Teachers Perception of the Influence of Trauma Informed Classroom Practices on Elementary School Students: A Case Study

Kelly Murray
Seton Hall University, kellybeckermurray@gmail.com

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By: Kelly Murray

Dissertation Committee

Dr. Daniel Gutmore, Mentor

Dr. Michael Kuchar

Dr. Julie Riess

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ABSTRACT

The purpose of this study is to gain insight into the lived experiences and perceptions of elementary school teachers as they seek to bring trauma-informed classroom practices to their students. Around the world, there has been an increase in the need for trauma-informed classroom practices based on the lives and struggles of those who are walking through our public school doors. Teachers implementing trauma-informed classroom strategies do so to attempt to create environments for students to share their life experiences while simultaneously teaching them coping strategies for a better future. Educators and students become part of an environment in which care, support and community-building are prioritized over academic achievement. In trauma-informed classrooms, we commonly see teachers who have taken extensive time to get to know the lived experiences of the students they teach, paying close attention to their actions and the environment they have created, watching the impact that it has on each individual child. Such an environment creates a sense of belonging and prioritizes social and emotional learning.

Teachers have used trauma-informed classroom practices in their classrooms to address the adverse childhood experiences that students entering school have faced. As the movement spreads, more school leaders are bringing trauma-informed practices outside of the classroom to develop school-wide trauma-informed environments (Kostanski & Hassed, 2008). According to Broderick, "the prevalence of childhood affective disorders (approximately 20%) may contribute to deteriorating class climates and increasing teacher stress" (Broderick & Metz, 2009). In both educational psychology and neuroscience, there is a demand for those who work with children to evaluate the systems that exist to meet the social and emotional challenges that children face. Trauma-informed classroom practices help students learn to cope with the difficulties that exist in their lives and, as a result, engage in more positive productive experiences within the school setting.

Traumatic experiences alter the brain and impact children in multiple ways beyond a lack of academic success. Students can struggle socially and can possess behavioral needs that schools are unable to address. As a result of anxiety and stress, many students exhibit behavioral issues perpetuated by anger or depression (Howard, 2014). Howard writes that "When you adopt a trauma-informed perspective you approach that student's behavior with openness and curiosity because the ultimate aim of most school-based trauma-informed instruction programs is to increase awareness of the influence of trauma on students' thoughts, emotions and behaviors and, by implementing key techniques and strategies, enhance the likelihood of treating trauma in the classroom" (Shapiro, 2009).

Many factors impact student success, including violence, domestic abuse and poverty. Nearly half of children in the United States, or almost 35 million, have experienced "at least one or more types of serious childhood trauma," according to a survey by the National Survey of Children's Health (National Survey of Children's Health, 2018). Because teachers are the adults who see students for the longest periods of time throughout the day, they play a critical role in recognizing the symptoms of trauma and treating it at the classroom level.

DEDICATION

This work is dedicated to my family.

ACKNOWLEDGEMENTS

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CHAPTER 1

INTRODUCTION

Trauma-informed instruction is in many ways, a foundation that all additional instruction is built upon because without conditions in place to address trauma in classrooms, learning is lost. In the absence of this learning, trauma has to potential to alter the ability of a child to self-regulate. Social skills and a child's sense of self can also be impacted along with the appropriate growth and development of foundational academics, especially when language skills, memory acquisition and executive functioning are necessary. Addressing trauma enables children to deal with both past and future challenges (Shapiro et al., 2008; Mind and Life Education Research Network [MLERN], 2012).

"Reports of increased clinical and stress-related problems and problems related to social pressure in children are at an all-time high, with much of this manifesting itself at the present moment" (Currie et al., 2002; Lohaus and Ball, 2006; Card and Hodges, 2008). In addition to very complicated social-emotional needs faced by children, it has been reported that "21% of children aged 13 to 18 years in the United States are currently suffering, or have at some point during their life suffered, from a severe mental disorder (Merikangas et al., 2010), with ADHD, behavioral or conduct problems, anxiety and depression being the most prevalent current diagnoses" (US Department of Health and Human Services, and Centers for Disease Control and Prevention, 2013). In addition, roughly 26% of children in the United States have witnessed or experienced trauma before the age of four (Briggs-Gowan et al. 2010). In 2012, an estimated 686,000 children were victims of child abuse and neglect (Collins, 2012). More than half of all victims were between birth and eight years of age, and more than one quarter (26.8%) were

younger than three years old, 19.9% were between three and five years old and another 16.6% were between six and eight. Over 80% of these identified traumatic events were reported to have been perpetrated by the children's family and/or caregivers and took place within the child's residence (HHS 2013). Daily, many elementary school teachers are likely to encounter young children who have experienced trauma. These traumas may include separation issues related to experienced loss of a loved one, abuse (sexual and/or physical) and many forms of violence. In addition, early forms of trauma could be caused by illness or medical procedures and/or accidents of any sort (Herman [1992] 1997; van der Kolk 2005; NCTSNSC 2008).

Trauma research demonstrates that all types of trauma can negatively impact children's abilities to learn, create healthy attachments, form supportive relationships and fulfill classroom expectations (NCTSNSC 2008). The effect of trauma can lead to emotional, developmental and neurobiological challenges that stretch well beyond childhood and into adulthood. "Children who experience trauma are two-and-a-half times more likely to fail a grade in school than their non-traumatized peers. In addition, they score lower on standardized tests, have higher rates of suspension and expulsion and are more likely to be placed in special education classrooms" (Delaney- Black et al. 2002; Cole et al. 2005).

Children are experiencing trauma at an alarming rate and the impact of this trauma has the potential to change the path of their lives significantly. As a result, the school environment must be a reflective, safe and nurturing space where students can work with dedicated caregivers to cope with traumatic events from the past and build a better educational future. "Early on, children decide whether they view themselves as learners, and by age 8, most children are on the academic path they will follow throughout their schooling" (Stacks & Oshio 2009). In order

to truly address the needs that our students are coming to school with, educators must build their own skills and knowledge about trauma, its impact on the brain and stages of appropriate growth and development in for our youth. This knowledge can help teachers and those working in education to create environments and structures within the school setting in which all students can thrive.

The organ that defines every individual is the brain, and as new discoveries help us to better understand our brains, we must acknowledge that learning, memories and emotions all go hand in hand. We can all benefit from understanding the rudimentary functions of the brain, including why some of our experiences become lasting memories while others seem to disappear quickly (Erisman, S.M., & Roemer, L. 2010). Perhaps one of the most exciting discoveries about our brains is that we have the potential to learn new information and re-wire our brains throughout our lives. Understanding how the brain learns and concurrently understanding the impact of anxiety, trauma, joy, stress and other emotions on learning can facilitate interpersonal and instructional strategies that improve learning and increase resilience in our students and employees (Goldin, P. R., & Gross, J. J. (2010).

Trauma-informed instruction is defined by the Social-Emotional Learning Goals set by the New York State Education Department. Trauma-informed instruction is rooted in developing the whole child as a multifaceted learner and building a capacity for self-awareness (Roemer, L., Williston, S. K., & Rollins, L. G. 2015). Trauma-informed instruction is grounded in the art of mindfulness, which is the mind–body connection through which we are conscious of our thoughts, feelings and actions to help us focus on being in the present (Jones, D. E., Greenberg, M., & Crowley, M. 2015). The impact of toxic stress on our entire school community is

becoming increasingly apparent. Healthy stress is a natural part of life and is necessary to push us to grow and develop, but toxic stress impairs attention, emotional regulation, sleep and learning readiness in students. In the long term, it can lead to serious mental and physical health issues. For teachers, prolonged exposure to toxic stress leads to decreased productivity and creativity as well as increased frustration, anxiety and burnout (Blaustein, M., & Kinniburgh, K., 2010). One out of every four children attending school has been exposed to at least one traumatic event that can affect learning and behavior; impair learning, attention, memory and cognition; interfere with problem solving; and result in overwhelming feelings of frustration and anxiety (Davis, T.S. 2012). As a result, teachers are tasked with developing their own skills and abilities in order to support themselves and student learning in our nation's classrooms.

Historical Background

The Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR) defines traumatic events as "those in which an individual experiences, witnesses or is confronted with actual or threatened death or serious injury or threatened physical integrity of the self or others" (Blaustein, M., & Kinniburgh, K. 2010). Contrary to what one might expect, the traumatic experience that a child may face, does not necessarily have to be violent in nature and does not have to be aimed solely on the child. Traumatic experiences in childhood are defined as adverse childhood experiences (ACEs), including "physical, psychological or sexual abuse; violence against one's mother; or living with household members who are mentally ill, suicidal or substance abusers or who were ever incarcerated." According to a well-known study where ACEs were defined, "a person who has experienced traumatic events may feel intense fear, horror or helplessness, and in response a child may display disorganized or agitated behavior" (Davidson R. J., Kabat-Zinn J., Schumacher J., Rosenkanz M., Muller D., Santorelli

S. F., et al. 2003).

Childhood trauma can be seen "the response to an event or or series of events that render a child "temporarily helpless" and surpass the child's "ordinary coping and defensive operations" (Beauchemin J., Hutchins T., Patterson F. 2008). Depending on the actual experience and diverse characteristics of the child that has been impacted, the depth of suffering and challenge can vary. "By being sensitive to students' past and current experiences with trauma, educators can break the cycle of trauma, prevent re-traumatization and engage a child in learning and achieving success in school" (Scheeringa, M., Salloum, A., Arnberger, R., Weems, C., Amaya-Jackson, L., & Cohen, J.2007).

Children from all races and backgrounds experience and are impacted by trauma. Research suggests that between half and two-thirds of all school-aged children experience trauma as they are exposed to one or more adverse childhood experience that can be trauma-inducing (Garro, A., Brandwein, D., Calafiore, T., & Rittenhouse, N. 2011).

"Traumatic experiences that occur during the time when the brain is still being developed have the potential to profoundly impact child development" (Ghosh Ippen, C., Harris, W., Van Horn, P., & Lieberman, A. 2011). Brain imaging shows that the brain continues to develop into early adulthood, with the peak times of development in early childhood and adolescence. More specifically, areas such as the hippocampus, which is involved in learning and memory, develop rapidly in early childhood, while the prefrontal cortex, which regulates thoughts and attention, matures more rapidly during adolescence (Cohen, J., Mannarino, A., & Deblinger, E. 2006).

When exposed to a stressor, the body responds through a "fight," "flight" or "freeze" response that activates several systems in the body and releases stress hormones that are designed to be

protective for survival (Cook, A., Spinazzola, J., Ford, J., Lanktree, C., Blaustein, M., Cloitre, M., et al. 2005). These children are then described as existing with ongoing, pervasive anxiety, stress and fear. These emotions and the inability to cope have negative consequences for appropriate development, both neurologically and developmentally.

Anyone working in education can vividly describe the impacts of trauma on student learning, social-emotional well-being and behavior at school. Specifically, children who have experienced trauma struggle with focus, access to instruction, short term memory and the need for sensory input. All of these areas then have the potential to delay the acquiring of new skills such as reading, writing and math. "In a sample of high-risk children at a pediatric clinic in Florida, children who were exposed to four or more adverse experiences were 32 times more likely to have learning or behavioral problems than their peers with no adverse experiences" (Badenoch, B., 2008).

Throughout the last few years, various trauma-informed instruction programs for schools have been developed and applied (Meiklejohn et al., 2012). The increasing number of meetings, books and newspaper articles on the subject indicate that the integration of trauma-informed instruction into education speaks to the demand of educators and caregivers for assistance in helping children succeed despite the trauma in their lives.

The number of studies evaluating trauma-informed instructional practices in school settings is growing; however, to date, enthusiasm about the integration of trauma-informed instructional practices in schools surpasses evidence (Greenberg and Harris, 2011). The diversity of programs and outcome measures combined with the pilot-character nature of most studies make it difficult to obtain a general impression of effectiveness, and directions for further research cannot be

easily derived. "Presenting a narrative review on the literature summarizing the research published to date is a good start, but a quantitative synthesis exclusively of studies on trauma-informed practices in the school context is still lacking" (Meiklejohn et al., 2012). Some studies have shown that children benefit from trauma-informed instruction practices, but few incorporate teacher observations on the use of trauma-informed instruction with elementary school students (Zelazo P. D., Lyons K. E., 2012). The few studies that exist regarding the influence of trauma-informed instruction on the elementary school student suggest a generally positive effect on decreasing anxiety and increasing cognitive performance; however, with such little research available, those in education remain uncertain as to how much of that effect comes specifically from trauma-informed instruction (Coffey, K.A., Hartman, M., & Fredrickson, B.L. 2010). The amount of trauma-informed instruction that children need is also unknown, as is whether the positive effects on relationship building and academic success are sustainable. As a result, focus must be placed on gaining knowledge and skills regarding trauma-informed classroom practices used in elementary classrooms (Eberth J., Sedlmeier P. 2012).

Statement of the Problem

Every public education system must critically reflect on the social-emotional needs of the children it serves. Howard Gardin stated that "academic achievement, social and emotional competence and physical and mental health are fundamentally and multiply interrelated and therefore, the best and most efficient way to foster any of those is to foster all of them" (Diamond, 2010, p. 789). We have no choice to but to ensure that our schools foster not just academic success but also personal development and well-being for all. Adopting trauma-informed instruction practices in schools is an approach to tackle these challenges because

prevention and education can be provided simultaneously, thus addressing a wide range of student needs and unfulfilled potential.

Trauma impacts the ability for children to have positive interactions and relationships with peers and adults both inside and outside of the classroom. The impact of trauma could manifest itself by creating children who are seemingly anxious, afraid and unable to trust those around them. "Research indicates that children who have been exposed to violence often have difficulty responding to social cues and may withdraw from social situations or bully others" (Wright, T. 2014). Children impacted by trauma often have challenges with those in positions of authority, rules, expectations and associated punishments. "The consequences of traumatic experiences have the potential to destroy the lives of children by increasing their risk for mental and physical health problems, substance abuse and criminal justice involvement in adolescence and adulthood" (van der Kolk, B.A. 2005).

Those in positions of authority within the education system must seek to end the impact that the cycle of trauma creates within our institutions. Although much research has been conducted about trauma and the impact on learning and achievement in school, little research has presented educators with knowledge regarding the structures, skills and techniques they can employ in their classrooms to minimize the impact of trauma and change the lives of children. A gap in the literature thus exists, resulting in a need to explore trauma-informed instruction and specifically the perceptions of teachers who have had experiences that can guide our thinking about what best practices look like.

Purpose of the Study

The novelty of trauma-informed instruction in elementary schools suggests that there is

significant space for growth and development. My goal is to understand how trauma-informed instruction is being integrated into elementary school classrooms and to gain a teacher's perspective on its impact on student achievement, social emotional learning and overall success. According to the National Institute of Health, one in eight children suffers from anxiety, one in five suffers from a mental health or learning disorder and 80% of chronic mental disorders begin in childhood (Hoge, E. A., Bui, E., Marques, L., Metcalf, C. A., Morris, L. K., Robinaugh, D. J., Simon, N. M., 2013). "Children are exposed to traumatic experiences that have the potential to impact brain development, social functioning and their ability to learn and engage in school and recognizing and addressing this issue must become a focus of our educational system" says Flook. "Trauma-informed approaches, which have been supported by research evidence in fields such as mental health and child welfare, recognize and address the implications of traumatic experiences for students" (Flook L., Smalley S. L., Kitil M. J., Galla B. M., Kaiser-Greenland S., Locke J., et al. 2010). Understanding the harsh reality of the potential impact that trauma can have on our most vulnerable children, schools must seek to create and implement a trauma-informed approach within our public schools.

Research Questions

The main inquiry of this study is the following: What are the perceptions of teachers who practice trauma-informed classroom practices of its influence on students' academic, social and emotional engagement in the elementary school setting? This overarching question is divided into five sub-questions:

1. How do teachers who employ trauma-informed classroom practices describe the impact of these practices on their personal lives?

2. How do teachers who employ trauma-informed classroom practices describe their objectives in using these practices?

3. What are the trauma-informed classroom practices that teachers implement in an effort to achieve their objectives?

4. How do teachers who employ trauma-informed practices in their classrooms describe the impact of these practices in meeting their objectives?

5. What are the influences outside the classroom that teachers describe as impacting the success of trauma-informed classroom practices within their classrooms?

Significance of the Study

This study will contribute to current research on how to ensure that all students achieve success in school. The goal of this study is to explore and understand the implications of trauma-informed instruction for student success in the elementary-school classroom, specifically from the perspective of the classroom teacher. Currently, students are experiencing toxic stress, which impacts their ability to pay attention, regulate their moods and emotions, sleep and be ready to learn daily. In addition, prolonged exposure to childhood toxic stress has lifelong impacts on mental and physical health that begin as decreased productivity and creativity and then escalate to frequent anxiety, dissociation, frustration and burnout (Black, D.S., Milam, J., & Sussman, S. 2008). The findings of the Lokniti CSDS youth survey indicate that around 4 out of 10 youngsters who are currently studying felt regular or occasional bouts of stress and depression, and at least 6% had felt like committing suicide at least once in the last several years (Black, D., & Fernando, R. 2014). It is our responsibility within education to ensure that we are not turning a

blind eye on the impact of trauma on our children, and we can do this by creating classrooms that support the needs of all students. Most importantly, we need to shift our areas of research from impact to understanding trauma in order to stop it from plaguing our children throughout their lives.

Understanding and implementing trauma-informed instruction aim to improve student attention, self-control, emotional resilience, recovery from addiction, memory and immune responses (Williams, R., & Fields, M. 2013). Improved skills in these areas will allow students to learn and produce at higher levels in the classroom setting and face fewer obstacles that they are not equipped to handle or cope with. Over the past 10 years, the educational system in the United States has demanded progressively higher academic expectations in elementary schools, which require increasingly sustained attention from students in kindergarten through to fifth grade (Hooper & Chang, 1998). Applying trauma-informed instruction techniques in schools can assist students in coping with the experiences that they are faced with. Being taught to cope, understand, empathize and regulate is associated with long-term benefits in terms of overall health, well-being and success (Sanders, R., & Broderick, P. C. 2013). This suggests that the long-term effects of trauma-informed instruction are beneficial for students, having the potential to be a powerful tool to help our children change a cycle into which they were often born.

In a study conducted by Yale, more than 2,000 people were studied from birth until the age of 40 to determine what made them more successful than their peers. The study found that it was not race, culture, language, neighborhood or parental income, nor how well they performed in standardized tests or even IQ: It was self-control (Davis, T.S. 2012). If our students cannot focus and pay attention due to the trauma that they have endured, they are less likely to be successful.

However, how often do educators actually take the time to explore the factors that hinder students' ability to focus and pay attention? How comfortable are educators in deviating from the lesson plans that they have created to sit on the floor with a child going through crisis? How adept are educators at recognizing the underlying meaning behind the behavior a child is showing in the classroom?

Understanding the experiences of classroom teachers and learning from their observations related to the implementation of trauma-informed instruction techniques promote a clearer picture of how trauma-informed instruction interventions are impacting our students and the potential of such approaches to improve the lives of our youth (Blair, C. 2010). In summary, trauma-informed instruction techniques used in classrooms have the potential to change the trajectory of a child's life, and teachers who implement these practices are our greatest resources. This study is significant in that it adds to the current research on the influence of trauma-informed instruction in children and thus can serve as a resource for teachers and administrators who seek to create effective trauma-informed instruction programs within their classrooms and schools. With attention, care and commitment dedicated to educational professionals learning and researching the impact of trauma, we can create the learning environments that our students deserve.

This study seeks to gain insight into strategies that could be implemented to not only benefit students who have overcome trauma but also to decrease burnout among the educational professionals caring for them.

Theoretical Framework

It is the responsibility of school systems working with children to confront the epidemic of trauma that plagues our communities and negatively impacts our youth. "From medical centers to courts to child welfare systems, evidence-based approaches to addressing trauma have been developed and have proven to be effective" (Howard, K., Spinazzola, J., Strothers, H., Evans, M., et al. 2011). According to Howard, "our work can be divided into two categories: trauma-informed systems approaches, which aim to shape organizations to be more trauma-sensitive in their work with children and families, and trauma-specific treatment interventions, which can be implemented at the individual level to address trauma and its symptoms" (Anand U., Sharma M. P. 2018).

A paradigm shift within our schools must take place. When confronted with challenging behaviors from students, educators must critically reflect on the answer to the question "what happened to create this behavior." It is within the answer to that question that the potential for learning and ability to cope exists. Of the many systematic approaches to addressing the impact of trauma on children, one well-known approach is the sanctuary model, developed by Dr. Sandra Bloom, an associate professor at Drexel University in Philadelphia. In this model, students build skills in key areas such as safety, emotional management, self-control and conflict resolution while also learning open communication, healthy boundaries, healthy social relationships and a growth mindset. The model also utilizes the S.E.L.F. curriculum – "safety, emotions, loss, and the future" – to guide individual treatment and organizational change (Bloom, S.L., 2014).

The sanctuary model has been used across a variety of settings, including residential facilities,

juvenile justice facilities, mental health programs and schools, and it has received positive outcomes including a "67% reduction in the number of times children were placed in seclusion or restraints" (Bloom, S.L, 2014).

Both in theory and practice, it is difficult to find research that does not support that trauma-informed approaches at the system level are not simply beneficial but are in fact, essential. Having said that, a significant amount of learning and knowledge remains untouched and requires further research (Birnie, K., Speca, M., & Carlson, L.E. 2010). There has been much controversy over trauma-informed practices and what results constitute success.

Limitations of the Study

All studies are subject to some limitations, and this one is no exception. The purpose of this research is to determine how teachers' perceptions of how trauma-informed practices and teaching influence a student's experience in an elementary classroom environment, and this could be influenced by internal bias. In this particular study, the sample of teachers is small and representative of only a single school district. The two schools that the participants are from both already had extensive experience with trauma-informed classroom practices, again limiting the generalizability of this study.

The participants in this study teach elementary grades, and thus the findings may not be generalizable to teachers of middle or high school. In addition, the information was gained using interviews, as this was the only way in which teachers' experiences could be determined. The limited scope of the research does not allow for additional methods such as classroom observations or parent feedback, and, as a result, the researcher cannot guarantee that the use of trauma-informed instruction alone led to the results that are described.

Another limitation of this study is that it does not address factors outside of the classroom. As students spend only 900 hours in school and 7,800 hours at home, outside factors have a major impact. Finally, it is essential to report that, within this study, the researcher has no way of fully understanding the demographics of the classroom on which the teacher is reporting. This means that "needy students" from one population might be considered "severely needy" in another classroom environment.

Definition of Terms

Child traumatic stress occurs when children and adolescents are exposed to traumatic events or situations and when this exposure overwhelms their ability to cope. Children who suffer from child traumatic stress have been exposed to one or more traumas over the course of their lives and develop reactions that persist and affect their daily lives after the events have ended (Bögels S., Hoogstad B., Van Dun L., De Schutter S., Restifo K. 2008).

Childhood traumatic grief is a condition that some children develop after the death of a close friend or family member. Children who develop childhood traumatic grief reactions experience the cause of that death as horrifying or terrifying, regardless of whether the death was unexpected or due to natural causes. Even if the manner of death is not objectively sudden, shocking or frightening to others, children who perceive the death this way may develop childhood traumatic grief (Bögels S., Hoogstad B., Van Dun L., De Schutter S., Restifo K. 2008).

Trauma is defined as an experience that threatens life or physical integrity and that overwhelms an individual's capacity to cope. In a trauma-informed school, the adults in the school community are prepared to recognize and respond to those who have been impacted by

traumatic stress. Those adults include administrators, teachers, staff, parents and law enforcement. In addition, students are provided with clear expectations and communication strategies to guide them through stressful situations. The goal is to not only provide tools with which to cope with extreme situations but also to create an underlying culture of respect and support (Coffey, K.A., Hartman, M., & Fredrickson, B.L. 2010).

Threat assessment is a set of strategies and procedures intended to help identify potential threats and the likelihood that they will occur. This is a key component of a trauma-informed school because it helps a community recognize and respond to threats to prevent traumatic events from occurring (Spinazzola, J., Ford, J., van der Zucker, M., Kolk, B., Silva, S., Smith, S., et al. 2005).

A *trauma-informed school* system (K-12) is one in which all teachers, school administrators, staff, students, families and community members recognize and respond to the behavioral, emotional, relational and academic impact of traumatic stress on those within the school system (Semple, R. J., Lee, J., Rosa, D., & Miller, L. F. 2010).

Trauma-informed, in any context, means understanding the ways in which violence, victimization and other traumatic experiences may have impacted the lives of the individuals involved and to apply that understanding to the design of systems and the provision of services so that they accommodate trauma survivors' needs and are consonant with healing and recovery (Butler, Critelli, & Rinfrette, Butler, L. D., Critelli, F. M., & Rinfrette, E. S. 2011).

Post-traumatic stress disorder (PTSD) is a mental health condition that is triggered by a terrifying event — either experiencing it or witnessing it. Symptoms may include flashbacks, nightmares and severe anxiety, as well as uncontrollable thoughts about the event (Mayo Clinic,

2017).

Adverse Childhood Experiences (ACEs) include all types of abuse, neglect and other potentially traumatic experiences that occur to people under the age of 18 (National Center for Injury Prevention and Control, Division of Violence Prevention, 2010).

Resilience is the set of attributes that provides people with the strength and fortitude required to confront the overwhelming obstacles they are bound to face in life (Sagore, 1996).

Re-traumatization is a conscious or unconscious reminder of past trauma that results in a re-experiencing of the initial trauma event. It can be triggered by a situation, an attitude or an expression or by certain environments that replicate the dynamics (loss of power/control/safety) of the original trauma *(*Patricia Shelly, MSW, Shelley Hitzel, MSW, and Karen Zgoda, MSW, LCSW, 2014).

Executive function is the regulation of cognitive processes, including attention, memory and motor skills (Blair, 2010 Blair & Razza, 2007).

Summary and Outline

The objective of this qualitative study is to determine whether teachers perceive trauma-informed classroom practices as a tool for academic and social-emotional success in the classroom, so that educators and schools can learn from their experiences and implementation in order to create a more conducive learning environment for all students. In this study, the researcher assumes that age-appropriate trauma-based instruction practices are being utilized and that they are fully developmentally appropriate. Schools are finally beginning to realize that there is learning that needs to take place well beyond test scores and academic achievement. In

fact, teachers often report that social-emotional learning is far more important than they had previously imagined. Researchers and educators are responsible for identifying best practices that will assist in creating educational communities that welcome all and align our systems with the needs of those who walk through our doors. In schools today, educators are faced with students from all walks of life, many of whom have experienced trauma in their homes and communities. This requires sensitivity to students' past and current adverse experiences and a deeper understanding of who they are and the challenges they are seeking to overcome (Flook, L., Goldberg, S. B., Pinger, L., Bonus, K., & Davidson, R. J. 2013). There is a high need for students to be able to self-regulate, cope and proactively advocate for their needs. Implementing trauma-informed instructional approaches means being informed about and sensitive to trauma and providing a safe, stable and understanding environment for students and staff with the goal of acknowledging trauma to prevent re-injury or re-traumatization of youth at the hands of the very people who are here to help them.

All educators have a responsibility to shape the lives of their students by looking beneath the surface for the root causes of student behaviors. "Specific strategies can be used to support the learning needs of students who have experienced trauma, including discovering and building on students' individual interests and competencies, maintaining predictable routines and expectations for students that are consistent with those of their peers and providing positive behavioral support" (Diamond A., 2010). Seligman, Ernst, Gillham, Reivich and Linkins (2009) argue that schools and teachers play a major role in cultivating the kinds of mental habits and social-emotional dispositions that children in general will need to attain to lead productive, satisfying and meaningful lives.

Chapter 1 presented the introduction and background of the problem, purpose, significance of the study, research questions and proposal. Chapter 2 presents the current literature related to the topic. Chapter 3 outlines the demographics, interview process and the analysis used to conduct the research, as well as the methodological approaches and data analysis tools. Chapter 4 presents the findings of the study, and Chapter 5 summarizes and discusses the findings and presents conclusions and recommendations for future research.

CHAPTER 2

REVIEW OF THE LITERATURE: Historical Context & Terminology

The word "trauma" originates from the Greek, and its literal meaning is defined as wound (Boyd, 2007). Cerney (1995) states that the word "trauma" comes from the Greek word meaning injury. In the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR), the American Psychiatric Association (2000) defines exposure to trauma as experiencing, witnessing or being confronted with "an event or events that involves actual or threatened death or serious injury, or a threat to the physical integrity of self or others" (p. 467). Harris, Lieberman and Marans (2007) identify trauma as "the frequent cause of physical and mental illness, school underachievement and failure, substance abuse, maltreatment, and criminal behavior" (p. 393). Exposure to trauma may lead to traumatization when fear, anger or stress overwhelms a child's internal attributes and protective mechanisms (Dulmus & Hilarski, 2006). Traumatized students can be students who are exposed to physical abuse, sexual abuse, emotional abuse, neglect, community violence, domestic violence, homelessness or disruptive loss of loved ones.

Trauma is an exceptional experience in which powerful and dangerous events overwhelm a person's capacity to cope (Rice & Groves, 2005). Every child has a different capacity to cope, so this definition honors each child's individual reactions and interpretations. Trauma need not necessarily involve violence but could include events such as divorce, major/frequent/sudden changes in living situations or bullying. The fear that children feel when experiencing trauma creates an imprint on their development that becomes a lifetime experience, rather than a one-time "moment." Ongoing stressors that become chronic cause stress hormones to remain in the

body, causing a constant "red flag" for the body that produces an impulsive fight-or-flight state. In other words, the mind is telling the body that it is constantly in an unsafe situation, and the body is hyper-sensitive to the triggers that seem to confirm this (J.D., Berkowitz, S.J., & Wong, M. 2012).

Trauma is an epidemic, affecting children across racial and socio-economic lines. It is probably safe to say that every teacher is working with children who have experienced trauma (Hertel, R., & Kincaid, S.O. 2014). Most of these children will not receive any kind of special services or counseling and instead will be present in the classroom, expected to learn and thrive according to a set of predetermined standards for success. According to a study conducted by the Centers for Disease Control and Prevention, childhood trauma is far more pervasive than was previously believed and is often invisible. As a result, trauma-informed practices benefit all children by building critical skills like self-awareness, self-regulation, empathy and an openness to teamwork and cooperation (Courtois, C. A., 2002). Consequentially, those in education must adopt a universal approach and assume that all children are trauma-affected and need social and emotional learning instruction and support. As Harrison (Harrison, E. G. 2006) noted, "Disability in and of itself is not a problem, but the environment in which we ask people with disabilities to function often is." In education it is important that we draw a parallel and understand it is not the trauma itself, nor the impact of that trauma on our children that is the problem. Instead, it is the inability of our educational professionals and institutions to successfully create an atmosphere conducive to supporting the needs of our survivors.

With the use of trauma-informed classroom practices, systematic approaches and proven strategies are utilized to meet the needs of a diverse student population.

"Trauma-informed" approaches target the traumatic events that have impacted students through the structure of the educational system and the therapeutic manner in which children are cared for and taught. Trauma-informed instruction coined by Harris and Fallot (Harris, M., & Fallot, R. D. [Eds.], 2001) aims to "specifically target the educational setting as a venue for meeting the needs of students who have experienced trauma so that they can be successful."

The U.S. Attorney General's National Task Force on Children Exposed to Violence recommends that "every school in our country should have trauma-informed staff and consultants providing school-based trauma-specific treatment." According to a recent survey by the NCTSN, "few schools have protocols in place to obtain either trauma histories or further information from students in order to identify exposure to trauma, nor have they created environments that allow all to feel safe" (Blair, C., 2018).

There is nothing new about the presence of traumatized children in our schools. Often without realizing it, educators have been dealing with the impact of trauma for generations, and it is only now, finally, that trauma researchers can explain the hidden background behind many of the classroom challenges that haunt our educational system. Recent psychological research has shown that childhood trauma from exposure to violence can diminish the concentration, memory and organizational and language abilities that children need to function well in school. For some children, this can lead to inappropriate behavior and learning problems in the classroom, the home and the community. For other children, the manifestations of trauma include perfectionism, depression, anxiety and self-destructive or even suicidal behavior. Studies show that abused children have more severe academic problems than their non-abused peers. Specifically, they are more likely to receive special education services, have below-grade

level achievement scores and have poor work habits. They are also 2.5 times more likely to fail a grade (Broderick, P.C., & Metz, S. 2014).

Many experts, including members of the NCTSN, are calling for a community-wide effort to create environments in which children who have experienced trauma can succeed. The NCTSN believes that schools play a key role in this effort because school is a place in which it is possible for traumatized children to forge strong relationships with caring adults and learn in a supportive, predictable and safe environment.

Prevalence of Trauma

In 2006, approximately 905,000 children were found by child protective agencies to have been victims of child abuse and neglect (U.S. Department of Health and Human Services, [USHHS], 2006a). In Massachusetts, there were 36,151 substantiated cases of abuse and neglect claims, which translates to a 25% child victim rate (USHHS, 2006b). In 2006, 64.1% of victims experienced neglect, 16.0% were physically abused, 8.8% were sexually abused, 6.6% were psychologically maltreated and 2.2% were medically neglected (USHHS, 2006b).

Childhood trauma is an urgent health problem (Dulmus & Hilarski, 2006; Harris et al., 2007; Kiser, 2007). Garbarino et al. (1992) drew similarities between 26 traumatized children living in America's urban areas and children living in war zones. They examined multiple risk factors that negatively impact children. These risk factors include witnessing or being exposed to family drug and substance abuse, gangs, violence, crime, abuse, assault and grief due to the loss of family members. Children in urban areas are being exposed to an increasingly hostile and toxic social environment. Garbarino et al. (1992) found that these risk factors jeopardize the mental and emotional development and sense of safety of children. Major family stressors include

family chaos, conflict, violence and dissolution, victimization, the incarceration or death of a family member and neglect or maltreatment (Kiser, 2007). Some of the problems that children experience include grief and loss issues, family changes such as divorce and parent separation (including parent deployment to Iraq or Afghanistan), child abuse and neglect, parents who are arrested or jailed, sibling or parent addictions, family crisis, emergency dental care, eviction, poor hygiene, parent illness and lack of resources for food, clothing, health care, transportation and utilities (Garrett, 2006). Condly (2006) identifies increases in "child poverty, drug use, violence, and abuse; declines in academic performance; and fundamental changes (for the worse) in discipline and social behavior" (p. 214). O'Donnell et al. (2002) found that, in addition to the above risk factors, exposure to community violence "threatens children's formation of healthy attachment, their capacity to experience trust, and their development of self-confidence and autonomy" (p. 1265). Students may also witness or be victimized by community violence and be exposed to adults engaging in illicit activities, such as drug dealing, stealing, gang-related criminal activity and gambling (Kiser, 2007).

Exposure to trauma interferes with child development and can impact the parent–child relationship by undermining feelings of trust, safety and security and can also lead to regression in some developmental tasks, such as language development and toileting (Cole et al., 2005; Dulmus & Hilarski, 2006; Harris et al., 2007; Osofsky, 1995). Children exposed to trauma may also experience increases in anxiety and sleep disturbances, such as nightmares, increased or decreased ability to sleep and re-enactment of trauma in their dreams (Dulmus & Hilarski, 2006). Osofsky (1995) contends that traumatized children may have difficulty paying attention and concentrating because they often experience intrusive thoughts. Harris et al. assert that traumatized children have "problems of relating and learning in the forms of aggression,

hyperarousal, emotional withdrawal, attentional problems, and psychiatric disturbances" (p. 392). Younger children exposed to traumatic events are more likely to engage in bedwetting, thumb sucking, somatic complaints, social withdrawal and high anxiety during caregiver separation (Dulmus & Hilarski, 2006).

Osofsky (1995) contends that there are three areas to explore while examining traumatized children, including the development of aggressive behavior and negative emotions, PTSD as a response to violence and early relationship problems. Dulmus and Hilarski (2006) note that traumatized children can have difficulty regulating their emotions, showing empathy and establishing appropriate peer relationships. School children exposed to violence display both externalizing and internalizing behaviors (Dulmus & Hilarski, 2006; Osofsky, 1995). Boys tend to exhibit externalizing behaviors, such as becoming hypervigilant and aggressive, and the trauma that they are exposed to is seen as normative and modeling these behaviors (Dulmus & Hilarski, 2006). Girls, in contrast, tend to exhibit internalizing responses such as depression and anxiety (Dulmus & Hilarski, 2006).

Teachers are profoundly affected by students that have been at or near the epicenter of traumatic events (Stebnicki, 2008). Ko et al. (2008) examine numerous professionals who work with children, including those in health, mental health, education, child welfare, first responder and criminal justice professions, and discuss ways to incorporate a trauma-informed perspective in their practices to enhance the quality of care for traumatized children. The consequences of exposure to violence can interfere with a child's ability to process academic instruction and maintain appropriate control over behavior and emotions (Cole et al., 2005). Traumatized children are often identified as troubled children or as behavior and discipline problems in

school settings, in which their prior exposure to trauma is routinely unrecognized (Harris et al., 2007). To address this, Cole et al. (2005) advocate decreasing punitive disciplinary responses to traumatized children and urge schools to seek out therapeutic and positive behavioral supports. Cole et al. summarize and maintain that "We can either invest in necessary supports for educators and services for children now, or can allow the cycle of violence and failure to continue, dealing with children later through more costly institutions, including the criminal justice system" (p. 9).

From the Lens of the Classroom

Trauma can undermine a child's ability to learn, form healthy relationships, function appropriately in the classroom (Cole et al., 2005), concentrate, regulate emotion, show empathy and successfully adapt to the school environment (Dulmus & Hilarski, 2006). Cole et al. state that symptoms of trauma can vary and can lead to poor concentration, memory and organizational and language abilities. Cohen et al. (2008) state that childhood trauma has negative outcomes of increased risk of poor school performance, high health-care use, substance abuse, suicide attempts, PTSD and depression. Other manifestations of trauma in children can lead to learning problems, inappropriate behavior, perfectionism, anxiety, self-destructive behaviors and multiple suspensions from school (Cole et al., 2005). Repeated exposure to traumatic events can increase the risk of low academic performance, engagement in high-risk behaviors and difficulties in peer and family relationships (Ko et al., 2008). Students who experience trauma struggle academically due to multiple disciplinary suspensions are usually retained, are denied a diploma and drop out of school, which all negatively impact their life choices and chances. Osofsky (1995) describes how trauma is expressed in the classroom and found that "children drew in graphic detail pictures of shootings, drug deals, stabbings, fighting,

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and funerals and reported being scared of the violence and of something happening to them" (p. 783). O'Donnell et al. (2002) state that children who are traumatized have low future expectations, use alcohol and other drugs, engage in delinquent behavior and school misconduct and exhibit symptoms of depression, anxiety and somatization. Traumatized students may also have problems relating and learning and have behavioral manifestations in the form of aggression, hyper-arousal, emotional withdrawal, attentional problems and psychiatric disturbances (Harris et al., 2007). In addition, children exposed to trauma may exhibit social-emotional issues, such as angry outbursts, aggressive behavior, poor social skills, inability to identify and express emotions, perfectionist tendencies, stress, low self-esteem, anxiety and depression (Garrett, 2006). Similarly, negative after-effects of trauma are the frequent cause of physical and mental illness, school underachievement and failure, maltreatment and criminal behavior (Harris et al. 2007).

Statistics indicate that 30% of new teachers leave the profession within three years (Johnson, 2004) and 50% within five years (Intrator, 2006; Johnson, 2004). This teacher shortage has a detrimental impact on schools serving students from urban communities, who may be more susceptible to trauma. Managing teacher stress is very important to realize academic success in students and to retain teachers. Five studies were found that explored the importance of managing teacher stress and the detrimental impact of students' home situations on K-12 educators (Houghton, 2001; Kees & Lashwood, 1996; Koller & Bertel, 2006; Naylor, Lambert, &Scott 2009; Rieg, Paquette, & Chen, 2007). Houghton (2007) examines the tremendous amount of physical and psychic energy required to teach effectively. She asks educators an essential question: "How do we achieve and maintain the levels of mental and physical energy that are required to sustain ourselves as teachers?" (p. 707.). Kees and Lashwood (1996) focus

on educators in urban, high-poverty areas and call these educators first responders or frontline

trauma workers. They found that educators are among the first professionals to interact with

children during times of crisis and have the potential to experience negative reactions as a result

of educating children who experience trauma. Koller and Bertel (2006) state that "more children

with a variety of emotional needs are included in the general classroom setting, placing

increased demands on both the special education and general education teacher" (p. 198).

Therefore, school-based personnel must be provided with sufficient knowledge and skills to

proactively meet the needs of today's youth (Koller & Bertel, 2006). Naylor et al. (2008)

examine schools in Canada and discuss the impact of teachers working with traumatized

students. Their findings show that an increase in workload results in many teachers feeling

burned out and disillusioned with a role where more is demanded from teachers and less support

offered to them. It is important that those in education are cognizant of the stressors experienced

by educators who are exposed to students who are experiencing trauma.

Policy Influences

"Given the growing research on trauma and increased knowledge about the prevalence,

consequences and costs associated with trauma, there have been increased efforts at the local,

state and federal levels to make systems trauma-informed" (Lang, Campbell, & Vanerploeg,

2015).

As a result, The United States Congress created the NCTSN in 2000 in conjunction with

Substance Abuse and Mental Health Services Administration (SAMHSA). This is a group of

passionate professionals and families of those impacted by trauma, working tirelessly to ensure

improved practices and services available for communities in pursuit of best practices related to

trauma informed care for children. "The NCTSN offers training, support and resources aimed at treatment, intervention development, program evaluation, systems change and the integration of trauma-informed and evidence-based practices in all child-serving systems." As a result, the Department of Education has validated this work by instituting programs and policies created to increase and expand on the establishment of trauma-informed systems in our neediest communities. The growth of trauma-informed approaches in schools has been sparked by manyt different federal, state and local initiatives and increasing support by education-related organizations. For example, there are explicit provisions for trauma-informed practices in the Every Student Succeeds Act (ESSA, 2015), the legislation that replaced No Child Left Behind, including training school personnel in understanding when and how to refer students affected by trauma and grant programs that provide funding to support services that are based on evidence-based trauma-informed practices (section 4108). The promotion of trauma-informed schools is also supported by the National Education Association and at the state level across school systems. States and school districts around the country have begun to advance an agenda intended to restore school climate, improve student safety, facilitate positive teaching experiences and provide youth with adequate services and practices that enrich their learning. State and school officials recognize, with the support of extensive research, that many children in the U.S. school system, particularly in inner-city and rural areas, experience adversities that hinder their ability to learn. No Child Left Behind was an attempt to close the learning gap among inner-city and rural schools in comparison with more affluent schools. Instead, this bill created barriers to student success by reducing school funding in low-performing inner cities and rural schools. The bill pushed an agenda that dramatically focused on the importance of measuring student success through testing. Related to the legacy of No Child Left Behind, states

around the country are now taking the problems into their own hands to begin restoring their

respective school climates. San Francisco, for example, is often recognized as one of the most

progressive counties in California and across the U.S. It is no surprise then, that its policymakers

and Board of Education leaders have started the movement towards restoring the school climate.

In 2014, Resolution No. 1312-10A4, Establishment of a Safe and Supportive School Policy, was

adopted by the San Francisco Unified School District (SFUSD; Haney, 2014). This policy is a

motion to create a district-wide positive and relationship-based culture that is supportive of all

members of the SFUSD community (Haney, 2014). Through this policy, SFUSD hopes to

initiate restorative practice (RP) support, positive behavior interventions and supports and

trauma-sensitive practices (Haney, 2014). As of 2017, most schools in San Francisco now

operate within an RP model. Many of these schools have also adopted the use of Wellness

Centers, which often take the lead in facilitating RP throughout the school community. Other

states in the U.S. are also active in creating change in school communities. Massachusetts, a

state often identified as the leader in the trauma-sensitive school movement, proposed H3528,

which focused on attempting to improve the identified needs of schools in the state (Balser and

Clark, 2013). This initiative focused on the importance of the proposed outcome that students

would have the tools to reach their full potential and in turn help reduce the achievement gap

amongst students (Balser and Clark, 2013). H3528 requires that, by 2016, all schools develop

action plans for creating safe and supportive schools, establishes a commission on statewide

implementations and provides technical assistance to help schools and districts achieve their

goals (Balser and Clark, 2013). Due to the recent implementation of this bill, there is no current

research into whether this legislation has led to a significant improvement.

United States policymakers have also begun to recognize the diverse needs of schools and are

moving towards a more progressive agenda that focuses on addressing the needs of students in schools. The Mental Health in Schools bill (2013) H.R. 628 & Senate, S. 195 focuses on amending the Public Health Service Act by revising and extending projects relating to children and violence (Civic Impulse, 2016). This bill is intended to provide students with access to school-based comprehensive mental-health programs (Civic Impulse, 2016). The bill includes increased funding and revised allocation of existing funds in order to provide access to comprehensive mental-health programs, initiate staff development within the school community and provide psychoeducation for children with mental-health disorders to family members, siblings, caregivers and other interested parties (Civic Impulse, 2016). The original Mental Health in Schools bill was introduced in the 113th Congress, which sat from January 3, 2013 to January 2, 2015, during which time the legislation was not enacted into law (Civic Impulse, 2016). In June 2015, the bill was reintroduced as Mental Health in Schools S. 1588 and is currently being considered by Congress before being sent to vote by the House of Representatives and Senate (Civic Impulse, 2016). The hope is that the passing of this bill will facilitate movement within the U.S. public school system and create a universally safe and supportive approach that utilizes trauma-informed practice models.

Summary

In summary, the reviewed literature substantiates the need to further explore trauma-informed practices and instruction to improve the educational experience of all students. The studies conducted by researchers thus far provide readers insight into the effects of traumatic and adverse experiences on students and learning; however, this research is limited regarding the experiences of educators in utilizing trauma-informed practices. The continuous evaluation of these practices is necessary to better understand students' experiences and to begin to explore

how to better serve students.

CHAPTER 3

RESEARCH METHODOLOGY

This chapter presents the procedures and methodologies used to collect data, as well as the importance of the qualitative methodology used in this study and the decisions made throughout the research process. Included in this chapter are the instruments used for data collection and a description of the participants of my study, including the sampling criteria and recruitment process. Finally, I outline the data analysis and review of procedures and, in conclusion, discuss the limitations of my methodological framework and the strengths of my research process.

Research Design

In a narrative inquiry, participants' stories are collected and retold by combining the participants' views with the researcher's experience to produce a collaborative narrative (Creswell, 2003). For this qualitative study, I used a narrative inquiry research method to gain a deeper understanding of six elementary school teachers' experiences and perceptions regarding the use of trauma-informed practices in their classrooms. Furthermore, this qualitative study investigated teachers' perceptions of student engagement when trauma-informed practices are used. I based my research on the participating teachers' interview responses. I questioned rather than measured data to identify meaningful patterns descriptive of a phenomenon in order to develop a rich dataset.

Participants

Recruitment of Teachers

I identified schools that have engaged in comprehensive development for teachers and staff on the impact of trauma, the creation of a trauma sensitive environment and the development of academic and social-emotional techniques for teaching traumatized students. I then recruited elementary school teachers from those schools. I contacted the school district director to ask permission, and once permission was given, I sent an email with a letter of solicitation to elementary teachers within the specific trauma-sensitive schools explaining the purpose of the research and requesting their voluntary participation in the interviews (Appendix A).

Sample

Participants were selected based on criteria sampling, with each meeting four criteria: (a) teacher in a trauma-sensitive elementary school, grades K–5; (b) had two or more years of teaching experience; (c) had training in a program based in trauma-informed instruction; and (d) had used trauma-informed instruction in their classroom for at least one year. The study began with a pool of 14 participants, each with a vast range of training, experience and years of service in trauma-informed practices. Ultimately, only six candidates expressed interest in participating in the study, and all six ultimately provided informed consent. Those six participants signed the informed consent after understanding the details related to the study and the confidentiality practices it uses.

Of the final participants, three teachers represented grade levels kindergarten through second grade, and three teachers represented grade levels third through fifth grade.

All subjects were assigned pseudonyms during the interviews and the write up in order to

protect the anonymity and confidentiality of the participants in the study.

Table 1 provides an overview of the participant discipline, teaching experience and years of mindfulness training used in the classroom.

Table 1: Participant Profile

Pseudonym	Grade Level	Years of teaching Teaching Experience	Years of Trauma-informed Teaching Informed Practices in Classroom
Emma	Kindergarten	10	3
Britta	1st grade	3	2
Leigh	2nd grade	9	2
Hollie	3rd grade	6	4
Sheri	4th grade	13	3
Allie	5th grade	8	4

Setting

The study was conducted in a school district in the Hudson Valley. The school district is in a large suburban town consisting of approximately 8,300 students, ranging from kindergarten to 12th grade. Participants were selected from two programs within the district. Both programs were set up as a direct result of the increased need for more therapeutic environments for children struggling with trauma. According to the New York State Department of Education, a recent school performance report indicated that enrollment in this district is divided into 70% White students, 7% African American students, 15% Hispanic students, 4% Asian students and 3% Multiracial students. An average of 98% of the district population speaks English, 15% are students with disabilities, and 27% are economically disadvantaged; 50% of students are female and 50% male.

The two programs explored are two of the few that have provided professional development to teaching staff in trauma-informed classroom practices.

Ethical Considerations and Human Subjects Protection

As a qualitative researcher, ethical considerations were taken into account throughout the research and data collection process. Each participant was given an informed consent form, including information about the purpose of the study, information about participating in the study and a request for permission to record the audio of the interview. All subjects' personal information was protected, as well as the names of the schools and districts in which they work. In addition, pseudonyms were used as identification when reporting data and results to preserve confidentiality. Before any interviewing began, I created an environment of trust and established credibility as a researcher by providing the participants with a full explanation of the study, its purpose and their role as participants. In accordance with the requirements of the Institutional Review Board, all participants and the school districts involved in the study completed permission forms to protect personal information and district information.

Instrumentation

An interview guide was used to ask participants to respond to questions that focus on the teacher's background, use of trauma-informed practices, objectives and assessment of progress towards identified objectives. Semi-structured interviews were conducted to explore teacher experiences, beliefs and attitudes about trauma-informed classroom practices, as well as the strategies used within the elementary school classrooms. Interview questions were open-ended, with follow-up questions to gain depth.

The interview protocol contained a greeting; a description of the purpose of the research,

research questions and interview questions; and follow-up questions to each key research question (Appendix D). There was space for reflective notes and observations of each participant throughout the interview process. Interviews were structured so that comparable data could be obtained.

Prior to conducting the interviews, I reviewed the proposed questions with a jury of experts consisting of two individuals with a strong background in trauma-informed classroom practices. The two expert had been engaged in work with trauma-informed practices for 20 and 15 years, respectively, and both have completed their train-the-trainer certification through the Attachment and Trauma Network and have been instrumental in implementing a trauma-informed strategic plan in the districts in which they work.

Research Questions

The primary research questions used for this research study are the following: What are the perceptions of teachers who employ trauma-informed classroom practices of its influence on students' academic, social and emotional engagement in the elementary school setting? The table below outlines how the research questions drive the study using the interview questions:

Table 2:

Research Questions	Interview Questions	Sub-Questions
How do teachers who use trauma-informed practices in their classrooms describe the impact of trauma-informed practices on their personal lives?	How do you use trauma informed practices in your own personal life?	Can you describe the benefits of trauma-informed practices in your personal life?
How do teachers who practice trauma-informed practices in their classrooms describe their objectives for the use of trauma-informed practices within their classrooms?	What are your expectations of the trauma-informed practices you implement in your classroom?	How have trauma-informed practices impacted your classroom environment? How has trauma-informed practices informed your discipline practices within your classroom?
What are the trauma-informed practices that teachers implement in an effort to meet their objectives?	What are the specific trauma informed practices that you use on a daily basis in your classroom?	Can you give specific examples? Can you describe the details associated with implementation of those practices?
How do teachers who practice trauma-informed practices in their classrooms describe the impact of these practices in meeting their objectives?	What are the changes, if any, that you notice within your students' engagement in learning? What are the change, if any, that you notice within your students' social/emotional engagement?	Can you give examples?
What are the influences outside of the classroom that teachers describe as impacting the success of trauma-informed practice within their classrooms?	What aspect of trauma-informed practice do you find most rewarding/challenging to your pedagogy/practice as a teacher?	Can you give examples?

Data Collection

Prior to the interviews, each teacher signed an informed consent form to ensure the

confidentiality of the interview, and the interviews were conducted face-to-face within the

school building at a time that was agreed upon. A digital voice recorder was used to record the

interviews. I began each interview with questions about the participants' backgrounds and then

moved into the research questions. Each interview lasted about 45 to 60 minutes. Notes were

taken regarding my observations in order to record all information that was gathered beyond the recorded conversation.

Upon completion of each interview, I began organizing the field notes from the interviews and the raw data in order to note common themes and connections. While listening to the recording, I reviewed each transcript for accuracy. I then transcribed all data and allowed each participant to review the transcriptions to correct errors or to add additional data.

Reliability and Validity

As suggested by Creswell, reliability can be ensured using pre-determined interview questions designed to elicit consistent participant responses. Validity was ensured by ensuring all questions were in accordance with research, data and theory. Reliability is based upon quality research that incorporates a series of effective steps in qualitative research (Creswell, 2003.) In this study, trauma-informed classroom practices are described along with the context in which they took place, all from the perspective of the participant. Data is presented as visually as possible, and organized records were maintained and extensive notes taken. The notes were taken on paper divided into two columns, with the right one indicating observations during the interview and the left including any preliminary and follow-up questions and/or observations.

Reflective memos were used ensure that my own biases as a researcher were not present. I documented and reflected upon changes that occurred during the study, including changes in interview protocol and probing questions and participant feedback.

Questions prompted during interviews were based upon substantial research, literature and the research questions of this dissertation, which were previously reviewed by a jury of experts. Each participant answered the same interview questions, and points that emerged as common

themes were noted.

To confirm reliability, each question was reviewed by a jury of experts. To ensure validity, audio recordings were taken of the interviews. In addition, the data was triangulated by including a sample representative of teachers across the two schools, within one district, combined with audio recordings and transcripts. Notes were recorded and reviewed carefully in order to identify common consistencies and trends.

Researcher Bias

An assumption underlying qualitative research is that the researcher's biases and values impact the outcome of any study (Merriam, 2002). Every study has the potential for researcher bias, which must be taken into consideration and limited through thoughtful organization and planning. Researchers do not want to hinder the data collection process or falsely interpret based on their own biases.

My personal commitment to this study stems from my own experience as a child growing up having experienced and witnessed others experience trauma and then suffering through the challenges in school as a result. In addition, as I am working in a position of authority in education, it is my obligation to ensure that educators are doing everything possible to realize the improved future that our students deserve within the resource and opportunity of education. As a teacher in many different settings, from rural to urban and even an isolated island, I have had the opportunity to truly see the impact of trauma on students and the inability of school systems to adequately meet students' need. After becoming an administrator and gaining access to a system-wide approach, I decided to focus my learning and efforts on understanding how best to address the trauma that children have faced within classrooms. I decided to orient my

dissertation toward trauma-informed classroom practices for children, specifically the perceptions of elementary school teachers of these practices.

Because I am committed to trauma-informed practices, my strong beliefs necessarily result in certain biases towards teachers who do not eagerly accept trauma-informed classroom practices in their classrooms. My role as a researcher required that I accept differences of opinion and maintain an awareness of them during the data collection and analysis.

Qualitative work requires reflection on the part of the researcher and that critical reflection be examined after each interview in order to ensure no personal judgments were made. In accordance with the guidelines set by the IRB, all digital audio files of questionnaire data, interview transcripts and notes will be stored on a USB locked within a file drawer in my home for at least three years and then destroyed.

Data Analysis

After the completion of the semi-structured interviews, a qualitative analysis was performed. Narrative data (organized by the use of pseudonyms with all identifiable information removed) was transcribed and categorized based on common identifying themes. NVivo software was used to assist with the transcribing. Common themes were identified through the transcription process.

A participant check-in tool is an important part of the data analysis process, as it facilitates objectivity, rigor and ethical diligence (Creswell, 1998). Participants were thus encouraged to examine the transcribed material to address any statements that might have been improperly interpreted. Data collected through interviews, field notes and reflective journaling were organized to note common themes and research connections. After the interview transcripts

were analyzed and key themes identified, attention was paid to specific practices that manifested as shared and common. These became the common themes that served as the answers to the research questions. The third round of analysis aimed to examine the transcripts for the teachers' shared perceptions regarding student behavior and the effectiveness of trauma-informed classroom practices.

I used both codes based on existing literature and inductive codes (derived from new knowledge) throughout the analysis process. In the first stages of analyzing the interview data with field notes, I coded openly, line-by-line to generate categories from the language of the respondents. I then used predetermined codes derived from related literature on trauma-informed practices. I created maps of major codes, categories and any connections between them.

Data was organized by revisiting the interview transcripts and memos used to highlight new learning and common themes connected to theory and practice. Raw data assisted in supporting overall conclusions, and specific quotes were pulled to support those common themes.

Summary

This chapter explained the process of conducting this study using a qualitative research design, including a description of the population, sample, instruments and methods used to obtain data. Data collection procedures, steps in analysis, research bias concerns and the protection of all human subjects were also addressed. Chapter 4 reports the findings, whereafter Chapter 5 analyzes and explains these findings.

CHAPTER 4

RESEARCH FINDINGS

This study aimed to understand teacher perceptions regarding elementary school students and the use of trauma-informed classroom practices in an effort to determine what teachers describe as effective practices to realize and social-emotional success for elementary school students. The study had one overarching research question and five sub-questions, and the interview consisted of five main question, with many having follow up questions prepared if necessary.

Research Questions

The following overall research question and sub-questions guided this research: What are the perceptions of teachers who practice trauma-informed classroom practices of its influence on students' academic, social and emotional engagement in the elementary school setting? This overarching question is divided into five sub-questions:

1. How do teachers who employ trauma-informed practices in their classrooms describe the impact of these practices on their personal lives?

2. How do teachers who employ trauma-informed practices in their classrooms describe their objectives for the use of these practices within their classrooms?

3. What are the trauma-informed practices that teachers employ in an effort to meet their objectives?

4. How do teachers who employ trauma-informed practices in their classrooms describe the impact of these practices in meeting their objectives?

5. What are the influences outside the classroom that teachers describe as impacting the success of trauma-informed practices within their classrooms?

This chapter presents the findings from the interviews conducted with six elementary school teachers relating to their perceptions of trauma-informed classroom practices from both their personal and professional perspectives. At the time of this study, participants had taught for at least two years in elementary school grades K–5 and had used trauma-informed practices in their classroom for at least one year. Data analysis of descriptive narratives obtained through semi-structured interviews describe participants' perceptions of the influence of mindfulness practices in their classroom. Overarching themes and accompanying sub themes are identified and shared for each research question.

Research Question 1: *How do teachers who employ trauma-informed practices in their classrooms describe the impact of these practices on their personal lives?*

Participants in the study spoke in depth about their own experiences with trauma throughout their lives and their own initiative that brought them to become interested in the use of trauma-informed classroom practices as educators. The teachers interviewed for this study shared their own personal reasons for utilizing trauma-informed practices to create a therapeutic environment for their students.

Teachers expressed that as a result of the use of trauma-informed practices, they can better cope with everyday demands and the challenges of their own personal lives. Trauma-informed classroom practices involve creating a firm awareness that our past is not what defines us and that we could soar beyond our darkest experiences. These practices allow the individual to more consciously accept their past, yet more forward from it in order to have a successful

future.

Emma's interest in trauma-informed classroom approaches initially resulted from her own desire to deal with personal challenges that continued to surface from her past as she began her career as an educator: "There were moments when I could visualize the abuse I had faced as a child, as clear and present as if it were happening again." After discovering how trauma-informed practices could be used to counter her own response to her past experiences, Sheri was able to extend that into her classroom. Biklen's (2007) interview study with teachers revealed that new school programs significantly impact the workplace, the school's culture, organization, and cause anxiety and stress for teachers. Britta, a first-grade teacher, suffers from severe anxiety. She explained, "I first began trauma-informed practices to cope with and reduce my own anxiety levels. By learning how to accept, address and cope with my own anxiety from my past, I was able to give more to my students."

Trauma-informed practices are related to several disciplines and practices, but most of the literature has focused on self-regulation practices that focus on training attention and awareness in order to bring mental processes under greater voluntary control and thereby foster general mental well-being and development or specific capacities such as calmness, clarity and concentration in order to ensure that a traumatic experience from the past does not control the present moment (Shapiro, 2006). Leigh, a second grade teacher, explained that her understanding and use of trauma-informed practice began when she herself was a student: "I had an outstanding counselor when I was a child, struggling with the domestic violence that was occurring within my home. I learned coping strategies that helped me as a child, which I still use today in my classroom for other students facing obstacles like what I grew up with."

A powerful aspect of trauma-informed practices is understanding the trigger that prompts a reminder of the past and then coping in that moment by allowing that experience to not produce a response in the present moment. Hollie, a third-grade teacher, and Allie, a fifth-grade teacher, became interested in the benefits of trauma-informed practices after reading about a study during a professional development opportunity they attended. Anne stated, "Trauma-informed practices focus on all of the things behind the scenes that need to exist within a classroom so that students are set up to learn, grow and develop. Without careful attention to things like trust, relationship building and teamwork, students are not able to move beyond their insecurities or see the safety that school can provide."

Research Question 2: How do teachers who employ trauma-informed practices in their classrooms describe their objectives for the use of these practices?

Teacher narratives exposed the overall theme of using trauma-informed practices in the classroom to create an environment to support student success in school and in their personal lives. Specifically, they looked for practices that would promote student emotional regulation, address student impulsive behaviors, encourage student relaxation, and improve academics through student attention and focus. Teachers revealed that they implemented trauma-informed practices as part of a school initiative through the Trauma-Informed Schools organization, as well as from their own personal practice, values and goals. Participants found trauma-informed practices to build student trust, success, relationships and social skills. Trauma-informed practices are largely based on the need to address student anxiety and stress within school and classroom environment. The idea of childhood traumatic experiences resonated strongly with all participants, across grade levels. Britta, a first grade teacher shared "Students are coming to

school having experienced more life changing events on their walk to school, than I have experienced in my entire lifetime." Emma, also a primary teacher, expressed her feelings and concern towards her students' home lives and the way this consumes their every thought and action. "It is heartbreaking to see such young children so hopeless, overwhelmed, depressed, sad and defeated."

Teaching coping strategies in early childhood is crucial. Sheri, who teaches at the fourth-grade level, agreed with Emma's observations. During the interview, she stated, "We cannot begin to teach academic content if student social emotional needs are not being met. And that starts with relationship building which can only occur when we truly devote ourselves to understands who the child is, not only what he/she can or can't do."

Students often struggle to maintain attention to tasks and are frequently unable to control their impulses. First-grade teacher Britta utilizes trauma-informed practices to teach students to better control their often-negative impulses, such as to shut down, flee the classroom or engage in negative self-talk about their abilities. Through a variety of restorative practices, she can establish a culture of discussion about emotions/feelings and individual accountability of action. "With Restorative Circles we are able to build community and invite all participants to tell their story. We also create guidelines and collective commitments related to those guidelines which ensure a predictable environment that is safe for traumatized students because of their ability to 'pass' if they are not prepared to tell a story or share an experience." Britta stated, "Students are crying out for relationships yet actively seek to jeopardize any relationship that has been formed. At first it was baffling but through time and experience, I have learned that students are afraid to trust and so I needed to teach them how to learn to open, share feelings and truly rely on those

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around them."

The relationship between trauma-informed practices and their goal of improving students'
overall mental health was a common theme. Trauma-informed education supports stress-
reduction by helping students work towards understanding their thoughts, feelings, negative
experiences and negative emotions (Broderick & Metz, 2009). Both Leigh, a second-grade
teacher, and Hollie, a third-grade teacher, expressed a commitment to the creation of a
therapeutic classroom environment. Leigh described, "The students need safety and security.
They need to see consistently that problems will arise but that as a classroom family, we can use
our skills to overcome the challenges we face."

Research Question 3: What are the trauma-informed practices that teachers implement in an
effort to meet their objectives?

An analysis of the interviews showed that teachers find trauma-informed classroom practices to
be highly effective in working with students who have experienced trauma. The sub-themes that
emerged are understanding the past, avoiding re-traumatizing in the present and building school-
community partnerships for the future. Participants spoke minimally about specific trauma-
informed programs (such as the sanctuary model, the S.E.L.F curriculum and restorative circles)
and instead heavily emphasized trauma-informed "grassroots" approaches, according to which
teachers use their knowledge of trauma to creatively model and build skills for students in
safety, emotional management, self-control and conflict resolution while at the same time
continuously opening lines of communication, maintaining healthy boundaries, building healthy
social relationships and encouraging growth and change. After participants spoke about the
importance of trauma-informed classroom practices within educational settings, they shared the

implications of these strategies. During the interview process, teachers shared the trauma-informed classroom practices most positively received by their students. These practices revolved around the themes of actively seeking to understand students' past, avoiding re-traumatization in the present and advocating for systematic approaches to improve students' experiences for the future.

Effective Trauma-informed Practices

Social functioning, brain development and the ability to achieve academic success within a school system is impacted by experienced trauma for the four out of five children who walk through the doors of our schools. Until we in education are able to focus on these circumstances by creating a paradigm shift within our school systems, the staggering statistics of failure for our youth will continue. "Trauma has the potential to affect all students, and implementing a trauma-informed approach in schools that builds on the frameworks presented below has the potential for widespread positive effects on students' academic and social-emotional engagement in the early childhood setting" (Flook, 2016).

Actively Seek to Understand the Past

The impact of trauma can include intense behavioral changes within a child. In addition to physical symptoms, students may get in power struggles with adults, appear tired or lethargic and have a spike in disengagement and/or absenteeism (Kabat-Zinn,1994).

When I asked which implementation strategies worked best for students, Emma, Britta, Hollie and Allie all described their focus for meeting the needs of children impacted by trauma as taking the initiative to understand their past. Emma emphasized that she has not always known how or when to report signs of abuse and/or neglect because her school does not have a

universal tool to formatively assess trauma. Leigh and Sheri shared similar experiences, speaking about how they felt the greatest sense of pride when their professional learning communities took time to develop a protocol to assess past trauma that students have experienced. "I find that the families of my students are more open to the idea of my use of trauma-informed practices because I have taken the time to proactively talk with them about the trauma they have experienced in their own lives. As a result, they see my approaches as a direct response their needs and not something that I am forcing on them without first learning about who they are and what they have endured" Leigh stated.

Britta noted that although the families of her first-grade students were often more hesitant to engage in dialogue about their history of trauma at first, when the dialogue was accompanied by a "take-home" written response packet, they were often more responsive. She stated, "Much like students who have experienced trauma, talking directly about that experience in a face to face manner can be difficult. Families have been much more responsive to a screening tool to uncover an experience of trauma, especially knowing that further assessment and referral to specialized services could be the next step."

Finding the appropriate tool to obtain a trauma history to implement with families takes time and patience. Allie explained, "I think it is very important to be upfront with families about the prevalence of trauma and the schools' responsibility to address family need as a result, particularly when it comes to younger students. I may try setting up a conference in person one day and then reach out over the phone another day. Certain families need more time and different options as they gain comfort and trust."

Hollie had similar experiences to share and introduced a trauma history survey with her families

in more creative ways as well. She observed that her third grade families had already spent the years since kindergarten together and had already achieved a level of comfort. As a result, she held ice breakers, reflective questions, restorative circles and guided meditations with the group, during family orientations and periodically throughout the school year. She noted "Often we incorporate stories and sharing at the beginning of a school year and then we forget to circle back. I'm experimenting with ongoing opportunities to learn about my families and their history of trauma so that they know they have never missed an opportunity to help me understand their lives."

Avoid Re-Traumatization in the Present

In addition to understanding the pasts of students and families, participants also advocated for trauma-informed practices aimed at avoiding re-traumatization in the present. Specifically, teachers shared the value of knowing the child's triggers and engaging in strategies to assist in avoiding the use of strict discipline and consequences. "By early detection of trauma and early recognition of families impacted by same, we can adjust our classroom environments to make sure all students feel comfortable and supported" said Britta. Teachers exposed some key principles that they use to avoid re-traumatization in the present. Emma and Britta equip students with opportunities for choice, positive praise associated with healthy choices and the avoidance of power struggles that result in negative and unsupportive interactions. Hollie shared that "My greatest success as an educator comes with my ability to simply ask my students what they need from me." Sheri and Allie also shared that providing students with freedom and control over choices resulted in their willingness to engage in tasks that are more challenging than they would have asked for as teachers.

Choice-based trauma-informed practices encourage constant awareness of children's emotional states and surrounding environments while also letting the students be the ones in control. Emma explained, "To improve learning, we must address the physical, mental, emotional and social well-being of students. When students are in control, they often share more and when they share, I've learned to remember exactly what they have shared and use it to further my understanding of them as people." Leigh shared similar thoughts as she described the specific time of year or moments within a school day where it is clear to her that traumatized students are being retraumatized as they remember previous occurrences. "A student is more likely to share events from their past that linger or resurface throughout a day with you if they think that you will be responsive, allowing them to make choices for their own ability to learn, based on how they are feeling in this moment" Leigh said.

A Systematic Approach for the Future

Participants disclosed that promoting consistency and safety within their classrooms, even when enforcing school discipline policies, was crucial. Hollie, Sheri and Allie noted that following a plan of constant reflection, understanding and assessment was crucial. "When a traumatized student is having behavioral difficulty, I try to remove the child and myself from the view of an audience and within a separate location, seek to identify with him/her what I can do to help" Sheri said. Hollie added that "we have to teach our students that every situation is an opportunity to learn and grow." Participants disclosed the theme of seeking constantly to minimize or remove the criminalization of traumatized children by seeing behavioral challenges or power struggles as the "crying out for something bigger." Leigh shared that often school systems utilize behavior plans that unconsciously result in the "branding" of students as "behavior problems" that students often cannot bounce back from. "I address this by enforcing my core value that

we all are doing the best we can and that includes the children" said Hollie.

Emma noted the importance of implementing school-wide positive behavioral supports and avoiding discipline approaches that neglect or isolate the traumatized child. This point was emphasized by Leigh, who shared that "Exclusionary discipline practices communicate the message of rejection, re-traumatizing the child."

Research Question 4: What are the influences outside of the classroom that teachers describe as impacting the success of trauma-informed classroom practices?

Careful analysis of the participant responses highlighted key themes regarding the outside influences that have the potential to make or break the effectiveness of the trauma-informed practices used within the classroom. These areas were faculty and staff professional development opportunities, systematic approaches and consistent and quality support by mental health professionals or experts in the field of trauma.

All participants in this study spoke about the need for those in positions of authority within schools to expect, create and instill a culture of trauma-sensitive approaches school-wide. Emma and Britta specifically cited strategic planning and assessment of staff training needs as part of impacting success. "It is important to confidentially review and plan for individual cases and develop community partnerships in order to meet student/family needs," Britta said. Allie and Sheri also noted that policies such as school discipline policies must be reviewed and evaluated on an ongoing basis to ensure they reflect an understanding of the role of trauma in student behaviors. Participants also spoke repeatedly about the importance of building relationships and connect within and among their community.

All participants were very specific when it came to the type of staff training that was necessary for success. Hollie and Leigh noted that the home to school relationship is not only important but is needed as an area of focus, while Allie and Sheri emphasized professional development aimed at helping traumatized children regulate their emotions as a top priority.

"Overall, I have found that it is crucial to identify and access outside supports because interdependence among service providers is necessary. We can't be expected to only rely on ourselves within our classrooms and instead need to be encouraged and supported to admit that we don't have the answers and that someone else might," Hollie stated. "Schools need to create relationships with mental health providers, mediation centers and social workers within the community so that everyone can feel supported and benefit," stated Allie. Sheri and Leigh described the need for staff to have clinical supports and ongoing opportunities for participation in sessions with their peers' mental-health professionals through professional learning community sessions and wellness events. Emma commented on this point as well by noting that "for my students and families, mental health resources, referrals and relationships are a must."

Hollie expressed that outside of the classroom, it is essential to identify and build on both student interest and ability as well as ensure comfort through the maintenance of structured routines and explicit expectations. This theme was reiterated by Leigh and Britta, who discussed language-centered approaches to assist students with both processing and anxiety. Britta said, "students who have experienced trauma tend to notice and respond more to nonverbal (verses verbal) communication. Both Emma and Allie noted that outside of the classroom, school evaluations, such as speech/language, occupational or physical therapy and behavioral intervention plans are crucial.

All six participants spoke about the need for school policies, procedures and protocols to represent trauma-informed education and current research. "We need our administrators to balance their request for accountability with an understanding of traumatic behavior," said Emma. This was reiterated by Sheri and Hollie, who spoke about the need for school policies to have clear and consistent rules and consequences yet also need to minimize disruptions to education with an emphasis on positive behavioral supports and behavioral intervention plans. All participants expressed that communication procedures must maintain confidentiality and constantly be driven by identified data points as well as new and emergent research, theory and practices.

Research Question 5: How do teachers who practice trauma-informed practices in their classrooms assess the effectiveness of these practices in meeting their objectives?

The analyses of the interview responses yielded the theme effectiveness of trauma-informed classroom practices based on teacher assessment, as well as two subthemes: academic performance and social relationships. The school district in this study incorporated a trauma-informed professional development series and associated curriculum for their staff to attend. In this qualitative study, the ways in which elementary school teachers assess the effectiveness of trauma-informed classroom practices on elementary-aged children's cognitive and social-emotional development are highlighted.

Academic Improvement

Leigh's assessment of trauma-informed classroom practice on overall student academic achievement was positive. She shared, "While incorporating trauma-informed classroom practices with my second graders, they are able to be more present as learners. I have seen

children come to school sad or angry, but through trauma-informed practices, have watched those emotions shift, allowing the children to free the space in their minds for learning."

Third-grade teacher Hollie described the trauma-informed classroom practices training she received as compelling, rewarding and eye-opening. She stated, "During our training with Trauma-informed Schools, the presenter shared the research around how many kids are impacted by trauma and how events that occurred in early childhood continues to impact them with the long-term effects. It was very clear that my work with trauma-informed practices was necessary beyond this third-grade year, with the potential for its benefits to impact my students for the rest of their lives." Trauma and the stress that it causes change how our body and brain respond to learning. Allie assesses her trauma-informed classroom practices by reviewing notes and observations such as disciplinary reports, student participation and percentage of "time on task" within her classroom. She shared, "If students are able to be present in my classroom, without needing to be removed based on behavior incidents, they have a better chance at learning simply because they are present." Allie supported trauma-informed practices in the classroom, as they have reduced the number of calls to the school administrator for the removal of a student by 75%.

Sheri noticed comparable results with her students. Through her own review of records, she found that since she began using trauma-informed practices with her most challenging students, they have become more engaged with their community and seemingly more connected than they had ever been. She explained, "More of my students are joining after school clubs, engaging in relationships with their peers and even simple things like taking off their coats and hoods to be 'seen' as part of the class. They are more connected."

Kindergarten teacher Emma assesses trauma-informed practices by how often her students participate in lessons and how willing they are to simply open up and speak. She shared that she has her teaching assistant keep a log of how often certain students simply raise their hands to be called on (compared to not engaging in the lesson). She has found a vast improvement in student engagement in learning since she began to use trauma-informed practices, reporting that some students went from never raising their hands in participation to raising them 10 times in one lesson. Emma stated, "Kids impacted by trauma typically do not want to be seen. Through trauma-informed practices I have literally seen students come 'out of their shells' directly in front of me. Often it seems as though their participation and engagement are even surprising them."

Britta measures the success of trauma-informed classroom practice by how often her first-grade students can cope with the feelings of anger and rage that sometimes consume their thoughts, actions and behaviors. At the end of each day, Britta reviews her anecdotal notes and identifies those students who had what she calls "meltdowns" during the day. She compares the amount of time and degree of adult intervention that was required to assist that child out of the distressed state and has found that, overall, the time in meltdown has decreased throughout the time that she has been implementing trauma-informed practices. She explained, "It is not about 'fixing' kids as much as it is about teaching them to cope. We cannot change their past, we cannot change their present, but we can show them that there is a stimulus and a response and that they are allowed to create space between that stimulus and their response, in order to process and seek help and guidance to minimize the impact of their stress or stressful situation."

Stress can negatively impact a child's ability to relax and be present at school. Sheri explained,

"We all know that when we are consumed by a challenging situation, we cannot focus on anything else and 'just moving forward' is often not possible. We cannot even begin to explore academic outcomes (or expect them) until we simply have content, peaceful, open-minded kids sitting in front of us, trusting the system that surrounds them and feel true and genuine support." Trauma-informed classroom practices build community, and building community creates connectedness. "It is that feeling of connectedness that gives children hope and ultimately allows them to buy into what we are teaching and the power of educational systems."

Community Building

Trauma often impacts children's relationships with peers and teachers in both the classroom and the school. Students who have experienced trauma are often unable to fully trust the adults or other peers in their lives and are often negative and withdrawn from their community. The participants in this study shared that, through trauma-informed classroom practices, students are taught that the degree to which they "allow" their traumatic experiences to consume their lives and remove them further from a state of happiness and self-worth is within their control. Current research shows that self-esteem, awareness and regulation are predictors of success for children in school systems, but it also indicates that children who have been exposed to trauma often have difficulty responding to social cues and may withdraw from social situations altogether. Hollie reiterated, "Trauma-informed classroom practices have created a warm, welcoming and connected environment for all who enter my classroom." Trauma-informed practices have been shown to improve children's awareness of others and help them build positive relationships that have the potential to forever change their lives.

The ability to problem-solve, believe in oneself, understand the feelings of others and control

one's own emotions while at the same time honoring them are crucial in developing and building community. First-grade teacher Britta stated, "I teach my students through trauma-informed classroom practices so that they can learn that in a healthy community every tool for success stems from willingness to engage." Emma sees students take the things they are learning and carry the language and behavior of problem solving into their own interactions and play with peers: "I have noticed that trauma-informed classroom practices often benefit students' relationships towards each other. It starts with the recognition that feelings matter and then transforms to the understanding that we all have feelings that need to be considered in order to feel safe." Children who learn to control themselves make better social and academic choices than children who are overly angry, aggressive, or impulsive (McCallum & Price, 2010).

Leigh has taught second grade for nine years and described how the children whom she teaches truly have never learned the appropriate way to explain their feelings to others. She stated, "Children need to be taught to identify the triggers that cause an emotional response. Once they can pinpoint what exactly shifts them off and disrupts their regulation, they are better able to 'see it coming' and change the trajectory." Hollie finds that her third graders often respond inappropriately to others simply because they are tired. She applied trauma-informed practices aimed at helping her students to identify their own moods and energy level as they come into the classroom. "When we don't get enough sleep, our patience is more easily tested, and we tolerate much less from those around us. Simple 'weather checks,' where students are independently homing in on their level of restfulness, allows for them to independently self-assess if they are available to have positive interactions with classmates."

Emma and Britta emphasized the need to develop and enhance resilience in students at the

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elementary grades. Britta shared, "We all demonstrate resilience in different ways and access healthy support systems to guide us through resiliency." Emma noted, "it is absolutely crucial for all children to have safe zones and safe people within their lives where they can be themselves and express how they are feeling in any given moment, without judgment."

Both fourth-grade teachers agree that the trauma-informed practices helped their students manage conflict among their peers with greater success. Sheri explained, "When students know that they are surrounded by people who truly know them and are there to support their needs without judgment, unconditionally, they feel safe."

Allie stated, "As educators, we have to fill many roles for the students we serve. Especially for students who have experienced trauma, these roles cannot be identified on a job description nor in a handbook. We are often the space where students can fall apart because they know that regardless, we will be here to put them back together again." Trauma-informed practices can help children take hold of their own lives, their own futures and their own resiliency. Forging relationships and building communities that encourage resiliency are necessary for that to happen.

Fifth-grade teacher Allie believes that no matter what, children need to know that, despite their struggles, there is something good about where they have come from and the people who surround them: "Despite the trauma my students have faced, often at the hands of their own parents, it is essential that I teach them to view their own families with compassion. If they can do that, they can start to make steps towards forgiveness."

Summary

This chapter reported on the outcome of the analysis of the interviews regarding the use of trauma-informed classroom practices within elementary schools. These results aligned with the literature reviewed in this study as well as with the research questions reviewed by a jury of experts. The teachers' lived experiences and extensive observations provided a comprehensive assessment of the use of trauma-informed classroom practices. Trauma-informed classroom practices were described as positive and effective ways to both build community within a classroom setting and assist students with developing the coping strategies necessary for them to be focused and present and physically and mentally ready to be exposed to learning and content.

Teachers emphasized their own learning about trauma in general and how essential this was for them to even begin to create a trauma-informed environment for their students. As a result of their learning, they even identified areas of trauma within their own lives of which they had previously not been aware. As a result, they were able to better understand themselves as people and highlight the things that they needed to be successful learners in school. All of this knowledge and understanding influenced their teaching and the therapeutic environments they then strived to create for their students in their trauma-informed classrooms.

The teachers interviewed spoke extensively about the impact of trauma-informed practices on building positive relationships and on overall community-building within their classrooms and entire school communities. School involvement, willingness to engage and participate and strengthened student-to-student and student-to-teacher relationships were identified as outcomes of the use of trauma-informed classroom practices.

In Chapter 5, a summary of the purpose, research questions, theoretical framework and

methodology is presented, and the research findings and implications for trauma-informed

classroom practice moving forward are discussed. Finally, recommendations for future research

on trauma-informed practices with elementary-aged children are presented.

CHAPTER 5

IMPLICATIONS

The relationship of these findings with those of extant research and the implications of this study provide insight into the valuable future research that could be conducted to gain further understanding of, insight into and information on best practices. The use of trauma-informed classroom practices within two elementary schools in the Hudson Valley, New York, were closely studied and analyzed through the use of interviews to gain insight into elementary school teachers' perceptions regarding trauma-informed classroom practices and their overall effectiveness. The purpose of this study is to understand the connection between the trauma-informed classroom practices teachers implement and their potential to produce consistent and positive effects on student learning, community building and social-emotional learning within the classroom and educational community. The findings are compared to current research, and thoughts regarding consequential implications for interested researchers to study in the future are highlighted.

Overview of the Study

The goals and perceptions of elementary school teachers regarding the use of trauma-informed classroom practices as a strategy for increasing student learning and building community were examined within this study. In addition, it explored the teachers' goals in using trauma-informed practices in the classroom, the specific strategies used and barriers to implementing trauma-informed practices with students. The current study was guided by one overarching research question: What are the perceptions of teachers who practice trauma-informed classroom practices of its influence on students' academic, social and emotional engagement in the

elementary school setting? The five sub-questions are presented below:

1. How do teachers who employ trauma-informed classroom practices describe the impact of these practices on their personal lives?

2. How do teachers who employ trauma-informed classroom practices describe their objectives for the use of these practices?

3. What are the trauma-informed classroom practices that teachers implement in an effort to meet their objectives?

4. How do teachers who employ trauma-informed practices in their classrooms describe the impact of these practices in meeting their objectives?

5. What are the influences outside of the classroom that teachers describe as impacting the success of trauma-informed classroom practices within their classrooms?

Methodology

The six participants that met the criteria (teaching in elementary school grades K–5, having two or more years of teaching experience, having training in trauma-informed classroom practices and having used trauma-informed practices in the classroom for at least one year) were interviewed in a semi-structured manner using the identified research questions and accompanying follow-up questions when needed for clarification and to achieve further depth. Interview questions, asked in sessions of about 45 minutes, focused on the teacher's background and personal use of trauma-informed practices, the goals of trauma-informed practices, the use of trauma-informed practices in the classroom and the successes, as well as struggles, related to the use of these trauma-informed practices within the elementary school classroom. Many

themes emerged in the interview process, transcribed with the use of NVivo software, resulting both in parallels to current research and in new themes not yet showcased in current research.

Summary of Findings

The findings from the interviews indicate parallels to current studies and with literature that exists, supporting existing literature and building its credibility, as well as adding to that literature by gaining information from a new set of educators, who provided vivid and lived examples of their own unique experiences with trauma-informed practices.

The main research question was aimed to gain insight into the experiences of teachers who practice trauma-informed practices in the classroom and their perceptions of the influence thereof on early elementary students' academic learning and social-emotional engagement in the early childhood setting. As a result, this study concluded that trauma-informed classroom practices play a critical role in positively impacting the success of students, allowing them to improve in terms of academics, as well as in improved relationships with their peers, teachers and entire educational communities. The teachers in this study overwhelmingly reported the perception that trauma-informed practices are both effective and important in building the skills necessary for their students to fully overcome the challenges of their past and, in turn, ensure a better future.

The results of this study added knowledge on the use of trauma-informed classroom practices in fostering skills to build student success. Student success is influenced by trauma-informed practices used in the classroom because these strategies result in the creation of a safe learning environment in which students are able to cope with the challenges of their past and present and are better able to learn. Sub-themes that emerged from each main theme of this study provide

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insight into the significance of trauma-informed classroom practices on elementary school children as perceived by teachers within this study.

Benefits of Trauma-informed Practice on the Lives of Teachers

Trauma-informed classroom practices and learning about trauma in general have created greater self-efficacy within teachers. Through their own education about the effects of trauma, participants' own fear, resistance and triggers decreased, as they gained a better understanding of who they are as people and of the impact of their own lived experiences on their outlook in life. All participants expressed that through first learning about trauma for themselves and critically reflecting on the way trauma has impacted them, a foundation for a better connection with their students was forged. Existing research supports the importance of trauma-informed strategies as a daily practice and worthwhile for educators. Kabat-Zinn (2003) emphasized the importance of instructor practice in order to have a unique and lived experience to bring to students. Research shows that training must be consistent and that networking with state and local trauma networks will ensure that the appropriate skills, practices and tools are developed for teachers while also emphasizing to them the significance that this learning has for them as people as well.

Building a Skillset for Success

For research sub-question two, how do teachers describe their goals for using trauma-informed practice in the classroom, the results show that participants implemented trauma-informed practices as a way to enhance student success by providing students with the tools and strategies to cope with the feelings and emotions that plague and consume them. Participants saw, experienced and "felt" the benefit of these strategies within their own lives and thus wanted to

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provide the same support to students in the school setting. The goal of trauma-informed

classroom practices used in existing studies were to teach students how to understand their

thoughts, feelings, experiences and resulting negative emotions (Broderick & Metz, 2009).

Children who can identify their feelings and then take the time to process a healthy response to

those feelings are on the road to recovery and self-actualization.

For research sub-question three, what trauma-informed practices do teachers implement in an

effort to meet their objectives, three main categories emerged: understanding the impact of past

trauma, avoiding re-traumatization in the present and ensuring a systematic approach for the

future. Trauma impacts healthy development in children in many ways, manifesting in anything

from difficulty regulating body temperature to brain development. The practices for addressing

the impact of trauma in the classroom emphasize relationship-building and intense learning

about trauma on the part of the educational professional. This is emphasized in current literature

as well as in the responses of the participants. For example, Sauer and Yates (2012) conducted

one of the few studies on teacher perception of trauma-informed classroom practices and

summarized that "when you seek to address the impacts of trauma, you can throw everything

out know about regular child development out the window and start to look at each individual

kid and say, 'Where might they need some help in developing a skill or practicing something

that for whatever reason, did not develop along the way?'" Few studies provide exact steps or

specific strategies for addressing the impact of trauma within the classroom setting, and

participants within this study conveyed the same, citing an understanding of the past, a

conscious effort in the present and a strategic, systematic plan for the future as the model for this

work. The ongoing connection with current research and the participants within this study is

that, within our schools, we must be prepared to support children who have experienced trauma,

even if we do not know exactly who they are.

Classroom Observations

The results show that each teacher perceived the use of trauma-informed classroom practices as helpful in engaging students by creating safe and nurturing environments in which they could be free to trust, be present and learn.

Although academic achievement improved through the use of trauma-informed classroom practices, there was no concrete or definitive trend in the responses of the participants that spoke specifically to the extent to which grades or academic results had been impacted.

Teacher perceptions of increased trust on the part of the students in the adults around them and willingness to continue to open up and share their story align with research on trauma-informed practices in schools overall. There was an overall environmental shift from a fight-or-flight reaction to a calm, peaceful and centered presence. As a result, teachers were better able to build relationships with students and students with each other. The teachers in the study were adamant that it essential to ensure a consistent and ongoing trauma-sensitive environment within their classrooms so as to not re-traumatize the student. They found that at times this conflicted with the Code of Conduct and predetermined consequences for behavioral issues but appreciated the support by administration to allow them flexibility in their responses to student misbehavior in order to ensure that the foundation that had been established did not deteriorate.

Outside Factors As Barriers

For research sub-question five, what are the influences outside of the classroom that teachers describe as impacting the success of trauma-informed classroom practices within their classrooms, the analyses of the interview responses show the theme effectiveness of trauma-

informed classroom practices based on teacher assessment, with two subthemes: academic performance and social relationships. Having an organized, well-aligned and thorough curriculum that is based on the elements of trauma-informed instruction is essential in introducing these practices to students.

The school district in this study incorporated a trauma-informed curriculum as a direct result of the analysis of the challenges that many of their teachers were facing in terms of student behavior, a lack of family involvement and unsafe classroom environments due to student-to-student and student-to-staff conflict. Teachers came to the table knowing that they needed more support and feeling overwhelmed with their seeming inability to meet the needs and demands of these challenging students. They already had buy-in and as a result embraced the curriculum with endorsement and support.

Based on the current literature and the analysis of participants' lived experiences, the awareness of trauma and the stress caused by it can change how our bodies and brains respond to the current situations we are involved in. Certain triggers of which an adult is completely unaware can bring students back to "another place or time." The teachers in this study shared that the use of trauma-informed practices assisted in building stronger relationships and realizing an overall environment that was more conducive to learning, development and growth.

Implications

This study resulted in an understanding that there are a number of sound implications in terms of the use of trauma-informed classroom practices, specifically within elementary schools. The theory and practice, along with the results of this study, conclude that teachers who are experienced and trained in trauma and the implications thereof perceive positive benefits from

using trauma-informed practices in their classrooms. This study also revealed that by learning about trauma, teachers are better able to identify the sources that exist in their own lives and then use that information to better connect with their students. Through the use of trauma-informed approaches, teachers can better meet the needs of their most struggling learners. Through the creation of a safe and predictable environment, relationships are created and students are better able to learn the coping strategies necessary to address the challenges within their past in order to ensure a better future.

Limitations

This study is limited in in terms of sample size, demographics and participant experience. For this study, the sample size was small and only represents grades kindergarten through fifth grade in one school district. Teachers who are in other areas of New York may have different experiences and perceptions of trauma-informed classroom practices, exposure to quality professional development and investment by school administrators. As a result, future research related to trauma-informed classroom practices should seek to gain data and insight across a larger and more diverse population of teachers and schools.

Another limitation of the study is that the sample used was composed of educators who had taken the initiative, based on their own interest, to engage in learning around trauma-informed instructional practices. In other words, they were not forced to participate and instead had become actively involved on their own. The six teachers interviewed were already familiar with and personally using trauma-informed classroom practices before being introduced to this initiative by their school and had an active role in spreading their learning to their schools and thus gaining the support of their administration to implement additional professional

development opportunities. Teachers who are new to the profession, new to trauma-informed practices or forced to participate in professional development were not included, and their lived experiences may differ.

In addition, this study is limited by the interview method, as the study involved only interviews with the teachers; the data did not include observations of actual trauma-informed instruction taking place within a classroom and, as a result, there could be a discrepancy between what teachers reported and what took place within the classroom. Thus, it would be beneficial to engage in future research that involves actual observations of trauma-informed classroom practices.

Recommendations for Policy, Practice and Future Research

Schools can be stressful in and of themselves without the added challenge that ACES present for incoming students. Trauma-informed classroom practices can create a therapeutic environment that is able to address these challenges. With the call for more social and emotional learning in schools and all of the benefits seen from trauma-informed classroom practices, the first recommendation is to adopt a policy to implement trauma-informed practices in the elementary school curriculum.

Trauma-informed classroom practices should be used because they can offer students ways to manage the demands in their lives and the pressures and obstacles they have to deal with as a result of the trauma they have experienced. Trauma-informed classroom practices help teachers focus on the whole child instead of just the content that the child must learn in school, and they can help students to strenghten their ability to cope with the emotions that are a result of what they have endured.

Previous studies have prioritized results in terms of achievement as the basis of determining the success of a trauma-informed program. Instead, success should be evaluated based on the social emotional growth, progress and development of the students involved in the use of trauma-informed practices. Teacher self-efficacy and professional development should be a focus of time, money and attention. Continuous educational training and professional development for faculty, staff and the community on trauma-informed practices are essential. An assessment policy should be used to assess the trauma-informed practices that have been used and have produced the most positive outcomes, and those practices should be replicated, while the non-effective approaches should be discontinued. A committee including all stakeholders should be formed to determine how to apply trauma-informed classroom practices into the current school curriculum. The findings and analysis of teacher experiences have several implications for educators and school administrators and for teachers who desire to utilize trauma-informed practices within their own teaching. As trauma-informed approaches are explored and utilized within our classrooms, school and district administrators should pay close attention to the amount of resources, reflection, open dialogue and professional development that is being offered to and encouraged among teachers. Consideration needs to be given to the fact that this is not a "one-and-done" intervention and instead requires ongoing effort and resources provided on a regular basis to those working with traumatized students. Ongoing and frequent follow-ups will allow staff to critically reflect on their practice and the outcomes of their efforts, and relentless support and guidance have the potential to create the needed support systems at the structural level.

The impact of parent involvement on the effectiveness of trauma-informed classroom practices was not examined in this study. Research shows that trauma often occurs at the hands of parents,

so encouraging opportunities for families themselves to learn and practice trauma-informed approaches to difficult situations at home may result in even more success for students.

The challenges and boundaries that teachers encounter when implementing trauma-informed classroom practices should be considered when determining which curricula and practices are adopted and utilized. It is crucial to understand that teacher self-efficacy plays a major role, and time and attention must be given to helping teachers themselves to explore and address the trauma, both past and present, in their lives.

A trauma-informed curriculum committee should be developed to create an assessment tool. The consistent and ongoing review of practices being used in classrooms and the recommendations identified from this should be shared with teachers. Assessing this initiative is vital to the success of trauma-informed implementation within the elementary curriculum and classroom structures.

Future trauma-informed education research is needed to explore the impacts on students at the middle- and high-school levels, both within and outside of public schools. A quantitative analysis or mixed-methods approach is exceedingly important for future research. It would also be beneficial to explore an experimental design including randomization, control groups, and objective and subjective measures from multiple sources, including the child, parent, teacher and community members, if appropriate.

Another recommendation for future research would be to explore exactly which classroom practices are most easily and successfully replicated across various settings and with a larger population or longitudinal study method. Teacher self-efficacy plays a major role in the success of classrooms in which trauma has affected the lives of the students, so this topic should be

explored in future research as well. Finally, it would be useful for future research to gain insight into those circumstances in which teachers are forced to engage in learning about trauma-informed instructional practices, compared to this study, in which they had chosen voluntarily to engage in this type of professional development based on their own interest and initiative.

Conclusion

The purpose of this study was to gain insight into trauma-informed classroom practices and their impact on student learners, specifically in terms of community-building and both academic and social emotional learning. The findings of this study add to the current body of research that exists on trauma-informed classroom practices in education. Trauma exposure interferes with the ability of young people to develop in a healthy manner. This study demonstrates that trauma-informed classroom practices in schools can create safe, therapeutic learning environments, allowing for improved relationship building for children and overall academic success.

REFERENCES

Achenbach, T., & Rescorla, L. (2000). An integrated system of multi-informant assessment. Excerpt from Manual for the ASEBA Preschool Forms & Profiles. Burlington, VT: University of Vermont, Research Center for Children, Youth, & Families, pp. 74–100.

Albrecht, N.J., Albrecht, P. M., & Cohen, M. (2012). Mindfully teaching in the classroom: a literature review. *Australian Journal of Teacher Education*, 37 (12), 1-14.

Amaya-Jackson, L., & DeRosa, R. (2007). Treatment considerations for clinicians in applying evidence-based practice to complex presentations in child trauma. *Journal of Traumatic Stress, 20*, 379–390.

Anand U., Sharma M. P. (in press). Impact of a trauma-informed instruction-based stress reduction program on stress and well-being in adolescents: a study at a school setting. J. Indian Assoc. Child Adolesc Mental Health.

Arvidson, J., Kinniburgh, K., Howard, K., Spinazzola, J., Strothers, H., Evans, M., et al. (2011). Treatment of complex trauma in young children: Developmental and cultural considerations in application of the ARC intervention model. *Journal of Child & Adolescent Trauma, 4*(1), 34–51.

Badenoch, B. 2008. Being a Brain-Wise Therapist: A Practical Guide to Interpersonal Neurobiology. Interpersonal Neurobiology series. New York: Norton.

Baijal, S., Jha, A. P., Kiyonaga, A., Singh, R., & Srinivasan, N. (2011). The influence of concentrative meditation training on the development of attention networks during early

adolescence. *Frontiers in Psychology, 2*, 1-9.

Bankart C. P. (2003). Five manifestations of the Buddha in the west: a brief history, in Psychology and Buddhism: From Individual to Global Community, eds Docket K. H., Dudley-Grant G. R., Bankart C. P., editors. (New York; Boston; Dordrecht: Kluwer Academic/Plenum Press;), 45–69.

Barnes, V. A., Davis, H. C., Murzynowski, J. B., & Treiber, F. A. (2004). Impact of meditation on resting and ambulatory blood pressure and heart rate in youth. *Psychosomatic Medicine, 66*(6), 909-914.

Beauchemin J., Hutchins T., Patterson F. (2008). Trauma-informed instruction meditation may lessen anxiety, promote social skills, and improve academic performance among adolescents with learning disabilities. Complement. Health Pract. Rev. 13, 34–45.

Biegel G., Brown K. W. (2010). Assessing the efficacy of an adapted in-class trauma-informed instruction-based training program for school-age children: a pilot study.

Birnie, K., Speca, M., & Carlson, L. E. (2010). Exploring self-compassion and empathy in the context of trauma-informed instruction-based stress reduction (MBSR). *Stress and Health, 26*(5), 359–371.

Black, D., & Fernando, R. (2014). Trauma-informed instruction training and classroom behavior among lower income and ethnic minority elementary school children. *Journal of Child and Family Studies*, 23 (7), 1242-1246.

Black, D.S., Milam, J., & Sussman, S. (2008). Sitting-meditation interventions among youth: A

review of treatment efficacy. *Pediatrics*, 124(3), 532-541.

Blair, C. (2010). Stress and the development of self-regulation in context. *Child Development Perspectives,* 4(3), 181-188.

Blaustein, M., & Kinniburgh, K. (2010). Treating traumatic stress in children and adolescents: How to foster resilience through attachment, self-regulation, and competency. New York: The Guilford Press.

Blodgett, C. (2012). Adopting ACES screening and assessment in child serving systems. Working paper.

Bloom, S.L., *The Sanctuary Model: Rebooting the Organizational Operating System in Group Care Settings.*, in *Treatment of Child Abuse: Common Ground for Mental Health, Medical, and Legal Practitioners*, R.M. Reece, R.E. Hanson, and J. Sargent, Editors. 2014, John Hopkins University Press: Baltimore. p. 109-117.

Bloom, S.L., *Creating, Destroying and Restoring Sanctuary Within Caregiving Organisations. ,* in *From Broken Attachments to Earned Security: The Role of Empathy in Therapeutic Change. The John Bowlby Memorial Conference*, A. Odgers, Editor. 2014, Karnac: London.

Bloom, S.L. and B. Farragher, *Restoring Sanctuary: A New Operating System for Trauma-Informed. Systems of Care.* 2013, New York: Oxford University Press.

Bögels S., Hoogstad B., Van Dun L., De Schutter S., Restifo K. (2008). Trauma-informed instruction training for adolescents with externalizing disorders and their parents. Behav.

Cogn. Psychother. 36, 193–209.

Boyd, J., W.S. Barnett, E. Bodrova, D.J. Leong, & D. Gomby. 2005. "Promoting Children's

    Social and Emotional Development Through Preschool Education." Policy brief. New

    Brunswick, NJ: NIEER.

Bratton, S., Ceballos, P., Sheely-Moore, A., Meany-Walen, K., Pronchenko, Y., & Jones, L.

    (2012). Head Start early mental health intervention: Effects of child-centered play

    therapy on disruptive behaviors. *International Journal of Play Therapy, 22*(1), 28–42.

Briggs-Gowan, M. J., Ford, J. D., Fraleigh, L., McCarthy, K., & Carter, A. S. (2010).

    Prevalence of exposure to potentially traumatic events in a healthy birth cohort of very

    young children in the northeastern United States. *Journal of Traumatic Stress, 23*,

    725–733.

Broderick, P.C., & Metz, S. (2009). Learning to breathe: A pilot trial of a trauma-informed

    instruction curriculum for adolescents. *Advances in School Mental Health Promotion*,

    2(1), 35-46.

Brown, K. W., & Ryan, R. M. (2003). The benefits of being present: trauma-informed

    instruction and its role in psychological well-being. *Journal of Personality and Social*

    Psychology, 84(4), 822-848.

Burke, C.A. (2010). Trauma-informed instruction-based approaches with children and

    adolescents: A preliminary review of current research in an emergent field. *Journal of*

    Child and Family Studies, 19(2) 133-144.

CEC (Council for Exceptional Children). 2009. What Every Special Educator Must Know: Ethics, Standards and Guidelines. 6th ed. rev. Arlington, VA: CEC.

Chiesa, A., & Serretti, A. (2009). Trauma-informed instruction-based stress reduction for stress management in healthy people: a review and meta-analysis. *The Journal of Alternative and Complementary Medicine, 15*(5), 593–600.

Chiesa, A., & Serretti, A. (2010). A systematic review of neurobiological and clinical features of trauma-informed instruction meditations. *Psychological Medicine, 40*(08), 1239–1252.

Coffey, K.A., Hartman, M., & Fredrickson, B.L. (2010). Deconstructing Trauma-informed instruction and Constructing Mental Health: Understanding Trauma-informed instruction and its Mechanisms of Action. *Trauma-informed instruction,* 1(4), 235-253.

Cohen, J., Mannarino, A., & Deblinger, E. (2006). *Treating trauma and traumatic grief in children and adolescents*. New York: Guilford Press.

Cole, S.F., J.G. O'Brien, M.G. Gadd, J. Ristuccia, D.L. Wallace, & M. Gregory. 2005. Helping Traumatized Children Learn: Supportive School Environments for Children Traumatized by Family Violence. A Report and Policy Agenda. Boston: Massachusetts Advocates for Children.

Condon, P., Desbordes, G., Miller, W. B., & DeSteno, D. (2013). Meditation increases compassionate responses to suffering. *Psychological Science, 24*(10), 2125–2127.

Cook, A., Spinazzola, J., Ford, J., Lanktree, C., Blaustein, M., Cloitre, M., et al. (2005). Complex trauma in children and adolescents. *Psychiatric Annals, 35*(5), 390–398.

Davidson R. J., Kabat-Zinn J., Schumacher J., Rosenkanz M., Muller D., Santorelli S. F., et al.
(2003). Alterations in brain and immune function produced by trauma-informed
instruction meditation. Psychosom. Med. 65, 564–570.

Davis, T.S. (2012). Trauma-informed instruction-Based Approaches and their potential for
educational psychology practice. *Educational Psychology in Practice*, 28(1), 31-46.

Delaney-Black, V., C. Covington, S.J. Ondersma, B. Nordstrom-Klee, T. Templin, J. Ager, J.
Janisse, & R.J. Sokol. 2002. "Violence Exposure, Trauma, and IQ and/or Reading
Deficits Among Urban Children." Archives of Pediatrics and Adolescent Medicine 156
(3): 280–85.

Desbordes, G., Negi, L. T., Pace, T. W., Wallace, B. A., Raison, C. L., & Schwartz, E. L.
(2012). Effects of mindful-attention and compassion meditation training on amygdala
response to emotional stimuli in an ordinary, non-meditative state. *Frontiers in Human
Neuroscience, 6*.

Diamond A. (2010). The evidence base for improving school outcomes by addressing the whole
child and by addressing skills and attitudes, not just content. Early Educ. Dev. 21, 780–
793.

Durlak J. A., Weissberg R. P., Dymnicki A. B., Taylor R. D., Schellinger K. B. (2011). The
impact of enhancing students' social and emotional learning: a meta-analysis of school-
based universal interventions. Child Dev. 82, 405–432.

Dweck, C.S. (2010). Evan Genuises Work Hard. *Educational Leadership*, 68(1), 16-20.

Eberth J., Sedlmeier P. (2012). The effects of trauma-informed instruction meditation: a meta-analysis. Trauma-informed instruction3, 174–189.

Erisman, S.M., & Roemer, L. (2010). A preliminary investigation of the effects of experimentally induced trauma-informed instruction on emotional responding to film clips. *Emotion.* 10(1), 72-82.

Felitti, V., Anda, R., Nordenberg, D., Williamson, D., Spitz, A., Edwards, V., et al. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) Study. *American Journal of Preventive Medicine, 14*(4), 245–258.

Finkelhor, D., Turner, H., Ormond, R., & Hamby, S. (2009). Violence, abuse, and crime exposure in a national sample of children and youth. *Pediatrics, 124*, 1411–1423.

Flook, L., Goldberg, S. B., Pinger, L., Bonus, K., & Davidson, R. J. (2013). Trauma-informed instruction for teachers: A pilot study to assess effects on stress, burnout, and teaching efficacy. *Mind, Brain, and Education, 7*(3), 182–195.

Flook L., Smalley S. L., Kitil M. J., Galla B. M., Kaiser-Greenland S., Locke J., et al. (2010). Effects of mindful awareness practices on executive functions in elementary school children. J. Appl. Sch. Psychol. 26, 70–95.

Garro, A., Brandwein, D., Calafiore, T., & Rittenhouse, N. (2011). Understanding and addressing early childhood trauma. *Communique, 40*(3), 21–24.

Ghosh Ippen, C., Harris, W., Van Horn, P., & Lieberman, A. (2011). Traumatic and stressful

events in early childhood: Can treatment help those at highest risk? *Child Abuse and Neglect, 35*, 504–513.

Gilliam, W. (2005). Prekindergarteners left behind: Expulsion rates in state prekindergarten systems. New Haven, CT: Yale University Child Study Center.

Ginsburg, K.R. 2007. "The Importance of Play in Promoting Healthy Child Development and Maintaining Strong Parent–Child Bonds." Pediatrics 119 (1): 182–91.

Graham-Bermann, S., Castor, L., Miller, L., & Howell, K. (2012). The impact of intimate partner violence and additional traumatic events on trauma symptoms and PTSD in preschool-aged children. *Journal of Traumatic Stress, 25*, 393–400.

Goldin, P. R., & Gross, J. J. (2010). Effects of trauma-informed instruction-based stress reduction(MBSR) on emotion regulation in social anxiety disorder. *Emotion, 10*(1), 83.

Grossman P., Niemann L., Schmidt S., Walach H. (2004). Trauma-informed instruction-based stress reduction and health benefits. A meta-analysis. J. Psychosom. Res. 57, 35–43.

Herman, J. [1992] 1997. Trauma and Recovery: The Aftermath of Violence—From Domestic Abuse to Political Terror. New York: Basic.

HHS (US Department of Health and Human Services, Administration on Children, Youth, and Families, Children's Bureau). 2013. Child Maltreatment 2012. Annual report.

Hölzel, B. K., Carmody, J., Vangel, M., Congleton, C., Yerramsetti, S. M., Gard, T., & Lazar, S. W. (2011). Trauma-informed instruction practice leads to increases in regional brain gray matter density. Psychiatry Research: Neuroimaging, 191(1), 36–43.

Hoge, E. A., Bui, E., Marques, L., Metcalf, C. A., Morris, L. K., Robinaugh, D. J., … Simon, N. M. (2013). Randomized Controlled Trial of Trauma-informed instruction Meditation for Generalized Anxiety Disorder: Effects on Anxiety and Stress Reactivity. *The Journal of Clinical Psychiatry, 74*(8), 786–792.

Jennings, P. A., Frank, J. L., Snowberg, K. E., Coccia, M. A., & Greenberg, M. T. (2013). Improving Classroom Learning Environments by Cultivating Awareness and Resilience in Education (CARE): Results of a Randomized Controlled Trial. *School Psychology Quarterly, 28*(4), 374–390.

Jha, A. P., Krompinger, J., & Baime, M. J. (2007). Trauma-informed instruction training modifies subsystems of attention. *Cognitive, Affective, & Behavioral Neuroscience, 7*(2), 109–119.

Jones, D. E., Greenberg, M., & Crowley, M. (2015). Early Social-Emotional Functioning and Public Health: The Relationship Between Kindergarten Social Competence and Future Wellness. *American Journal of Public Health, 105*(11), 2283–2290.

Kabat-Zinn, J. (2005). Trauma-informed instruction-based interventions in context: Past, present, and future. Clinical Psychology: Science and Practice, 10(2) 144-156.

Kemeny, M. E., Foltz, C., Cavanagh, J. F., Cullen, M., Giese-Davis, J., Jennings, P., … Wallace, B. A. (2012). Contemplative/emotion training reduces negative emotional behavior and promotes prosocial responses. *Emotion, 12*(2), 338.

Koomar, J.A. 2009. "Trauma- and Attachment-Informed Sensory Integration Assessment and Intervention." Sensory Integration: Special Interest Section Quarterly 32 (4): 1–4.

Koplow, L. & J. Ferber. 2007. "The Traumatized Child in Preschool." Chap. 10 in Unsmiling

    Faces: How Preschools Can Heal, 2nd ed. L. Koplow, 175–93. New York: Teachers

    College Press.

Liehr, P., & Diaz, N. (2010). A Pilot Study Examining the Effect of Trauma-informed

    instruction on Depression and Anxiety for Minority Children. *Archives of Psychiatric*

    Nursing, 24(1), 69–71.

Lieberman, A., Chu, A., Van Horn, P., & Harris, W. (2011). Trauma in early childhood:

    Empirical evidence and clinical implications. *Development and Psychopathology, 23*,

    397–410.

Lieberman, A., & Van Horn, P. (2009). Giving voice to the unsayable: Repairing the effects of

    trauma in infancy and early childhood. *Child and Adolescent Psychiatric Clinics of*

    North America, 18(3),707–720.

Lutz, A., Slagter, H. A., Dunne, J. D., & Davidson, R. J. (2008). Attention regulation and

    monitoring in meditation. *Trends in Cognitive Sciences, 12*(4), 163–169.

Meiklejohn J., Phillips C., Freedman L., Griffin M. L., Biegel G. M., Roach A., et al. (2012).

    Integrating trauma-informed instruction training into K-12 education: fostering the

    resilience of teachers and students. Trauma-informed instruction 3, 291–307.

Mendelson, T., Greenberg, M. T., Dariotis, J. K., Gould, L. F., Rhoades, B. L., & Leaf, P. J.

    (2010). Feasibility and preliminary outcomes of a school-based trauma-informed

    instruction intervention for urban youth. *Journal of Abnormal Child Psychology, 38*(7),

    985–994.

Metz, S. M., Frank, J. L., Reibel, D., Cantrell, T., Sanders, R., & Broderick, P. C. (2013). The effectiveness of the learning to BREATHE program on adolescent emotion regulation. *Research in Human Development, 10*(3), 252–272.

Napoli, M., Krech, P. R., & Holley, L. C. (2005). Trauma-informed instruction Training for Elementary School Students. Journal of Applied School Psychology, 21(1), 99–125.

NCTSNSC (National Child Traumatic Stress Network Schools Committee). 2008. Child Trauma Toolkit for Educators. Los Angeles, CA, & Durham, NC: NCTSNSC.

Neff, K. D., & Germer, C. K. (2013). A Pilot Study and Randomized Controlled Trial of the Mindful Self-Compassion Program. *Journal of Clinical Psychology, 69*(1), 28–44.

Olafson, E., & Connelly, L. (2012). Child abuse assessment strategy and inventories. In L. Sperry (Ed.), *Family assessment: Contemporary and cutting-edge strategies* (2nd ed., pp. 265–308). New York: Routledge.

Ortner, C. N., Kilner, S. J., & Zelazo, P. D. (2007). Trauma-informed instruction meditation and reduced emotional interference on a cognitive task. *Motivation and Emotion, 31*(4), 271–283.

Osofsky, J. D., & Lieberman, A. F. (2011). A call for integrating a mental health perspective into systems of care for abused and neglected infants and young children. *American Psychologist, 66*(2), 120–128.

Pbert, L., Madison, J. M., Druker, S., Olendzki, N., Magner, R., Reed, G., … Carmody, J. (2012). Effect of trauma-informed instruction training on asthma quality of life and lung

function: a randomised controlled trial. *Thorax, 67*(9), 769–776.

Perry, B.D., & M. Szalavitz. 2006. The Boy Who Was Raised as a Dog: And Other Stories From a Child Psychiatrist's Notebook—What Traumatized Children Can Teach Us About Loss, Love, and Healing. New York: Basic.

Perry, D., Dallas Allen, M., Brennan, E., & Bradley, J. (2010). The evidence base for mental health consultation in early childhood settings: A research synthesis addressing children's behavioral outcomes. *Early Education & Development, 21*(6), 795–824.

Piet J., Hougaard E. (2011). The effect of trauma-informed instruction-based cognitive therapy for prevention of relapse in recurrent major depressive disorder: a systematic review and meta-analysis. Clin. Psychol. Rev. 31, 1032–1040.

Piet J., Würtzen H., Zachariae R. (2012). The effect of trauma-informed instruction-based therapy on symptoms of anxiety and depression in adult cancer patients and survivors: a systematic review and meta- analysis. J. Consult. Clin. Psychol. 80, 1007–1020.

Porges, S.W. 2004. "Neuroception: A Subconscious System for Detecting Threats and Safety." Zero to Three 24 (5): 19–24.

Raes, F., Griffith, J. W., Van der Gucht, K., & Williams, J. M. G. (2014). School-based prevention and reduction of depression in adolescents: A cluster-randomized controlled trial of a trauma-informed instruction group program. *Trauma-informed instruction, 5*(5), 477–486.

Roemer, L., Williston, S. K., & Rollins, L. G. (2015). Trauma-informed instruction and emotion

regulation. *Current Opinion in Psychology, 3*, 52–57.

Roeser, R., Schonert-Reichl, K. A., Jha, A., Cullen, M., Wallace, L., Wilensky, R., … Harrison,
J. (2013). Trauma-informed instruction training and reductions in teacher stress and
burnout: Results from two randomized, waitlist-control field trials. *Journal of
Educational Psychology, 105*(3), 787–804.

Sauer S., Walach H., Kohls N. (2011). Gray's behavioural inhibition system as a mediator of
trauma-informed instruction towards well-being. Pers. Individ. Differ. 50, 506–511.

Sauer S., Walach H., Schmidt S., Hinterberger T., Horan M., Kohls N. (2011). Implicit and
explicit emotional behavior and trauma-informed instruction. Conscious. Cogn. 20,
1558–1569.

Scheeringa, M., Salloum, A., Arnberger, R., Weems, C., Amaya-Jackson, L., & Cohen, J.
(2007). Feasibility and effectiveness of cognitive-behavioral therapy for posttraumatic
stress disorder in preschool children: Two case reports. *Journal of Traumatic
Stress,20*(4), 631–636.

Schonert-Reichl, K. A., Oberle, E., Lawlor, M. S., Abbott, D., Thomson, K., Oberlander, T. F.,
& Diamond, A. (2015). Enhancing cognitive and social–emotional development through
a simple-to- administer trauma-informed instruction-based school program for
elementary school children: A randomized controlled trial. *Developmental Psychology,
51*(1), 52-66.

Sedlmeier, P., Eberth, J., Schwarz, M., Zimmermann, D., Haarig, F., Jaeger, S., & Kunze, S.
(2012). The psychological effects of meditation: A meta-analysis. *Psychological*

Bulletin, 138(6), 1139.

Semple, R. J., Lee, J., Rosa, D., & Miller, L. F. (2010). A randomized trial of trauma-informed
  instruction-based cognitive therapy for children: promoting mindful attention to enhance
  social-emotional resiliency in children. *Journal of Child and Family Studies, 19*(2), 218–
  229.

Shahinfar, A., Fox, N., & Leavitt, L. (2000). Preschool children's exposure to violence:
  Relation of behavior problems to parent and child reports. *American Journal of
  Orthopsychiatry, 70*(1), 115–125.

Shapiro, S. L., Brown, K. W., & Biegel, G. M. (2007). Teaching self-care to caregivers: effects
  of trauma-informed instruction-based stress reduction on the mental health of therapists
  in training. *Training and Education in Professional Psychology, 1*(2), 105.

Sibinga, E. M. S., Webb, L., Ghazarian, S. R., & Ellen, J. M. (2016). School-Based Trauma-
  informed instruction Instruction: An RCT. *Pediatrics, 137*(1), 1-8.

Siegel, D.J. 2012. The Developing Mind: How Relationships and the Brain Interact to Shape
  Who We Are. 2nd ed. New York: Guilford.

Silverman, W. K., Ortiz, C. D., Viswesvaran, C., Burns, B. J., Kolko, D. J., Putnam, F. W., et
  al. (2008). Evidence-based psychosocial treatments for children and adolescents
  exposed to traumatic events. *Journal of Clinical Child & Adolescent Psychology, 37*,
  156–183.

Spinazzola, J., Ford, J., van der Zucker, M., Kolk, B., Silva, S., Smith, S., et al. (2005).

Survey evaluates complex trauma exposure, outcome, and intervention among children and adolescents. *Psychiatric Annals, 35*, 433–439.

Stacks, A.M., & T. Oshio. 2009. "Disorganized Attachment and Social Skills as Indicators of Head Start Children's School Readiness Skills." Attachment and Human Development 11 (2): 143–64.

Stallard, P. (2006). Psychological interventions for post-traumatic reactions in children and young people: A review of randomised controlled trials. *Clinical Psychology Review,26*, 895–911.

Stein, B., Jaycox, L., Kataoka, S., Wong, M., Tu, W., Elliott, M., et al. (2003). A mental health intervention schoolchildren exposed to violence: A randomized controlled trial. *Journal of the* American Medical Association, 290, 603–611.

Streeck-Fischer, A., & B.A. van der Kolk. 2000. "Down Will Come Baby, Cradle and All: Diagnostic and Therapeutic Implications of Chronic Trauma on Child Development." Australian and New Zealand Journal of Psychiatry 34 (6): 903–18.

Stubenbort, K., M.M. Cohen, & V. Trybalski. 2010. "The Effectiveness of an Attachment-Focused Treatment Model in a Therapeutic Preschool for Abused Children." Clinical Social Work Journal 38 (1): 51–60.

Swick, K., Knopf, H., Williams, R., & Fields, M. (2013). Family-school strategies for responding to the needs of children experiencing chronic stress. *Early Childhood Education Journal, 41*(3), 181–186.

Van der Kolk, B.A. 2003. "The Neurobiology of Childhood Trauma and Abuse." Child and
 Adolescent. Psychiatric Clinics 12 (2): 293–317.

Van der Kolk, B.A. 2005. "Developmental Trauma Disorder: Toward a Rational Diagnosis for
 Children With Complex Trauma Histories." Psychiatric Annals 35 (5): 401–8.

Weijer-Bergsma E., Formsma A. R., Bruin E. I., Bögels S. M. (2012). The effectiveness of
 trauma-informed instruction training on behavioral problems and attentional functioning
 in adolescents with ADHD. J. Child Fam. Stud. 5, 775–787.

White L. S. (2012). Reducing stress in school-age girls through mindful yoga. J. Pediatr. Health
 Care26, 45–56.

Wolpow, R., M.M. Johnson, R. Hertel, & S.O. Kincaid. 2009. The Heart of Learning and
 Teaching: Compassion, Resiliency, and Academic Success. Olympia, WA: State Office
 of Superintendent of Public Instruction, Compassionate Schools.

Wright, T. 2014. "Too Scared to Learn: Teaching Young Children Who Have Experienced
 Trauma." Research in Review. Young Children 69 (5): 88–93.

Zelazo P. D., Lyons K. E. (2012). The potential benefits of training trauma-informed instruction
 in early childhood: a developmental social cognitive neuroscience perspective. Child
 Dev. Perspect. 6, 154–160.

Zenner, C., Herrnleben-Kurz, S., & Walach, H. (2014). Trauma-informed instruction-based
 interventions in schools—a systematic review and meta-analysis. *Frontiers in
 Psychology, 5*.

APPENDICES

Appendix A IRB Approval Letter

December 11, 2019

Kelly Murray

████████████
████████████

Re: Study ID# 2020-039

Dear Ms. Murray,

At its December meeting, the Research Ethics Committee of the Seton Hall University Institutional Review Board reviewed and approved your research proposal entitled "Teachers Perception of the Influence of Trauma Informed Classroom Practices on Elementary School Students: A Case Study" as submitted. This memo serves as official notice of the aforementioned study's approval as exempt. Enclosed for your records are the stamped original Consent Form and recruitment flyer. You can make copies of these forms for your use.

The Institutional Review Board approval of your research is valid for a one-year period from the date of this letter. During this time, any changes to the research protocol, informed consent form or study team must be reviewed and approved by the IRB prior to their implementation.

You will receive a communication from the Institutional Review Board at least 1 month prior to your expiration date requesting that you submit an Annual Progress Report to keep the study active, or a Final Review of Human Subjects Research form to close the study. In all future correspondence with the Institutional Review Board, please reference the ID# listed above.

Thank you for your cooperation.

Sincerely,

Mara Podvey

Mara C. Podvey, PhD, OTR
Associate Professor
Co-Chair, Institutional Review Board

Office of the Institutional Review Board
Presidents Hall · 400 South Orange Avenue · South Orange, New Jersey 07079 · Tel: 973.275.4654 · Fax 973.275.2978 ·
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Appendix B Letter of Recruitment

Letter of Recruitment

Dear Teacher,

My name is Kelly Murray and I am a student within the Department of Education Leadership Management and Policy program at Seton Hall University. I am emailing you about a research study that I am conducting for my dissertation.

The study that I am leading is about the influence that trauma informed classroom practices have on elementary school students. I am interested in learning about teachers' perspectives on the implementation of trauma informed classroom practices training and how it may impact students in grades kindergarten through six.

You will be asked to answer some interview questions about your personal experiences with trauma informed classroom practices within your classroom. Interviews should take about 45 minutes to complete.

If you are interested in being interviewed, you will be asked to participate by meeting with me to answer questions regarding the trauma informed classroom practices used in your classroom. We can meet when it is most convenient for you, at your school. Also, once the interview has been transcribed, I will ask you to review the interview for accuracy.

Participation in this research study is completely voluntary. Also, you can withdraw any time if you change your mind. IF you do not want to participate, please send me a reply e-mail saying "No Thanks."

If you decide to participate, please understand that I cannot guarantee anonymity, but your identity and the information you disclose during the interview will remain confidential. Pseudonyms will be used instead of interviewee names to preserve confidentiality.

All data will be securely stored on a USB device and will be stored in a locked cabinet within my home to maintain confidentiality. The transcripts will be destroyed three years after the dissertation defense and the audio recordings of the interviews will be destroyed one year after dissertation defense.

If you would like to participate, please provide a date and time when you are available to meet by replying to this e-mail message. Remember that the interview session will take about 45 minutes.
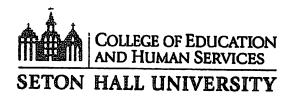

Thank you for your time,

Kelly Murray

Appendix C Informed Consent Form

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Dissertation Title: Teachers Perception of the Influence of Trauma Informed Classroom Practices on Elementary School Students: A Case Study

Researcher's Affiliation

Kelly Murray, a doctoral student within the Department of Education Leadership Management and Policy program at Seton Hall University, is conducting a research study.

Purpose of the Research

The purpose of this research is to examine teachers' perceptions of their experiences with trauma informed classroom practices with elementary school students. The participants for this study were identified because they teach in grades K-6 and have experience in implementing trauma informed classroom practices. The interview should last about 45 minutes.

Procedures

If the participant chooses to be part of this research study, the researcher will ask each participant to be interviewed by the researcher. Before the interview session begins, the study will be explained. The researcher will then ask questions that are related to the study. All dialogue will be audio recorded and transcribed only by the researcher.

Research Study Instrument

Participation in this research will involve one 45 minute interviews. The interview will be conducted at a place and time, which is most convenient for the participant. The contents of this interview will be used for the research study mentioned above. During the interview, questions based on the participant's personal experiences with trauma informed classroom practices as well as the influence they may have on students, will be asked. Below are a few examples of the types of questions the researcher will ask during the interview process.

- How do you describe the impact of trauma informed classroom practices on your personal life?

- How do you describe your objectives for the use of trauma informed classroom practices within your classrooms?

- What are the trauma informed classroom practices that you implement in an effort to meet your objectives?

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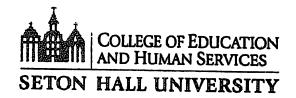
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Voluntary Participation

Participation in this study is completely voluntary and the teacher may decline to participate without any penalty, and any participant may withdraw from the study at any time without penalty. If the participant feels uncomfortable at any time during the interview process, the participant has the right to decline an answer to any question.

Anonymity

Anonymity cannot be guaranteed within this study. All participants will be given a pseudonym so that the researcher can identify their individual responses to interview questions.

Confidentiality

Participant identity and the information disclosed during the interview will remain confidential. All information in this study will be kept private, stored electronically on a USB memory key and kept in a locked, secure physical site. No reference will be made in written or oral materials that will link participants to the study.

Records

To ensure participant's data and responses are safe, all data and recordings will be stored on a USB memory stick in the researcher's home in a locked cabinet. After completion of the study, all records will be locked and stored in a secured cabinet for a minimum of three years. The researcher will be the only person to have access to the cabinet. After three years, all data will be removed and destroyed. Only the researcher will have access to the data and the Seton Hall dissertation committee will review the researcher's output and research findings. Interview recordings will be destroyed after one year.

Risks

There are no likely risks with participating in this research study. If answering questions causes stress, participants may refuse to answer any questions or end the interview at any time. No participant will be forced to complete the study if they wish to end the interview.

Benefits

There are no direct benefits expected to participants. The knowledge gained from the research will add to the existing literature on the use of trauma informed classroom practices with elementary students. The study aims to expand on the influence trauma informed classroom practices may have on elementary school students since there is little information regarding trauma informed classroom practices at the elementary level.
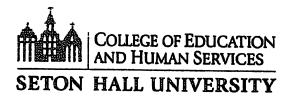
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Participant Reward
Due to the nature of this study, participants will not receive any rewards for their participation.

Compensation
This study does not involve payment.

Alternative Procedures
There are no alternative procedures the participant should be aware of.

Contact Information
If participants should have any questions about the research or their rights as a participant, please contact the following:
Principal Researcher: Kelly Murray, at ██████████ or by email at
Kelly.Murray1@student.shu.edu
Researcher's Advisor: Dr. Daniel Gutmore, can be contacted at ██████████ or by email
at Daniel.Gutmore@shu.edu

Participant Consent

All interviews will be audio-recorded using participants assigned pseudonym. The researcher will transcribe all audiotapes and all tapes will be kept in a locked cabinet in the researcher's home. When the process is completed, tapes will be destroyed appropriately. Transcriptions will also be held for three years, then properly disposed of.

I have read, understand, and had the opportunity to ask questions regarding this consent form. I fully understand the nature and importance of my involvement in this research study as a participant. In addition to agreeing to participate, I also consent to the recording of the interview process.

Consent to participate in this study is indicated by signing your name below. A copy of this signed and dated Informed Consent will be provided to you.

Participant's Signature _____ **Date** _____

Name (printed) _____ **Date** _____

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Appendix D Interview Protocol

Study Title: Teachers Perception of the Influence of Trauma Informed Classroom Practices on Elementary School Students: A Case Study

Time:

Date:

Place:

Interviewer:

Interviewee:

Background Information:

   a. Gender
   b. Age range (21-29, 30-39, 40-49, 50-59, 60-70)
   c. Highest level of educational attainment
   d. Years of teaching experience

Interview Introduction:

Thank you for taking time our of your day to meet with me. I'm interested in learning about your experiences with the use of trauma informed classroom practices in your classroom. More specifically, I am interested in finding out your perceptions on the extent the trauma informed classroom practices implemented within your classroom have an influence on cognitive development and social relationships among elementary students.

Before we start the interview, there are a few things you should know.

   1. I would like to ask for your permission to tape record our conversation. This will help me to give you my full attention now and return to our conversation later for analysis.
   2. Your answers and identity will be confidential.
   3. The interview is designed to gather information from your perspective.
   4. If you want me to stop at any time, just let me know.

I'm going to start with a few questions about your personal experiences with trauma informed classroom practices used within your classroom.

Background Information

   1. What is your role at the school?
   2. How long have you been teaching?
   3. How have you been trained in trauma informed classroom practices?
   4. How long have you been using trauma informed classroom practices in your classroom?

<u>Goals and Structure of Trauma Informed Classroom Practices</u>

1. What outcomes are you looking for from the trauma informed classroom practices you implement within your classroom?
   What are you hoping to see?
   How have trauma informed classroom practices changed your classroom environment? Please give examples.
2. What specific trauma informed classroom practices do you use on a daily basis with your students?
   Can you give me examples?

Influences of Trauma Informed Classroom Practices

1. What aspect of trauma informed classroom practices do you find the most positive/challenging to your practice as a teacher?
   Can you give me examples?
2. What changes, if any, do you notice in student behavior?
   What changes do you notice in student cognitive development?
   What changes do you notice in student social relationships?

Conclusion

Is there anything else you think is important in understanding your trauma informed classroom practices or experience with students?