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**TRAUMA-INFORMED INSTRUCTION AND HOW IT INFLUENCES
MENTAL HEALTH OUTCOMES IN STUDENTS
WITH DISABILITIES**

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

**BY
JEFFERY BISHOP**

**IN PARTIAL FULFILLMENT OF THE REQUIREMENTS
FOR THE DEGREE OF
MASTER OF ARTS**

APRIL 2023

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MENTAL HEALTH OUTCOMES IN STUDENTS
WITH DISABILITIES**

BY

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ABSTRACT

A growing body of research has shown that mental health needs among school-age children exceed the number of mental health professionals available to address those needs. Since students spend a lot of their time at school, much of the responsibility for identifying and responding to student mental health concerns falls mainly on the shoulders of teachers. Teachers often lack the training and resources to support these growing needs, and the recent pandemic has only compounded the issue. Students with intellectual disabilities not only have the same or greater level of mental health concerns as their non-disabled peers but also lack services and trained professionals to address their complex mental health needs. Teachers must have the tools to address student needs because they are their first defense for mental health concerns. Trauma-informed practices offer teachers a framework for viewing the mental health needs of their students. More research is needed to understand how effective these practices are at addressing the mental health needs of students with intellectual disabilities. This thesis aims to add to the body of knowledge about the use of Trauma-informed practices and their usefulness in addressing the unmet needs of students with intellectual disabilities.

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CHAPTER I: INTRODUCTION

This thesis aims to determine whether trauma-informed practices reduce mental health problems in students with intellectual disabilities. Students with intellectual disabilities will benefit from this research because they are significantly more likely to experience adverse life events, abuse, and childhood trauma than others in the general population (Horner-Johnson & Drum, 2006). By examining the impact of trauma-informed practices on this vulnerable group, we can gain a valuable understanding of the most effective methods for promoting their mental health and overall well-being. School systems will benefit from this study because it will help them create supportive environments that are responsive to the mental health needs of all students and staff that experience trauma (Keesler, 2016). This study has the potential to benefit both students with and without intellectual disabilities by providing schools and organizations with a deeper understanding of trauma, enabling them to create tailored interventions and support systems that meet the unique needs of those who have experienced it (Keesler, 2014).

In 2014 Child Trends found that 46 percent of children had experienced at least one traumatic event (Child Trends, 2014). Poor home conditions may put many students at greater risk, but it is important to note that trauma can affect any child regardless of ethnicity, socioeconomic status, or religion (National Child Traumatic Stress Network, 2017; Substance Abuse and Mental Health Services Administration, 2014). Schools are responsible for preventing, evaluating, and dealing with the mental health concerns of their students. Schools can uniquely provide services to all students regardless of socioeconomic status or background. School is also unique because it is where students spend most of their time each day. These two factors make schools the optimal setting for implementing mental health interventions and promoting social-emotional well-being (Bradshaw et al., 2009). Research has shown that school

counselors are often minimally involved in supporting students with mental health needs (Kaffenberger & O’Rourke-Trigiani, 2013; National Association of School Psychologists, 2017). Due to the limited availability of counselors and psychologists, teachers, rather than trained mental health professionals, provide most mental health support in schools (Farmer et al., 2015; Splett & Maras, 2011). Thus, the effectiveness of these interventions relies on the qualifications and experience of the teachers responsible for implementing them (Patel et al., 2020).

Traumatic events can impact children similarly to adults, including symptoms such as anxiety, depression, post-traumatic stress disorder (PTSD), sleep disturbances, changes in behavior, and difficulty with concentration and learning (National Institute of Mental Health, 2021). However, children may also exhibit trauma-related symptoms specific to their developmental stage, such as regressive behaviors, separation anxiety, or physical complaints with no apparent medical cause (National Child Traumatic Stress Network, 2017). It is important to note that children may not always express their distress in the same way as adults and, therefore, may require specialized support and intervention tailored to their unique needs (American Psychological Association, 2021). One of the key contributors to resilience in children who have experienced trauma is providing them with a safe, stable, and nurturing environment (Masten, 2011). Children who feel safe can more freely engage in their environment and learning activities (Cummings & Swindell, 2019). By training teachers to implement trauma-informed approaches, schools can offer more effective and personalized support to all trauma-affected students (Milam et al., 2021).

Historically, experts held the belief that individuals with intellectual disabilities were unable to experience mental illness, often attributing their behaviors to their disability rather than recognizing them as symptoms of a mental health condition (Coughlan et al., 2020; Jahoda &

Pert, 2018). Studies suggest that individuals with intellectual disabilities encounter similar mental health issues as those who do not have a diagnosis (Cooper et al., 2007; De Ruiter et al., 2007). Students with intellectual disabilities are more likely to experience mental health problems but less likely to receive mental health treatment than their non-disabled peers (Keesler, 2014). Healthcare professionals' lack of knowledge, motivation, insight, and patience has impeded people with intellectual disabilities from receiving adequate mental healthcare services (Jahoda & Pert, 2018; Moseley et al., 2016; Rich et al., 2020). Trauma-informed care can decrease stress, increase empathy, and foster confidence in staff working with people with challenging individuals (Keesler, 2016). Trauma-informed care is an approach to healthcare that recognizes the impact of traumatic experiences on individuals and seeks to create a safe and supportive environment for healing (SAMHSA, 2014). Despite its extensive use in healthcare settings, there is limited research on its utility for individuals with intellectual disabilities (Fraser et al., 2020; Jones & Myers, 2018).

School leaders increasingly turn to trauma-informed practices to promote healthy development and positive educational outcomes (Donohue et al., 2018). Despite their wide use, questions about the effectiveness of trauma-informed practices still need to be answered. (Stokes & Brunzell, 2019). The implementation of trauma-informed care practices presents various challenges and uncertainties. For example, inadequate staff training, as well as cultural and organizational barriers, could impede the adoption of these practices (SAMHSA, 2014). This literature review aims to explore the evidence supporting the use of trauma-informed care and examine the current knowledge gap regarding its implementation for individuals with intellectual disabilities.

Researcher's Topic Interest

The researcher's interest in the topic stems from their experience working with students with intellectual disabilities in various settings and multiple school districts. The researcher observed that these students often exhibited symptoms of poor mental health but seldom received direct mental health support. Although students had access to daily academic and behavioral support at school that may have addressed their mental health symptoms, they rarely received sufficient mental health support to improve their overall mental health. The researcher's observations indicate that a family's financial resources play a significant role in determining whether they seek mental health services for their child outside of school. Schools often struggle to provide targeted services and assistance to students who lack external mental health support, resulting in support that primarily addresses the symptoms of the student's mental health issues rather than the underlying causes. With school budgets already stretched thin, adding more mental health staff or programs to meet the needs of their students may not be feasible.

Consequently, the researcher has chosen to focus on a framework that does not require additional staff. Based on their experience working within a mental health day treatment program incorporating several trauma-informed care practices, the researcher has decided to concentrate on the trauma-informed care framework. This approach has proven beneficial for students with and without intellectual disabilities who attended the program. The researcher believes that incorporating a trauma-informed lens can help teachers be more empathetic and responsive to the mental health challenges that may affect their students' behavior and academic progress. By improving teachers' knowledge and skills for working with students who have experienced trauma, the researcher thinks that mental health outcomes can be positively impacted by providing a safer, more stable, and nurturing environment that can positively impact mental health outcomes. However, the researcher believes that combining trauma-informed care with

more targeted and direct interventions is essential to effectively address the depth and complexity of students' mental health needs and significantly improve their quality of life outcomes.

Thesis Question

Therefore, based on the needs explained or shared in the introduction, this question is proposed:

- 1) How does adding trauma-informed practices impact the mental health outcomes of students who qualify for special education services?**

Related Questions or points to be discussed in this thesis to help provide information and answers to the proposed thesis question:

Definitions of trauma?

What is the historical perspective of trauma-informed practices?

How do students with concurrent special needs experience trauma?

What are current trauma-informed practices, and how are they used in the classroom?

CHAPTER II: LITERATURE REVIEW

Research Process

This researcher will address the central thesis question by using the supporting questions as the main sections of this thesis. This research utilized multiple resources to ensure comprehensive topic coverage. The Bethel University library was used to access scholarly articles, books, journals, and other relevant materials. In addition, online databases such as EBSCOHost Web, SAGE... and Academic Search Premier were also used to conduct extensive searches of peer-reviewed articles and other relevant literature. The search terms used included *trauma-informed care, trauma-informed interventions, practices, definitions, history of trauma-informed care, and how students with special needs experience trauma*. These resources provided a wealth of information and insights that were instrumental in developing a thorough understanding of the topic and formulating informed conclusions.

Additionally, the author utilized the services of ChatGPT, an AI language model trained by OpenAI, to assist in identifying relevant sources and answering specific questions related to the topic. ChatGPT's ability to comprehend natural language and provide accurate responses made it a valuable tool in the research process, allowing the author to quickly access a vast amount of information and enhance the quality and accuracy of the thesis. However, it is essential to note that ChatGPT's responses were not the sole basis of the research and were carefully evaluated for relevance and accuracy before inclusion in the paper. Combining traditional research methods and innovative tools like ChatGPT enabled the author to produce a comprehensive and informative thesis on trauma-informed care.

How is trauma defined?

Trauma is a common experience that can have profound and long-lasting effects on an individual's physical and mental health and social and emotional well-being. The American Psychological Association (APA) defines trauma as a deeply distressing or disturbing experience that overwhelms an individual's coping ability (APA, 2013). Trauma can range from a single incident, such as a natural disaster or a physical assault, to ongoing events, such as child abuse or domestic violence. It can also be experienced indirectly, such as witnessing violence or experiencing the loss of a loved one (APA, 2013).

The effects of trauma can significantly impact an individual's cognitive, emotional, and social development, as well as increase their risk of mental health disorders. Terrasi and de Galarce (2017) emphasized that trauma is prevalent among students and negatively affects academic performance and well-being. Trauma can adversely impact cognitive, emotional, and social development, decreasing academic achievement and increasing learning difficulties. The National Academy of Sciences (2019) reported that around 14-20% of school-aged children have mental health or behavioral disorders. However, many of these students' mental health needs go unaddressed, with estimates suggesting that 70-80% of those with diagnosed mental disorders do not receive treatment. Watters et al. (2021) found a strong link between childhood trauma, depression, and other mental health disorders, such as anxiety and PTSD. They also found that resilience may protect against the harmful effects of trauma, emphasizing the potential benefits of enhancing resilience in those who have experienced trauma.

Wigham et al. (2014) study found that adverse life events increase the likelihood of trauma symptoms in adults with mild to moderate intellectual disabilities. Adverse life events, such as abuse, neglect, and bereavement, were found to be associated with trauma symptoms in

this population. The increased prevalence of trauma in this population emphasizes the need for interventions and support, considering the unique challenges presented by individuals with intellectual disabilities who have experienced trauma.

Courtois & Ford (2013) presented an evidence-based guide for treating complex traumatic stress disorders. The authors emphasized the importance of recognizing the complexities of trauma and tailoring treatment to the individual's needs. Herman (1992) also highlighted the need for specialized trauma treatment, focusing on the aftermath of violence, from domestic abuse to political terror. The author proposed a phased approach to trauma treatment that includes establishing safety, remembrance and mourning, and reconnection with the community and life. Similarly, Van der Kolk (2014) emphasized the importance of addressing the impact of trauma on the body and mind, providing a comprehensive understanding of trauma and its treatment. By understanding the definition of trauma and its effects, individuals and organizations can provide appropriate support and interventions to promote healing and recovery.

What are current trauma-informed practices, and how are they used?

Centers for Disease Control and Prevention (CDC) (2023) indicated that up to two-thirds of U.S. children have experienced at least one type of severe childhood trauma, such as abuse, neglect, natural disaster, or experiencing or witnessing violence. The CDC identified trauma as the most significant public health issue facing children today. Trauma-informed care is an approach to healthcare that prioritizes the needs and experiences of individuals who have gone through trauma. Rather than a specific treatment method, it is a set of principles that can be implemented in any service setting to improve outcomes for those who have experienced trauma. Harris & Falot (2001), Cook et al. (2017), and Ford & Russo (2018) have all provided

comprehensive explanations of trauma-informed care. Trauma-informed care seeks to understand the impact of trauma on an individual's life, create a sense of safety, facilitate the healing process, and support individuals in regaining control over their lives (Harris & FalLOT, 2001). The principles of safety, trustworthiness, choice, collaboration, and empowerment are central to trauma-informed care. They should guide the creation of service systems responsive to the needs of individuals who have experienced trauma.

Cook et al. (2017) defined trauma-informed care as an approach that recognizes the impact of trauma on individuals, acknowledges the uniqueness of each individual's traumatic experiences, and prioritizes safety, trust, collaboration, and empowerment in the healing process. The authors stressed the importance of integrating the latest research on trauma and its effects on children and adolescents into trauma-informed care and incorporating it into all aspects of care. They also emphasized the necessity of trauma-informed policies and practices at the organizational level and the need for training staff who work with children and adolescents on trauma-informed care.

Ford & Russo (2018) defined trauma-informed care as an approach that considers the impact of trauma on individuals and emphasizes the importance of creating safe, supportive, and empowering environments for healing and recovery. The authors highlighted that trauma-informed care could play a vital role in addressing the needs of individuals who have experienced trauma, particularly those affected by the opioid epidemic. They discussed the principles of safety, trustworthiness, choice, collaboration, and empowerment and how these can be applied to address the opioid epidemic.

Johnson (2019) noted that poverty, bullying, and trauma could significantly affect the education of poverty-stricken populations. The negative implications of poverty for educational

outcomes include lower academic performance and graduation rates and limited access to higher education. Bullying and trauma also contribute to poor educational outcomes. Trauma-informed practices and community-based interventions can address these complex challenges. The principles of safety, trustworthiness, choice, collaboration, and empowerment that guide trauma-informed care can also be applied in the educational setting to create safe and empowering student environments. Teachers and school staff can receive training on trauma-informed care, enabling them to recognize and respond to the needs of students who have experienced trauma.

Trauma-informed teaching is an educational approach that aligns with the principles of trauma-informed care. Kelly (2018) and Sweeney & Bowman (2018) defined trauma-informed teaching as an approach that emphasizes building trusting relationships, providing choice and collaboration in learning, and empowering students to take control of their education. McConnico et al. (2016) proposed that early childhood education systems can benefit from adopting a trauma-sensitive approach, which promotes positive outcomes for children who have experienced trauma.

Zakszeski et al. (2017) study found that integrating trauma-focused practices within existing multi-tiered support systems through school-wide positive behavior interventions and supports could efficiently and effectively promote students' mental health and school success. The study highlighted the need for culturally sensitive practices that appropriately address student populations' linguistic, interpersonal, and spiritual/religious diversity. Furthermore, the authors recommended targeting school practitioners' knowledge of trauma, its effects, and methods of supporting students who have experienced trauma to facilitate proactive service delivery and equip them as viable intervention agents. The study emphasized that interventions done by school personnel with whom students have consistent contact will improve student

outcomes. The study provided valuable insights into the potential benefits and challenges of implementing trauma-focused school practices. It emphasized the importance of promoting resilience in students who have experienced trauma.

Trauma-informed teaching requires a shift in attitudes and practices at all levels of education, from individual teachers to entire school systems. Minahan (2019) highlighted how teachers could better understand and interact with students who have experienced trauma. The strategies include building trusting relationships, promoting predictability and consistency, teaching students to change negative thought patterns, providing supportive feedback, creating islands of competence, and avoiding exclusionary practices. By implementing these strategies, teachers can create a safe and supportive learning environment for traumatized students to thrive.

According to Herrenkohl et al. (2019), school trauma-informed programs can potentially enhance outcomes for students who have experienced trauma. The study highlighted establishing trusting relationships with students, creating a predictable and consistent classroom environment, and tailoring interventions to local school contexts. The authors emphasized the significance of maintaining program consistency, cultural awareness, and partnerships with community entities to enhance program effectiveness. Additionally, they emphasized the importance of continuously evaluating and modifying these programs to ensure they effectively meet the specific needs of students who have experienced trauma.

Crosby (2015) took an ecological perspective on trauma-informed teaching practices and underscored the significance of establishing a safe and nurturing school environment for students who have undergone trauma. The author highlighted the need for a comprehensive approach involving all school community members to implement trauma-informed teaching and create a culture of safety and support. The study also discussed the potential advantages of trauma-

informed teachings, such as better academic outcomes, decreased disciplinary issues, and enhanced student engagement and well-being. The study stressed the crucial role of trauma-informed teaching practices in promoting positive educational results for all students.

Keesler (2014) discussed how individuals with intellectual and developmental disabilities (IDD) are vulnerable to experiencing trauma due to factors such as difficulty processing information and victimization. Trauma-informed care is a framework for organizations to address the impact of trauma on individuals with IDD. TIC emphasizes safety, trustworthiness, choice, collaboration, and empowerment and supports an environment that minimizes the likelihood of re-traumatization. The author suggested that organizations change their culture, policies, and practices to become trauma-informed. While Trauma-informed care is limited in the IDD literature, preliminary evidence suggests potential gains in physical health, reduced use of restraints and seclusion in psychiatric care, and increased patient satisfaction. Organizational culture significantly impacts overall performance, and Trauma-informed care can enhance staff awareness of the impact of trauma and foster appropriate responses from direct care staff.

Crosby et al. (2020) examined the impact of collective trauma on students and how trauma-informed teaching practices can help to support their well-being and academic success. They offer specific strategies for implementing trauma-informed teaching practices, including creating a sense of safety and predictability, using trauma-sensitive language, and promoting social connections. In addition, the authors stress the importance of teacher self-care in supporting their well-being and ability to implement trauma-informed practices. The study highlights the potential of trauma-informed teaching practices to promote positive outcomes for students during collective trauma.

Kaffenberger and O'Rourke-Trigiani's (2013) study provided further insight into how educators and mental health professionals can take a trauma-informed approach when working with students with special needs. Educators and mental health professionals must work with other community-based resources to strengthen mental health interventions for students with special needs. The study highlights the importance of providing parent education workshops, collaborating with fellow professionals, and modifying counseling strategies to meet the needs of the students. It also emphasizes the need for additional training to provide direct services for specific disorders and the importance of reducing excessive caseloads, to increase student access to care.

Fidyk (2019) emphasized integrating trauma-sensitive practices into teacher preparation programs to promote positive outcomes for teachers and students. These practices include creating safe and supportive classroom environments, recognizing and responding to trauma symptoms, and promoting self-care for teachers. Fidyk highlights the potential benefits of trauma-sensitive practices, such as improving student well-being, academic outcomes, and school climate, and emphasizes the significance of trauma-sensitive practices in teacher preparation programs and their potential to promote positive outcomes for teachers and students.

Jennings & Greenberg (2009) proposed the Prosocial Classroom Model, which suggests that teachers' social and emotional competence (SEC) and well-being influence classroom atmosphere and student outcomes. Teachers who lack social and emotional competence (SEC) may experience emotional stress, resulting in adverse outcomes such as burnout. At the same time, those with higher SEC are more capable of fostering a positive classroom climate. The article discusses the importance of teacher-student relationships in promoting positive student outcomes and the effectiveness of social and emotional learning (SEL) programs. Effective

implementation of SEL programs depends on the quality of teacher implementation, which in turn is affected by teacher SEC. The article also suggested strategies for promoting teachers' SEC, including emotional intelligence training and mindfulness-based interventions. However, more research is needed to examine the efficacy of these programs and strategies.

Eklund et al. (2020) provided vital evidence regarding the critical role of school psychologists in providing mental and behavioral health services in schools. The study highlighted the need for increased training and support for school psychologists to effectively address the mental health needs of students, particularly in the current mental health crisis in schools. The authors emphasized the importance of collaboration between school psychologists, other school staff, and community partners in addressing students' complex mental health needs. Overall, the study emphasized the essential role of school psychologists in promoting positive mental and behavioral health outcomes for school students.

Trauma is a significant public health issue facing children today. Trauma-informed care prioritizes the needs of individuals who have gone through trauma and can be applied in any service setting to improve outcomes. Trauma-informed teaching aligns with trauma-informed care principles and emphasizes building trusting relationships, providing choice and collaboration, and empowering students to take control of their education. Additionally, social and emotional competence (SEC) is critical for teachers in promoting positive classroom climates, and trauma-sensitive practices must be integrated into teacher preparation programs. Collaboration between school psychologists, other school staff, and community partners are also essential in addressing students' mental health needs. Trauma-informed practices are person-centered approaches emphasizing safety, trust, choice, collaboration, and empowerment, which is critical in promoting healing and recovery for those who have experienced trauma.

What is the historical perspective of trauma-informed practices?

Trauma-informed care has become an essential approach to healthcare, recognizing the impact of trauma on an individual's physical, emotional, and psychological health. The roots of this approach can date back to the 1970s when research began recognizing the effects of childhood abuse and neglect on mental health and behavior (Burke et al., 2019). Childhood trauma can have persistent and profound effects on physical and mental well-being in adulthood, and this evidence significantly influenced the creation of trauma-informed care (Van der Kolk, 2014).

According to Herman (1992), the diagnostic classification of post-traumatic stress disorder (PTSD) emerged during the 1980s, leading to extensive research on the link between trauma and mental health. During this decade, the term "trauma" gained broader usage in both clinical and research settings, contributing to a better comprehension of the impact of trauma on health outcomes. In the 1990s, several influential studies were published on the neurobiological effects of trauma, helping to demonstrate the importance of trauma-informed approaches to healthcare. The Adverse Childhood Experiences (ACE) study, in particular, revealed a strong correlation between childhood trauma and a wide range of health problems, emphasizing the need for trauma-informed care (Van der Kolk, 2014).

During the early 2000s, healthcare providers and organizations began acknowledging the importance of trauma-informed care, leading to adopting trauma-informed principles. Harris and Falot (2001) emphasized the need for a trauma-informed service system to address the impact of trauma on health outcomes and promote healing and recovery. They noted that this transformation requires changes in attitudes, policies, and practices at all levels of an organization.

Today, trauma-informed care is an essential approach to healthcare, with many organizations and healthcare providers incorporating trauma-informed principles into their practice. Trauma-informed care practices positively impact the well-being and functioning of individuals who have experienced trauma (Hales et al., 2019). By incorporating trauma-informed care principles into clinical practice, significant reductions in trauma symptoms, distress, and functional impairment can be achieved, leading to improved quality of life and social support (Hales et al., 2019). Trauma-informed care is a practical approach to addressing the needs of individuals who have experienced trauma (Butler et al., 2011).

The Substance Abuse and Mental Health Services Administration (SAMHSA) released its Trauma-Informed Care in Behavioral Health Services guide in 2014, providing a framework for integrating trauma-informed approaches into healthcare settings. Incorporating universal design principles can effectively serve underserved populations who have encountered trauma (Bassuk et al., 2017). Healthcare systems can create more inclusive and equitable systems by designing clinics with calming and comforting features, implementing patient-centered care models, and providing trauma-informed training for staff (Bassuk et al., 2017).

In the education sector, trauma-sensitive approaches positively impact the academic, social, and emotional well-being of students who have experienced trauma (Cummings & Swindell, 2019). Implementing trauma-sensitive practices involves creating a safe and supportive learning environment, utilizing a strengths-based approach, promoting self-regulation skills, and building positive relationships with children and their families (Cummings & Swindell, 2019). Furthermore, incorporating trauma-informed educational practices can help create safe and supportive learning environments, promote student engagement and motivation, and improve academic outcomes (Carello & Butler, 2015).

In the field of intellectual and developmental disabilities (IDD), it is essential to incorporate trauma-informed approaches into an organizational culture to promote the well-being of direct service providers (DSPs) and improve the quality of care for individuals with IDD (Keesler, 2020). Trauma-informed organizational culture can benefit DSPs by promoting psychological wellness and reducing fatigue, leading to higher job satisfaction and lower emotional exhaustion and depersonalization levels (Keesler, 2020). The field continues to evolve, with ongoing research and innovation helping to refine and improve the delivery of trauma-informed care.

Trauma-informed care has become a critical aspect of healthcare in recent years, recognizing the effects of trauma on physical, emotional, and psychological health. The concept of trauma-informed care has evolved over the years, from the recognition of the impact of childhood abuse and neglect in the 1970s to the emergence of post-traumatic stress disorder (PTSD) and the Adverse Childhood Experiences (ACE) study in the 1980s and 1990s, respectively. Trauma-informed care has gained widespread acceptance in healthcare, with many organizations incorporating trauma-informed principles into their practice. Research has shown the effectiveness of trauma-informed care in promoting healing and recovery for individuals who have experienced trauma.

Trauma-informed care is an essential approach to healthcare that recognizes the impact of trauma on physical, emotional, and psychological health. This concept has evolved over the years. Today Trauma-informed care has gained widespread acceptance in healthcare and education, with many organizations incorporating trauma-informed principles into their practice. Research has shown the effectiveness of trauma-informed care in promoting healing and recovery for individuals who have experienced trauma.

How do students with concurrent special needs experience trauma?

Individuals with intellectual and developmental disabilities (IDD) are at a higher risk of experiencing trauma, abuse, and maltreatment than the general population. Studies have shown that individuals with IDD are particularly vulnerable to different forms of maltreatment, including emotional abuse, physical abuse, sexual abuse, and neglect.

McNally et al. (2021) conducted a scoping review highlighting that individuals with intellectual disabilities (ID) are more vulnerable to experiencing trauma, which can negatively impact their well-being. The review explored various types of trauma experienced by individuals with ID, such as abuse, neglect, and institutionalization, and their associated consequences, such as mental health problems, challenging behaviors, and difficulties with social relationships. The authors emphasized the importance of trauma-informed approaches in care for individuals with ID, including screening, assessment, and tailored interventions. The review also stressed the significance of addressing systemic issues contributing to the higher risk of trauma among individuals with ID, such as discrimination and marginalization. The study called for compassionate and effective responses to trauma among individuals with ID.

Dion et al. (2018) concluded that children with intellectual disabilities (ID) are more vulnerable to experiencing maltreatment, and the most common forms of maltreatment experienced by them are emotional abuse and neglect. They further suggested greater awareness of maltreatment among children with ID and specialized interventions to support their safety and well-being. The study highlights the significance of addressing and preventing child maltreatment in children with ID.

Horner-Johnson & Drum's (2006) review indicated that individuals with intellectual disabilities (ID) are at a heightened risk of experiencing various forms of maltreatment, including

emotional, physical, and sexual abuse and neglect. The authors highlighted the necessity of increasing awareness and intervention efforts in the ID population and tailoring prevention strategies to address this group's specific needs and susceptibilities. Ultimately, the study emphasized the significance of addressing and preventing maltreatment in individuals with ID to ensure their safety and well-being.

Communication barriers, caregiver dependency, and social isolation are significant risk factors for abuse and maltreatment in individuals with IDD. Research has shown that these systemic issues contribute to this population's higher risk of abuse. Therefore, interventions must address these barriers and dependencies to prevent harm and provide appropriate support to individuals with IDD.

Govindshenoy & Spencer (2007) revealed that children with disabilities are at a higher risk of experiencing abuse than their non-disabled peers. The authors analyzed population-based studies and identified several factors, including communication barriers, caregiver dependency, and social isolation, that increase the risk of abuse for children with disabilities. The review highlights the need for increased awareness and recognition of abuse among this population and the development of tailored interventions to prevent and address abuse. The study emphasizes the significance of addressing and preventing abuse to ensure the safety and well-being of children with disabilities.

Taggart et al. (2010) study revealed that a range of individual, life events, family, and socio-economic factors are associated with young people who have intellectual disabilities, both with and without behavioral or emotional problems. The study investigated the impact of these factors on the mental health, behavior, and social functioning of young people with intellectual disabilities. The authors discovered that family support, socioeconomic status, life events, and

individual characteristics all impact the well-being of young people with intellectual disabilities. The study stressed the significance of individualized and comprehensive care interventions that address these factors for this population. The study provided insights into the intricate and multifaceted nature of the well-being of young people with intellectual disabilities. It highlighted the need for a holistic approach to promoting their health and functioning.

The use of trauma interventions, such as cognitive behavior therapy (Carrigan & Allez, 2017) and compassion-focused therapy (Cowles et al., 2020), have shown the potential to address trauma-related mental health concerns in individuals with IDD. These interventions were not initially tailored for this population and needed to be skillfully adapted to meet their unique communication styles and needs (Newman et al., 2000). Implementing these treatments requires specialized skills from mental health professionals to adapt and deliver them. In contrast, trauma-informed care practices offer tailored interventions and support that acknowledge this population's unique needs and challenges without requiring specialized skills from mental health practitioners to implement.

Chafouleas & Iovino's (2021) study found that caregivers of children with ASD/ADHD experienced more significant psychological distress during the COVID-19 pandemic than those caring for typically developing children. The authors highlighted the need to support families' mental health and emotional well-being, particularly those with special needs. Adopting a trauma-informed approach can help educators understand the pandemic's impact on students and families and promote healing, resilience, and well-being. The National Child Traumatic Stress Network (2020) offered an educator guide to implementing a trauma-informed approach during the pandemic. This approach emphasized creating a safe, supportive learning environment prioritizing social-emotional learning and positive coping strategies.

Healthcare professionals require specialized training and education to provide appropriate and effective care for individuals with IDD. Research has emphasized the importance of addressing communication barriers, diagnostic overshadowing, and providing appropriate assessments and accommodations to improve the quality of care for this population.

Coughlan et al. (2020) found that patients with intellectual disabilities (ID) require individualized and person-centered care due to their unique and diverse needs. The study identified several valuable services for patients with ID, including regular health assessments, integrated care, tailored communication and support, and support for family and caregivers. The authors emphasized the importance of involving patients with ID and their families in treatment planning and decision-making. They also highlighted the need for interdisciplinary collaboration and ongoing training for healthcare providers to improve the quality of care for patients with ID. The study underscored the importance of a patient-centered and holistic approach to healthcare for individuals with intellectual disabilities.

Wallace & Beange (2008) highlighted the need for specialized healthcare services within generic hospitals to address the physical health needs of adult patients with intellectual disabilities. Their study examined the challenges faced by this population in accessing appropriate and effective healthcare and emphasized the importance of tailored care, including appropriate assessments, interventions, and accommodations. The authors identified significant issues of communication barriers, diagnostic overshadowing, and inadequate training among healthcare professionals. The study underscored the importance of increasing awareness and education among healthcare professionals to improve the quality of care for this population and promote their overall well-being and health outcomes.

Individuals with intellectual and developmental disabilities (IDD) are at a higher risk of experiencing trauma, abuse, and maltreatment, including emotional abuse, physical abuse, sexual abuse, and neglect. These experiences can result in negative and long-lasting impacts on their well-being, including mental health problems, challenging behaviors, and difficulties with social relationships. Communication barriers, caregiver dependency, and social isolation are significant risk factors for abuse and maltreatment in individuals with IDD. Children with intellectual disabilities are particularly vulnerable to experiencing maltreatment, with emotional abuse and neglect being the most common forms experienced. While various trauma interventions have demonstrated potential in addressing trauma-related mental health issues in individuals with IDD, trauma-informed care practices provide customized interventions and support that recognize this group's distinctive needs and difficulties. Healthcare professionals require specialized training and education to provide appropriate and effective care for individuals with IDD, and interdisciplinary collaboration and ongoing training are necessary to improve the quality of care for patients with ID. A patient-centered and holistic approach to healthcare and care for individuals with IDD is necessary to promote their overall well-being and health outcomes.

CHAPTER III: APPLICATION OF RESEARCH

Beginning Considerations

Recognizing trauma prevalence among students with intellectual disabilities is critical in creating a safe and supportive learning environment. Teachers should acknowledge that traumatic experiences can impact these students' cognitive, emotional, and social development. Trauma can also exacerbate existing intellectual disabilities and increase the risk of mental health disorders. Teachers should provide specialized support and interventions that address the unique needs of these students. For example, teachers can use visual aids to help students with intellectual disabilities understand their emotions and express themselves. Teachers can also provide a calming and structured environment for students with difficulty processing overwhelming emotions.

Teachers must understand the impact of trauma to recognize the need for interventions and support. To ensure that all teachers have this knowledge, teacher preparation programs and professional development opportunities must include identifying trauma symptoms and their impact on students and evidence-based interventions. Adequate preparation and training can enhance staff buy-in and guarantee the faithful implementation of trauma-informed practices.

Intervention Planning & Implementation

Recognizing trauma symptoms in students can be challenging as it can manifest in many ways, such as anxiety, depression, aggression, or withdrawal. By observing students' behaviors and emotional responses, teachers can look for signs of distress, such as difficulty concentrating or sudden changes in behavior or mood, and provide support and interventions as needed. Teachers can also incorporate trauma-informed language and policies, such as offering opportunities for breaks or allowing students to leave the room if they feel overwhelmed. By

doing so, teachers can work collaboratively with other school community members to provide adequate support and create a safe learning environment for all students, including those who have experienced trauma.

When supporting students with intellectual disabilities who have experienced trauma, teachers must prioritize creating a safe and nurturing environment while providing appropriate support and interventions to promote healing and recovery.

1) By establishing clear routines and expectations, teachers can help reduce anxiety and promote a sense of predictability and safety for students with intellectual disabilities who have experienced trauma. To help students understand and follow routines, teachers can create consistent classroom activity schedules, provide clear instructions and expectations for behavior, and use visual aids or social stories.

2) Additionally, working with parents and guardians to establish consistent routines and strategies for supporting students' emotional and behavioral needs can help reinforce these practices at home. By prioritizing safety, stability, and support, teachers can create a classroom environment that promotes the well-being and academic success of students with intellectual disabilities who have experienced trauma.

3) Teachers can provide students with opportunities to learn about the effects of trauma and how it can impact their lives by incorporating lessons or activities that focus on mindfulness, self-regulation, or coping skills. Visual aids or social stories can help students understand and process their feelings. Individuals with intellectual disabilities who have experienced trauma may benefit from coping skills tailored to their specific needs and abilities. Some coping skills that may be helpful for these individuals include deep breathing exercises, relaxation techniques, and engaging in sensory activities such as using fidget toys or listening to calming music. Teachers

and caregivers can create a "safe space" or "calm down corner" in the classroom or home where the individual can go when feeling overwhelmed.

4) Teachers can build learning opportunities, practice, and use coping strategies in their daily schedules. For example, providing time for students to express feelings through art or writing each day can be an effective way to build self-regulation. Positive reinforcement and praise can also help provide the social support and encouragement students need to build resilience and improve self-esteem. It is essential to individualize coping skills to the specific needs and abilities of the individual and consult with a trained mental health professional or therapist to identify and implement effective coping strategies. Teachers can also adjust their teaching approach to accommodate students with trauma-related symptoms, such as difficulty with concentration or learning, by offering extra support or resources. These can include breaking down tasks into smaller steps or providing visual aids to help students understand the material better. By understanding the impact of trauma and adapting their teaching methods, teachers can help create a safe and supportive learning environment for students with intellectual disabilities who have experienced trauma.

Classroom Culture

To provide a safe and supportive environment for students with intellectual disabilities who have experienced trauma, teachers can focus on establishing a classroom culture that values and respects each student's unique needs and experiences. Teachers can create a classroom environment emphasizing trust, collaboration, and empowerment. For instance, teachers can promote a positive classroom atmosphere by encouraging students to express their thoughts and feelings, practicing active listening, and incorporating student choice into lesson plans and

activities. Teachers can also foster empowerment using a strengths-based approach emphasizing each student's unique abilities, strengths, and potential.

Healing & Recovery

To promote healing and recovery, teachers can offer evidence-based social-emotional learning programs, like the Zones of Regulation program (Kong et al., 2014), to suit their students' unique needs and abilities. Teachers must work with mental health professionals to ensure that any chosen curriculum is appropriate and helpful for the student. By prioritizing safety and support in the classroom, providing individualized support, and collaborating with mental health professionals, teachers can create a nurturing and empowering learning environment for all students who have experienced trauma.

Trauma-informed care practices provide tailored interventions and support that acknowledge the unique needs and challenges of individuals with IDD who have experienced trauma. Understanding trauma's effects on the physical, emotional, and psychological health of people with IDD is critical for creating assessments that accurately identify trauma, interventions that effectively address trauma symptoms and perceptions that support trauma-informed care. By recognizing the impact of trauma on individuals with IDD, practitioners and caregivers can provide appropriate support and accommodations that promote healing and recovery.

CHAPTER IV: DISCUSSION AND CONCLUSION

SUMMARY OF LITERATURE

Trauma is an experience that causes significant distress to an individual, overwhelms their coping abilities, and can have long-lasting impacts on their physical, mental, and social well-being. Trauma can be a single event or ongoing experience that can negatively affect an individual's cognitive, emotional, and social development, especially among students. Adverse life events can increase the likelihood of trauma symptoms in adults with intellectual disabilities. Specialized treatment designed to meet their needs is necessary to promote healing and recovery from trauma: treatment that establishes safety, remembrance and mourning, and reconnection with their community and life. Understanding the definition of trauma and its effects is crucial to provide appropriate support and interventions that promote healing and recovery.

Trauma-informed care prioritizes the needs and experiences of individuals who have undergone trauma and can be applied in any service setting to enhance outcomes. Trauma-informed teaching, which aligns with these principles, emphasizes developing trusting relationships, providing choice and collaboration, and empowering students to take charge of their education. For teachers, social and emotional competence is crucial in fostering positive classroom environments. Collaboration among school psychologists, staff, and community partners is critical in addressing students' mental health needs. Trauma-informed practices emphasize person-centered approaches that prioritize safety, trust, choice, collaboration, and empowerment, which is essential in promoting healing and recovery for those who have experienced trauma.

The historical perspective of trauma-informed care began in the 1970s when research first recognized the impact of childhood abuse and neglect on mental health and behavior. The first diagnosis of post-traumatic stress disorder (PTSD) was diagnosed in the 1980s, leading to more extensive research on the link between trauma and mental health. In the 1990s, the Adverse Childhood Experiences (ACE) study revealed a strong correlation between childhood trauma and various health problems, highlighting the need for trauma-informed care. Today, healthcare organizations and providers have incorporated trauma-informed principles to improve the well-being and functioning of those who have experienced trauma. Schools have turned to trauma-informed principles to meet the rising demand for student mental health services. Trauma-informed care is a critical approach to healthcare, recognizing the effects of trauma on physical, emotional, and psychological health.

Individuals with intellectual and developmental disabilities (IDD) are at a higher risk of experiencing trauma, including emotional, physical, and sexual abuse and neglect. Communication barriers, caregiver dependency, and social isolation are significant risk factors for abuse and maltreatment in individuals with IDD. Children with intellectual disabilities are particularly vulnerable to experiencing maltreatment, with emotional abuse and neglect being the most common forms experienced. Trauma-informed approaches in care for individuals with IDD, including screening, assessment, and tailored interventions, are crucial to address and preventing abuse and maltreatment. Healthcare professionals require specialized training and education to provide appropriate and effective care for individuals with IDD. Interdisciplinary collaboration and ongoing training are necessary to improve the quality of care for patients with IDD.

Trauma-informed care practices provide tailored interventions and support that acknowledge the unique needs and challenges of individuals with IDD who have experienced trauma. Understanding trauma's effects on the physical, emotional, and psychological health of people with IDD is critical for creating assessments that accurately identify trauma, interventions that effectively address trauma symptoms, and perceptions that support trauma-informed care. By recognizing the impact of trauma on individuals with IDD, practitioners and caregivers can provide appropriate support and accommodations that promote healing and recovery. This understanding can also inform the development of policies and practices that prioritize the prevention of trauma and the well-being of individuals with IDD.

LIMITATIONS OF RESEARCH

When researching the efficacy of trauma-informed care for individuals with intellectual disabilities, several limitations became apparent. Due to the limited number of identified individuals with intellectual and developmental disabilities (IDD) who have experienced trauma, recruiting an adequate sample size to achieve statistical significance limited this study. This limitation poses a challenge to the generalizability of research findings and can result in low statistical power, thereby restricting the ability to draw valid conclusions.

The cognitive and communication abilities of individuals with intellectual and developmental disabilities (IDD) vary significantly from one participant to the next. This difference can hinder research when participants cannot understand or express their trauma-related emotions and thoughts. Communication issues make it challenging to assess the extent of their trauma experience accurately. Additionally, the expression of trauma symptoms in individuals with IDD may differ from those without IDD, adding complexity to the evaluation of

trauma-related symptoms. Differences in trauma presentation, levels of cognitive ability, and interpersonal differences can affect the ability to generalize findings to all individuals with IDD.

Trauma-informed care implementation may vary across various settings. Some schools adopt a school-wide approach, while others implement it selectively in a specific program. This variation and other limiting factors, such as inadequate staff training and resistance to change, can make it challenging to draw meaningful conclusions about the impact of trauma-informed care on a specific population.

IMPLICATIONS OF FUTURE RESEARCH

While research on trauma-informed care is growing, there is a significant gap in the literature regarding its use with students with intellectual disabilities. To address this gap, future research should focus on developing and validating assessment tools that accurately identify trauma in this population. Because trauma symptoms may manifest differently in individuals with intellectual disabilities, existing assessment tools may not be as effective in identifying trauma in this group. Developing reliable and valid assessment tools that consider the unique needs of this population can improve the identification and treatment of trauma.

Another critical area of research that needs further exploration is the effectiveness of trauma-informed care interventions for students with intellectual disabilities. Although some studies have shown promising results, more research is needed to determine the most effective interventions for this population. Researchers must identify interventions tailored to the specific needs and abilities of individuals with intellectual disabilities to ensure that they receive appropriate support. Additionally, studies are needed to examine the long-term impact of trauma-informed care interventions on academic and social outcomes for students with intellectual disabilities. Understanding the long-term effects of trauma and the effectiveness of trauma-

informed care interventions can help educators provide better support and improve academic and social outcomes for these students.

Finally, research is needed to explore the factors that affect the successful implementation of trauma-informed care practices in schools serving students with intellectual disabilities. This research should examine the role of organizational culture, leadership, and professional development in successfully implementing trauma-informed care practices. By understanding the barriers and facilitators of implementation, schools can better integrate trauma-informed care practices into their daily routines and support the well-being and academic success of students with intellectual disabilities who have experienced trauma.

Expanding the literature on trauma-informed care for students with intellectual disabilities is critical to improving the identification and treatment of trauma, developing effective interventions, and creating a safe and supportive learning environment. Future research should focus on developing reliable assessment tools, determining the most effective interventions, and exploring the factors that affect the successful implementation of trauma-informed care practices in schools. By addressing these research gaps, we can better support the well-being and academic success of students with intellectual disabilities who have experienced trauma.

PROFESSIONAL APPLICATION

It is important for teachers to recognize trauma prevalence among their students with intellectual disabilities to create a safe and supportive learning environment. Teachers should provide specialized support and interventions that address the unique needs of these students. To ensure that all teachers have this knowledge, teacher preparation programs and professional development opportunities must include training on trauma, its impact on students, and evidence-

based interventions. Trained teachers can look for signs of distress, such as difficulty concentrating or sudden changes in behavior or mood, and provide support and interventions as needed. Teachers can also provide opportunities for their students to learn about the effects of trauma and how it can impact their lives. Teachers must work with mental health professionals to ensure that any chosen curriculum is appropriate and helpful for the student. Teachers should prioritize creating a safe and nurturing environment while providing trauma-informed support and interventions to promote healing and recovery.

CONCLUSION

With 16 years of experience teaching and supporting students with intellectual disabilities in public schools, I focused my thesis on the impact of trauma-informed instruction on the mental health outcomes of students with disabilities. While working in mental health day treatment, I became part of a team dedicated to improving students' mental health, bringing the importance of student mental health to the forefront of my mind. This experience highlighted the need for intentional efforts to improve mental health outcomes for all students, including those who may not have a formal diagnosis.

All students who qualify for special education services receive targeted interventions for managing behaviors and addressing academic needs. Special education often focuses on managing mental health symptoms but not necessarily treating the cause of those symptoms. Students with extreme or disruptive mental health symptoms typically received the most targeted mental health support. In contrast, milder and less disruptive presentations tended to get less frequent or more indirect mental health support. Many students receive an hour or two of direct mental health services, such as individual and group therapy, in a week. Some students get more direct interventions from their classroom teachers, but this is often a personal decision rather

than a system-wide collaboration. I observed some teachers integrating Social Emotional Skill Learning into their programs, but not all.

I realized the value of daily and collaborative efforts to improve mental health outcomes while working at the day treatment program. Although the high therapist-to-student ratio at day treatment is not feasible in schools, I chose to focus on trauma-informed care to increase mental health services for all students and create a unified focus on mental health outcomes. I discovered that many aspects of trauma-informed care, such as safety, stability, and empowerment, can be easily integrated into school systems and programs. However, implementing a fully trauma-informed care system could present challenges for most schools. The current study contributes to the ongoing discussion about trauma, its effects on individuals with intellectual disabilities, and the approaches schools adopt to tackle it. This study shows that the key to improving mental health outcomes in students is a cohesive collaboration between educators, mental health professionals, and their families. Adding trauma-informed care or a trauma-informed lens to this collaboration would benefit any student who has experienced trauma.

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