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An Action Research Project Addressing the Impact of Trauma on Students in Schools Through Building a Trauma-Informed School Community

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LOYOLA UNIVERSITY CHICAGO

AN ACTION RESEARCH PROJECT ADDRESSING THE IMPACT
OF TRAUMA ON STUDENTS IN SCHOOLS THROUGH BUILDING
A TRAUMA-INFORMED SCHOOL COMMUNITY

A DOCTORAL RESEARCH PROJECT SUBMITTED TO
THE FACULTY OF THE GRADUATE SCHOOL OF EDUCATION
IN CANDIDACY FOR THE DEGREE OF
DOCTOR OF EDUCATION
PROGRAM IN SCHOOL PSYCHOLOGY

BY

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CHICAGO, ILLINOIS

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ABSTRACT

The experience of trauma significantly impacts many areas of a person's development and life functioning. These effects of trauma can ultimately influence a child's educational performance in school. It is critical for school personnel to be aware of the potential impact of trauma so they are able to provide necessary support to the exposed students to minimize the negative effects in school. Action research methodology was utilized to evaluate the implementation of school staff training on the topic of trauma. Data and feedback were obtained from school staff participants through pre and post questionnaires administered before and after the trauma training. Strategies of the research project included multiple educational trainings provided to staff participants sharing general information about trauma including: definition of trauma, the impact of trauma on the brain, development and learning and strategies for teachers to use to support trauma-exposed students. Interactive presentations were provided to participants using Power Point and videos. Pre and post surveys completed (N=29) by the staff participants revealed statistically significant findings indicating increased levels of awareness on the impact of trauma as well as increased levels of confidence and preparedness for working with students exposed to trauma after receiving trauma training. Results also indicate a significant interest in the development of a trauma-informed school community reported by participants after receiving training.

CHAPTER I

INTRODUCTION

Many students in schools across the nation have experienced traumatic experiences throughout their lives. Studies indicate that more than 65% of American children experience at least one traumatic event before adulthood (Copeland, Keeler, Angold & Costello, 2007). Trauma can be defined as a deeply distressing or disturbing experience. Examples of potential traumatic experiences include physical, emotional and sexual abuse, domestic and community violence, motor vehicle accidents, natural disasters, neglect, death/grief, witnessing violence, gang warfare, bullying, forced separation from parents through foster care, deportation and parental incarceration or being raised by drug-addicted or mentally unstable parents. When people experience or witness a traumatic event, the stress can overwhelm their ability to cope resulting in damaging effects on their lives.

A traumatic experience impacts the entire person- how one thinks, how one learns, how one remembers things, the way one feels about himself or herself, the way one feels about other people and the way one make sense of the world (Bloom, 1999). Research indicates trauma can have a significant impact on a child's development and brain structure resulting in documented long-lasting effects. Internalizing and externalizing behaviors may surface after experiencing traumatic events. Trauma potentially impacts a child's cognitive development, learning, emotional regulation and social development which can ultimately manifest itself in performance at school (Alisic,

2012). Students that have experienced trauma may exhibit behavioral and social-emotional issues at school including increased anger, social withdrawal, physical symptoms, avoidance, decreased ability to focus, difficulty with relationships, anxiety and behavioral outbursts (Fitzgerald & Cohen, 2012). The negative impact of trauma has the ability to hinder a child's performance in school across many domains. Due to the potential harmful effects on the brain and life functioning, a child's ability to learn can be impacted by trauma. A traumatized child may not be able to focus on academic tasks or may be unable to calm down the heightened sense of arousal due to trauma experiences. Children spend a significant amount of time in school which validates the need for trauma-informed school systems. It is necessary for child-serving systems, such as schools, to recognize trauma responses and accommodate and respond to traumatized students within the classroom setting.

As a school psychologist working with adolescent students in a high school setting, the impact of trauma has been very apparent through my work with students. Until I personally attended a professional development workshop specifically on trauma, I was not aware of the significant impact trauma exposure can have on students in our schools. Unfortunately, I have witnessed many students experiencing adverse experiences outside and inside of school which ultimately affects their ability to learn in school. As a support staff member of my high school, I have noticed that many students who exhibit behavioral, social emotional or academic issues disclose underlying traumatic experiences through counseling or support services. Throughout the past few years, I have noticed the frequent connection that the students having difficulty in school have

unresolved trauma affecting their ability to perform behaviorally and academically. However, despite the prevalent impact of trauma in our school setting, there is limited awareness and knowledge about the topic of trauma. Due to the documented significant impact trauma can have on a student in our school; there is a tremendous need for increased awareness about this relevant topic. The goal of this research is to measure the effectiveness of a general introductory training session for school staff on trauma to raise awareness and generate interest in the development of a trauma-informed school.

Action Research

Action research is a collaborative approach between participants and researcher to produce authentic data and provide people with the means to take systematic action to resolve problems (Stringer, 2014). Action research requires researchers to become active participants in the research process. The researcher's role is to be a facilitator and catalyst to stimulate people to change (Stringer, 2014). The goal of this research project is to lead to action within the school to work towards building a trauma-informed community. The implemented staff training will ideally help teachers and school staff change the way they look at and work with students who have experienced trauma. The action research model involves a participatory process for the school community to actively participate in the first steps of building a trauma-informed school. The data from the research will provide information on the effectiveness of the staff training and determine next steps. It is hypothesized that the data will reveal that trauma training will increase staff awareness and knowledge along with feeling more prepared for and comfortable with working with students with a trauma history, and finally, to lead to increased staff interest in further

development of a trauma-informed school. As school staff raises awareness on the topic of trauma, it is expected that their understanding will increase which will empower participants to better understand and support all students. It is expected that staff will report an increase in understanding and preparation in working with students exposed to trauma. This research is an initial action step towards the creation of a supportive and trauma sensitive high school. The action research model enables the researcher to facilitate this process. The outcome of action research leads to increased clarity and understanding for resolving the identified problem which is lack of awareness on the impact of trauma. Lastly, action research will lead to greater understanding of the social realities within which people enact their social lives (Stringer, 2014). This action research will ideally increase understanding of the social construct relating to trauma in schools.

CHAPTER II

REVIEW OF RELATED LITERATURE

Impact of Trauma Research

The Center for Disease Control and Prevention's (CDC) epidemiological research, the Adverse Childhood Experiences (ACES) Study, one of the largest and most profound public health studies, measured 10 types of childhood trauma in 17,000 people who had received a physical examination at a medical facility in San Diego, California. The study confirms the prevalence of trauma by indicating about two-thirds of those in the study experienced one or more types of severe adverse experiences during childhood (Felitti, Anda, Nordenberg, Williamson, Spitz, Edwards, & Marks, 1998). The research study also supports the significant and long-term impact trauma can have on a person. Overall, the findings from the ACES study found a direct link between childhood trauma and the adult onset of chronic disease (including cancer, heart disease and diabetes), mental illness, violence, being a victim of violence, divorce, obesity, teen and unwanted pregnancies, and work absences (Felitti et al., 1998).

Traumatic experiences can have a long-term and significant impact on a child. Neuroscientists studying the impact of trauma on brain development have determined that these traumatic experiences actually alter brain structure (Walkley, 2013). When children are exposed to chronic or ongoing trauma, their brains become wired for danger due to an activated fight or flight response. Brain structures that regulate emotion, memory, and behavior become smaller in size when exposed to chronic trauma in

childhood. The impact of trauma on brain development leads to difficulties with attachment, behavior, emotional regulation, and learning (Walkley, 2013).

Another key research finding is that the more adversity a child faces, the greater the odds of long-term developmental consequences (Shonkoff & Richmond, 2008). Trauma can result in significant developmental disruptions, long-term serious mental and physical health problems (Felitti et al., 1998) and increased involvement in child welfare and juvenile justice systems (Ford, Chapman, Hawke, & Albert, 2007). Between 10% and 30% of the exposed children develop chronic psychological problems, including posttraumatic stress disorder (PTSD), affecting their development and well-being in academic, social, emotional and physical domains (Fairbank & Fairbank, 2009; Pynoos, Steinberg, Layne, Briggs, Ostrowski, & Fairbank, 2009). Early researchers noted that exposure to trauma may lead to feelings of anxiety, helplessness, dissociation (detachment of the mind from emotion), and behaviors, including hyper vigilance (watchfulness or awareness of one's surroundings over and above what is normal), extreme behaviors and efforts to avoid re-experiencing the traumatic event, impulsivity, and even self-inflicted injury (Fitzgerald & Cohen, 2012). Due to this wide range of possible symptoms of trauma, it is important to look into how these symptoms may be brought into schools.

Impact of Trauma in Schools

The various potential symptoms of trauma significantly impact children's development, behavior and emotions which may interfere with their performance at school. Various symptoms that may stem from trauma can hinder a child's educational

performance. Exposed children may show a wide spectrum of behavioral and emotional reactions in the classroom, varying from withdrawing to acting out (Alisic, 2012). Trauma and exposure to violence in childhood is directly linked to significant deficits in attention, abstract reasoning, and long-term memory for verbal information (Beers & DeBellis, 2001), changes in student academic performance and behavior, including decreased IQ and reading ability (Beers & DeBellis, 2002; Delaney-Black et al., 2003), lower grade point average (Hurt, Malmud, Brodsky, & Giannetta, 2001), higher absenteeism (Beers & Debellis, 2002), and decreased rates of graduation from high school (Groger, 1997). A child who is traumatized may struggle with anxiety disorders, oppositional defiant disorders, post-traumatic stress disorder, depression, learning difficulties and increased anger (Fitzgerald & Cohen, 2012). When students exhibit these negative issues or behaviors at school, staff may not realize that the underlying cause could be trauma-related.

Trauma can interfere with students' ability to build relationships, thus creating significant challenges for teachers, and leaving students who most need school-based relationships without them (Perry, 2006). In the long term, trauma can significantly impact academic functioning and psychosocial well-being, putting youth who have experienced trauma at greater risk for delinquency, substance abuse, mental and behavioral problems, and diminished educational and employment success (Bond et al., 2007). The flow chart on the next page depicts the process of how trauma can potentially impact a child in school.

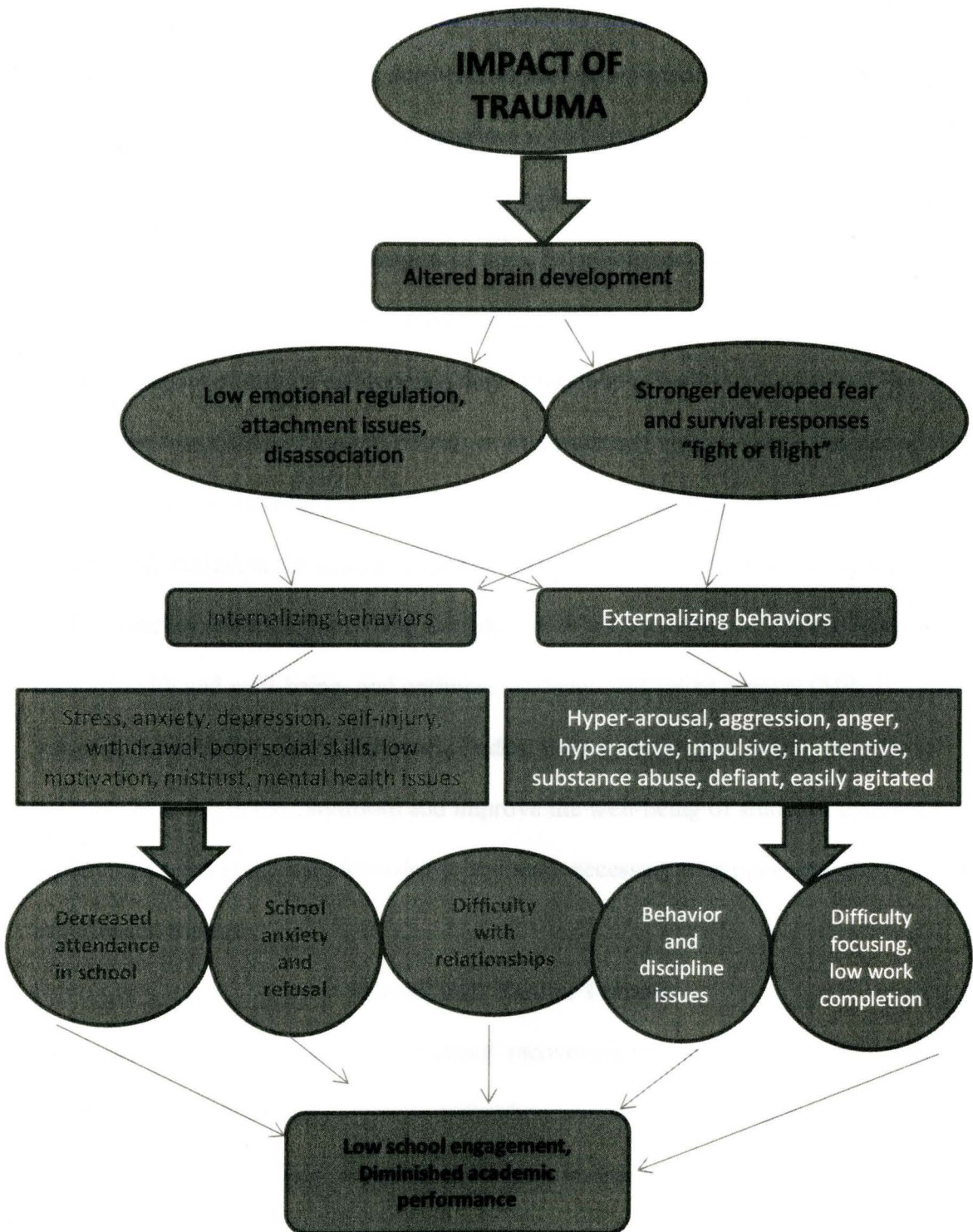


Figure 1. Trauma Impact Flow Chart

Schools provide a natural setting for identifying traumatized children who need help because these children may demonstrate changes in academic performance, attendance patterns, behavioral problems and social functioning, and these behaviors are often brought to the attention of school staff, typically for disciplinary action (Fitzgerald & Cohen, 2012). However, the origins of these behaviors may be misunderstood if school staff members are unaware of the impact of trauma. If school staff are not aware of this potential impact of trauma on students, they will not be informed and able to fully support these students. The more educators are aware and understand the impact of trauma, the more likely they will be able to respond appropriately and support a traumatized student in the school. Educators play a critical role in developing supportive student-teacher relationships to help mitigate the negative impact of trauma, improve mental health and well-being, and optimize academic and social success (Mihalas, More, Allsopp, & McHatton, 2009; Schochet, Dadds, Ham & Montague, 2006). In order to optimize learning in the classroom and improve the well-being of students, teachers and school staff need to have the knowledge and tools necessary to support students who have experienced trauma.

School Staff Role in Trauma

Teachers can play a role in students' recovery from trauma. A research study completed by Dods (2013) in Canada utilized questionnaires (Trauma Symptom Inventory-TSI-A) and semi-structured interviews to determine students' perspectives on the nature of supportive relationships in schools for youth who have been experienced trauma. The study concluded that youth who experienced trauma were not looking to

teachers to provide counseling or intervention for trauma, but rather sought supportive, caring relationships that were absent in their lives outside of school. This specific study revealed four aspects of student-teacher relationships that support trauma-related needs at school. The findings indicate students sought relationships with school staff that were (1) teacher driven, (2) demonstrated authentic caring, (3) were attuned to students' emotional states, and (4) were individualized (Dods, 2013). This research found that an important part of supporting students with trauma exposure involves increasing school connectedness which can be enhanced through supportive and caring relationships with teachers. Teachers need to be informed about trauma and the importance of student-teacher relationships in order to provide this needed support and care for their students.

In a research study entitled, "Teachers' Perspectives on Providing Support to Children after Trauma: A Qualitative Study," Alisic (2012) explored teachers' perspectives regarding providing support to traumatized children. Twenty-one elementary school teachers participated in semi-structured interviews to share information on their perspectives about the topic of trauma and children. The author was seeking to measure teachers' feedback and views on how they perceived their ability to help students exposed to trauma. The core themes that emerged from this study included: (a) teachers felt a need for better knowledge and skills on the topic of trauma, (b) teachers struggled with their role in addressing trauma, (c) teachers expressed difficulties in finding a balance with respect to demands and needs of the students and, (d) teachers had concerns with the emotional burden of working with traumatized children. Additionally, the majority of teachers expressed feeling a lack of competence regarding how they should

act when a child has been exposed to trauma. The teachers identified a need to include trauma-focused courses within teachers' trainings.

Trauma-Informed Communities

Walkley and Cox (2013), in a literature review, discuss information necessary to help schools become trauma-informed communities. They state it is important for school staff to understand that trauma-affected children are often mislabeled with attention deficit disorder, oppositional-defiant disorder, conduct disorder, and other diagnoses that prevent exploration of effective interventions for healing from the trauma. In order to prevent misdiagnosing children and ensure students are provided support for trauma, school staff must be more informed on the impact of trauma. The article discusses some challenges towards helping schools become more trauma-sensitive. One challenge noted is the belief that addressing students' traumatic experiences is the equivalent of "being soft." This may be the perception of school staff who believe in discipline or have a confrontational style of interaction with students (Walkley & Cox, 2013). Another challenge might be staff being ill-equipped to handle the depth of feelings and mental health needs of those suffering from trauma. Recommendations to support staff include intense training, supervision, and continual staff development on subjects such as brain development and trauma (Oehlberg, 2008). The article also discusses how the development of a trauma-informed school requires collaboration between *all* who touch the life of a child. For this reason, school support staff should take a leadership role in moving their school communities forward by taking the initiative to become trauma-informed practitioners and assist their school in developing trauma-responsive practices.

According to Fitzgerald and Cohen (2012), school psychologists are often in an important position to help schools become more aware of the impact of trauma on students. They state that school psychologists play a critical role in overcoming challenges to effectively identify and treat traumatized children in schools because they are uniquely positioned to educate teachers, school counselors, families and administrators about child trauma and collaborate with these stakeholders to implement screening protocols and facilitate treatment delivery. When it comes to school children's mental health, teachers rely in large part on school psychologists (Reinke, Stormont, Herman, Puri & Goel, 2011). Thus, school psychologists are in an ideal position to move a school towards becoming a trauma-informed community.

Until schools becomes more trauma-informed and trauma sensitive, students will continue to display symptoms that are a manifestation of the effects of trauma which will most likely impact their performance in school. The involvement of the school is critical in supporting students through the emotional and behavioral challenges they face as a result of trauma. A traumatic experience can seriously interrupt a student's educational experience in many ways. Unless efforts are made to reach out to students and staff with additional information and services on trauma, the impact of trauma will continue to negatively affect many students and their educational experience.

The purpose of this study is to provide training to raise staff awareness on trauma as a first step towards the formation of a trauma-informed school community. This research project will evaluate the following questions: (1) What level of background knowledge and experience do school staff have on the topic of students and trauma?

- (2) Does the implemented training increase staff awareness about the impact of trauma?
 (3) Does the training increase participants' level of preparedness to work with students exposed to trauma? (4) Does the training increase participants' confidence in working with these students? (5) Does the created training program generate teacher interest towards the development of a trauma- informed school community?

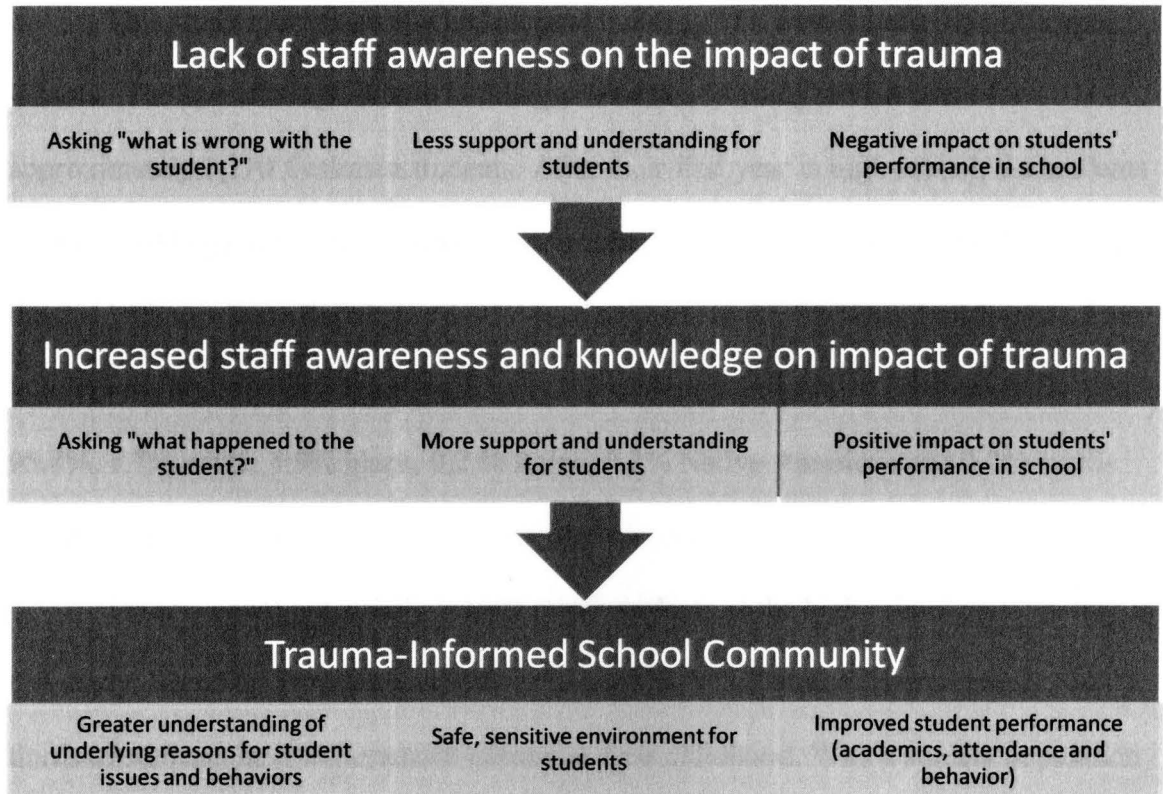


Figure 2. Trauma-Informed Community Flow Chart

CHAPTER III

METHODS

Setting

This study took place at a high school building of a west suburb near Chicago, Illinois. The specific high school building provides a learning environment for approximately 1,270 freshman students. After their first year in high school, the students transfer buildings to the main campus with sophomores, juniors and seniors. According to the 2013 Illinois State Report Card, 95.1% of students at the freshman building are from low-income households. Demographically the student population is predominantly Latino 95.8%, 1.7% white, 1.9% black, 0.2 % Asian, 0.2% Native American and 0.2% multi-racial/ethnic.

Trauma could potentially impact many students at the high school participating in this study. Based on previous research including the ACES study, approximately two-thirds of students have experienced trauma in their childhood. With a student population of 1,270 students, an estimated 851 students at the freshman building may have been exposed to trauma based on previous indicators and research. The school implements a research-based intervention program, Cognitive Behavioral Intervention for Trauma in Schools (CBITS), to provide support for students who experienced traumatic events. CBITS is a school-based, group and individual intervention designed to reduce symptoms of trauma and improve coping skills for students. Students are screened using a Trauma Exposure Checklist and must meet criteria to be part of the intervention group. At this

school, students are referred from a staff member, parent or self-referral. During the 2014-2015 school year, 22 students participated in the CBITS program at the freshman building. Compared to the estimated amount of students impacted by trauma based on the ACES study, many of the potentially affected students are not being addressed despite the school's efforts in implementing CBITS. Although teachers do not play a direct role in the implementation of the CBITS intervention, school staff members do refer students to the intervention and also work with these students outside of the intervention.

Teachers and school staff work with many of the students at this high school that have experienced trauma. These students may be displaying signs and symptoms related to trauma in the school setting, yet it is unclear to what extent teachers are aware of these signs and symptoms. If teachers and school staff do not have this knowledge, they are less able to provide the support and understanding that is necessary to meet these students' needs. Other students who have experienced trauma may also go unrecognized by teachers due to lack of awareness. Professional development on the topic of trauma has not previously been provided by the school for staff. It is uncertain if school staff has received training on trauma outside of professional development opportunities offered by the school district.

Participants

The research study was performed with school staff at the freshman building including 18 general education teachers, 5 special education teachers, 3 support staff including counselors and social worker, 2 teacher aides and 1 other for a total of 29 school staff participants. The average number of years' experience working in a school

was 10.74 years. All staff involved in the study signed an informed consent document. The primary researcher is the school psychologist of the high school. Training sessions for participants on trauma awareness were facilitated and implemented by the school psychologist.

Measures

Pre and post surveys were administered to school staff before and after trauma training to obtain data and collect information (see Appendices B and C). Questions included assessing staff's perception of their knowledge on trauma and comfort level working with students exposed to trauma. Quantitative and qualitative data was collected to assess school staff's awareness about trauma pre and post training. Specific questions using a scaled Likert response asked on the pre-survey include: (1) Role at the school, (2) Previous training on the topic of trauma, (3) Level of knowledge regarding trauma and students, (4) Level of staff preparedness to work with students exposed to trauma, (5) Level of confidence staff report on working with students who experienced trauma. One open ended question asked school staff to write the percentage of students they feel have experienced trauma at their school.

The post-survey included the same questions as above and two additional questions: (1) Level of usefulness of the staff training, (2) Indicated interest in further work and education for development of a trauma-sensitive school. The post survey also included two open-ended questions. The first question asks the participant's reaction to the information provided in the training and the second-opened ended question asks if

and how the information provided in the training was beneficial to the participant's work in school.

Procedures

The first step in the study included presenting an overview of the study to staff at a faculty meeting. This meeting provided an opportunity for interested school staff to schedule a training session with the researcher and complete informed consent forms. Multiple training sessions were offered to staff with two options: after school and during lunch periods for a "lunch and learn." Three lunch sessions (one during each lunch period) and one session after-school were offered. Staff signed up to attend one session based on their preferred time. Reminders were sent to staff via email one day in advance as a reminder of the training.

At the start of each training session, staff completed pre-surveys via paper/pencil to obtain data about staff awareness and knowledge prior to the implementation of training. Hour long training sessions were facilitated by the school psychologist using videos and PowerPoint presentation with handouts (see Appendix A). The training focused on general, introductory information about trauma and the impact it has on students. The presentation was designed to directly relate to the research questions. Information was gathered from online resources including National Child Traumatic Stress Network (www.nctsn.org), specifically the Child Trauma Toolkit for Educators. Specific areas presented through video and Power Point included: (1) definition of trauma, (2) examples of trauma, (3) how trauma affects the brain, (4) cognitive,

behavioral, academic and social-emotional impact of trauma, (5) symptoms of trauma in school and, (6) ideas for how to support students exposed to trauma.

After the training session, participants completed a post-survey via paper/pencil to measure level of awareness and effectiveness of the training. Additional qualitative, open-ended questions were included in the post-survey to obtain specific feedback and interest in future development of a trauma-informed school community.

After the trainings were implemented and surveys completed, results were compiled by analyzing quantitative and qualitative data obtained through the pre and post surveys. Survey data was exported from the paper/pencil surveys to an Excel workbook. Quantitative data from Likert scale questions was analyzed using statistical analysis of each question on the survey. Excel data analysis provided percentages of Likert-scale responses for each question to measure frequency. The average or mean response of all participant responses was calculated by assigning each Likert scale indicator a numerical variable. Five questions from the pre survey were identical to the post survey. The difference in the average of these five matched questions was measured to measure change pre and post trauma training. A matched paired t-test was completed through statistical analysis on Excel to calculate the significance between pre and post surveys for each respondent and matched question.

Qualitative data from open-ended questions was analyzed using coding and categorizing/grouping data. Excel spreadsheets were utilized to code qualitative data from the open-ended questions using grounded theory. Grounded theory is a general method for developing theory that is grounded in data systematically gathered and

analyzed (Strauss & Corbin, 1994). Emerging patterns and themes were determined *after* the data collection through open coding and analysis. There are three stages of data analysis called open coding, axial coding and selective coding (Strauss & Corbin, 1990). Open coding was completed by examining the data from the staff responses and naming and categorizing elements in the data. Key points from the qualitative question responses were identified with a series of codes and then categories were identified using axial coding. Frequent categories and relationships among the categories in the data were identified. After forming categories, selective coding was completed and overall themes and main ideas from the study participants' responses were formulated through reflecting on the results. After data analysis, data and results were shared with school stakeholders. Researcher and school stakeholders held a meeting to review data results and discuss school interest and ideas for future development of a trauma-informed school community.

Strategies were used to reduce bias for this research study. As the researcher coding the qualitative data, I am also the school psychologist working at the school which potentially creates some subjectivity and potential bias. I have close contact with the participants on a daily basis. For this reason, the surveys were anonymous to eliminate personal information. My own experience and background in trauma may also lead to bias when providing trainings and coding the data. During training sessions, the researcher was aware to avoid sharing opinions and remain neutral when presenting the educational training. Questions on the pre and post surveys were also created as neutral questions. As the researcher, I was conscious and aware of my personal feelings about the importance of trauma-informed care and understood I needed to remain objective through

this process. To increase objective data analysis, the exact statements provided on qualitative questions from the survey were copied onto the Excel workbook to reduce mis-interpretation of data and increase validity.

CHAPTER IV

RESULTS

This research utilized a pre-test post-test same subject design. Results were obtained through data provided by school staff participants on the pre and post surveys (see Appendices B and C) administered prior to and after the training session on trauma. Item by item analysis was completed for each survey question.

Data from the pre-survey reveals lack of previous training on the topic of trauma: 76% ($n=22$) of participants indicated they had not received previous training on trauma, 7% ($n=2$) of participants were not sure if they had received previous training and 17% ($n=5$) participants indicated they had received previous training on trauma.

The pre and post surveys included five matched, identical questions to measure change before and after trauma training. Table 1 provides a summary of the results of three of the five matched questions. Specifically, the mean response score from all participants ($N=29$) for pre and post survey responses are indicated with the difference calculated. Figures 3 and 4 provide visual graphs depicting the change in average responses on the five pre and post survey matched questions.

Participants were asked to indicate their level of knowledge and awareness about trauma with descriptive responses ranging from “I know a lot” (Likert value of 5) to “I know nothing” (Likert value of 1). Results indicate an increased level of knowledge on trauma after the training according to the difference between pre survey average ($M=2.86$, $SD=-0.79$) and post survey average ($M= 4.07$, $SD=0.65$). On average,

participants in the trauma workshop increased 1.21 on this item, reflecting an increase in participant's level of knowledge and awareness. Paired t-test was calculated to measure if the difference between the pre and post survey means was significant. There was a statistically significant difference between the mean scores: $t(28) = 13.23$, $p < .05$. This result suggests an increased level of knowledge and awareness on trauma after training as reported by participants.

Participants were asked to indicate how prepared they felt to work with students exposed to trauma with descriptive responses ranging from "Extremely prepared" (Likert value of 6) to "Very unprepared" (Likert value of 1). Results indicate an increased reported level of preparedness to work with students exposed to trauma after the training according to the difference between pre survey average ($M=3.48$, $SD=1.21$) and post survey average ($M=4.41$, $SD=0.91$). On average, participants in the trauma workshop increased .93 on this item, reflecting an increase in participant's reported level of preparedness to work with students exposed to trauma. Paired t-test was calculated to measure if the difference between the pre and post survey means was significant. There was a significant difference between the mean scores: $t(28) = 5.43$, $p < .05$. This result suggests an increased level of preparedness for working with students who have experienced trauma after training as reported by participants.

Participants were then asked to indicate their level of confidence in working with trauma exposed students with descriptive responses ranging from "Extremely confident" (Likert value of 6) to "Very unconfident" (Likert value of 1). Results indicate an increased reported level of confidence after training according to the difference between

pre survey average ($M=3.58$, $SD=1.24$) and post survey average ($M=4.33$, $SD=0.97$). On average, participants in the trauma workshop increased .75 on this item, reflecting an increase in participant's level of confidence in working with trauma-exposed students. Paired t-test was calculated to measure if the difference between the pre and post survey means was significant. There was a significant difference between the mean scores: $t(28) = 4.89$, $p < .05$. This result suggests an increased level of confidence for working with students exposed to trauma after training as reported by participants.

Table 1

Pre and Post Survey Matched Question Results

SURVEY QUESTION	PRE SURVEY (N=29) M (SD)	POST SURVEY (N=29) M (SD)	DIFFERENCE BETWEEN PRE AND POST	P- Value
Level of Knowledge	2.86 (0.79)	4.07 (0.65)	+1.21	$p=.00$
Level of Preparedness	3.48 (1.21)	4.41 (0.91)	+ .93	$p=.00$
Level of Confidence	3.58 (1.24)	4.33 (0.97)	+ .75	$p=.00$

A subsequent question asked participants to indicate their level of interest in the further development of a trauma-informed school community with descriptive responses ranging from "Extremely interested" (Likert value of 4) to "Not interested" (Likert value of 1). Results indicate a slight increase in interest level after trauma training according to the difference between pre survey average ($M=3.32$, $SD=0.78$) and post survey average

($M=3.7$, $SD=0.45$). On average, participants in the trauma workshop increased .38 on this item, reflecting an increase in participant's interest in developing a trauma-informed school community. A paired t-test was calculated to measure if the difference between the pre and post survey means was significant. There was a significant difference between the mean scores: $t(28) = 3.30$, $p = < .05$. This result suggests an increased interest in the further development of a trauma informed school after training as reported by participants.

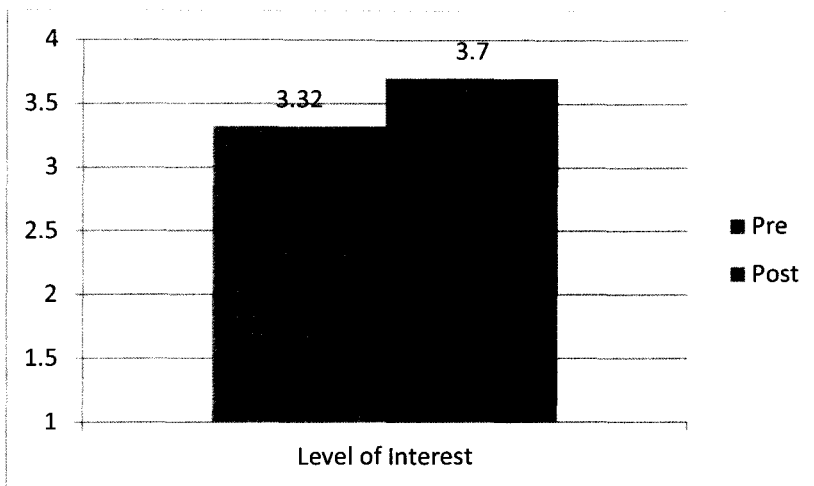


Figure 3. Level of Interest Survey Question Graph Results

A further question asked the participants to provide an estimated percentage of students at their school they believed to be impacted by trauma. Pre and post survey asked participants to provide a numerical value/percentage. Estimated percentage of students indicated by participants increased on average from pre survey ($M=54.10\%$) to post survey ($M= 67.06\%$). On average, participants in the trauma workshop increased 12.96% on this item, reflecting an increased estimate of students impacted by trauma in participant's school. Paired t-test was calculated to measure if the difference between the

pre and post survey means was significant. There was a significant difference between the mean scores: $t(28) = 3.532$, $p = < .05$. This result suggests an increased estimate of students in their school exposed after training as reported by participants.

Additional questions on the post-survey provided additional feedback and input from participants including the level of usefulness of the training, indications of how the trauma training would benefit their work at school and future ideas for development of a trauma informed school.

Participants were asked to indicate the level of usefulness of the trauma training on the post-survey with descriptive responses ranging from “Very Useful” (Likert value of 4) to “Not Useful” (Likert value of 1). 65% (n=19) of participants indicated the trauma training was “Very Useful” and 35% (n=10) of participants indicated it was “Useful”. 0% (n=0) of participants indicated it was either “Somewhat Useful” or “Not Useful”. The mean average response was 3.63 (on Likert scale ranging from 4 to 1).

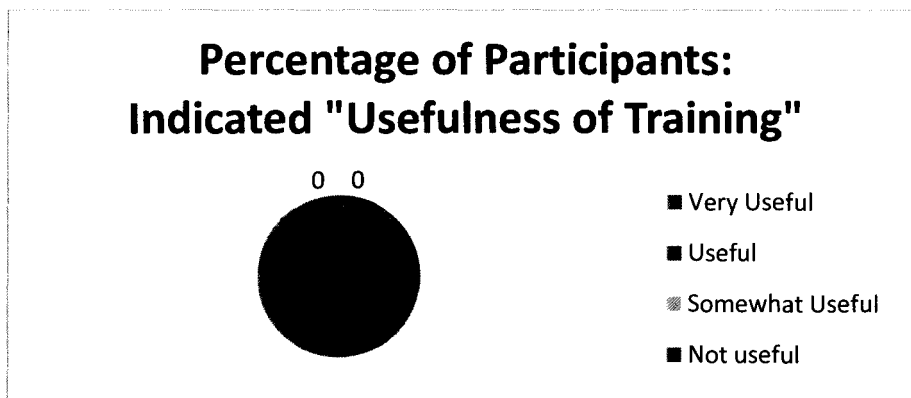


Figure 4. Usefulness of Training Survey Question Graph Results

Participants were asked in another post-survey question to list up to three new things they learned in the trauma training. Coding analysis of qualitative responses revealed common themes participants learned from the training relating to:

- **Effects of trauma on the brain:** specifically, the impact trauma has on the size of the brain and brain development. Responses included: *“extreme trauma can cause severe loss in brain development”* and *“brain is negatively affected by complex trauma.”*
- **The amount of people impacted by trauma:** including the common theme of participants indicating that more students are impacted by trauma than they expected. Responses included: *“trauma affects more kids than I thought”* and *“I learned the statistics behind trauma and how prevalent it is.”*
- **Symptoms of trauma:** including examples of how trauma may manifest itself and what signs and symptoms may arise after experiencing trauma. Responses included: *“symptoms can be inability to sleep or focus, students may be in a constant fear state,”* *“students may disconnect or disassociate,”* and *“students that appear to have ADHD may be displaying reactions to trauma.”*
- **Ways to support students exposed to trauma:** focusing on what strategies or ideas participants have for using the information learned to support students. Responses included: *“I will remember to use a calm voice and not take things personally to avoid triggering students,”* *“creating a consistent environment in my classroom will help these students impacted by trauma,”* and *“helping students right away can make a big difference.”*

Participants were asked to indicate if the information provided at the training was beneficial to their work at school by choosing “Yes or No”. One hundred percent of participants responded “Yes” indicating that the information was beneficial to their work at school. An open-ended question followed asking participants who chose “Yes” to indicate *how* the information was beneficial to their work. Analysis of the qualitative responses indicates common, overall themes relating to the ideas of *better understanding to help students exposed to trauma, being more aware and mindful* and using the information to *influence how they interact with and address students*.

Another post-survey question asked participants to identify next steps for building a trauma-informed school community through multiple choice responses: (a) further staff training, (b) parent training, (c) student training, (d) interventions to assist students exposed to trauma or (e) Other: _____. Participants were asked to identify one or more than one next step. When analyzing the frequency of participant responses to next steps, 53.30% of participants indicated further staff training should be a next step towards building at trauma-informed school. Thirty-three percent (33.30%) indicated parent training should be a next step and 40.00% indicated student training should be a next step. Forty-three percent (43.30%) indicated interventions to assist students exposed to trauma should be implemented as a next step in forming a trauma-informed school. Thirteen percent (13.30%) indicated a response of “other” with identified next steps including: *list or packet of resources and techniques provided to staff, create a peaceful space for students and staff to reflect and calm down and staff support group*.

The final question on the post survey asked participants if they would like to

participate in the development of a trauma-informed school community by indicating “Yes or No.” Results reveal that 90% of the participants indicated “Yes” they would like to be a participant and 10% of the participants indicated “No” they would not like to be a participant.

CHAPTER V

DISCUSSION

The first research question sought to answer the following: *What level of background knowledge and experience do school staff members have on the topic of students and trauma?* This question was asked to assess the need for trauma training in this particular school. The results from the pre-survey indicate a significant number of participants had not previously received training on the topic of trauma prior to the research training indicating a lack of knowledge and awareness about how trauma impacts their students. This finding is similar to what the Alisic (2012) research study examining teacher perspectives on supporting students with trauma discovered when teachers identified an interest in developing better knowledge and skills on trauma and the need to include trauma-focused courses within teachers' trainings. Lack of staff training results in lack of awareness which is a critical step needed to understand and support trauma-exposed students. Pre and post survey matched questions also revealed statistically significant levels of difference between how aware, confident and prepared participants were regarding trauma pre and post trauma training. The increase in reported levels of awareness, confidence and preparedness after trauma training indicates a lack of prior knowledge before the training.

With the documented impact trauma has on academic performance in school as demonstrated in previous research, training is necessary to teach school staff about this relevant topic. However, opportunity for trauma training is not commonly provided as

reported by participants. The combined lack of previous training on trauma *and* prior research findings revealing the prevalent and significant impact on students in schools support the need for school staff to be aware and knowledgeable about this topic.

Previous research and current findings from this study suggest the need for schools to provide training to teach school staff about trauma to raise awareness and knowledge which will ultimately benefit students.

The second research question sought to answer the following: *Does the implemented training increase staff awareness about the impact of trauma?* Pre and post survey questions indicate significantly increased levels of awareness and knowledge regarding how trauma impacts students after receiving training. Participants also reported increased levels of confidence and preparedness in working with students exposed to trauma after participating in training sessions. All participants indicated the trauma training was useful and beneficial to their work at school. The significance level of reported usefulness supports the benefits of providing trauma training for school staff. The positive response from participants supports increased awareness on trauma as participants were also able to identify how they would use the information they learned requiring heightened awareness. One common theme noted by teachers when describing how they would benefit from the training was to use the information to *better understand and support their students and change the way they interact and address students.*

Previous research by Dods (2013) examined student perspectives on trauma and found that an important part of supporting students involves supportive and caring relationships with teachers. Participants in this research indicated the trauma training would assist

them in their interactions with and understanding of students similar to what students identified was important for trauma support in the previous study by Dods.

The third research question sought to answer the following: *Does the created training program generate teacher interest towards the development of a trauma-informed school community?* After receiving training, all participants indicated they were either “Very Interested” or “Interested” in the further development of a trauma-informed school. The majority of participants (90%) also indicated they were interested in participating in the development of a trauma-informed school community after receiving the trauma training. This data reveals the trauma training generated a significant interest towards developing a trauma-informed school through reported interest by all participants. Even further, most participants also indicated they would be interested in *participating* in this further development. The trauma training program did result in school staff interest in developing a trauma-informed school community.

Future Direction and Limitations

This research study has sparked interest throughout the school community. To date, parent workshops on trauma have been offered and provided to parents because of the positive response from school staff members. After school staff trainings were provided, school administrators asked the researcher to create and present a workshop specifically geared towards educating parents about the topic of trauma. Parent workshops have also been provided at other school settings in the community as well due to positive feedback from parents who attended the trauma training at the research site. There has also been a noted increase in the recognition of trauma symptoms in students.

After attending training sessions, it has been observed that participants referred multiple students to the school psychologist based on information they learned in the training due to concerns with potential trauma. Five school staff members who participated in the study have directly come to the school psychologist to refer students who were displaying symptoms of trauma in their classrooms. These staff members told the school psychologist they were concerned about the students based on information they had learned at the training. Overall, this study provided an opportunity for school staff to expand their knowledge and awareness about trauma and helped participants understand why this topic is relevant to their students, their career and the entire school community. Positive feedback and results from participants demonstrate the training on trauma is beneficial and useful to school staff which will ultimately better support students.

Results were shared with school administrators and stakeholders to discuss the findings and generate ideas for future direction. Next steps discussed with school stakeholders include opportunities for further staff training, specifically for all school staff. Future staff training was reported by participants as a next step. Ideas for future staff training will include more discussion about strategies and tools for school staff to implement to support students as well as sharing information about strategies for self-care when working with trauma-exposed students. School administrators stated that they are open to setting aside designated faculty meeting time to focus on future trauma training sessions because they value the importance of building a trauma-informed community. Other next steps discussed include possible student training to raise student awareness on trauma as well as development of resources and handouts for teachers and parents.

The research provided an initial examination of the first steps of building a trauma-informed school community through the implementation of school staff training. Overall, the research reveals statistically significant results supporting the following three findings: the implemented school staff training raised awareness about the topic of trauma and, increased a sense of being prepared to work with these students along with confidence in doing so. The training was beneficial to the participants and generated an interest in the further development of a trauma-informed school. However, the training was limited to providing only general and basic information about trauma due to the restricted amount of time available for the session. Another study limitation included the voluntary factor. Participants volunteered to receive the trauma training as it was not possible to be required for all school staff due to scheduling constraints. Thirty nine percent of staff members at the school participated in the trainings. The participants may have already had an interest in the topic of trauma before receiving the training which potentially impacted the reported high level of interest in building a trauma-informed school. Another limitation is that this study is not longitudinal as it does not measure whether the increased knowledge and awareness about trauma carries over into changed behavior over time. There is no indicator to measure if the ideas and information learned at the training are put into practice.

Further research is recommended to investigate the effectiveness of required trauma training on a larger sample size as well as examining further, in-depth training for school staff, parents and students. To extend this work, it is recommended to provide additional trainings for school staff on a wider-scale level. For example, future trainings

should be embedded into professional development trainings during half day and full day workshops at the school district. Professional development should designate time to train *all* school staff on trauma awareness. Subsequent trainings should also include specific strategies for schools to implement to address trauma as well as discussions about self-care for educators. The online resource guide book, *Creating and Advocating for Trauma-Sensitive Schools* supports the need for all staff training by reporting that a school should provide opportunities for the whole staff to engage in shared learning about the prevalence and impact of trauma and what it means to become a trauma-sensitive school (Cole, Eisner, Gregory, & Ristuccia, 2013). On an even broader level, training on the subject of trauma should be included in college level curriculum for educators to raise awareness before working in schools. The field of education needs to recognize and address the connection between trauma and academic performance. The first step is continued increased awareness and training on the topic of trauma for educators in schools. Raising awareness is a critical first step necessary to support students experiencing trauma which needs to be understood on a broader level in the educational system.

Based on the positive response for interest in developing a trauma-informed school, a committee of interested staff members should be formed at this school to focus on the area of building a trauma-informed school. This steering committee will lead efforts, discuss ideas and implement strategies to further develop a trauma-informed community. The need for a steering committee is recognized by previous research from Massachusetts Advocates for Children and Harvard Law School indicating that becoming

trauma sensitive requires not only a deep understanding of trauma's impact on learning but also a spirit of inquiry that most often starts with a small but enthusiastic group of leaders and staff who learn together and can articulate their sense of urgency about why they feel trauma sensitivity will provide better educational outcomes for all students (Cole et al., 2013). A collaborative group of school staff leaders will enable the school system to begin the process of building a trauma-sensitive community.

Training and education on trauma should also be expanded and include students. Students at this high school level would benefit from learning about trauma and how it may impact them and their peers. This can be provided in classroom lessons by school support staff and teachers. At this school, it is also recommended for all students to be screened for trauma exposure and those who meet the criteria should be offered intervention, such as CBITS. By screening all students, the implementation of the CBITS intervention would increase and reach more students who may be potentially impacted by trauma. A previous randomized controlled research study examined the CBITS intervention and concluded it can significantly decrease symptoms of PTSD and depression in students who are exposed to violence and can be effectively delivered on school campuses by trained school-based mental health clinicians (Stein et al., 2003). This research supports the implementation of CBITS at this school on a wider-level for students exposed to trauma.

Further ideas include determining ways to create a trauma-informed environment through having a designated "cool down" area for students and staff as well as restorative justice discipline procedures in place at schools. Research from Harvey, a psychologist

and founder of the Victims of Violence Program, explains that the positive impact of community can mitigate the negative effects that can result from exposure to traumatic experiences. Schools, the communities in which children spend so much of their time, hold tremendous potential to become powerful factors in mitigating the negative impacts of exposure to traumatic experiences (Harvey, 1996). Establishing a safe and connected school community that provides access to supports for all students will be a key step towards creating a trauma-informed school.

Future research needs to consider and evaluate if raising awareness and providing training for educators is put into practice. Trauma-informed checklists can be created and utilized to measure the implementation of trauma-informed strategies. These checklists can be created and shared with staff through the steering committee. When these next steps are implemented, it is necessary to continue evaluating the outcomes for the further development of a trauma-informed school community.

APPENDIX A

POWERPOINT PRESENTATION TO SCHOOL STAFF PARTICIPANTS

5/21/2015

TRAUMA AWARENESS
HOW TRAUMA IMPACTS OUR STUDENTS
AND WHAT WE CAN DO

By: Meghan Meyer, School Psychologist

WHAT IS TRAUMA?

- Trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically and emotionally harmful or threatening and that has lasting adverse effects on the individual's physical, social, emotional, or spiritual well-being.
SAMSHA, 2012
- "Trauma" is used to describe experiences or situations that are emotionally painful and distressing. These experiences overwhelm people's ability to cope
- An exceptional experience in which powerful and dangerous stimuli overwhelm the child's capacity to regulate emotions.
Early Trauma Treatment Network

EXAMPLES OF TRAUMA

- Examples of potential traumatic experiences include
 - Physical, emotional and sexual abuse
 - Domestic and community violence: victim or witness
 - Motor vehicle accidents, natural disasters, war/terrorism
 - Neglect
 - Death/grief
 - Witnessing violence (community, school, domestic)
 - Forced separation from parents through foster care, deportation and parental incarceration
 - Being raised by drug-addicted or mentally unstable parents
 - Bullying

TRAUMATIC STRESS

- Not all experiences of trauma lead to a trauma response.
- Different variables impact the response.
- Traumatic stress is when children are exposed to traumatic events/experiences and the exposure overwhelms their ability to cope.
- Attentive Conductor- when a child is exposed to trauma and it is recognized and addressed, their chances of recovering are greater.
- Every child responds to trauma differently, even if experienced similar event.

5/21/2015

TYPES OF TRAUMA

<p>ACUTE</p> <ul style="list-style-type: none"> • One episode • Results from a single, sudden, usually unexpected event such as a death, rape, or bad car accident 	<p>COMPLEX</p> <ul style="list-style-type: none"> • Repeated trauma • Multiple occurrences such as sexual or physical abuse, witnessing multiple shootings
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COMPLEX TRAUMA

- Exposure to multiple traumatic events
- Chronic trauma; typically starts in early childhood
- Examples: psychological maltreatment, neglect, physical and sexual abuse, domestic violence.
- Complex trauma can have devastating effects on a child's emotions, ability to think and learn, development.
- Complex trauma is linked to a wide range of long-term problems, including addiction, depression and anxiety, self-harming behaviors, and other psychiatric disorders.
- Long-term impact on overall health.

STATISTICS

- Studies indicate that more than 65% of American children experience at least one traumatic event before adulthood (Copeland, Keeler, Angold & Costello, 2007).
- In a nationally representative U.S. survey, 39% of 12-17 year-olds reported witnessing violence, 17% reported physical assault and 8% reported sexual assault.
- 75 - 93% of youth in the juvenile justice system are estimated to have experienced some type of trauma.
- Think about it:
 - If an estimated 65% of our students are exposed to trauma, that would translate to about 800 of our students at MFC have experienced trauma.

TRAUMA AND THE BRAIN

- Trauma in childhood can have a detrimental effect of the developing brain.
- Wide body of research indicating that the brains of children who are exposed to chronic trauma are wired differently.
 - Brains become wired for danger.
- Brain structures that regulate emotion, memory, and behavior become smaller in size.
- When experiencing stress or a threat, the brain's 'fight or flight' response is activated through increased cortisol.

5/21/2015

BRAIN SCAN EXAMPLES:

The image shows two sets of brain scans. On the left, a scan labeled 'Healthy Brain' shows a normal-sized hippocampus and amygdala. On the right, a scan labeled '5 Year Old with PTSD' shows a significantly smaller hippocampus and amygdala, indicating brain atrophy associated with trauma.

IMPACT OF TRAUMA

- Immediate effects include shock and denial
- Unpredictable emotions, flashbacks
- Unstable relationships
- Physical symptoms like headaches or nausea
- Hyper-arousal
- Negative behaviors and conduct
- Anxiety/depression
- Can lead to Post-Traumatic Stress Disorder

VIDEO CLIP

- *Through Our Eyes: Children Violence and Trauma*
<https://www.youtube.com/watch?v=z8vZxDa2KPM>

IMPACT OF CHRONIC TRAUMA

<p>Hyper arousal</p> <ul style="list-style-type: none"> • Hyper arousal is characterized by an elevated heart rate, elevated body temperature, and constant anxiety • Difficulty sitting still and focusing • Frequent feeling of being unsafe and worried 	<p>Disassociation</p> <ul style="list-style-type: none"> • Disassociation involves an internal response to trauma • Child may shut down, detach, or "freeze" as a way of managing overwhelming emotions and/or situations
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5/21/2015

WHAT DOES THIS MEAN?

- Trauma exposed children may appear extra sensitive:
 - Guarded, slow to trust others
 - Overreact to situations
 - On the defense
 - Jumpy, startled easily
 - Appear overly worried
 - Appear like attention deficit/hyperactive disorder

TRAUMA IMPACT ON CHILD DEVELOPMENT

- Trauma can impair the development in these areas:
 - cognitive functioning
 - emotional regulation
 - Interpersonal relationships
- When child experiences harm/threatened- the brain is activated (alarm state); children feel vulnerable and unsafe.
- Difficult for children to calm down when they are hyper-aroused.

IMPACT ON DEVELOPMENT CONTINUED...

- Decreased concentration and memory
 - Trauma can lead to intrusive thoughts, nightmares, flashbacks
 - Increased anger, frustration, anxiety, withdrawal
- Impact relationships
 - With adults and peers
 - Difficulty trusting, defensive
 - Distorted views of the world

IMPACT ON BEHAVIOR

- Anxious, withdrawn
- Difficulty with impulse control
- Impaired short term memory
- Confusion, disoriented
- Acting out
- On edge, always "watching back"
- Day dreaming
- May display acting out behavior or quiet/withdrawn behavior

5/21/2015

LONG-TERM IMPACT ON BEHAVIOR

- Poor hygiene, appearance
- Difficulty with social interactions and relationships
- Difficulty sleeping/eating
- Academic failure
- Substance abuse (drugs/alcohol)
- Avoidance of people or places
- Increase in discipline issues at school or with police
- Absenteeism

IMPACT OF TRAUMA ON SCHOOL PERFORMANCE

- Trauma can impact school performance
 - Decreased reading ability
 - Lower GPA
 - Higher rate of school absences
 - Increased drop-out
 - More suspensions and expulsions
 - Ability to focus/engage in academics

National Child Traumatic Stress Network - Child Trauma Toolkit for Educators 2008

REAL-LIFE EXAMPLES

- High school student has flashbacks frequently of witnessing a shooting/death. Feels unsafe and unable to sit still, always checking surroundings. In class, this student appears to be inattentive and not care about school. Staff may believe he "just doesn't care about school". He is defiant when teachers confront him. Grades decline because of decreased concentration and pre-occupation with traumatic event.
- Young girl is physically and emotionally abused at home. She is extremely quiet, shy and withdrawn in school. Whenever a voice is raised by a teacher, her heart starts to race and she feels in danger. She cannot sleep at night due to the unsafe conditions at home. She spends every day scared of what will happen after school. In school, teachers may think she does not understand the academic work and tell her parents she just "does not engage or try".

WHY DOES THIS NEED TO BE ADDRESSED?

- More and more young people are being exposed to trauma
- Trauma can have a very significant impact on a person, including performance and behavior in school.
- Students who experience trauma spend significant time in school setting- we need to learn how we can support these students.
- Trauma needs to be recognized and treatment/support implemented in order to minimize the effects.
- Those who work with children will begin to view through a "trauma lens"
 - Instead of saying "what's wrong with the person?", you start to ask "what happened to the person?"

5/21/2015

SOME IDEAS ON HOW TO SUPPORT THOSE EXPOSED TO TRAUMA

- Safe environment
 - Predictable, secure, stable environment
- Feel listened to and understood by adults
- Safe place to share their experiences, establish trust
- Avoid producing triggering situations for students
- Referral to counseling agencies and supports for mental health treatment
- Help child understand their experience was traumatic, teach them about trauma. Ensure child knows the experience is not their fault.
- Teach child coping methods to deal with symptoms of trauma

EVIDENCE BASED INTERVENTION FOR TRAUMA USED IN OUR SCHOOL

- Cognitive Behavioral Intervention for Trauma in Schools (CBITS)
 - School-based, group and individual intervention designed to reduce symptoms of post-traumatic stress disorder (PTSD), depression, and behavioral problems, and to improve functioning, grades and attendance, peer and parent support, and coping skills for trauma.
- Did you know?
 - Youth Crossroads currently facilitates and implements this trauma-based intervention for our students

WHAT CAN WE DO IN OUR SCHOOL?

- Create a safe and predictable classroom environment. Establish routines and clear expectations.
- Avoid triggering students:
 - Use calm voices
 - Approach students with care and concern.
 - Avoid threatening situations with students
 - Self-awareness: be cognizant of our interactions with students
 - Avoid taking things personally when working with students
 - Mindfulness: deep breaths, take breaks to calm down when we need them
- Understand that students' behavior and performance may be related to previous or current trauma. Be sensitive and aware that this may be impacting them. View students through a trauma lens. Trauma-exposed students will not learn or perform unless they feel safe.
- However, this does not mean we will "excuse" students for negative behavior due to trauma.
- Refer students to counselors, support staff and Youth Crossroads/CBITS if you notice symptoms of trauma in your classroom.

QUESTIONS?

Any questions/comments?

Please complete the post-survey.

Thank you for your participation, time and attention!

5/21/2015

RESOURCES

- *National Child Traumatic Stress Network - Child Trauma Toolkit for Educators 2008* www.nctsn.org
- *Helping Traumatized Children Learn*
 - <http://traumasensitiveschools.org/>
- *Treatment and Services Adaptation Center (TSA)*
 - <https://traumaawareschools.org/>
- *Cognitive Behavioral Intervention For Trauma in Schools*
 - www.cbitsprogram.org

APPENDIX B
SCHOOL STAFF PRE-SURVEY

Anonymous Identifier: <i>Please provide the first two letters of the street name of your current residence</i> <i>For example, Ohio St., you would write OH.</i>		
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1) What is your role at Morton Freshman Center?

General Education teacher	Special Education teacher	Administrator	Support Staff/ Counselor	Security Staff	Teacher Aide	Other
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2) How many years of experience do you have working in education? _____ years

3) Have you previously received training about the topic of trauma?

Yes	Not Sure	No
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4) How would you rate your level of knowledge and awareness regarding how trauma impacts students?

5	4	3	2	1
I know a lot			I know nothing	

5) To what extent do you feel prepared to work with students exposed to significant trauma?

Extremely prepared	Prepared	Somewhat prepared	Somewhat unprepared	Unprepared	Very unprepared
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6) How would you rate your confidence level in working with students who have been exposed to trauma?

Extremely confident	Confident	Somewhat confident	Somewhat unconfident	Unconfident	Very unconfident
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1) To what extent do you have Interest in the development of a trauma informed school?

Extremely interested	Interested	Somewhat interested	Not interested
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7) What percentage of students at our school do you estimate are impacted by trauma?
 _____%

APPENDIX C
SCHOOL STAFF POST-SURVEY

Anonymous Identifier: <i>Please provide the first two letters of the street name of your current residence</i> <i>For example, Ohio St., you would write OH.</i>		
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1) What is your role at Morton Freshman Center?

General Education teacher	Special Education teacher	Administrator	Support Staff/ Counselor	Security Staff	Teacher Aide	Other
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2) How would you rate your level of knowledge and awareness regarding how trauma impacts students?

5	4	3	2	1
I know a lot			I know nothing	

3) To what extent do you feel prepared to work with students exposed to significant trauma?

Extremely prepared	Prepared	Somewhat prepared	Somewhat unprepared	Unprepared	Very unprepared
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4) How would you rate your confidence level in working with students who have been exposed to trauma?

Extremely confident	Confident	Somewhat confident	Somewhat unconfident	Unconfident	Very unconfident
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5) What percentage of students at our school do you estimate are impacted by trauma?
_____ %

6) How useful was this trauma training?

Very useful	Useful	Somewhat Useful	Not useful
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7) To what extent do you have Interest in the further development of a trauma informed school?

Very interested	Interested	Somewhat interested	Not interested
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8) Please list up to three new things that you learned in this training.

1) _____

2) _____

3) _____

- 9) Will this information be beneficial to your work at school?
- a. Yes
 - i. If yes, how?
 - b. No
 - i. If no, why not?
- 10) Indicate what you think next steps could be for building a trauma-informed school community?
- a. Further staff training
 - b. Parent training
 - c. Student training
 - d. Interventions to assist students exposed to trauma
- 11) Would you like to be a participant in the development of a trauma-informed school community?
- a. Yes
 - b. No

APPENDIX D
INFORMED CONSENT FOR SCHOOL STAFF PARTICIPANTS

Dear XXX Staff,

As a school psychologist and a doctoral student in school psychology at Loyola University Chicago, I, Meghan Meyer, am completing an action research project as a dissertation requirement for my doctorate degree under the supervision of Dr. David Shriberg and Dr. Rosario Pesce from the School of Education at Loyola University. The project is titled “*The Impact of Trauma on Students in Schools: Building a Trauma-Informed School Community*”.

The purpose of the study is to raise staff awareness on how trauma impacts students as a first step towards building a trauma-informed school community. I am asking for your voluntary participation in this action research study because you are a staff member at XXX. Your participation would be greatly appreciated and your responses would be confidential and anonymous. If you agree to participate in this study, you will be asked to:

- Complete a paper/pencil pre-survey that is estimated to take three to five minutes to complete.
- Attend a 45 minute workshop training session on the topic of trauma. Training sessions will be offered at multiple times during the school day and will be scheduled with the researcher.
- After the training session, you will be asked to complete a paper/pencil post-survey that is estimated to take three to five minutes to complete. The total time of the training session will be 51-55 minutes in length.

If you decide you want to participate, you are free not to answer any question on the survey or withdraw from participation at any time without penalty. There are no foreseeable risks involved in participating in this research study beyond those experienced in everyday life. You will benefit in participating because it is a professional development opportunity to learn information about the topic of trauma to help understand and support students.

The information gathered in the research surveys will be confidential and anonymous. The data will be coded so that no names appear on the surveys. On the survey, you will be asked to indicate the first two letters of your current street address (for example, OH for Ohio St.) in lieu of your name to protect your identity.

Please read this form carefully and ask any questions you may have before deciding whether to participate in the study. Your signature below indicates that you have read the information provided above, have had the opportunity to ask questions, and agree to participate in this research study. You will be given a copy of this consent form for your records.

If you have any questions or concerns, please contact me at mmeyer@jasmorton.org or 708-863-7900 x1029 or feel free to contact my faculty sponsor, Rosario Pesce at rpesce@luc.edu and David Shriberg at dsbribe@luc.edu. If you have any questions about your rights as a research participant, you may contact the Loyola University Office of Research Services at 773-508-2689.

Signature

Date

Thank you very much for your participation in this action research project.

Sincerely,

Meghan Meyer, School Psychologist and doctoral candidate in school psychology at Loyola University

APPENDIX E
SCHOOL PRINCIPAL CONSENT FOR ACTION RESEARCH PROJECT

November 20, 2014

To whom it may concern,

As the principal at XXXXX in District XXX, I am aware and informed about Meghan Meyer's action research project planned for our school. I give approval and support for Meghan Meyer, doctoral student in the school psychology program at Loyola University and our school psychologist, to conduct the research study, "The Impact of Trauma on Students in Schools: Building a Trauma-Informed School Community" at our school building.

The participatory action research project is a collective effort to raise staff awareness about how trauma impacts our students by providing staff training opportunities and collecting data. Two Loyola faculty members have also been providing guidance to Ms. Meyer in the design and implementation of the project. I understand that this project is outlined in the Loyola University IRB application. I also understand and approve of all procedures outlined in the proposal, including but not limited to, the survey contents, survey administration to all identified stakeholders/staff members, and storing and analyzing the data obtained.

If I can provide any additional information, please do not hesitate to contact me.

Sincerely,

XXXXX XXXXX

Principal

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VITA

Meghan Marie Meyer is the daughter of Rodney Meyer and Darlene Grouzard Meyer. She was born on January 22, 1982 in a suburb of Chicago and grew up in Palatine, Illinois with her three sisters and parents. Meghan currently resides in the city of Chicago.

Meghan has been a life-long learner and her educational history began at Sanborn Elementary School and continued at Sundling Junior High and Palatine High School, all within Palatine, Illinois. She graduated from the University of Illinois in Champaign-Urbana in 2004 with a Bachelor of Arts degree in psychology. Meghan continued her graduate education at National-Louis University and received her Educational Specialist degree in school psychology in 2007.

Meghan has been a school psychologist in the high school setting since 2007. For three years, she was the school psychologist at Lakes Community High School until she started working at Morton High School District 201 in 2010. She currently provides services to Morton Freshman Center and Morton Alternative School in Cicero, Illinois. Her professional interests include violence and gang prevention/intervention, multi-tiered systems of support, mental health and counseling services, positive behavioral intervention in schools and trauma-informed care.

Meghan volunteers in community programs and is currently on the board of directors for Youth Crossroads, a non-profit agency providing counseling and leadership

opportunities for youth in Berwyn and Cicero. She recently won an award for “Guiding Youth” and is inspired by the resilience of the youth in these communities.

Recently, Meghan is very fortunate to have had the opportunity to further her learning and development in the doctor of education program for school psychology at Loyola University. The program has enabled her to broaden her skills and knowledge base as she now strives to become a systems change agent in the field of education. She would like to thank her professors and colleagues for the learning and guidance as well as her family and friends for the unconditional support and encouragement. In the future, Meghan is hopeful that the completion of this doctorate degree will allow her to make a broader impact on the youth of our nation.

DOCTORAL RESEARCH PROJECT APPROVAL SHEET

The Doctoral Research Project submitted by Meghan M. Meyer has been read and approved by the following committee:

Rosario C. Pesce, Ph.D., Co-Director
Clinical Assistant Professor and School Psychology Coordinator of Clinical Training
School of Education
Loyola University Chicago

Dave Shriberg, Ph.D., Co-Director
Associate Professor, School Psychology
School of Education
Loyola University Chicago
Editor, *Journal of Educational and Psychological Consultation*

Angelica Rodriguez, M.S.
Assistant Principal, Research Site/School

The final copy has been examined by the director of the Doctoral Research Project and the signature which appears below verifies the fact that any necessary changes have been incorporated and that the Doctoral Research Project is now given final approval by the committee with reference to content and form.

The Doctoral Research Project is therefore accepted in partial fulfillment of the requirements for the degree of Doctor of Education.

8/19/15
Date

Rosario Pesce
Co-Director's Signature

8/19/15
Date

David Shriberg
Co-Director's Signature