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Improving Academic Experiences of K-12 Students Through Trauma-Informed Practices

Karen E. Knaebel
Grand Valley State University

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Improving Academic Experiences of K-12 Students Through Trauma-Informed Practices

Karen Knaebel

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Abstract

Adverse childhood experiences, also known as ACEs are being identified in K-12 schools. ACEs can be described as abuse, neglect, and trauma that negatively affects the child. It has been shown that ACEs can lead to mental and physical health impairments and can physically change the brain. This can cause barriers to learning and academic achievement. In my master's project, I address this problem. I also provide literature that supports the benefits of educators being trauma informed, with Cognitive Behavioral Theory and Gestalt Theory as a guide. Finally, I created a professional development presentation for educators to become aware of trauma and its effects on students. The purpose of my project is to show the relevance of identifying children with adverse childhood experiences. In schools all over the world there are children who are dealing with, or have dealt with trauma. I chose this topic because of my personal experiences working in K-12 education and the role that I have currently that can help students facing this issue.

Key words: Adverse Childhood Experiences (ACEs), Trauma, Trauma-Informed

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Chapter 1: Introduction

Problem Statement

The lack of understanding and unpreparedness of educators about childhood trauma in K-12 public schools contribute largely to the student academic underachievement (Plumb et al., 2016). Many educators are unable to identify or understand signs and factors of trauma that students experience and that affect their academic and overall school achievement. Adverse childhood experiences and trauma impact many students' motivation to learn, as a result they underachieve academically (McGruder, 2019). Oftentimes, students who have been exposed to trauma are subjected to school disciplinary measures instead of being supported to overcome the challenges they encounter. Schools need to adopt frames of trauma understanding and strategies to assist their affected students. Adopting such frames has the advantage of improving learners' academic performance, and quality of life (Plumb et al., 2016).

Importance and Rationale for the Project

Students' mental health should be a priority to educators. Students today have not only been living through a pandemic, going through constant changes and suffering loss; but many have also been exposed to traumatic situations as well. This issue is crucial in helping students succeed now and in their futures.

Furthermore, the effects on one's health can be long lasting. According to (Sciaraffa et al., 2018, p.1) on epigenetics research, "toxic stress has the capacity to physically change a child's brain and be hardwired into the child's biology via genes in the DNA." Educators, school staff, and anyone working with children would agree that the fact that trauma a child

experiences can alter their development and their DNA is unsettling. This shows that this topic is important to research and provide important information on.

The burden of trauma cannot be overstated. There is an increased concern about the effects of trauma, yet most professionals in education do not receive training on trauma (Farrell and Taylor, 2017). National data suggests that one in four school-aged children has been through a traumatic event (McConnico et al., 2016). (McConnico et al., 2016) also explains that his number could be higher in areas of low socioeconomic neighborhoods where there is an increased risk for exposure to traumatic events. The negative effects traumatic experiences can have on a child can absolutely lead to a barrier in learning and academic achievement. Trauma is prevalent in school aged children around the world (McConnico et al., 2016 p.36). If one in four children who attend school are exposed to trauma, and there is an association between trauma and success in school, then there is a need for educators to be trained in recognizing trauma and knowing how to best support the students.

Moreover, this topic can provide hope for educators, and anyone with experience with adverse childhood experiences. The brain can be altered negatively through trauma, but it can also be altered positively through counseling, nurturing environments and continued support. “Safe supportive, nurturing environments have been shown to reduce the risk of negative health outcomes associated with ACEs” (Woods-Jaeger et al., 2018.).

Background of the Problem

Schools that have trained educators to be trauma-informed are seeing positive change with their students. Community leaders and school personnel are finding connections between Adverse Childhood Experiences (ACEs) and classroom behavior (Plumb et al., 2016). For

instance, in one school-year, a school in Washington had 798 suspensions, 50 expulsions, and 600 office referrals prior to implementing trauma-informed training to staff. One year later, there were only 135 suspensions and 30 expulsions for the school-year. Within five years, the suspensions decreased to 95 for the school-year. This clearly demonstrates how powerful trauma training for educators can be.

Adverse childhood experiences and trauma can affect students' mental wellbeing and academic success. In the 1900s, research between the Centre for Disease Control and Kaiser Permanente's Health Appraisal Clinic in San Diego surveyed more than 17,000 participants about ACEs (Farrell & Taylor). The findings of this study, which examined family dysfunctions and childhood trauma and its impact on health, showed a correlation with ACEs and major risk factors for leading causes of death and poor quality of life (Farrell & Taylor). Within the school systems in the United States there is a growing awareness of how traumatic experience negatively affects childhood development and functioning. Documented trauma symptoms including self-isolation, attentional deficit and hyperactivity, and aggression have created school wide difficulties for schools throughout the United States (Frydman & Mayor). During students' development, their prefrontal cortex undergoes shifts in cognitive and emotional functioning. However, the development can be negatively affected if the student is exposed to trauma (Frydman & Mayor).

This is a relevant and current problem seen in education today. If a child has been through trauma (including but not limited to: physical abuse, neglect, divorced parents, or substance abusing parents), the research shows that their development is altered. (McConnico et al., 2016 p.36) states, "Traumatic experiences may directly affect memory, language, emotional, and brain development." This would absolutely affect students' ability to concentrate, to

regulate behaviors and to follow a path that leads to achievement in academics and in their personal lives (McConnico et al., 2016).

Early literature from the 1860s shows trauma in war veterans (Thomas et al., 2019). The literature describes war veterans returning from home with emotional and physical stress. Over a century later, in the 1980s, the American Psychiatric Association formally recognized this trauma as post-traumatic stress disorder, or PTSD (Thomas et al., 2019). Soon after, when peer support counseling models were realized to be effective treatment, society became much more aware of trauma and the effects of experiencing a traumatic event.

Eventually, societal consciousness began to focus on vulnerable populations, specifically trauma in youth. The study shown in (Thomas et al., 2019) indicates that 50% of adults in their study experienced a traumatic event from childhood, and that these childhood experiences correlated with significant challenges later in life. Just as history has shown, the issue of trauma in children is important to identify and show support for. In order for educators to provide the best opportunities for the students, they must be trauma-informed.

There have been success stories from schools who have implemented trauma-informed practices, yet some schools are not making the shift because of limited community resources and limited funds for implementation (McGruder, 2019). This is interesting because many schools in low socioeconomic areas could greatly benefit from trauma informed programs and training. However, since the pandemic, the US government has given K-12 public schools emergency relief funds that allow for the creation of jobs that support the mental health and well-being of students. So, this issue appears to be recognized now, more than it has been in the past.

Today, trauma is known as a hidden health crisis (Thomas et. al., 2019). The importance of addressing trauma and preventing future challenges for students has taken priority in many

areas around the United States before the pandemic. Now that we have been in a pandemic for several years, there is more of a need to address this issue. It seems that schools are beginning to recognize this, as the number of states that have trauma-informed care training in schools has tripled since 2017 (Child Trends, 2021).

My project will contribute to solving this problem by creating a trauma-informed presentation for educators that can be used in my own school, and can be shared with other school counselors. My presentation will define trauma, and provide resources on how educators can identify trauma. My project will help educators understand how trauma affects a child's ability to learn and develop. Educators will understand how to identify trauma, and will leave with resources on how to help support students with trauma.

Statement of Purpose

The purpose of this project is to create a Google Slides presentation for educators that will provide guidelines of information on trauma, its effects, strategies to identify students with trauma and resources to assist with overcoming trauma. Educators will gain confidence in how to address the trauma and support the students. The Google Slides presentation will include videos, interactive activities, discussions and training on the topic of recognizing and supporting students who have been through traumatic experiences. If educators can understand the students that they work with, and be supportive, trusted adults in those students' lives, we could see a positive change. In schools all over the world there are children who are dealing with, or have dealt with trauma. This is an important issue to address, and to use to help children in the future.

Objectives of the Project

This project aims at providing educators with tools to identify signs of trauma and adverse childhood experiences in order to assist students to overcome them.

The educators participating in my Google Slides presentation will:

- a) complete a pre-assessment and a post-assessment in order to measure the understanding how trauma of different extremes affect the brain.
- b) complete an assessment used to determine trauma (ACE assessment), in order to understand elements of childhood trauma, as well as to identify their own personal experiences with trauma.
- c) be able to identify students with adverse childhood experiences or students currently dealing with trauma by engaging in an activity that asks how participants will implement information from my presentation in order to identify and/or better support students with trauma experiences.
- d) apply how to help students overcome barriers to education by working with a small group on an activity that asks them what they could do to support students in tier 1, tier 2, and tier 3 educational settings.

Definition of Terms

ACEs (Adverse Childhood Experiences): ACEs is a term used to describe types of abuse, neglect, and other traumatic childhood experiences that impact later health and well-being (Sciaraffa et al., 2018).

Trauma: Trauma is described as neglect, abuse and other experiences that impact health and well-being (Sciaraffa et al.). Trauma symptoms include self-isolation, aggression and attention deficit and hyperactivity (Frydman and Mayor, 2017).

Trauma-Informed: Being aware of how traumatic events affect the development and behavior of children (Steele and Kuban, 2011).

Trauma-informed schools Schools that acknowledge the traumatic experiences that students have and the effects those experiences have on their learning. Trauma-informed schools are trained to respond to the impact that trauma has on students and their learning.

(Steele and Kuban, 2011).

Scope of Project

This project will consist of research identifying why it is important for educators to be trauma-informed in order to ensure all students are reaching their full academic potential and maximizing their school experiences. The Google Slides presentation will be about identifying trauma, learning that trauma affects student's ability to learn, and applying that knowledge to future trauma-informed practices. The presentation is intended for K-12 educators. The presentation is not intended for those who have been formally trained in trauma, rather it is for educators who do not have experience identifying trauma and supporting students with traumatic experiences. The presentation will include videos, activities and applications. It will begin by defining adverse childhood experiences and trauma. It will continue to show the staggering statistics of children who have been exposed to trauma. Furthermore, it will explain how trauma impacts students' learning. In addition, it will allow educators to engage in an activity where they themselves assess their own ACE score using an ACE assessment. Educators can also reflect on that assessment by thinking about others in their lives, or students that they know. They will have the opportunity to share their own trauma or how they have witnessed trauma become a barrier in the classroom. Finally, the presentation will explain how to identify trauma

in others and what we can all do to help. It will conclude by allowing educators to apply what was learned to their own practice. Overall, this project will address the problem, identify the

Obstacles that could arise for this project are that some educators may not feel that this is a topic that should be addressed in school. From my experience as a school counselor, former teacher, and parent, some educators have stated that their job is to simply teach content to students, and that emotional support and family matters are not meant to be dealt with in schools. Educators with that mindset may not be open to learning about trauma or participating in my project.

I will overcome this obstacle by clearly stating the goals of my project to all educators. I will acknowledge any hesitation that some educators may have, and I will be sure to provide evidence that supports my project goals. Within my project, I will cite sources. In addition, I will provide engaging opportunities that will allow participants to make connections and view the connection between trauma and learning.

Chapter Two: Literature Review

Introduction

Academic underachievement has been observed in students who have been through traumatic experiences (Plumb et al., 2016). The lack of understanding and unpreparedness of educators about childhood trauma in K-12 public schools contribute to the underachievement. Identifying trauma and supporting students' mental health can improve the overall experiences of K-12 students (McConnico et al., 2016). Adverse childhood experiences, also known as ACEs, describe neglect, abuse, and other traumatic childhood experiences that impact health and well-being, and have the capacity to physically change a child's brain and be hardwired into the child's biology (Sciaraffa et al., 2018). Trauma and adverse childhood experiences can affect behavior and create barriers to learning. Trauma-informed schools are trained to respond to the impact that trauma has on students and their learning.

This chapter will focus on the theories: Cognitive Behavioral Theory (CBT) and Gestalt Theory. CBT is a theory that explains a connection between our thoughts, our feelings and our actions. This theory has been used to develop cognitive behavioral therapies to support those in connecting choices and behaviors with experiences and feelings (Abdulzahra et al., 2020). CBT emerged during the 1960s from Aaron Beck, a psychologist who noted that our negative thoughts contributed to emotional problems (Cherry, 2021). Gestalt Theory explains that focusing on the *big picture* of your life will help improve your outlook on life. Gestalt Theory was founded in the 20th century with Johann Wolfgang von Goethe. The word *Gestalt* is a German word, meaning *the way a thing has been placed, or put together* (Britannica, 2020).

The Theory/Rationale section of this paper will explain how these two theories apply to education and how they guide the overall project. The Research section shows two themes

present throughout the literature. Those themes are: suspension being replaced by trauma-informed practices and community connection to K-12 public schools. The subsection about the ineffectiveness of suspension will explain research on how trauma-informed practices have shown improvement, compared to punitive suspensions used prior to being trauma-informed. The community connection subsection will address how what is happening in the community, such as socioeconomic status or racial disparity, is connected to K-12 students' school experiences and academic performance. These themes relate to the need for educators to be trained in trauma-informed practices in order to improve the school environment and community wellness. In addition to those two themes, there is a subsection showing an opposing view about how I plan to solve the problem I have posed. A summary section follows the theory and research section, and will give an overview of the theories and research. Finally, a conclusions section will close this chapter by highlighting the key elements and findings from the literature review.

Theory/Rationale

The theoretical framework is based on both Cognitive Behavioral Theory (CBT) and Gestalt Theory. CBT focuses on recognizing that thought patterns are associated with behaviors. This is connected to traumatic experiences because when a student is involved with trauma, their thoughts and feelings can affect their behaviors. Educators could better understand the behaviors of students if they are able to recognize the thoughts and feelings of those students.

Moreover, Cognitive Behavioral Theory is a foundation for communities and schools being interconnected (Frydman & Mayor, 2017). So, when trauma is present in a students' life, their school experience can be affected. CBT is present in trauma-informed practices, because

educators learn how to recognize trauma and how it affects behaviors and overall wellbeing.

Literature provides insight into a connection between the communities and the educational practices in schools (Frydman & Mayor, 2017). The school practices need to be what is best for the community that the school serves. Understanding adversity and trauma may help the child succeed in school and positively impact the students' lives.

Gestalt Theory focuses on the *big picture*. So, when implementing trauma-informed practices in K-12 schools, students will be able to focus on the present and their life-goals, not just what has happened in their past. Gestalt Theory is present in trauma-informed practices and is connected to education because it makes students think about their present and their future, rather than just their past. It suggests that a student's past can influence their future, but looking at the *big picture* allows the student to rationally process trauma and take steps to move forward in a productive way (Hunt, 1991). Gestalt Theory is present in the idea that if school staff show care and understanding to students who have been through a traumatic event, those students could have a chance at rehabilitation and a more positive future.

Traumatic experiences can include hearing gunshots, witnessing muggings, stabbings or shootings, or seeing a dead body. Other experiences that can be traumatic include house fires, car fatalities, substance-abusing parents, or divorce (Frieze, 2015). Trauma and ACEs have appeared to be prevalent in many different communities (Frieze, 2015). People of color have shown more ACEs in their communities, and also had more suspensions in school. Students in low socioeconomic and urban communities may be exposed to more traumatic experiences than those who live in higher socioeconomic areas (McConnico et al., 2016). Both Gestalt Theory and Cognitive Behavioral Theory are present in the literature reviewed for this section, which is why they were chosen as the foundation for this chapter.

Research/Evaluation

Adverse childhood experiences and traumatic events can affect learning and overall brain function. In fact, (Anda et al., 2006) conducted a research study using magnetic resonance imaging (MRI) to examine how the brain reacts to traumatic events. Results of that study showed reductions in the hippocampus and the amygdala, which both play a role in stress response and behavior. During the study, participants were first given an ACE Screener to determine how many adverse childhood experiences they had. The formal ACE screener assesses traumatic events and scores participants on a scale from zero to ten, with each traumatic event being one point. After the screener, the participants were then examined and data showed that people with an ACE score of four or higher had increased risk of depression, panic reactions and anxiety by 2.5 percent (Anda et al., 2006).

Cognitive Behavioral Theory and Gestalt Theory are present in the study by (Anda et al., 2006) because the wellbeing of the participants were affected by the feelings and thoughts that they had due to their past trauma. (Hughes et al., 2016) similarly conducted a study on how the long term impacts of ACEs increase the risk of conditions including depression, hallucinations, panic attacks, psychosis and suicide-attempts. The study from (Hughes et al., 2016) sampled 4,000 adults aged 18-69 years, based on the prevalence of ACEs identified in the pilot study. The participants' mental health was measured using the Short Warwick-Edinburgh Mental Wellbeing Scale (SWEMWBS) which asks individuals how often over the past two weeks they have been feeling optimistic about the future, feeling useful, feeling relaxed, dealing with problems well, thinking clearly, feeling close to other people, and able to make up their mind about things. Responses were scored on a Likert scale from one to five, one being none of the

time and five being all of the time. Results showed that the prevalence of a low SWEMWBS score tripled from 9.5% in those with 0 ACEs to 30.7% in those with 4 or more ACEs (Hughes et al., 2016).

The study by (Day et al, 2017) showed an importance in understanding why a student made a certain choice, rather than just disciplining them for a choice that they knew was wrong. This goes back to Cognitive Behavioral Theory with the idea that there is a reason for every behavior. Understanding a student's behavior can start by actively listening to students more, showing an interest in their lives, and knowing what their home life is like. The perspective of students is important because everything that we do as educators is for them. If they feel that their school is not supporting them, they may continue to act out. However, if schools are supporting the *whole child* and addressing adversity, the students may find resources to make positive changes. For instance, many students have expressed that they would behave differently if their teachers showed more interest in them, and if there was not so much teacher turnover (Day et al., 2017).

Specifically, (Day et al, 2017) examined youth in a residential treatment facility that have been burdened with histories of trauma exposure. The study's purpose was to better understand the school experiences of the participants. Participants included 45 randomly selected students, aged 13-19, involved in juvenile court. Participants indicated that teachers do not always manage student behavior with trauma-sensitivity. They further expressed that educators needed to be sensitive to traumatic histories of the students. This demonstrated a need for trauma training in the schools.

Similarly, each participant in the study conducted by (Dods, 2015) had a unique story with different traumatic experiences. A qualitative study was done through personal interviews

to gain perspectives from three different individuals, aged 19-21 years, who have experienced trauma. The participants volunteered to be part of the study and completed a Trauma Symptom Inventory (TSI-A) to distinguish between traumatic stress and other mental health concerns that may not have been trauma-related. The participants provided in-depth descriptions of their educational experiences and expressed how trauma impacted their lives and their experiences in high school. The topic shown throughout all of the participants' stories from the study conducted by (Dods, 2015) was the need for connection with a caring adult. "What the young adults wanted from teachers was not a therapist or any immediate intervention, but rather someone who would notice them, validate their distress, and reach out to them" (Dods, 2015, p. 130). Trauma-informed practices and policies would do all of those things. Suspension would seem to do the opposite.

The Ineffectiveness of Suspension

A theme throughout the literature I have reviewed is that suspension and no tolerance policies are not always the answer when students get *in trouble*. This relates to Gestalt Theory because we need to look at the *big picture* when it comes to student behavior. In addition, CBT is also present in this idea that there is often more to address behind a student's behavior, not just discipline the behavior itself. Students in today's world may be dealing with a lot of stress due to the pandemic, social changes, and grief or loss. Trauma-informed practices are worth examining because the many perspectives in the literature show that trauma is present throughout schools and communities, and can cause a barrier to learning (Plumb et al., 2016).

The study conducted by (Plumb et al., 2016) created a logic model to help school district administrators create a framework that addressed the needs of the *whole child*. The cornerstone of the logic model was the creation of a trauma-sensitive school culture, because trauma is not

always readily apparent. In the study by (Plumb et al., 2016), the ACE screener was used and it was evidenced that the promotion of resiliency skills leads to a decreased likelihood that children will pass down their adverse childhood experiences to their children. The logic model showed that school-based interventions were the ideal way to reach the vast majority of American children to mitigate the impact of trauma. The logic model presented in (Plumb et al., 2016) can help mitigate detrimental consequences of childhood trauma.

Though rigorous curriculum and high scores are accomplishments for any school, educators may want to focus on barriers to education first. In fact, how can a student reach their full potential if they are dealing with personal barriers? Schools and communities are interconnected and the school has a responsibility to do all it can to best serve their students. When schools need to discipline a student, it is common practice in many schools to suspend the student. However, suspension can adversely affect students' education and wellbeing (Baroni et al., 2020). In a study by (Baroni et al., 2020), a trauma-informed intervention, alternative to discipline, known as the Monarch Room was used among 620 court-involved students. Teachers used the intervention as a first response to dealing with problematic behaviors. The Monarch Room provided a safe space for these students, and allowed them to identify their behaviors and work through their feelings. Cognitive Behavior Theory is present here, because students were able to make a connection to their experiences and feelings with their behaviors. Gestalt Theory is also present here because students were able to take the time to look at their lives as a whole, and how these incidents are affecting their future, as well as how the past has affected their present. The results showed a significant decrease in the need for suspension. This allowed students to remain in school and continue learning, while addressing their choices and making plans for better choices in the future.

Suspending a student typically does not improve a student's behavior, but having a trauma-sensitive practice in place may support the student in ways to help them understand the root issue that may be causing their behavior. This could help them to take responsibility for their actions, and improve their future choices. When a student is suspended from school, they are removed from the learning environment. Even worse, some students are forced to stay home in an environment that is causing stress and creating traumatic experiences. When we ensure that schools are trauma-informed, we can ensure that students are given the opportunity to be understood.

If schools could show an interest in why a student is misbehaving, they may be able to intervene and not only decrease suspension rates, but help the student in a profound and lasting way. Negative behaviors such as aggression, risk-taking and rule-breaking are often associated with adverse childhood experiences. In the study by (Garrido, 2018), the number of ACEs was associated with adolescent bullying, suicidality, externalizing behaviors and alcohol use. In that study, a sample of 515 early adolescents, aged 9-11, were examined. ACE assessment scores were evaluated, as well as their high-risk behaviors. The results showed that almost half of them engaged in at least one of the risk behaviors: violence, substance use, and delinquency. Those students who engaged in the troubling behaviors had an ACE score of four or higher.

Trauma-Informed Practices and Community Connections

Another theme throughout the literature is that schools and communities are connected. Data from the study by (McConnico, 2016) suggested that one in four children who attend school has been through a traumatic event, and that number is even higher for those in low socioeconomic areas. In this study, the intervention called STRIVE (Supportive TRauma Interventions for Educators) was used. The STRIVE project was developed through a

partnership between local agencies (Boston Medical Center Witness to Violence Project and Vital Village Network.) It gave strategies to educators to support social-emotional learning through the use of classroom-specific activities and resources to help students regulate their emotions. Pre-intervention and post-intervention assessments were given to three grade levels: kindergarten, first grade and second grade. The twelve teachers who taught those grade levels were given a ten-hour professional development training on the STRIVE program. After implementing the intervention, there was an increase in knowledge among educators comparing pre and post interventions self-report surveys. Baseline data showed 56% of teachers felt they had a good idea of how trauma affects children's development, and 80% felt this way after the training and intervention.

Schools have the responsibility to care for the *whole child*, because children who are exposed to traumatic experiences often have parents who have poor mental or physical health due to their own traumatic experiences. There is often a cycle that is present from parent to child regarding trauma. In the study by (Woods-Jaeger et al., 2018), parents who were exposed to ACEs explained physiological effects and how they lead to health behaviors and unhealthy coping methods that affect themselves and their children, developing a cycle. Specifically, this study aimed to identify a generational cycle of trauma. If there is indeed often a cycle of trauma, schools can step in to break that cycle and remove barriers. This shows how communities and schools work together for the well-being of the students. This study used 11 qualitative interviews with parents of young children who had experienced trauma. Interviews were analyzed and themes were shared with parents. The findings show that strong family relationships are important in order to promote resilience and cope with adversity. Gestalt theory is present here because we can look at *the big picture* when it comes to where our students come

from. If we can better understand our students, their families and the community, we can learn how to be supportive and how to work together for the sake of our students.

A study by (Blitz et al., 2020) explained that the students that are most affected by suspension, and non-trauma-informed practices are those in low socioeconomic areas. Urban communities had long been negatively affected by decades of federal policies that have isolated communities. These isolated communities experienced many stresses and trauma, such as violence, drug abuse and neglect, oftentimes resulting from the isolation and low income. “As a whole-school approach, trauma-informed methods offer structured ways of responding to vulnerable students that support the wellbeing of all members of the school community and cultivate a healthy school climate” (Blitz et al., 2020, p.20).

This study by (Blitz et al., 2020) addressed the climate of a racially diverse high-poverty elementary school, in order to inform culturally responsiveness to students’ trauma. The study showed that living in a community with high poverty rates and trauma exposed to children can affect all cultures and races, communities of color are disproportionately affected by poverty. The study showed that communities of color had more poverty rates, and high indents of unemployment, loss of a loved one, suicide and accidents. Those stressors overwhelmed the students' abilities to cope. Teachers and staff in an elementary school, grades kindergarten through fifth grade in the Northeast United States participated in the study. Observations and perceptions of school climate were documented by school personnel. The school had over 1,200 students and 80 teachers. Mixed methods were used to collect data and included surveys. The *Sanctuary Model* is the name of the trauma-informed intervention that was used. It offered ways to understand the impact of trauma on school climate, and guidance for schools to promote resilience and handling trauma. This study provided insight into the importance of understanding

the students we work with and the community we work in. It is important to recognize the disproportionality among students who experience trauma, and how to be sensitive to that when planning interventions.

The study from (Frydman and Mayor, 2017) explained that adversity can not only cause stress, but can have long lasting mental and physical health effects or hyperactivity. The study focused on how complications to development arose in middle school aged children after their experiences of traumatic events. This study explained that using a public health model to address trauma in schools will help promote prevention, early-identification and interventions for trauma. The program used during this study was called ALIVE. It is a K-12th grade trauma-informed social and behavior support program. Its model focused on prevention, assessment and identifying trauma-related behaviors. Students' reactions and behaviors were assessed during the ALIVE sessions. The assessments were participatory and somatic, and were used to determine the students' at-risk behaviors. Overall, this study expressed that as attention to ACEs is increased, a public health framework like ALIVE can be beneficial to students because they allow the students to work through trauma, and *put their best foot forward* in school. Being trauma-informed can increase student engagement and school experiences (Frydman and Mayor, 2017).

Cultural and social indicators were linked to better physical and mental health, even when accounting for ACEs (Brockie et al., 2018). The growing interest in trauma-informed care can help the students who need their trauma acknowledged and addressed. Students spend most of their typical day in school. Therefore, it is important to have policies and practices in place that address the experiences of every child. In the study by (Brockie et al., 2018), associations were made between ACEs and self-rated physical and mental health. Therefore, if students have

adverse traumatic experiences, their health may be suffering, which could be keeping them from learning at their fullest potential. Because communities and schools are interconnected, the schools have a role and responsibility to meeting the needs of the *whole child*. The study from (Brockie et al., 2018) included a sample of 192 adults who identified as American Indian, and had type 2 diabetes. An average of 3.05 ACEs was reported by participants and 81.9% said that they had experienced at least one ACE. Connectedness and support were positively associated with physical and mental health.

The study from (Brockie et al., 2018) involved two stages: a qualitative step including two focus groups to identify stressors and develop survey measures, and a quantitative phase including survey data from computer-based personal interviews. As hypothesized, the results showed that ACEs were negatively associated with physical and mental health. Also, as hypothesized, the results showed that involvement in spiritual activities, social support, diabetes-specific support, and stronger awareness of connectedness all significantly and positively were associated with self-reported mental and physical health. This study aims to show that supporting those who have been through any traumatic experiences can positively impact their overall wellbeing and positively influence their choices for their future.

The prevalence of trauma in children is well documented. There are many trauma-informed programs that have shown successful outcomes, such as Trauma-Informed Elementary Schools (TIES). TIES believes that trauma informed practices should begin in early childhood education, in order to address trauma early on. It also focuses on community outreach. In the study by (Rishel et al., 2019), the effectiveness of TIES was examined by comparing the outcomes of using the TIES program with classrooms that have not used the TIES program across 11 schools in a rural Appalachian state. A total of 51 classrooms, including pre-K,

kindergarten and first grade across 11 schools, participated in the TIES program over a two school-year period. CLASS (Classroom Assessment Scoring System) was used to conduct all observations and scoring by a certified CLASS observer. CLASS scores measured the classroom, not individual students. The report showed an overall reliability and validity of the TIES program.

Classrooms that received the TIES program showed a significant improvement compared to similar classroom environments that did not receive the program. Classrooms that did not receive the TIES program showed a decline in emotional support and classroom organization (Rishel et al., 2019). Therefore, addressing adversity and trauma in early education can help pave a brighter future for students as they progress through their educational career.

Moreover, (Herrenkohl et al., 2019) reviewed many existing school-based trauma-informed programs. When evaluating the studies by Rishel and Herrenkohl, I found that both have seen positive changes within their schools and community when making a change to become more trauma-informed. The interventions each intend to serve the needs of children who have encountered trauma and adverse experiences. (Herrenkohl et al., 2019) examined multiple different trauma-informed practices. They explain that there are many school-based programs that can potentially benefit children, but we need to make sure a program is chosen that best serves diverse populations and is sustainable. The components of their research of the school-based programs were categorized as: individual and group-based approaches, classroom-based approaches, and school-wide approaches. Like (Rishel et al., 2019), the study by (Herrenkohl et al., 2019) showed that the most successful programs included community outreach. This reiterated the importance of the community-school connection when it comes to being trauma-sensitive and educating the children from the communities they are from.

Furthermore, (Báez et al., 2019) addressed similar findings in their research. In their study, two community schools partnered with community organizations to provide school wide approaches. They included preventative measures and Social Emotional Learning (SEL) lessons. A mixed-methods intervention design was used to examine SEL and how it may assist with student trauma. A pre and post assessment was used to collect data on social-emotional skill levels, problem behaviors, and level of trauma. Student interviews were used to clarify the results.

Students reported a mean ACE score of two traumas, and 77 percent of students reported having experienced one or more ACE. Data collected from both schools showed an improvement in student attendance after the intervention. Positive changes in social skills and problem behaviors were also identified. If the community is invested in supporting children who have barriers to learning from traumatic experiences, then their school will be more successful in implementing trauma-informed practices.

Those Against Trauma-Informed Practices

The literature I have reviewed has been from many different perspectives, and shown positive results of trauma-informed practices from different cultures, age groups, socioeconomic status and demographics. However, some people may believe that no tolerance policies are in place for a good reason, and trauma-informed practices should not take the place of no-tolerance policies. They may argue that we need to show students what is right and what is wrong, and being trauma-informed may provide too many gray areas. Also, some may strongly feel that punitive disciplinary actions are in place to keep all students safe. The safety of all students by far must be the number one priority of schools. Still, my literature review has shown that

trauma-informed schools have been successful in supporting the *whole child* and making a positive difference in the lives of the students.

(McGruder, 2019) explained that schools are often the first to notice negative behavioral changes, and it is critical for educators to understand these may be due to adverse childhood experiences. Like many of the other pieces of literature reviewed here, (McGruder, 2019) has used ACE questionnaires with participants in K-12 schools. (McGruder, 2019) has researched many trauma-informed approaches and has concluded that schools that are trauma-informed can make a positive change for students with academic and behavioral struggles.

Trauma-Informed does not mean that schools no longer discipline students, especially for serious safety risks. Trauma-Informed just allows the school staff to look at behavior in a way that shows understanding to the student and provides opportunities for them to do better. (Steele and Kuban, 2011) expressed that there is still a right and a wrong...there are still rules to follow...Trauma-informed practices simply means that the school staff acknowledge trauma experiences, and will support the student to limit barriers and improve their lives. In the study by (Steele and Kuban, 2011), 100 clinically traumatized children ages 6-12 were questioned about their trauma and connections. Those who saw the greatest growth after their traumatic event(s) explained that they had a connection with a supportive adult. That is crucial in educators' work with children. We can be those supportive adults. We can be the ones that improve the quality of education and the quality of life for our students.

Summary

ACEs and trauma can affect behavior and create barriers to learning, as well as long lasting mental and physical health concerns. Many schools throughout our country have

practices and policies in place that only continue to contribute to a gap between the child and the learning environment. Trauma-informed practices may help the child(ren) work through their barriers in a proactive way, rather than a reactive way.

Cognitive Behavioral Theory (CBT) has been apparent in the literature that was reviewed about the effects of trauma on a students' education and wellbeing. CBT connects thoughts, experiences and feelings with behavior. The literature shows that the behavior of students often has an underlying reason, which could be an adverse experience of trauma.

Gestalt Theory is also apparent in the literature reviewed. Gestalt Theory allows one to look at *the whole picture*. This has been present when reviewing trauma-informed programs that allow students to look at their life as a whole, past, present and future in order to promote resilience and coping skills. It is also shown as we think about the *whole child*. Students are with educators for most of their day. Those educators can easily provide positive interventions that will allow each student to thrive at their fullest potential, without letting barriers from trauma get in the way.

Conclusions

Through the review of many different perspectives in the literature, it can be concluded that trauma-informed practices may be beneficial to students and the communities they live in. Students may not be able to reach their full potential if they have barriers throughout their educational career. It is important to recognize every student's experience and how we as educators can help them to work through things that are keeping them from their best.

The school and community connection is strong. Schools are very much a part of the community they are in and the practices within the schools need to address community issues,

demographics, and cultures. There have been many successful changes within schools after trauma-informed practices were implemented. The most successful ones had community outreach and community involvement.

Trauma is prevalent in many different schools and communities throughout the United States. Since the recent shutdowns due to the pandemic, we have seen an increase in many mental health concerns in people of all ages (Smilan, 2009). Some of them who experience trauma at home already have been subjected to it all day, every day when being shut down. Other students (and adults) are grieving a life that they once knew, and are dealing with traumatic loss from being removed from social situations, missing out on traditions, and simply having to make major life changes at a young age. In addition, students today are living in a *visual culture* and are being exposed to media, images and content via social media and access to the internet. This is dramatically changing how youth experiences the world (Smilan, 2009).

Moreover, the political state of our country is very divided. Students hear and see stress at home, at school, and from the media about the many issues our country is facing. All in all, trauma is apparent and it is everywhere. “The shift to trauma-sensitive schools requires educators to think very differently about what they observe in the classroom (Terrasi, 2017, p. 37). This could cause teachers to feel conflicted, especially when they are used to traditional discipline roles.

There are several trauma-informed models, all claiming to be the best at training and transforming the staff to being able to understand students better. To be trauma-informed can start by being sensitive and empathetic with students. It is clear that training school staff on trauma can benefit the students, increase academic success and improve educational experiences. Before school staff begin to plan and implement curriculum, they should take the time to get to

know their students. It is important to have a school-wide implementation of trauma-informed practices because most educators and school-based mental health professionals do not receive trauma training (McIntyre, 2016). Creating a *school-community system of care* is also important. A network of resources in school and in the community to help the students could immensely help students succeed (McIntyre, 2016). All in all, schools are so connected to their communities that it is their responsibility to acknowledge it and support every student, in order to break learning barriers and help the students succeed overall in their lives. Implementing trauma-informed programs may accomplish this.

Chapter Three: Project Description

Introduction

The lack of understanding and unpreparedness of educators about childhood trauma in K-12 public schools contribute largely to the student academic underachievement. The objective of this project is to provide educators with tools to identify signs of trauma and adverse childhood experiences in order to assist students to overcome them. This will be done via a Google Slides presentation that allows educators to participate in learning about Adverse Childhood Experiences (ACEs) and trauma and how it may be affecting their students. It will also provide them with tools and resources to help them understand what their role can be in the education of the students that may have experienced trauma.

The goals of this project are for educators to:

- a) complete a pre-assessment and a post-assessment in order to measure the understanding how trauma of different extremes affect the brain.
- b) complete the ACE screener, in order to understand elements of childhood trauma, as well as to identify their own personal experiences with trauma.
- c) be able to identify students with adverse childhood experiences or students currently dealing with trauma by engaging in an activity that asks how participants will implement information from my presentation in order to identify and/or better support students with trauma experiences.
- d) apply how to help students overcome barriers to education by working with a small group on an activity that asks them what they could do to support students in tier 1, tier 2, and tier 3 educational settings.

This chapter will include project components, evaluation, conclusions and plans for implementation. The project components section will explain what I have created in order to

solve the problem of teachers' lack of understanding about trauma. The project evaluation section will explain the indicator to determine the effectiveness of the project. The project conclusions section will summarize what was drawn from my research. Finally, the plans for implementation section will suggest how my work can be used by educators in order to solve the problem. The appendix section at the end of this chapter contains the slides to be presented to the educators when giving the presentation, the ACE screener, and informational handouts for the participants to read and reference. There is also an appendix titled *Evaluation*, which contains the pre and post questionnaire used for evaluation of my project's effectiveness.

Project Components

Local Context: The project will be implemented in Vermontville, MI at Maplewood Elementary in the Maple Valley School District. The project will be presented during professional development hours. The Maple valley School District is a small rural district with 936 students in total for grades PK-12th grade. I am a school counselor at Maplewood School, which is the elementary school serving grades 3-5. The average student to teacher ratio at Maplewood is 1:20. Maplewood has 270 students enrolled and 18 staff members. Thirteen percent of the students enrolled are special education students. All students are now able to receive free lunch...However, prior to that change by the government, 69.2% of students enrolled would have qualified for free or reduced lunch due to being in a *low-income* family. These factors are an important factor to consider when presenting because the signs of trauma in an elementary student may look different than those in a high school. In addition, with almost 70% of students coming from a low-income family, there could be many students with

ACEs. The small rural community surrounding the school district can influence the conversations and experiences from the participants compared to a large inner-city school.

Many Maplewood students live in low-income areas, or in poverty. Some get clothing and housing assistance from community resources. Their living situations can absolutely cause trauma. In addition, as I have been working as a school counselor, I have witnessed many families who are in need of support, or are getting support for substance abuse. Children being exposed to substance abuse can be exposed to traumatic experiences.

The district and school are not diverse in race and ethnicity. 93.7% of the students are white. 3.33% of students are biracial or multi-racial. 2.6% are Hispanic, and 0.37 are American Indian or Alaskan Native. My project focuses on trauma, and trauma can affect all races, genders, ethnicities and cultures. Children's exposure to trauma is not limited by race or culture.

Rationale: Students' mental health should be a priority to educators. In my profession, I have witnessed a growing number of students become anxious and depressed with all of the constant changes happening in their lives, on top of being exposed to traumatic events in their homes. This issue is crucial in helping students succeed now and in their futures. In addition to helping students succeed, this topic can provide hope for educators, and anyone with experience with adverse childhood experiences. The brain can be altered negatively through trauma, but it can also be altered positively through counseling, nurturing environments and continued support.

Conception: There were several steps that I took to develop this project. First, I reflected on what I have been exposed to as a school counselor and a former teacher. I have worked in an inner city, a suburban area, and a rural district over the past 11 years. I have seen how traumatic

events affect students' learning in various educational settings. With that in mind, my second step was to find research to confirm the problem of trauma's effects on children's learning and development. I was not surprised when I found a multitude of research on this topic, confirming what I had witnessed in my career.

Next, my third step was to analyze the research and find themes throughout the works. I noticed that many of the works related to the theories of Cognitive Behavioral Theory and Gestalt Theory. I was able to use those theories, and the research as a basis for my project. After realizing the need for this project and reviewing the literature, I began planning a professional development presentation for educators. I knew that if educators could become aware of this issue, then we could all work together to improve the lives of our students.

Finally, my fifth step was to create the presentation. I spent a lot of time choosing appropriate videos, activities and resources for educators. I then created Google Slides as the format for the whole presentation. The presentation is planned to be implemented at a staff professional development session.

Project Elements: When implementing the project, I will begin by showing the slides presentation, which is located in Appendix A. The content on the slides will show trauma statistics and research in order to educate the participants about what trauma is, and trauma's effects on learning and development. The slides will contain videos, images and information in order to make participants aware of how to identify trauma. Each slide will guide me through the presentation. One slide will prompt the participants to take the pre-assessment questionnaire, which is located in the *Evaluation Appendix-Appendix D*. As I make my way through the slides,

participants will take part in activities, one of which is taking the ACEs Screener, shown in Appendix B.

After the slides presentation, the participants will get handouts to take with them that are different from the slides presentation, but review the information presented. That can be found in Appendix C, and includes: Facts about ACEs, neurodevelopmental trauma information, childhood trauma effects, neurobiological effects of trauma, how being trauma-informed differs from being non-trauma-informed, and a planning sheet for the school to move forward to become trauma-informed together. Finally, the project will conclude with a post-assessment, which can be found in the *Evaluation Appendix*-Appendix D.

Project Evaluation

The evaluation research technique used for this project is a pre and post questionnaire. The pre and post questionnaires are located in Appendix D, the *Evaluation Appendix*. Educators will provide information on what they know about trauma, and then provide feedback about what they learned. The project's effectiveness will be determined with the Likert scale questionnaire data. The steps necessary to evaluate the effectiveness of my project will be to first administer the pre assessment questionnaire before implementing the project. Next, I will administer the post assessment questionnaire after implementing the project. Following that, I will look at the responses to each question on both the pre and the post questionnaire and determine the percentage of people that responded with each possible answer. Then, I will compare the pre and post questionnaire results to determine if educators learned how to define trauma, recognize signs of trauma, and help trauma-exposed students succeed.

The indicators for success will be 90% of participants responding with a one or a two on every question of the Likert scale responses on the pre and post-assessments, with one indicating *highly agree* and five being *highly disagree*. In order to be determined to be successful, I would expect that 90% of the participants respond with either a one or a two for each question on the post-assessment. I hope to see more answers on the post assessment questionnaire reading *highly agree* or *agree* rather than *highly disagree*, *disagree*, or *neutral*. I will use the data gathered to see what questions still have been unanswered via the short response questions, as well as any areas that any educators responded with *highly disagree*, *disagree*, or *neutral*. (If the educators all have a computer during this presentation, the questionnaires can be made via Google Form and sent to them via email.)

I will share the results with the participants. I will use the data gathered to inform my future work. I will begin to plan an additional presentation to review the process of becoming trauma-informed and assess where we are as a school after some time has passed. Ideally, the first presentation could be given at the beginning of the school year and a follow-up presentation could be given after the first quarter of the school year. The indicators for success will be 90% of participants answer with either a one or a two for every response on the Likert scale post-assessment questionnaire. The data collected for the project's effectiveness will be used for a follow-up presentation to continue moving forward with becoming a trauma-informed school.

Project Conclusions

Through my research, I have learned that the effects of ACEs can be life-long and physically change the brain. I have also learned that ACEs can cause mental and physical health problems that can create barriers to learning. Cognitive Behavior Theory has been shown in

much of the research, therefore it can be concluded that there may be a connection between a student's behavior and their feelings, thoughts and experiences (Abdulzahra, et al., 2020).

Gestalt Theory has also been present in my research, so the conclusion can be drawn that when students are able to *look at the big picture* of their lives, they may then be able to learn how to cope with traumatic experiences and break barriers (Britannica, 2020).

As shown in chapter two, Cognitive behavioral Theory states that a person's thoughts and feelings are connected to their actions. Also shown in chapter two was Gestalt Theory stating that people can move toward healing when looking at the *big picture*, not just at one moment in their lives. Those theories have guided research about punitive discipline vs being trauma-informed. We see that punitive discipline is not always the answer (Plumb et al., 2016). The model that was designed by (Plumb et al., 2016) focused on the whole child. It can be concluded that seeing behaviors through a trauma-informed lens can help students understand the root of the behaviors and allow them to explore coping strategies that can limit academic barriers.

Additionally, my research has shown that communities and schools are connected. Schools have a responsibility to understand the students they work with and the communities they work in, in order to best serve our students. We see in chapter two that (McConnico, 2016) explains one in four children have been through a traumatic event. Trauma can affect all children from any race, gender, culture or socio-economic background. Being trauma-informed can help us to understand where our students come from and help to break any trauma cycle that may have been formed in households throughout the community. The most successful trauma-informed programs were ones that included community communication and outreach.

Due to the research showing how prevalent ACEs and trauma are in children (McConnico, 2016), and how beneficial it can be to have a trauma-informed school (Plumb, et al., 2016), I recommend that all educators become aware of the effects of trauma. I also recommend that educators be trained on recognizing the signs and symptoms of trauma, as well as steps to take to help students who have been exposed to trauma. My project can be used by educational leaders, administrators, counselors or other staff to train educators about the signs of trauma and how to help students with past trauma. The project slides guide the presenter step-by-step in implementing the project to the participants.

An area of research that the project does not deal with that another researcher may want to pursue is the implementation of Social Emotional Learning (SEL) and how that may help students with prior trauma. SEL is being taught in schools throughout the country and there are many advocates that claim SEL can improve the educational experiences and mental health of students. Knowing how prevalent trauma is in children, another researcher may find that SEL could provide coping and healing tools for students.

Plans for Implementation

For my master's project, I will inform educators of ACEs and trauma and their effects on students in school. The targeted audience of my project is K-12 educators. I will implement this plan through a professional development presentation for educators titled, *Trauma Awareness*. The presentation will be in the form of Google slides, but will also include interactive participation and resources for educators. The presentation will be done in one session. After collecting data from the pre and post assessments, I will plan an additional meeting with the participants to learn how they are implementing what they learn. This

presentation should be done yearly for any new educators, or any educators who would like to review the content.

I will begin my presentation by showing the first slide and welcoming the participants. The slides can be found in Appendix A. I will show the goals of the project, which are listed on the slides and include: learn the definitions of trauma and ACEs, recognize the signs of trauma, and begin to learn how to implement a plan to improve student achievement. I will then give my pre-assessment questionnaire to the participants. This can be found in Appendix D, the *Evaluation* Appendix. I will allow time for the participating educators to fill it out. After everyone is ready, I will ask them if they would like to share any of their answers, particularly the fill in the blank answers that ask them what they would like to learn and questions that they have. I will collect them when they have no more questions.

Next, I will show a video and an image within my slides that defines trauma and shows the signs of trauma. I will allow educators to share any experiences they have had of trauma in their classrooms and how they grew as an educator after those experiences.

It will be important for educators to make connections to this topic and to find it relevant. So, I will continue by sharing slides that cite statistics of students and children with trauma. I will also show a video on a slide about how trauma affects brain development and learning in the classroom. Educators will feel a connection to this topic if they are able to recognize their own past trauma. So, I will pass out the ACE screener scoring assessment. A copy of the ACE screener is located in Appendix B. I will explain what ACEs are, and what the ACE screener measures. I will give them time to take the assessment. Then, I will allow anyone who wants to share, to talk about what they noticed or what may have surprised them. Following that, I will explain and cite how high ACE scores have shown to have negative effects on mental

and physical health. I will continue with expressing that knowing triggers and coping tools can help us and our students. One method to coping and working through strong feelings in mindfulness, so I will take a few moments to demonstrate and encourage participation with a slide that shows guided mindful meditation.

I will address challenging behaviors that we are seeing at school. The session will be based on an open discussion forum style. I will then move to an image on a slide that shows an iceberg, explaining that the behaviors we see *are just the tip of the iceberg*. There are many experiences and feelings that we do not see in our students, so it will be important to show educators why it is important to build relationships and know the signs of trauma.

After we recognize the signs of trauma in ourselves and our students, we will talk about resilience and how to help our students. I will show images and a video on the slides explaining that just as trauma has negatively changed our brains, we can change our brains to think positively and be mindful.

I will conclude my presentation reiterating that building relationships with students will help them cope. I will also show a slide that lists activities that educators can do in the classroom, and shows links to helpful websites. I will share the full Google Slides presentation with all participants via email, so they have it to reference. At that time, I will also pass out a small packet of information and infographics that will be helpful for teachers to review when needed. The pages that I will include in the packet are located in Appendix C. I will allow the educators to look through that packet and ask any questions that they may have. I will then ask everyone to participate in an activity that asks how everyone will implement information from my presentation in order to identify and/or better support students with trauma experiences. I will have the educators work with those around them in order to form a small group. First, I will

allow them to review what we have discussed so far, and look at the slides and handouts provided. Then, they will begin to discuss how they can implement procedures in their classrooms that are through a trauma-informed lens. Finally, I will ask each group to share what they discussed for implementation. I will also ask them to share ideas on how to support students in tier 1, tier 2, and tier 3 educational settings. I will take notes on the teachers' discussion points and ideas, so they can be used in future work towards becoming a trauma-informed school.

Then, I will move forward by showing a slide explaining the elements of a trauma informed school: comprehend the prevalence and impact of trauma, have a trauma-informed lens, use relationships to heal and build connectedness, caregiver capacity, and empowerment and resilience. I will ask educators where they feel we are in the process of being a trauma-informed school and where they would like us to be. I will also allow educators to provide insight as to what they would like to see happen so we can be a fully trauma-informed school. I will take notes, then conclude the presentation by allowing educators to take the post assessment. I will answer any questions they have and then collect the assessment for data.

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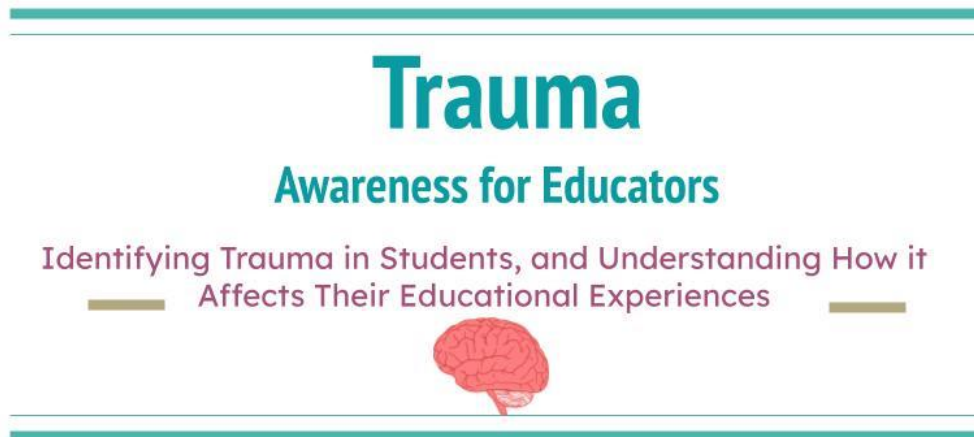
Appendix A

Trauma Awareness for Educators Slides Presentation

a) Link to the Google Slides Presentation:

https://docs.google.com/presentation/d/12Q_VQtyhYp0kkkdQDnACA7FffgX7C8qJLRO7NQR7W54/edit?usp=sharing

b) A copy of each slide is shown below:



Goals For Today

WHAT IS TRAUMA?

- definition

TRAUMA IN SCHOOL

- Facts for educators
- Becoming aware for yourself and your students
- How behavior can be linked to trauma

BEING TRAUMA-INFORMED IN YOUR CLASSROOM

- Relationships
- Trauma-informed schools
- Ideas for implementation



First, let's take a pre-assessment to determine what you already know about being Trauma-informed.

Pre Assessment

<https://docs.google.com/document/d/17iRGpn4rXSReX97K75McS9VwY1IG8KaKhj-tAY71to/edit?usp=sharing>

What is Trauma?



Trauma Defined

Trauma is an emotional response to a terrible event (American Psychological Association)

- It may be physical and/or psychological. **In children & adolescents it is usually both.**
- (American Psychological Association)

There are three main types of trauma: Acute, Chronic, or Complex

- Acute trauma results from a single incident.
- Chronic trauma is repeated and prolonged such as domestic violence or abuse.
- Complex trauma is exposure to varied and multiple traumatic events, often of an invasive, interpersonal nature.

(earlyconnections.mi.gov)

SIGNS AND SYMPTOMS OF TRAUMA

PRESCHOOL CHILDREN

- Fear of being separated from parent
- Crying, whimpering, screaming
- Immobility and/or aimless motion
- Trembling, excessive clinging, frightened facial expressions
- Regressed behaviors (thumb-sucking, bed-wetting, fear of darkness, etc...)
- Self-soothing (rocking, head-banging)

Resembles Attachment disorders, Autism/PDD

ELEMENTARY SCHOOL CHILDREN

- Extreme withdrawal
- Disruptive behavior
- Inability to pay attention
- Regressed behaviors
- Nightmares/sleep problems
- Irrational fears
- Irritability
- School refusal
- Anger outbursts
- Fighting
- Poor academic engagement
- Depression, anxiety, feelings of guilt, emotional numbing

Resembles Attachment disorders, ADHD, ODD, Autism/PDD, Depression, Bipolar, Psychosis

MIDDLE AND HIGH SCHOOL CHILDREN

- Flashbacks
- Nightmares/sleep problems
- Emotional numbing
- Avoidance of reminders
- Depression
- Substance abuse
- Anti-social behavior
- Withdrawal/isolation
- Physical complaints
- Suicidal ideation
- School problems
- Confusion
- Guilt

Resembles ADHD, ODD, Autism/PDD, Depression, Bipolar, Borderline, Psychosis

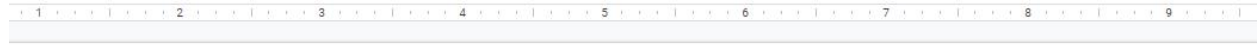
Trauma in Students

- 1 out of every 4 children attending school has been exposed to a traumatic event that can affect learning and/or behavior.
- Trauma can impact school performance (lower GPA, higher absenteeism rate, decreased reading ability, increased behavior problems, etc.).
- Trauma can impair learning (chronic exposure can adversely affect attention, memory, and cognition, and interfere with problem solving, resulting in overwhelming feelings of frustration and anxiety).
- Traumatized children may experience physical and emotional distress.

(McConnico 2016)

Trauma in Students (continued)

- Traumatic events have the capability of physically changing the brain.
(Sciaraffa et al., 2018)
- Most of what we are taught about children are based on the “Typical” child-one who is securely attached with typical neurological function- However, only about 40% of the students are identified as securely attached. (Sundem, 2014)



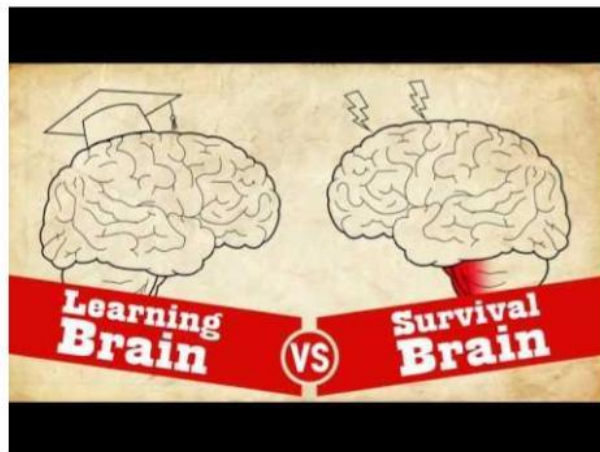
Trauma and Brain Development

Traumatic events are not filtered out of the brain.
The brain uses experiences to drive development.



Survival Brain

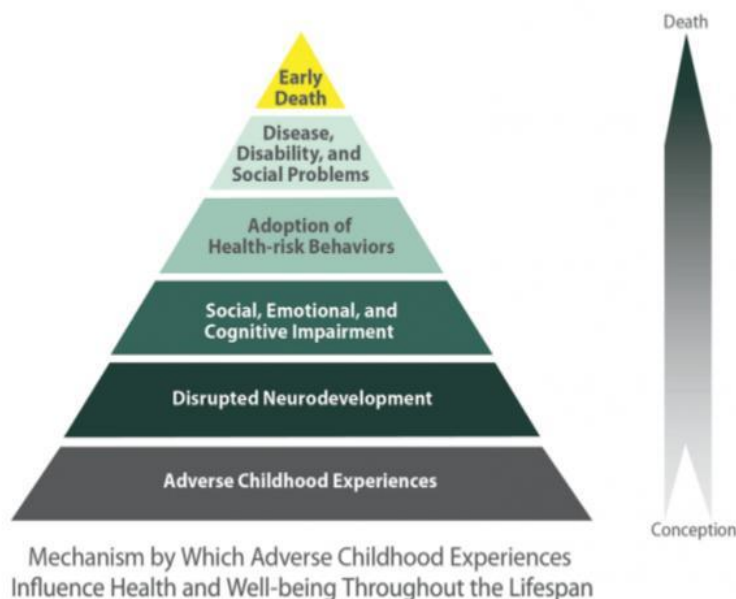
- Our students who have trauma, are often in *Survival Brain*. When they are in Survival Brain they cannot be in *Learning Brain*.
- Trauma needs to be addressed before students can learn.



Adverse Childhood Experiences (ACEs)

- The ACE study measures ten types of trauma.
(physical abuse, verbal abuse, sexual abuse, physical neglect, emotional neglect, alcoholic parent, domestic violence, incarceration, mental illness, loss through divorce, death or abandonment.)
- The CDC says that the higher scores will predict outcomes in life such as negative medical conditions, death, juvenile incarceration, and adult imprisonment.

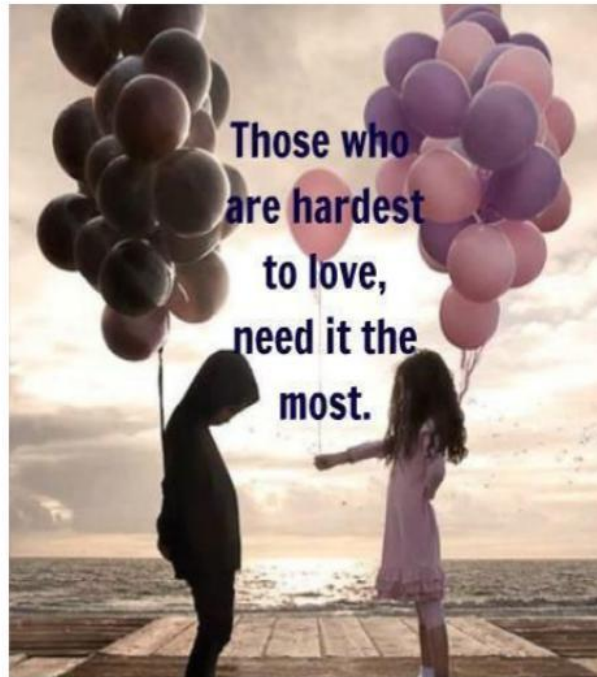
Let's take an ACE Assessment now to help you understand your own trauma.



Know Your Experiences

- Our own experiences impact us.
- Discover your own triggers.
- What do you do for self-care?
- Mindfulness for yourself and your students...Let's try!





Challenging Behaviors & Reactions

Non-compliant or oppositional

Anxious, worried, tense

Angry, agitated, irritable

Withdrawn or depressed

Sleepy or tired in class

Uncomfortable w/transitions or routine changes

Jumpy or easily startled by sounds

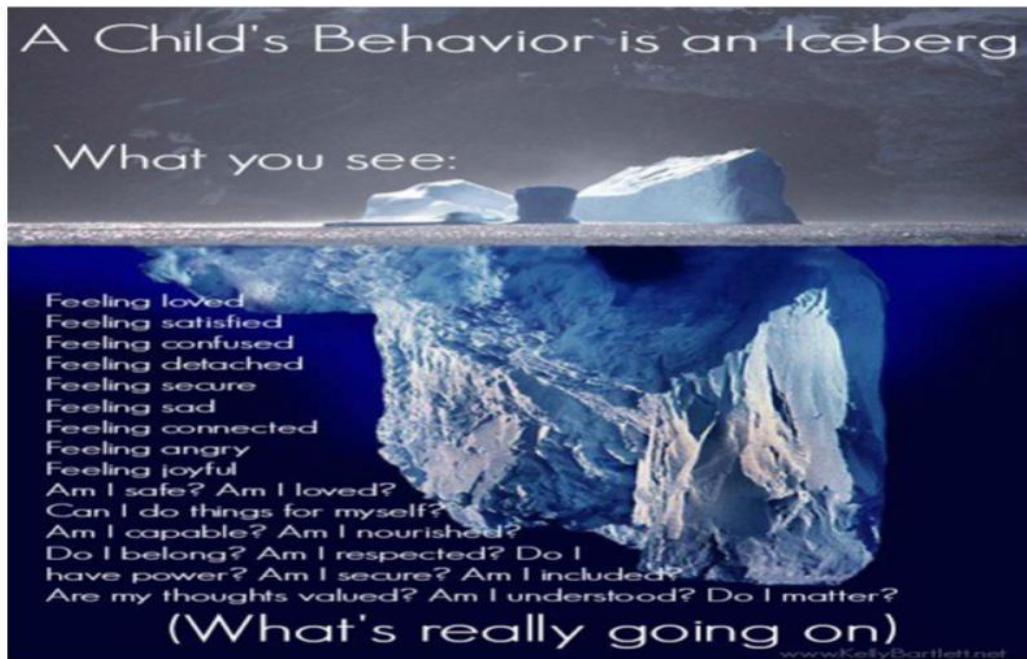
Self-destructive or self-injurious

Anticipating rejection & abandonment

Students may misinterpret social cues

Clingy or overly independent

Regression



Resilience

Resilience is typically defined as the capacity to recover from difficult life events.

(Hurley, 2020)

How do we increase resiliency in our children?

- Relationships
- Emotional Self-Regulation



We Can Change our Brains

The brain can be changed by trauma...however, it can also be changed by rehabilitation.



For Example...



When it feels
disheartening to learn
that trauma changes
the brain, remember
that healing changes
the brain too

Relationships

- Supportive student-teacher relationships can enhance neurological functioning and improve the overall wellbeing outcomes for the child.
- Relationships and social support can limit the negative effects of ACEs.

(Brockie et al., 2018)

Discuss: What are some ways you know how to develop relationships with students?



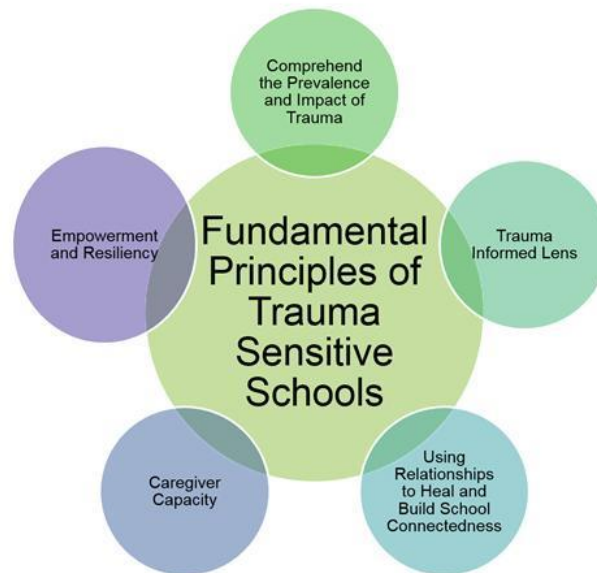
Trauma-Informed in Your Classroom

Activities:

- Charades acting out feelings
- Recognizing SEL competencies within stories and with characters
- Make mini movies, skits, or plays
- Positive comments jar (class lists passed out, students comment on the names, teacher reads and cuts into strips and they can be added to a student made jar, or even a ziplock bag)
- Set goals
- Classroom jobs - responsibility
- Special hello/goodbye (morning meetings, greetings, farewell mantras)
- Modeling healthy relationships
- Calm down area/ "chill chair"
- yoga, mindfulness, brain breaks
- Teaching social skills
- "I wish my teacher knew..."

Helpful Websites:

- <https://www.positiveaction.net/blog/social-skills-activities-angames-for-kids>
- <https://www.friendshipcircle.org/blog/2011/03/28/12-activities-to-help-your-child-with-social-skills/>
- mindyeti.com
- Calm.com- Free subscription for teachers
- BucketFillers101.com
- [Go Noodle](http://GoNoodle.com)
- [Cosmic Kids](http://CosmicKids.com)
- [Activities for Enhancing Emotional Intelligence- Inner Choice](http://ActivitiesforEnhancingEmotionalIntelligence.com)



Trauma-Informed Schools

- Behavior is a form of communication
- Students who act out may not feel safe
- Everyone has a past, try to show understanding to students whose past looks different from your own
- Understand your own ACEs and trauma, in order to be empathetic to others'
- Look for strengths in your students
- Relationships, relationships, relationship...relationships.
- Be the supportive adult in their lives. YOU can make a difference.

We have the power to help students in meaningful ways.



Post Assessment

https://docs.google.com/document/d/1qDi_5uBFsJWZSXgMszEdrtgB8Fa52bAr_OVUd4SCWb0/edit?usp=sharing

Thank you!



Resources

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Appendix B

ACE Screener

Finding Your ACE Score

While you were growing up, during your first 18 years of life:

1. Did a parent or other adult in the household **often or very often**...
Swear at you, insult you, put you down, or humiliate you?
or
Act in a way that made you afraid that you might be physically hurt?
Yes No If yes enter 1 _____
2. Did a parent or other adult in the household **often or very often**...
Push, grab, slap, or throw something at you?
or
Ever hit you so hard that you had marks or were injured?
Yes No If yes enter 1 _____
3. Did an adult or person at least 5 years older than you **ever**...
Touch or fondle you or have you touch their body in a sexual way?
or
Attempt or actually have oral, anal, or vaginal intercourse with you?
Yes No If yes enter 1 _____
4. Did you **often or very often** feel that ...
No one in your family loved you or thought you were important or special?
or
Your family didn't look out for each other, feel close to each other, or support each other?
Yes No If yes enter 1 _____
5. Did you **often or very often** feel that ...
You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you?
or
Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?
Yes No If yes enter 1 _____
6. Were your parents **ever** separated or divorced?
Yes No If yes enter 1 _____
7. Was your mother or stepmother:
Often or very often pushed, grabbed, slapped, or had something thrown at her?
or
Sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard?
or
Ever repeatedly hit at least a few minutes or threatened with a gun or knife?
Yes No If yes enter 1 _____
8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?
Yes No If yes enter 1 _____
9. Was a household member depressed or mentally ill, or did a household member attempt suicide?
Yes No If yes enter 1 _____
10. Did a household member go to prison?
Yes No If yes enter 1 _____

Now add up your "Yes" answers: _____ This is your ACE Score.

Appendix C

Information Packet - Handouts for Educator

THE TRUTH ABOUT ACEs

WHAT ARE THEY?

ACEs are
ADVERSE
CHILDHOOD
EXPERIENCES

The three types of ACEs include

ABUSE	NEGLECT	HOUSEHOLD DYSFUNCTION	
Physical Abuse	Physical Neglect	Mental Illness	Incarcerated Relative
Emotional Abuse	Emotional Neglect	Mother treated violently	Substance Abuse
Sexual Abuse		Divorce	

HOW PREVALENT ARE ACEs?

The ACE study revealed the following estimates:*

ABUSE	
Physical Abuse	28.3%
Sexual Abuse	20.7%
Emotional Abuse	10.6%

NEGLECT	
Emotional Neglect	14.8%
Physical Neglect	9.9%

HOUSEHOLD DYSFUNCTION	
Household Substance Abuse	26.9%
Parental Divorce	23.3%
Household Mental Illness	19.0%
Mother treated Violently	12.7%
Incarcerated Household Member	4.7%

percentage of study participants that experienced a specific ACE

WHAT IMPACT DO ACEs HAVE?

As the number of ACEs increases, so does the risk for negative health outcomes

RISK

0 ACEs 1 ACE 2 ACEs 3 ACEs 4+ ACEs

Possible Risk Outcomes:

BEHAVIOR				
Lack of physical activity	Smoking	Alcoholism	Drug use	Missed work
PHYSICAL & MENTAL HEALTH				
Severe obesity	Diabetes	Depression	Suicide attempts	STDs
Heart disease	Cancer	Stroke	COPD	Broken bones

Of 17,000 ACE study participants:

38%	have experienced 0 ACEs
26%	1 ACE
16%	2 ACEs
15%	3 ACEs
5%	4+ ACEs

84% have at least 1 ACE

rwjf.org/aces

Robert Wood Johnson Foundation

Source: <http://www.cdc.gov/aces/prevalence.htm>

https://drive.google.com/drive/folders/0BvGne1yN9Sv4e0hEaQ5V7Y0vd2e

A Look At NEURODEVELOPMENTAL TRAUMA

facebook.com/stephaniegrantphd

#1 EARLY CHILDHOOD TRAUMA CAN AFFECT THE WHOLE CHILD - BOTH BRAIN & BODY!
Can be prenatal trauma

#2 THE BRAIN HAS A LOT OF DIFFERENT PARTS, BUT ONLY A COUPLE OF THEM CAN THINK
Like these front parts!

#3 WHEN A CHILD'S BRAIN IS DEVELOPED BY EARLY STRESSFUL EXPERIENCES, THEIR STRESS RESPONSE SYSTEM GETS STUCK IN THE "ON" POSITION
This causes them to go into Fight, Flight, Freeze easily

#4 THE MORE STRESSED OUT YOU ARE, THE FARTHER BACK IN THE BRAIN YOU GO
This means losing access to thinking parts
And having reacting parts be in charge

#5 (Associated with brain diagram)


#6 THIS IS WHY TRADITIONAL BEHAVIOR STRATEGIES AREN'T CONSISTENTLY EFFECTIVE—THEY RELY ON THE THINKING BRAIN
And that's not the part that is in control (or the fastest)

#7 STRATEGIES THAT HELP THE BRAIN & BODY STAY CALM BEFORE AN UNWANTED BEHAVIOR HAPPENS WILL BE BEST AT TEACHING & PREVENTING
This work of coregulation - helping a child with changes & emotions - is best done with a trusted adult

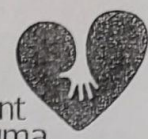
#8 TRAUMA DOESN'T JUST GET BETTER - YOU DON'T JUST OUTGROW IT

©Stephanie Grant, PhD 2018

Childhood Trauma Affects



(At Least 1 in 4 Students)



Attachment & Trauma Network, Inc.

In Every Single Classroom... Every Day...

What Trauma is...

A psychologically distressing event outside the range of usual human experience. It involves a sense of intense fear, terror, and helplessness, and may lead to a variety of effects, depending on the child.

- Bruce Perry

Examples include child neglect, abuse, domestic violence, parental incarceration or abandonment, a family member's serious mental illness or substance abuse problem, highly conflicted divorce situations, as well as experiencing serious accidents, disasters, war, or acts of terrorism.

What Trauma Does to...*

The Body

- Fight/flight/freeze reactions
- Sensory/motor challenges
- Unusual pain responses
- Physical symptoms

Emotions

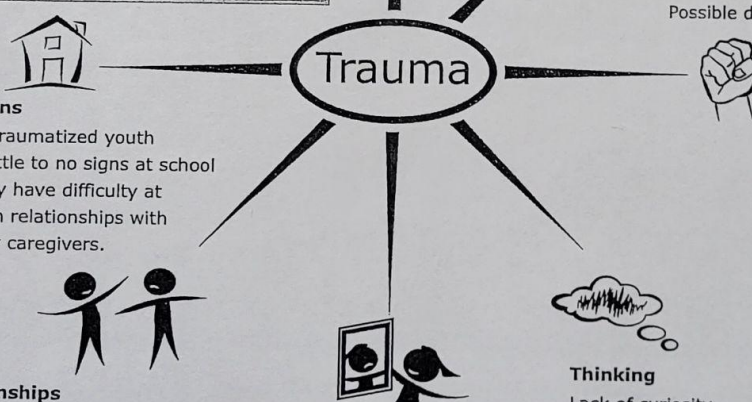
- Hypervigilance
- High distress
- Self-regulation problems
- Difficulty communicating feelings and needs
- Possible dissociation

Actions

- Poor impulsive control
- Aggression/ dangerous actions
- Oppositional behavior
- Self harm
- Overly compliant
- Sleeping problems
- Eating problems
- Substance abuse

Thinking

- Lack of curiosity
- Learning/processing problems
- Language development problems
- Difficulty regulating attention
- Executive functioning problems
- Problems with planning and organization
- Difficulty understanding cause and effect



Trauma

No Signs

Some traumatized youth show little to no signs at school but may have difficulty at home in relationships with primary caregivers.

Relationships

- General mistrust of others
- Clingy/overly dependent
- Withdrawn
- Problems with peers
- Overly helpful/solicitous of attention
- May lack empathy

Self Concept

- Low self-esteem
- Toxic shame and guilt
- Grandiose ideas/bragging
- May blame others or self
- Body image problems
- Self-sabotaging behaviors

What Trauma-Sensitive Schools Do...

Help Students

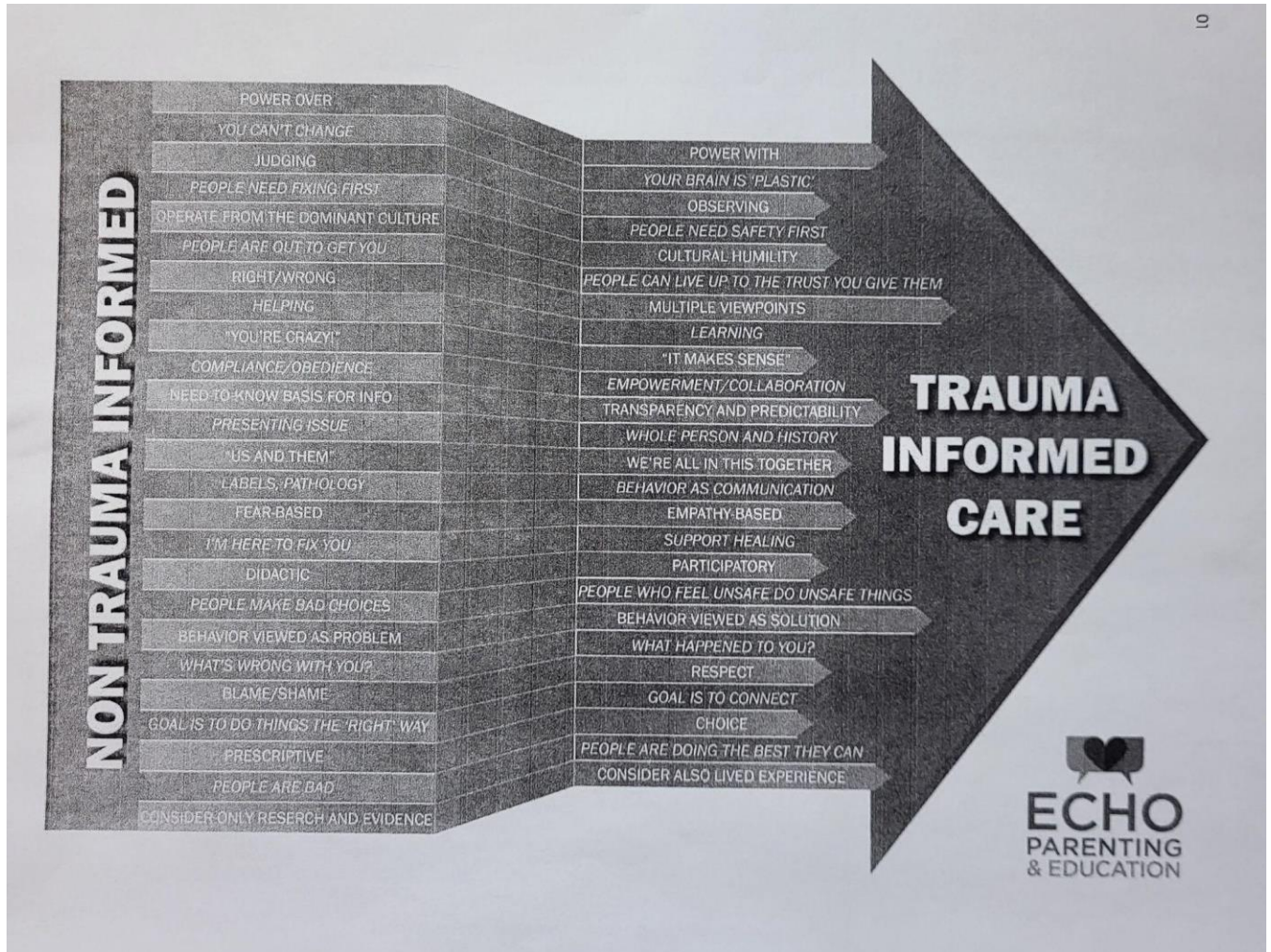
Feel safe	Get regulated
Be connected	Learn

They Benefit Everyone!

© 2015 Attachment and Trauma Network Inc. All Rights Reserved * Source: National Child Traumatic Stress Network

SOME NEUROBIOLOGICAL EFFECTS OF TRAUMA

Increase	Decrease
<ul style="list-style-type: none"> ✓ Size of amygdala (increased interpretation of stimuli as fearful) ✓ Sympathetic NS (fight/flight/freeze) ✓ Startle response ✓ Cortisol levels (stress hormones) ✓ Inflammation ✓ Blood pressure, resting heart rate, respiration ✓ Weight gain ✓ Trembling/shaking ✓ Kindling of HPA axis (takes less stress to trigger a stress response) 	<ul style="list-style-type: none"> ✓ Hippocampal volume (learning and memory) ✓ Corpus callosum volume (smaller, fewer connections, less integration) ✓ Cortex/ Brain volume (smaller brain) ✓ Short-term memory ✓ Verbal recall ✓ Parasympathetic NS (calming system) ✓ Ability to form social attachments ✓ Ability to regulate mood and affect



Trauma Informed and Responsive
Building Our Trauma Sensitive Community

1. WHAT are our first steps? Based upon the information in this workshop and your self-assessment, identify 2-3 first steps that you can take to improve trauma awareness in your organization. These should be steps that you plan to take within the next 1-3 months. Think small steps for big impact!
2. WHAT barriers or challenges do we anticipate to this process?
3. WHAT opportunities can we take advantage of to support growth toward trauma informed practices in our organization?
 - a. WHAT structures, routines or activities are already in place that we can build on? (For example, could you build 10 minutes of a trauma-awareness conversation into existing staff meetings? Is there an existing practices or routine that could be a vehicle for including trauma-sensitive approaches?)
 - b. WHAT community connections could support our work?
 - c. WHAT opportunities could there be for future funding?
4. WHO are our first partners?
 - a. WHO in our organization might be most receptive and/or most available to partner with us in learning and sharing trauma awareness and sensitivity?
 - b. WHO in our organization may we not have considered as partners before, but would now include in our plan?
 - c. WHO might we identify as a partner in our community? Consider families, other human service providers, and potential funding opportunities.
5. HOW will we measure impact? Set 2-3 measureable goals that can be accomplished in the next 1-6 months.

Appendix D - Evaluation

Pre Assessment Questionnaire

Trauma-Informed Professional Development

Pre Assessment

- 1) I know what adverse childhood experiences are.
 - 1- Highly Agree
 - 2- Agree
 - 3- Neutral
 - 4- Disagree
 - 5-Highly Disagree

- 2) I can recognize the signs of trauma in my students.
 - 1- Highly Agree
 - 2- Agree
 - 3- Neutral
 - 4- Disagree
 - 5-Highly Disagree

- 3) I can recognize ACEs and the signs of trauma in myself.
 - 1- Highly Agree
 - 2- Agree
 - 3- Neutral
 - 4- Disagree
 - 5-Highly Disagree

- 4) I am comfortable working with students who have been through traumatic experiences.
 - 1- Highly Agree
 - 2- Agree
 - 3- Neutral
 - 4- Disagree
 - 5-Highly Disagree

- 5) I understand my role in a student's recovery from trauma.
 - 1- Highly Agree
 - 2- Agree
 - 3- Neutral
 - 4- Disagree
 - 5-Highly Disagree

- 6) I feel it is important for our educators in our school to be trauma-informed.
- 1- Highly Agree
 - 2- Agree
 - 3- Neutral
 - 4- Disagree
 - 5-Highly Disagree
- 7) I am comfortable with being a *trusted adult* for students to come to when they need extra support in any area.
- 1- Highly Agree
 - 2- Agree
 - 3- Neutral
 - 4- Disagree
 - 5-Highly Disagree
- 8) I know how to get my students the support that they need and steps to take if I recognize signs of trauma.
- 1- Highly Agree
 - 2- Agree
 - 3- Neutral
 - 4- Disagree
 - 5-Highly Disagree

9) One thing that I would like to learn today is:

10) One question I have is:

Post Assessment Questionnaire

Trauma-Informed Professional Development

Post Assessment

- 1) I know what adverse childhood experiences are.
 - 1- Highly Agree
 - 2- Agree
 - 3- Neutral
 - 4- Disagree
 - 5-Highly Disagree

- 2) I can recognize the signs of trauma in my students.
 - 1- Highly Agree
 - 2- Agree
 - 3- Neutral
 - 4- Disagree
 - 5-Highly Disagree

- 3) I can recognize ACEs and the signs of trauma in myself.
 - 1- Highly Agree
 - 2- Agree
 - 3- Neutral
 - 4- Disagree
 - 5-Highly Disagree

- 4) I am comfortable working with students who have been through traumatic experiences.
 - 1- Highly Agree
 - 2- Agree
 - 3- Neutral
 - 4- Disagree
 - 5-Highly Disagree

- 5) I understand my role in a student's recovery from trauma.
 - 1- Highly Agree
 - 2- Agree
 - 3- Neutral
 - 4- Disagree
 - 5-Highly Disagree

- 6) I feel it is important for our educators in our school to be trauma-informed.
- 1- Highly Agree
 - 2- Agree
 - 3- Neutral
 - 4- Disagree
 - 5-Highly Disagree
- 7) I am comfortable with being a *trusted adult* for students to come to when they need extra support in any area.
- 1- Highly Agree
 - 2- Agree
 - 3- Neutral
 - 4- Disagree
 - 5-Highly Disagree
- 8) I know how to get my students the support that they need and steps to take if I recognize signs of trauma.
- 1- Highly Agree
 - 2- Agree
 - 3- Neutral
 - 4- Disagree
 - 5-Highly Disagree
- 9) One thing that I learned today is:
-
-
- 10) One question I still have is:
-
-

GRAND VALLEY STATE UNIVERSITY
ED 693/695 Data Form

NAME: Karen Knaebel

MAJOR: (Choose only 1)

- | | | |
|--------------------------------------------------------------|------------------------------------------------------|-----------------------------------------------------------|
| <input type="checkbox"/> Adult & Higher Education | <input type="checkbox"/> Educational Differentiation | <input type="checkbox"/> Library Media |
| <input type="checkbox"/> Advanced Content Specialization | <input type="checkbox"/> Education Leadership | <input type="checkbox"/> Middle Level Education |
| <input type="checkbox"/> Cognitive Impairment | <input type="checkbox"/> Educational Technology | <input type="checkbox"/> Reading |
| <input type="checkbox"/> College Student Affairs Leadership | <input type="checkbox"/> Elementary Education | <input checked="" type="checkbox"/> School Counseling |
| <input type="checkbox"/> Early Childhood Education | <input type="checkbox"/> Emotional Impairment | <input type="checkbox"/> Secondary Level Education |
| <input type="checkbox"/> Early Childhood Developmental Delay | <input type="checkbox"/> Learning Disabilities | <input type="checkbox"/> Special Education Administration |
| <input type="checkbox"/> TESOL | | |

TITLE: _____

PAPER TYPE: (Choose only 1)

SEM/YR COMPLETED: _____

- Project
- Thesis

SUPERVISOR'S SIGNATURE OF APPROVAL: *Nagnon Diarrassouba*

Using key words or phrases, choose several ERIC descriptors (5 - 7 minimum) to describe the contents of your project. ERIC descriptors can be found online at:

<http://eric.ed.gov/?ti=all>

1. Trauma
2. Adverse Childhood Experiences
3. Trauma Professional Development
4. Trauma Informed
5. Trauma and Academic Experiences



The signature of the individual below indicates that the individual has read and approved the project of Karen Knaebel in partial fulfillment of the requirements for the degree of Master of Education.

Nagnon Diarrassouba _____ April 25, 2022 _____

Project Advisor

Date

Accepted and approved on behalf of the
M. Ed. in School Counseling Program

Judy S. Williams
Judy S. Williams, Graduate Program Director

April, 27, 2022

Accepted and approved on behalf of the

Educational Leadership and
Counseling Unit

Catherine L. Meyer-Looze
Catherine L. Meyer-Looze, Unit Head

April 27, 2022