked to complete the surveys and identify the ACEs of the students selected from each of the schools. Documentation of the students' academics, behavior problems, and attendance were also examined to gather information about

the students. The information provided helped determine which students were more likely at risk for higher behavior problems, low school attendance, and low academic performance. At the end of the original ACEs study, Felitti et al. (1998) found that the second area influenced by childhood experiences in their pyramid were three areas of impairment. The three areas of impairment include social, emotional and cognitive impairments. Compared to the results from Blodgett and Lanigan (2018), data results show that students are impacted behaviorally and cognitively by childhood exposures. Three specific academic areas were examined by researchers. These academic risks include behavior problems, attendance, and academic failure. The researchers compared the number of ACEs to each area of academic risk (Blodgett & Lanigan, 2018).

Felitti et al. (1998) and Blodgett and Lanigan (2018) concluded that the more exposure to ACEs, the greater the impact ACEs have on the life of someone who has experienced traumatic stress. Understanding the impact that traumatic stress has on students is vital in the overall care of students who have experienced trauma. Carrión et al. (2012) supports the findings of Blodgett and Lanigan (2018) in that the brain youth are impacted by high cortisol levels in the brain. The learning, memory, and decision making of the students are impacted and have affected the attendance, behavior, and academic performance of students who have experienced multiple ACEs (Blodgett & Langian, 2018; Carrión et al., 2012).

Similar to Blodgett and Lanigan (2018), Delaney-Black et al. (2002) specifically looked at how childhood exposure to trauma and community violence impacted the Intelligent Quotient (IQ) and/or reading abilities of students in an urban school setting. There were 299 male and female first grade students who participated in this study. Students for the study were within a

lower socioeconomic status. Researchers used tools such as self-reporting, interviews and standardized tests to help guide their research.

While analyzing the results, Delaney-Black et al (2002) also took other factors into consideration such as the child's home environment, prenatal experience, and their caregiver's Intelligent Quotient (IQ). After taking the other factors into account, researchers concluded that students who were exposed to community violence and traumatic stress did have an impact on a student's IQ and reading abilities. They suggested that further research be conducted in order to better understand how community violence and traumatic stress impact IQ and reading abilities of participants.

Almost 10 years after Delaney-Black et al. (2002) was published, Goodman et al. (2011) published a study to further evaluate the impact of traumatic stress and how it relates to socioeconomic status (SES) along with academic achievement. Researchers investigated the relationship between low SES and traumatic stress and found that these students were more at risk of being labeled or diagnosed with having a learning disability or a behavior disorder and on an Individual Education Program (IEP). With these results, researchers cautioned that some students with IEPs may not be correctly diagnosed due to not receiving the appropriate interventions and services.

Goodman et al. (2011) also studied the relationship between school attendance and traumatic stress. They found that even though students were experiencing a higher percentage of 10 or more absences, data showed inconsistency in the results throughout the number of absences. Researchers were not able to find a strong correlation between the number of absences and the percentage of students who experienced traumatic stress. Researchers concluded that

there is a need for additional assistance for students in a lower SES so the student can receive the services needed to be successful in an academic setting. Researchers suggested the use of a counselor to aid in the identification of appropriate interventions and to better understand the psychological impacts of trauma on each student's brain. By having additional trained professionals to aid in meeting the needs of the students, students will be able to decrease their responses to their traumatic stress and perform better academically within the classroom setting (Goodman et al., 2011).

Impact on Students With Disabilities

Students with disabilities are impacted differently than other students when it comes to experiencing adverse childhood experiences. There are a wide variety of disabilities that can be impacted by traumatic events differently. A few of those disability categories or labels include Autism Spectrum Disorder (ASD), Emotional Behavior Disorder (EBD) or Emotional Disturbance (ED), Intellectual Disabilities (ID), and Post-Traumatic Stress Disorder (PTSD) or Post-Traumatic Stress Symptoms (PTSS) (Amédée et al., 2018; Buxton, 2018; McDonnell et al., 2019).

The first two disabilities to review are ASD and ID. McDonnell et al. (2019) examined the impact of negative childhood experiences and children who are diagnosed with ASD and an ID. These negative childhood experiences included "sexual abuse, physical abuse, emotional abuse, and physical neglect" (p. 578). Researchers gathered information from multiple settings to help them identify the disability category and information about the negative childhood experiences. They also reviewed the records for the incidents of maltreatment and collected information about the number of incidents of abuse each participant had experienced. Each

participant was placed into one of the four categories: the population control (PC) group, participants with only ASD, participants with only ID, and participants with ASD and ID.

Compared to Felitti et al. (1998), McDonnell et al. (2019) examined specific disability categories and how they were impacted by maltreatment. Researchers concluded that participants within the disability categories of ASD, ID, and combined ASD and ID were at a higher risk of maltreatment compared to the control group. They also discovered that students who were identified as ASD only showed a higher risk of demonstrating behaviors such as aggression, hyperactivity, and tantrums due to the maltreatment. Further research would need to be complete in the area of behavior and students with ASD. The study showed that students with disabilities were impacted by maltreatment or abuse more than those who have not been exposed to negative childhood experiences (McDonnell et al., 2019). Understanding the impact of negative childhood experiences can help educators better understand how they can best support their students who are showing behavior responses such as impulsivity, aggression, and tantrums (Carrión et al., 2010; Carrión et al., 2012; Felitti et al., 1998; McDonnell et al., 2019).

McDonnell et al. (2019) shared the importance of understanding and supporting students with ASD and ID within the academic setting. Baker et al. (2021) examined the support of students with disabilities through the caregiver's point of view and how their child was supported throughout childhood and adulthood through outside agencies. These researchers argue that a trauma-informed perspective throughout all agencies would support the child/adult and their families when dealing with complex trauma (Baker et al., 2021).

Participants for the Baker et al. (2021) study included family members of a child/adult with ASD, a learning disability, or there was a need for a diagnosis and/or special education

services. A total of 214 participants responded to a survey sent to the families and a wait period from when it was sent was put into place. Participants had up to three weeks to respond. Most of the responses came from the child/adult's mother while the next highest grouping came from a sibling. Part of the survey completed by participants included identifying the traumatic events their relatives had experienced and their perceptions of risk factors for trauma. They also identified that the traumatic event had on the child/adult who was identified as having ASD or a learning disability. These impacts include having panic attacks, depression, increased anxiety, and insomnia. These researchers concluded that implementation of trauma-informed practices are vital to helping build a strong relationship with the person identified with the disability and the family members. Through building up that relationship and additional training, Baker et al. (2021) hopes to mitigate the re-traumatization of students with disabilities.

Even before students are labeled in the educational setting, they can still display behaviors that are similar to that of a student with EBD. The Minnesota Department of Health (2022) describes students who qualify under the label of EBD would need to

show one or more of the following emotional or behavioral responses: a) withdrawal or anxiety, depression, problems with mood, or feelings of self worth; b) disordered thought processes with unusual behavior patterns and atypical communication styles; or c) aggression, hyperactivity, or impulsivity. (paragraph 1)

Amédée et al. (2018) examined the emotions regulation, withdrawal, and social abilities of students who experienced sexual abuse. Compared to the Minnesota Department of Education (2022) criteria, the behavior responses for the study are similar to the criteria for EBD. Amédée et al. (2018) studied the relationship between the trauma exposure to sexual abuse and emotional

regulation. They reviewed how emotional regulation impacted the students' ability to interact with peers, which can lead to withdrawal behaviors. Researchers compared the students who were sexually abused to students who were not. Compared to peers who were not abused, students who experienced sexual abuse had a lower ability to self-regulate their emotions and were at a higher risk of withdrawing and an inability to interact with their peers (Amédée et al., 2018).

Amédée et al. (2018) concluded that teachers and school psychologists can service students who show signs of negative behavior responses such as emotional dysregulation, withdrawal, and impaired social skills even before they are labeled or diagnosed. Teachers and school psychologists can support students in building the skills needed to positively interact with peers and regulate their body with the assistance of social workers and mental health experts. Finally, researchers agreed that using a trauma-informed approach can help students with emotional regulation build skills and decrease the risk for withdrawal and social inadequacies (Amédée et al., 2018).

Another area of focus for student behaviors includes educating staff on culturally responsive teaching. Blitz et al. (2016) argued the importance of educating staff in both trauma-informed practices and in culturally responsive training is important when it comes to supporting students of color who have experienced trauma. This study was completed in an elementary school with a population of 50% of their students being students of color. Teachers were provided professional development on culturally responsive and trauma-informed practices prior to the school year. Teachers were given questionnaires which included the 'Cultural Ecology' questionnaire, the 'Perceptions of Student Behaviors' questionnaire and the 'Stress

Level, Efficacy, and Confidence' questionnaire along with interviews that were conducted by the researchers.

Bliz et al. (2016) found that teachers felt more confident in dealing with disruptive behaviors within the classroom when they were able to collaborate with more mental health personnel. The researchers discussed one area of concern- the staff member's responses to the culturally responsive training. School personnel involved in the training were not able to gain insight into the historical, societal, and cultural background of students of color, based on the defenses they put up while receiving the training. In order to help the students in the school, the staff members would need to let down their guards to accept the knowledge that trainers presented to them.. Blitz et al. (2016) concluded that for school personnel to support students of color who have experienced trauma, it is vital that these professionals understand the importance of how culturally responsive teaching is paired with trauma-informed practices through understanding how student's cultural backgrounds and how societal structures have impacted students of color. Skiba et al. (2011) reported, "Students of color often receive harsher and more punitive consequences than White students resulting in higher rates of discipline referrals, suspensions, and expulsions" (as cited in Blitz et al., 2016, p. 521). How can educators combat the behavioral and academic impact that suspensions and expulsions have on students of color? West et al. (2014) and Crosby et al. (2018) focus on the use of an intervention room and staff-student relationships to help teach the students skills in emotional dysregulation and combat the suspension rate of students of color.

As a way to help combat school suspensions placed on students of color and educate these students in the area of gaining greater emotional regulation, West et al. (2014) sought to

understand the perspective of teenage girls ranging in age from 14 to 18 years old who were enrolled in a public charter school that was meant to assist females involved in the court system. The demographics included 9th-12th girls who identified as 23% White, 69% African American, and 8% other. A total of 39 students participated. To gather information, students were split into focus groups which were divided by the fall 2012-2013 group and spring 2012-2013 group. Within these groups, participants were divided into even smaller groups. Both the fall and spring groups were asked three open-ended questions which focused on the behaviors observed or witnessed in the classroom, why they think the behavior occurred, and what advice they would give teachers if they were the principal. Participants were given adapted abilities to respond that include verbalizing their responses or writing down their responses to researchers.

After reviewing the responses from the students, the researchers shared the most prevalent seven themes. West et al. (2014) focused on the seven themes of “anger emotions, aggressive actions, environmental influences, triggers, encourage respect of others, improve behavior management to enhance student engagement, and the use of the Monarch Room as support” (p. 61). The seven themes were used by the researchers to assist in the development of a curriculum that guides the staff members in providing strategies for students who show similar externalizing behaviors. The purpose of the Monarch Room was to help students regulate and work through their experiences with staff while providing the necessary sensory tools to help them regulate their emotions. Students who utilized this room as a safe space to go to when they needed a break from the classroom or teachers used it as a place to send students who needed a break from the classroom. West et al. (2014) concluded that the students' perspectives and suggestions can be used to educate teachers and other school personnel on how to help the

students who show similar externalizing behaviors. They also concluded that students with externalizing behaviors would benefit from the implementation of trauma-informed practices.

Similar to West et al. (2014), Crosby et al. (2018) examined the use of the Monarch Room within the study through the collection of data from a similar setting and population to help combat student suspensions. The researchers argued that suspensions impacted the academic achievement of students and utilized the Monarch Room as a way to combat the rate of suspensions. To gather information, the researchers used different methods to collect data which included interviews of students, data provided from the Monarch Room, and data provided by the administration on suspensions. The data collected was reviewed and documented three different times throughout the 2014-2015 school year.

Crosby et al. (2018) found that the Monarch Room helped educate students in how to regulate their emotions and process through events to help them successfully transition back to the classroom. By having the opportunity to process through their experiences and utilize the sensory tools needed to regulate their emotions, suspension rates of students who utilized the Monarch Room were lower than the students who did not utilize the Monarch Room. Crosby et al. (2018) concluded that the students who utilized the Monarch Room were able to better regulate themselves by being more attentive and more focused when back in the classroom. Providing an alternative to suspensions helped the students build relationships with trusted staff members and tools they needed to process through their emotions. Students needed to be provided guidance and to help decrease the risk of falling behind academically due to their behaviors (Crosby et al., 2018).

To further the study of trauma-informed and how they can support students with their behaviors, Buxton (2018) studied the use of a trauma-informed lens while reviewing the behavioral responses such as: learning challenges, social skills, management of emotions or feelings, and how a student physically feels in a situation. These behavioral responses are reviewed in each student's Individual Educational Program (IEP). Once the behavior responses were established, Buxton was able to start to create her sample.

The sample consisted of fifteen IEPs of students who received special education services under the disability category of ED from three Connecticut public school districts. Buxton (2018) first used three of the fifteen IEPs to test out the process of using a trauma-informed lens on the IEPs; the remaining twelve IEPs were used for the study. She analyzed areas of the IEPs that shared information on the four focus domains of "academics, relationships, self-regulation, and physical functioning" (Table 1, p.33). She concluded that using the Retrospective Record Review of the IEPs for this study, helped her determine the importance of using a trauma-informed lens when it comes to providing the proper educational supports for students. The IEP is a guide in helping staff members know the proper interventions, services, and accommodations for students with disabilities to be successful within the classroom. The IEP has specific information regarding the student's history and it provides specific information into the student needs; these include the "goals, objectives, services, and interventions" (p. 31) the child needs in order to be successful in the educational setting (Buxton, 2018).

Implementation of Trauma-Informed Practices in Schools

The process of implementing a trauma-informed school needs to have a layout of how the school staff plan to be trained and what is needed to help assist the staff throughout the process

of implementation (Kim et al., 2021; King et al., 2021; Opiola et al., 2020; Perry & Daniels, 2016; Wall, 2016). Perry and Daniels (2016) focused on building up a strong support system for school personnel through a step-by-step process to implement a trauma-informed approach. A school identified as a Title One school and housed students in grades Preschool to Eighth Grade. To help students within the school, these researchers provided professional development for staff, training on how to identify students who show a need for trauma-informed practices, information on how to help students who have experienced a traumatic event be successful in a school setting, and workshops for students. Researchers also provided services that helped identify and assist families who needed extra assistance.

Perry and Daniels (2016) concluded that after the education and implementation of trauma-informed practices in the school helped both the students and the staff members within the pilot school.. The team of researchers learned that there were many benefits through this multi-layered approach to support students and staff. These benefits include students' skills in identifying coping strategies, an increase in self-care strategies for teachers, and better support for families. The implementation of trauma-informed strategies not only supported the staff and students but this also extended into the community as well. The researchers built the structure for it to be the foundation for the school in New Haven (Perry & Daniels, 2016).

While Perry and Daniels (2016) built the foundation, Muttillio et al. (2022) reviewed the impact that trauma-informed practices has on a school which had been implementing these practices for about a decade. Muttillio et al. (2022) focused on how the continued implementation of trauma-informed practices has shaped the staff and students of the school. Six schools were identified to participate in the study. To select what staff members would participate, staff

members volunteered to be a part of the study. A total of 34 teachers chose to participate in the study and they shared demographic information about themselves. The interview process was meant to help better understand how the sustainability of the trauma-informed care (TIC) system has impacted them. Staff members also participated in focus groups to further understand the views of staff members and TIC.

Muttillio et al. (2022) concluded that the sustainability of TIC can be maintained within a school setting. The researchers evaluated staff responses and concluded that a TIC model can be maintained. Several staff members voiced some concerns on where TIC can be limited in specific areas such as support provided to staff when working with students with higher behaviors consistently. In order to continue to sustain the TIC framework, concerns from staff and students need to be considered and addressed to continue to support staff from burning out. Muttillio et al. (2022) concluded that further research would need to be done on how to support staff from burnout and early exit from the educational field.

One of the focus areas for this thesis is trauma-informed practices within elementary schools for students with disabilities. Felitti et al. (1998) listed one of their areas of childhood exposures as if the child experienced substance abuse. Rishel et al. (2019) completed a study focused on the use of Trauma-Informed Elementary Schools (TIES) to help elementary schools implement trauma-informed practices who experience high levels of substance abuse within the community. Educators felt they needed to implement a program to help them better equip their students in dealing with the effects of substance abuse.

Rishel et al. (2019) worked with pre-kindergarten to first grade classrooms. A total of thirty-nine classrooms participated and the classrooms were split into groups. Some of the

classrooms received the TIES training and implemented the strategies within the classroom while the classrooms were the control groups. Researchers gathered information on “three domains of emotional support, classroom organization, and instructional support” (p. 244) within each of the groups. Each group was assessed and teachers were able to share their thoughts on implementing the TIES curriculum in the classroom and how it impacted each of the domains.

Rischel et al. (2019) concluded that TIES did help impact the areas of emotional support and classroom organization but showed little impact on the area of instructional support for the students. The use of a trauma-informed practice was beneficial to schools that were experiencing high rates of substance abuse within the West Virginia community (Rischel et al., 2019). With the implementation of trauma-informed practices, the school saw a change within the teachers and their classrooms.

A year later, Tabone et al. (2020) expanded on the TIES study through increasing the sample size of the participants and improving the design of the TIES study. Tabone et al. (2020) expanded the sample size to ninety-four classrooms of students grades pre-kindergarten to first grade; the ninety-four classrooms were split into groups labeled the TIES classrooms and the comparison groups. For this study, the researchers changed the locations of the comparison groups and worked to ensure that most schools who had TIES classrooms, also had comparison classrooms.

Similar to Rischel et al. (2019), Tabone et al. (2020) focused on the impact TIES had on the three domains of emotional support, classroom organization and instructional support. Rischel et al. (2019) and Tabone et al. (2020) shared examples of emotional support being how the teacher interacted and connected with their students along with how the students’ interests

were utilized in building classroom community. Classroom organization on the other hand focused on how the classroom was structured and set-up to engage all learners and manage the behaviors within the classroom. Lastly, instructional supports included how the teacher was able to encourage higher order thinking, gain feedback from students, and how students were able to communicate their thoughts in the classroom. Overall, both Rischel et al. (2019) and Tabone et al. (2020) saw an increase within the areas of emotional support and classroom organization but Tabone et al. (2020) also showed an increase in instructional support. Tabone et al. (2020) concluded that students and teachers were supported and shared an increase in all domains when TIES was implemented within the classroom.

Superintendents and Trauma Informed Practices

Before teachers can implement trauma-informed practices, the leadership of those schools and districts must also be open to the implementation of these practices. Slichko (2022) investigated the impact that superintendents within most of the New York State school districts had on the implementation of trauma-informed practices. These school districts were narrowed down to school districts that housed K-12 schools and were not within the New York City school districts. Although a total of 662 school superintendents were asked to participate in the surveyed based study, only 146 were able to respond. Superintendents were asked to share their acceptance of trauma-informed practices and how it impacted them in supporting the principals within their school district.

Slichko (2022) concluded that even though it was a smaller sample size than anticipated, superintendents showed an overall acceptance of the need for trauma-informed practices within their district of K-12 schools. The researcher revealed that the superintendents also found that it

was important for all levels of education (elementary, middle, and high school) to receive training and to implement trauma-informed practices. Slichko (2022) argued that to help staff members implement trauma-based interventions, the staff need to feel supported by their administration, and the administration needs guidance from the superintendents. There needs to be a shared goal across all areas of the school districts in order to implement trauma-informed practices; like Muttillio et al. (2022) stated the need for continued support of the staff who are implementing these trauma-based interventions is paramount.

Framework Options for Teacher-Student Relationship Building

Stipp and Kilpatrick (2021) focused on one specific part of the trauma-informed approach-building trust between teachers and students through the implementation of the Trust-based Relational Intervention (TBRI). First, researchers selected two schools within a school district in the midwestern part of the United States that predominantly serves students within the lower income bracket. The teachers who participated in this project completed a week-long training at the beginning of the year to learn how to implement TBRI and gain knowledge about the intervention program. These researchers also collected information about classroom management and how well they felt prepared in helping students when there were behaviors in the classroom. At the end of the school year, the same measures were used to compare the beginning of the year to see how the implementation impacted the relationships between students and teachers. Stipp and Kilpatrick (2021) concluded that the use of TBRI provided some positive input in how a trust-based intervention has the potential to improve the relationship between the teacher and the student.

Fehrenbach et al. (2022) studied a framework that focuses on relationship building namely Attachment, Regulation, and Competency (ARC) framework. The ARC framework was created as a way to help caregivers and educators guide students' social, emotional, and behavioral needs through building relationships, improve student regulation, and teach skills to build up resilience in the students. First, the researchers collaborated with a non-profit child-welfare agency called The Healing Path Program, which "selected 83 youth and their families to participate in the study," (Fehrenbach et al., 2022, p. 438). Next, measurements were selected to assess the social, emotional, and behavioral needs of the students. These measurements include the Child and Adolescent Needs and Strengths 2.0 (CANS), the Child Behavior Checklist for Children (CBCL), and the Trauma Symptom Checklist for Children (TSCC). The measurements used helped researchers identify vital information including past traumatic experiences, current traumatic symptoms, strengths and needs of the child, strengths and needs of the caregiver, social emotional needs, and behavioral needs (Fehrenbach et al., 2022).

Next, Fehrenbach et al. (2022) examined the measurements and found that youth who completed the CANS before and after the implementation of ARC experienced a positive impact, especially on their social, emotional, and behavioral responses. These researchers reported "ARC showed a specific improvement in sleep, affect regulation and attention, as well as reduced somatization symptoms, self-harm behavior, and social problems" (Fehrenbach et al., 2022, p. 443). The researchers concluded that the ARC framework is able to positively impact the social, emotional and behavioral needs of children in a variety of community settings.

Opiola et al. (2020) also focused on the relationship between youth and a caregiver. These researchers examined how the Child-Teacher Relationship Training impacted how teachers perceive student behaviors and how strong teacher-student relationships lead to a low stress level for teachers as well as whether the child's emotional intelligence would increase through this relationship. For this study, the researchers selected an urban charter school for the study; where three teachers were selected to choose a student they wanted to build a stronger relationship with and caused mid-high level stress in their daily routines. Opiola et al. (2020) selected the Teacher Report Form (TRF), Index of Teaching Stress (ITS), and the Mayer-Salovey-Caruso Emotional Intelligence Test (MSCEIT) to help evaluate each teacher's perspective of the student's behavior being exhibited, level of stress, and response to an emotion focused task.

Opiola et al. (2020) concluded that through the implementation of CTRT, teachers showed a decrease in emotional intelligence due to the shift in perspective that the CTRT provided the staff. Staff members were able to better understand their students' triggers for their behavior and show more compassion towards the student. CTRT also positively impacted each student-teacher relationship because it provided more time for the teacher to spend with the student. One of the positive impacts from the relationship building was a decrease in overall stress level during the work day. Taking the time to build relationships with students can positively impact the school experience for both teachers and students.

Staff Development

McIntyre et al. (2018) studied how professional development opportunities which focused on trauma-informed practices impacted the attitudes and beliefs of the staff members.

The researchers developed a two-day professional development training which was implemented in six different schools in the New Orleans area. Teachers from the schools completed pre- and post knowledge assessments to show the change in participants' growth in understanding trauma and trauma-informed approaches they learned in their professional development.

Over the course of one school year, the researchers focused on the component of knowledge growth amongst the teachers and staff members. McIntyre et al. (2018) concluded that educating staff members on trauma and trauma-informed practices helped them better implement these strategies and in turn increased their growth in knowledge of the course of the 2015-2016 school year. One of the essential components in implementing trauma-informed approaches comes through knowing and understanding what is being implemented and why the implementation is so important in educating students who experience traumatic events.

Another separate program implemented by Orapollo et al. (2021) called Trauma Smart was used to measure staff satisfaction, knowledge, and attitudes towards trauma-informed practices. These researchers focused on educating staff members through the Trauma Smart curriculum to help educators gain information on how students are impacted by trauma and give staff members the skills needed to support students and their families. Staff were involved in the trauma-based training throughout the school year and they were required to participate in various measures to monitor satisfaction with the training, assess knowledge learned throughout the training, and examine their attitudes towards the use of trauma informed practice through the completion of the Attitudes Related to Trauma-Informed Care (ARTIC).

Orapollo et al. (2021) examined the results of the ARTIC and learning checks and found that there was an overall level of satisfaction among the staff. The researchers also reported a

positive change in their attitudes towards their students who were experiencing behaviors. Lastly, these researchers found that participants were also more likely to have a higher level of understanding of the use of trauma-informed practices.

Christian-Brandt et al. (2020) examined a group of 163 teachers within a low-income school and measured four areas to examine in the field of education. These areas include teacher compassion satisfaction, secondary traumatic stress (STS), burnout, and a teacher's intent to leave education altogether. Researchers invited 224 elementary teachers to complete a couple of online surveys to gain information on their perspective in the areas of STS, compassion satisfaction, burnout, their intent to leave education, and their views of TIC.

Christian-Brandt et al. (2020) noted that a trauma-informed care program was implemented to help support school personnel in understanding the effectiveness of TIC. Teachers were trained in the topics of trauma, TIC and paired a social-emotional curriculum with the TIC system. Researchers concluded that teachers who showed a higher level of compassion satisfaction were less likely to burnout or want to leave the education field. Higher burnout rates were linked to lower satisfaction within the job and a longer time spent in the field of education. Even though a social-emotional curriculum was used, there were still some teachers feeling burnt out and left the field of education. Does the type of curriculum impact teacher satisfaction and burnout?

Trauma-Informed Practices Paired with Mindfulness Curricula

The pairing of a Social-Emotional Curriculum and a trauma-informed practice is one way to provide guidance to teachers on creating a safe space for students. One area teachers need support is in the area of burnout and dealing with the behaviors teachers are seeing within the

classroom. Kim et al. (2021) focused on teachers using trauma-informed practices paired with a Social-Emotional Curriculum (SEL) called MindUP. The purpose of the study was to examine how MindUP paired with additional training on trauma-informed practices can change educators' views on student behavior and decrease teacher burnout. The study was completed over the course of three school years so that each of their groups had a range of experiences with working with the Mind-UP curriculum and trauma-informed training (Kim et al., 2021).

For data collection, Kim et al. (2021) study used a mixed-method approach to gather the views and attitudes of the teachers and their emotional exhaustion due to burnout. Teachers who had more experience reported less emotional exhaustion and felt more prepared to handle student behavior. Educators who participated in the study also reported “that students’ social emotional skills (eg., ‘listening capabilities,’ ‘recognition of each other’s emotions,’ ‘kindness’ [and] ‘empath[y],’ and ‘calm[ing]’ down before they make a choice) were expanding as a result of MindUP” (pg. 65). The teachers were not only noticing changes within themselves but also changes within their classroom.

Kim et al. (2021) concluded that pairing the trauma-informed practices with the MindUP curriculum did change the attitudes and beliefs of the teachers and helped decrease externalizing student behaviors within the classroom. Trauma-informed practices are not just used to help the students, but also to give teachers the confidence in meeting their students’ needs. Researchers also found that the teachers became more confident in handling their own stressors at work.

A second study completed by King et al. (2021) also examined the use of a mindfulness program which took place over the course of six weeks. The researchers wanted to pilot the program to assess its effectiveness in Gainesville, Florida. Through this program, teachers were

given sessions that lasted 10-15 minutes which taught them how to implement different mindfulness techniques into their classroom routines. The researchers selected eight teachers to participate and provided professional development focused on mindfulness techniques, trauma, ACEs, and the impacts of trauma on a child's brain. There were a total of 124 students who participated in the study; they were compared to similar aged-peers in either pre-kindergarten or kindergarten. Throughout the day, teachers implemented mindfulness practices at least 3 times per day. The researchers concluded that the implementation of the pilot mindfulness program provided a positive impact on students' behavior, students' comments on how they physically felt better after participating in mindfulness activities, students' ability to self-regulate, and students' ability to cooperate in supporting their peers when they were struggling. King et al. (2021) and Kim et al. (2021) both concluded that students and staff members can benefit from the pairing of trauma-informed practices and mindfulness skills.

Kim et al. (2021) and King et al. (2021) explored the effectiveness of educating staff members in trauma-informed practices with a program that is based in teaching students mindfulness skills showed a positive outcome of more regulated students and improved behaviors within students. Even though these were two different programs, they both showed an impact on the relationship between the student and the teacher. To help assist the students in their regulation, staff member need to know how they can support the student and teach them the tools needed to regulate their bodies (Blodgett & Lanigan, 2018; Fehrenbach et al. 2022; Kim et al., 2021; King et al., 2021; Opiola et al., 2020; Stipp and Kilpatrick, 2021).

CHAPTER III: CONCLUSION

Summary of Literature

Educators are faced with the task of supporting students who display a wide range of behaviors. To help support these students, many teachers feel the effects of burnout and are working through how to continue educating their students in a way that allows for all students to learn through mindfulness curricula (Kim et al., 2021; King et al., 2021). Before supporting educators and providing training about trauma-informed practices, educators first need to understand what qualifies as a traumatic event and the long-term impacts of trauma on the brain (Carrión et al., 2010; Carrión et al., 2012; Felittl et al., 1998).

Felittl et al. (1998) investigated the long-term effects of childhood trauma through a medical based study. The researchers found that childhood trauma had long-term effects on those who experienced more Adverse Childhood Experiences (ACEs) in their lives. Carrión et al. (2010) focused on how the brain is impacted by trauma, specifically on the hippocampus. Carrión et al. (2012) furthered the study of the impact trauma has on the brain from the hippocampus to how trauma also impacts the prefrontal cortex (PFC). After learning about the impacts trauma has on the brain and the health of the individual (Carrión et al., 2010; Carrión et al. 2012; Felittl et al., 1998), other researchers began looking at the impact trauma impacted students' academics (Blodgett & Lanigan, 2018; Delany-Black et al., 2002). Blodgett and Lanigan (2018) and Delaney-Black et al. (2002) focused on how trauma impacts the attendance and academic achievement of students who have exposure to trauma within their home or community. Both researchers concluded that the impact of trauma can have an effect on the

students' academic and behavioral responses in the classroom (Blodgett & Lanigan, 2018; Delaney-Black et al., 2002).

As more and more professions began investigating ACEs and the impact trauma has on the brain, it became clearer on how childhood trauma impacts students within the classroom. Through the understanding of how childhood trauma impacts the brain (Carrión et al., 2010; Carrión et al., 2012), researchers have been able to assess strategies and gain insight on how educators can best serve students who have experienced trauma, especially those students who are labeled with an educational disability. These educational disabilities include Autism Spectrum Disorder (ASD), Emotional/Behavioral Disorder (EBD), Intellectual Disabilities (ID), and Post-Traumatic Stress Disorder (PTSD) (Amédée et al., 2019; Baker et al., 2015; Baker et al., 2021; Crosby et al., 2018; Champine et al., 2022; McDonnell et al., 2019; West et al., 2015). Students who are and are not labeled with a disability can experience the impact of trauma. Over the course of the studies, common themes in student behavior were seen such as anxiety, depression, tantrums, aggression, and emotional dysregulation (Amédée et al., 2019; Baker et al., 2015; Baker et al., 2021; Crosby et al., 2018; Champine et al., 2022; McDonnell et al., 2019; West et al., 2015). As a way to help these students, staff members need to be trained to support these students.

In order to educate students who are impacted by trauma, it is first important to train the educational staff on how to support these students. Researchers began developing surveys to help monitor staff attitudes, beliefs, and knowledge surrounding trauma (Baker et al., 2015; Champine et al., 2022). Baker et al. (2015) created the Attitudes Related to Trauma-Informed Care (ARTIC) which helps measure the impact the professional development and training had

on staff members. Assessments like the ARTIC were used and proven to help support the findings of the studies done by Champine et al. (2022) and Guevara et al. (2021). As more research is conducted on staff attitudes, perspectives, and knowledge of trauma, researchers can continue to see the impact of staff development on school personnel. Before professional development can take place, the district must also have an interest in supporting students who are impacted by trauma. Slichko (2022) stressed the importance of building level leadership and the superintendent's investment in supporting students who have experienced trauma within the community. The investment in prioritizing professional development comes down to the decisions of the superintendent and district leaders. Once the school district leadership has established an investment in training the teachers at all grade levels, a program can be selected and professional development of school personnel can begin (Slichko, 2022).

Lastly, school districts are also facing the problem of teacher burnout in studies done by Christian-Brandt (2020), Kim et al. (2021), King et al. (2021), McIntyre (2019), Orapollo (2021). Kim et al. (2021) and King et al. (2021) on how they can help support staff burn out and went further with their study by including the addition of a social emotional curriculum to help teachers establish a routine within their day to help all students within their classroom, learn about self-regulation and strategies students and staff can use to help support themselves when they are experiencing the effects of trauma.

Trauma-informed practices are becoming essential in schools to not only help support the students but also the staff members. It is essential for the students to be understood and for staff members to be aware of behavior they see to help support those students who are impacted by trauma. Some of these students are later identified as having a disability or are

labeled with EBD due to how their disability impacts their education (Amédée et al., 2019; Baker et al., 2015; Baker et al., 2021; Blodgett & Lanigan, 2018; Crosby et al., 2018; Champine et al., 2022; McDonnell et al., 2019; West et al., 2015).

Professional Application

It is vital for educators to learn about trauma and better understand how trauma impacts their students. School staff members are tasked with the job to make sure the students of the school are learning the material needed to move onto the next grade level. Students need to feel safe in their environment in order to learn. When trauma is impacting the student, they are no longer able to process, think, or learn effectively (Carrión et al., 2010; Carrión et al., 2012). Educators need to recognize the factors that could lead to the students not being able to learn, process, or think. District officials can help support this by educating themselves on how to implement trauma-informed practices within their schools and setting up a work environment that encourages and supports the teachers in supporting those students who are impacted by trauma.

There are many ways that the district leadership can help set-up educators for success. This includes providing a school counselor in the school to service students who are impacted by trauma and mental health related illnesses. Having that extra support would provide a safe space for students to go to when they are struggling with anxiety, depression, or other mental health illnesses. Adding a school counselor to the school setting would also help the teachers in the area of mentally and emotionally supporting the students in their classroom.

Along with mentally and emotionally supporting their students who are being impacted by trauma, educators also need to be informed on strategies and interventions that can help support these students. These interventions and strategies can be used as a way to start the process of potentially suggesting that a student goes into the evaluation process for special education. If those interventions are not successful, some students end up on Individualized Educational Plans as a way to support the students behaviorally and emotionally under the label EBD. If teachers are aware of different interventions to try, students have the potential to get the support they need from the interventions or they can be evaluated and provided more services through the IEP. With the IEP, students can also receive the modifications and accommodations they need to help them regulate themselves. These students will be provided the strategies needed to help support them in co-regulation and social skills. Educating all staff members on the intervention strategies can help provide a collaborative and solution focused team. By having a collaborative and supportive team, teachers can also feel supported by one another and they can help assist the students in meeting their goals.

Lastly, understanding the students' needs and goals, can also teach the staff members on how they can be more aware of their own reactions to situations. Through the implementation of a school-wide social emotional curriculum, all teachers will be able to learn and apply the strategies students are taught in their classroom to their own lives. By adding in the social emotional curriculum, teachers and students are able to learn more about their own triggers for an emotional response to situations around them. The teacher creates a safe environment for students to learn skills of regulation and for learning.

Limitations of the Research

In completing the research for this literature review, there were some limitations in the process. One of these limitations included finding large sample sizes for the research that was being conducted. Most studies had a large sample size while others had a smaller sample size but were used because they provided another aspect for the research (Blitz et al., 2016; Buxton, 2018; Slichko, 2022). A second limitation was in how the information was collected for the studies. Most of the studies took place in a school setting, which limited what information could be provided about ACEs and student experiences due to it being reported by the teacher or school personnel (Blodgett & Langian, 2021). A third limitation includes, limited information was found on trauma informed practices and students with disabilities. More information was provided for staff development and supporting students who have experienced trauma, but there was limited research done on students who were labeled with a disability and how trauma impacts students with specific disabilities. Lastly, the research provided for the thesis was limited to a number of articles and therefore is not an exhaustive review of all literature provided on the topic of trauma-informed education.

Implications for Future Research

Future research can be done on how staff members can create more trauma-informed Individualized Education Programs (IEPs) and how those IEPs can help school staff better accommodate and assist students with disabilities. To help support students on IEPs, it is vital for staff members to know exactly what the student needs. Through the creation of goals, addition of proper accommodations/modifications, appropriate service minutes and setting, and an idea of the student's present levels, staff members and parents can work together as a team

to ensure appropriate goals, services, and accommodations/modifications for the student (Buxton 2018).

More research also needs to be completed in the area of superintendents and school district leadership in what they can do to help guide their staff as the staff continue to work towards educating students who have experienced trauma. Having more information on the impact the district leadership has on trauma-informed care in schools would also help in what guidance can be provided to principals and teachers within the district on how best to approach implementing appropriate strategies for their students. Through the appropriate implementation of the trauma-informed strategies, teachers can become more aware and experience the impact these strategies have on their students.

School districts/leadership need to identify the appropriate trauma-informed program their staff members will use. The implementation of trauma-informed practices look different depending on the setting of the school it is being implemented, but also needs to be cohesive for when students move through settings within the school district. When students transfer between schools and settings, staff need to be able to use the same terminology and have similar training or background knowledge to best educate students with the skills and strategies needed for regulation and coping strategies. Not only does it need to be cohesive across settings, but also grade levels as well. When working with students at various ages, trauma may look differently. Having all staff members trained and aware of behaviors K-12, can help assist educators in creating IEPs that meet the student's needs as they transition from elementary to middle school and middle school to high school. The priority of the district in implementing trauma-informed care should be how they can support the teachers and how they

see the teachers supporting their students. This is done through examining curriculum that can be used to develop the social, emotional, and cognitive skills of the students.

Conclusion

The literature view examined how trauma-informed practices impact students with disabilities in elementary school. Through researching this topic, it was shown that in order to help the students who are impacted by trauma, it is important for all school personnel to be educated and have an understanding on how they can support their students. Not only should the school personnel support their students, they also need support in order to prevent burnout and provide teachers the opportunity to support all children no matter their needs. As a team, the school can become a safe environment for the teachers and the students to learn and grow (Buxton, 2018; Christian-Brandt, 2020; Goodman et al., 2012; Slichko, 2022; Kim et al., 2021; King et al., 2021; McIntyre, 2019; Orapollo, 2021).

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