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## Supporting Trauma-Affected Students in the Secondary Setting

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**Supporting Trauma-Affected Students in the Secondary Setting**

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## ABSTRACT

This study used a survey format to understand the trauma-informed strategies and approaches that secondary teachers at one Midwest high school used when working with trauma-affected students. Specifically, the focus was on how teachers build relationships with students, teach coping skills, and implement individual supports when working with trauma-affected students. Teachers provided answers by answering multiple choice questions with the option to select multiple options for each question. The study found that most teachers use a variety of relationship building strategies with students. However, it also found that many of the general education teachers and special education teachers in settings I and II did not implement trauma-informed approaches in the areas of teaching coping skills or using individual supports with students. The study found that special education teachers in setting III tended to implement trauma-informed strategies more frequently in all three areas when they were working with trauma-affected students. Based on the information, researchers should focus on educating general education and special education teachers in settings I and II on ways to support trauma-affected youth. These teachers should be trained specifically in the areas of coping skills and individual supports to use with trauma-affected students.

*Keywords:* trauma-informed practices, trauma-affected students, CBITS, classroom-based practices, teaching coping skills, relationship building

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## **Chapter 1: Introduction**

Trauma-informed schools are designed to support trauma-affected students within the school system (Stokes & Brunzell, 2019). Schools are able to support trauma-affected students by educating teachers on the approaches and strategies that are available to assist students affected by trauma in the classroom setting (Alisic et al., 2012). These strategies can vary from school-to-school with some schools implementing cognitive behavioral therapy (CBT) approaches while others use positive behavioral interventions and supports (PBIS) or classroom management strategies (Allison & Ferreira, 2016; Austin, 2003; Rolfsnes & Idsoe, 2011; Thompson & Trice-Black, 2012; Wiest-Stevenson & Lee, 2016). In order to support students within the school setting, trauma-informed schools look at students who have had a single incidence of trauma as well as students who continue to experience trauma in their lives (Goodkind et al., 2010). While trauma-informed schools are available to support elementary and secondary school students, this paper focuses on the approaches and strategies designed to support secondary students. By specifically looking at how trauma affects high school students, schools can then determine appropriate approaches and strategies to meet the needs of a variety of students who have been exposed to traumatic events.

### **History of Trauma Support & Education**

When examining the history of trauma-support within education, it is important to understand how schools addressed behaviors displayed by trauma-affected students. In 1994, the Gun Free School Act and zero-tolerance policies were implemented with the intention of creating safer school climates for students (Austin, 2003). Zero-tolerance policies were designed to punish students for bringing weapons to schools or for other offenses that were deemed unsafe. These policies were also designed to send a warning to other potential offenders in order

to prevent them from committing similar offenses. Although zero-tolerance policies were designed to make schools safer, concerns arose that these strict policies did more harm than good (Austin, 2003). Zero-tolerance policies were often implemented for students who committed minor infractions such as improper clothing attire, classroom disruptions, and poor attendance. These students would then be expelled or suspended from school for the infractions (Crosby et al., 2018). Researchers also found that these policies unfairly discriminated against minority students. African American and Hispanic students were suspended and expelled more frequently than their Caucasian peers (Austin, 2003). Additionally, according to Crosby et al. (2018), students who were expelled and suspended from school were at an increased risk of ending up in prison later in life. This happened because students who were frequently expelled or suspended missed out on valuable education in the areas needed to deal with their difficult behaviors and emotions. These students were not taught the skills that they needed to cope with their intrusive thoughts, aggression, or social skills deficits (Crosby et al., 2018). Although the Gun Free School act and zero-tolerance policies were designed to increase school safety, the policies failed to take into consideration why students were acting out and how schools could support trauma-affected students. Since schools did not know how to support trauma-affected students, these students were not provided with treatment options and classroom policies that may have prevented them from committing future offenses (Austin, 2003).

When schools recognize that zero-tolerance policies do not always work, they are able to implement programs and approaches designed to try to meet the needs of the students (Allison & Ferreira, 2016; Wiest-Stevenson & Lee, 2016). Schools need to recognize the fact that many students are exposed to traumatic events while they are growing up (Allison & Ferreira, 2016). According to Allison and Ferreira (2016), approximately 60% of children under the age of 17

have reported some form of exposure to violence, and more than 10% of children reported witnessing five or more violent events within a year. Furthermore, Cavanaugh (2016) also reported that 68% of children will experience at least some form of a traumatic event during their childhood.

Since trauma is known to affect a large number of students within the school system, schools need to examine how trauma can lead to emotional and behavioral problems in students. Thompson and Trice-Black (2012) found that students who experienced domestic violence at home were more likely to experience emotional problems such as sleep disturbances, depression, anxiety, somatic issues, and withdrawal. Furthermore, Allison and Ferreira (2016) discussed the fact that students who were exposed to multiple incidents of crime were more likely to have problems such as experiencing intrusive thoughts, aggression, anxiety, depression, substance abuse, and conduct disorders.

In addition to emotional and behavioral concerns seen in children who witnessed violence, trauma-affected students were also at an increased risk of developing difficulties in school compared to students who were not exposed to trauma (Crosby et al., 2018; Wiest-Stevenson & Lee, 2016). According to Wiest-Stevenson and Lee (2016), students who witnessed four or more traumatic events were more likely than non-traumatized peers to display anti-social tendencies, delinquent behaviors, and concerns with social skills. Students who had been exposed to trauma were also at an increased risk of being absent from school, and they were at an increased risk of dropping out of school (Chafouleas et al., 2019; Crosby et al., 2018). Finally, trauma-affected students were also at an increased risk of developing academic difficulties due to the trauma exposure. For example, they were at an increased risk of developing reading

disabilities as well as experiencing lower IQ scores and grade point averages (Jaycox et al., 2012).

Considering the potential negative consequences that come from trauma exposure, schools have become an ideal place to support students who have emotional, behavioral, and mental health needs (Brunzell et al., 2016). According to Allison and Ferreira (2016), only 25% of students in the United States that require mental health services were actually receiving services for their mental illnesses. In order to support trauma-affected students, schools have used information about students' trauma and mental health needs to incorporate different trauma-informed programs and supports (Thomas et al., 2019). Schools have started offering cognitive behavioral intervention for trauma in schools (CBITS) and group counseling programs as well as classroom-based strategies and approaches for supporting trauma-affected students. These programs have been designed to help trauma-affected students manage their emotions and behaviors and teach students how to cope with the trauma that they have been exposed to (Allison & Ferreira, 2016; Cavanaugh, 2016; Fecser, 2015; Goodkind et al., 2010; Jaycox et al., 2012; Thompson & Trice-Black, 2012; Wiest-Stevenson & Lee, 2016).

### **Seminal Research Studies**

Although there are several programs and practices designed to support students who have been victims of trauma, these programs are only beneficial if teachers know how to implement them. Thompson and Trice-Black (2012) discussed the importance of educating teachers on how trauma affects students and the programs or strategies that would be most beneficial to meeting the needs of these students. By being aware of the mental health needs of students, teachers were then able to address the student's needs within the school setting. Programs such as PBIS, school-discipline and safety, and emotional or social learning practices have been built into

schools to support students who have been affected by trauma (Thompson & Trice-Black, 2012). Schools have also implemented interventions such as CBITS, social skills lessons, and group counseling programs to support students who had been exposed to trauma (Allison & Ferreira, 2016; Austin, 2003; Thompson & Trice-Black, 2012). Additional interventions were also created to support students who had experienced trauma such as the Monarch Room; this room provided students with a safe place to go when they needed to de-escalate (Crosby et al., 2018; West et al., 2014). Furthermore, there were also classroom management strategies that teachers implemented to support students; which included teachers working on creating a structured classroom environment, providing students with positive attention, using check in check out, and incorporating the use of peer supports (Austin, 2003; Cavanaugh, 2016; Jaycox et al., 2012).

When implementing classroom management strategies, teachers also needed to be able to address the needs of the students in their classrooms through a variety of trauma-informed school approaches and practices. Cavanaugh (2016) addressed the importance of creating a safe and consistent environment, having positive interactions with students through relationship building, and incorporating a variety of other supports. Fecser (2015) also addressed additional strategies for working with trauma-affected students such as maintaining a confident demeanor, being predictable, building structure, managing seating arrangements, using strategic praise, and breaking assignments into manageable chunks to help students be successful. Additional strategies and approaches included calling on students in a predictable order and giving frequent positive attention (Fecser, 2015). By incorporating positive and structured classroom management strategies, teachers were able to create an environment that was learner friendly (Cavanaugh, 2016; Fecser, 2015).

In addition to classroom management strategies, PBIS has also been incorporated into specific classroom management strategies. Wiest-Stevenson and Lee (2016) studied how PBIS programs were used to address varying needs of trauma-affected students in the school system and to help teachers manage challenging classroom behaviors. In one trauma-informed school model, the school incorporated PBIS to support students who had a history of trauma. Teachers promoted positive behaviors and rewarded students' positive behaviors in order to build a sense of community. The teachers also provided instruction on a variety of skills, which included teaching students how to use coping skills. Within the area of coping skills, students were taught deep breathing techniques, positive imagery, and the importance of taking small breaks to deal with difficult emotions. The model also looked at the student's needs, and teachers were encouraged to create warm environments within their classrooms. Finally, teachers were encouraged to implement many important trauma-informed practices such as maintaining a routine, giving students control over choices when possible, and clarifying misconceptions (Wiest-Stevenson & Lee, 2016).

Along with the PBIS model, Austin (2003) also talked about the importance of teaching students conflict resolution skills, social skills, and self-esteem building to compensate for some of the student's deficiencies. Stokes and Brunzell (2019) also studied the benefits of teaching students through the use of the trauma-informed positive education model, which increased students' skills in the areas of self-regulation, relationship building, and psychological skills. Psychological skills included being able to use skills such as the growth mindset, positive self-talk, and being resilient (Stokes & Brunzell, 2019). Additionally, researchers also found that it was important to teach students coping strategies to help them deal with the trauma that they had witnessed (Allison & Ferreira, 2016; Brunzell et al., 2015; Wiest-Stevenson & Lee, 2016).

Another approach designed to support trauma-affected students was called the Monarch Room. The Monarch room was designed to support court-appointed students, who had a history of trauma in their lives (Crosby et al., 2018). In their study of court-appointed female students, they examined the use of a separate room named the Monarch Room in order to decrease student's rates of expulsions and suspensions. The room was supervised by trauma-informed staff who taught the students de-escalation skills and provided positive supports to students. This room also offered a variety of tools to help the young women de-escalate such as exercise equipment and sensory items. Finally, these young women were also taught problem solving skills and strategies to help them relax and calm down after stressful events.

While it is important to teach students a variety of skills and ways to cope with their trauma, Rolfsnes and Idsoe (2011) found that some of the most effective approaches were ones that incorporated cognitive behavioral therapy (CBT) treatment methods. CBT programs were designed to reduce psychological reactions and help students build resiliency (Jaycox et al., 2012). A specific intervention program that was designed to support trauma-affected students in the school setting was known as CBITS. CBITS programs were designed to provide supports to trauma-affected students by having sessions that teach students a variety of skills. Students were taught coping skills, relaxation techniques, cognitive restructuring, and problem-solving skills (Ngo et al., 2008). Additional treatments taught in CBITS programs included teaching students how to reframe negative and distorted thoughts (Allison & Ferreira, 2016). By teaching students these skills, students were able to learn ways to handle their trauma (Allison & Ferreira, 2016; Ngo et al., 2008).

In addition to the strategies and tools used in CBITS programs, Goodkind et al. (2010) examined the effectiveness of using CBT interventions with American Indian youth. In this

study, trauma-affected students were given the option to participate in the CBITS program, and the ones who chose to participate were taught different coping skills and cognitive behavioral strategies and techniques to address their traumatic experiences. Results indicated that the sessions were beneficial during the treatment, but the reductions in avoidant coping strategies were not maintained over time. The researchers suggested that the reason why the avoidant coping strategies returned was likely due to the complexity of the trauma students were exposed to. In order to fix the problem, the duration of the treatment may need to be increased to help students maintain the benefits observed during the program (Goodkind et al., 2010).

### **Problems within Trauma-Informed Schools**

Although schools have been working to support trauma exposed students through various programs and practices, problems still exist in schools when working with trauma-affected students. For these students, their reactions and ways of coping with the traumatic events or events can vary drastically with some students showing no problems at all and behaving appropriately; while other students may act out or exhibit troubling behaviors such as throwing temper tantrums and displaying aggressive behaviors (Allison & Ferreira, 2016). This is problematic because it can be difficult to determine which students need interventions and what ones do not (Chafouleas et al., 2019). Another problem that exists within the field is that teachers often experience burnout (Eyal et al., 2019). This is in part due to the fact that students often struggle with self-regulating their feelings and emotions, and as a result, they may display challenging behaviors within the classroom setting (Stokes & Brunzell, 2019). Since teachers are not frequently taught how to deal with these behaviors, they struggle with knowing the best practices for meeting students' needs in the classroom (Alisic et al., 2012). According to Eyal et al. (2019), aggressive or troubling behaviors displayed by students can also increase the amount

of stress that a teacher experiences. Furthermore, teachers may also experience stress and burnout when they “take on” students’ trauma due to the fact that they feel powerless in helping students (Alisic et al., 2012; Eyal et al., 2019).

### **Various Points of View**

When looking at how trauma affects teachers and students, different points of view still exist. Goodkind et al. (2010) asserted that students do not always see a benefit in receiving services to address their trauma, and people in different communities may not see the benefits of addressing the trauma. Parents may be afraid to have trauma-affected students treated for their mental illnesses or trauma exposure due to the negative stigmas associated with mental illnesses (Goodkind et al., 2010).

In addition to the various points of view from students and parents, teachers may view trauma-informed schools as unnecessary because they believe that students need to learn to cope with the trauma on their own (Goodkind et al., 2010). According to Crosby (2015), another problem that exists within the field may be getting the support from administration to support students. If administration does not see the value of educating teachers on best practices for working with students who have experienced trauma, then teachers will not receive the trainings and supports needed to effectively teach trauma-affected students (Crosby, 2015). When looking at trauma and the best practices to support students, it is important to be able to get all teachers trained to work towards this goal.

### **Purpose**

This research study will focus on trauma-informed schools and the most effective practices utilized within the high school setting to support traumatized students. The purpose of

the study is to collect quantitative as well as qualitative data on teaching approaches and strategies that teachers use when working with trauma-affected students. By gathering this information, researchers are able to determine what areas teachers show strengths with and where teachers are struggling with providing trauma-affected students with supports. Since many students have experienced trauma in their lives, it is important to gather information on how teachers can effectively support students who have experienced trauma. A survey will be administered to the teachers in order to collect data on the teaching approaches that teachers at one high school use when working with students. The survey will examine key concerns within the research and to gather information about how teachers are able to address and incorporate different trauma-informed strategies within their classes.

### **Research Question & Rationale**

The research question is how do teachers use different trauma-informed approaches and strategies to support trauma-affected students in general and special education classes. This study will also look at how teachers foster relationship building, teach coping skills, and individually support students with challenging behaviors.

This topic was chosen because it is important to focus on how to support students who have trauma in their backgrounds. Since students are typically the victim of circumstance, schools need to provide students with the resources necessary to cope with the trauma that they have witnessed (Allison & Ferreira, 2016; Chafouleas et al., 2019; Thompson & Trice-Black, 2012). Teachers are able to create safe, supportive, and welcoming classroom environments for students by being accepting, understanding, and compassionate (Cavanaugh, 2016; Fecser, 2015; Stokes & Brunzell, 2019). Since teachers often do not know what students are struggling with the negative effects of trauma, it is also important to educate teachers on how to effectively

interact with a variety of students (Jaycox et al., 2012). Finally, schools need to address the individual needs of students in their schools and classrooms (Cavanaugh, 2016). By adding tools to teachers' toolboxes, teachers will be able to meet the individual needs of students.

## **Chapter 2: Introduction to Trauma-Informed Education**

The purpose of this study was to understand how do teachers use different trauma-informed approaches and strategies to support trauma-affected students in both general education and special education settings. Research was initially conducted on the types of trauma-informed strategies, approaches, and practices that general and special education teachers used to support students. Since the initial search yielded limited results on the use of trauma-informed strategies and approaches, the search was expanded to include the word's PTSD and trauma-affected students. This search generated more results, but most of the articles focused on elementary aged students. As a result, the search terms were narrowed down to include secondary students, which produced more results. After finding several articles and reading through them, another search was conducted on specific trauma-informed programs. These search terms included specific words like CBT for trauma-affected secondary students and Monarch Room. This search produced more results including the specific Cognitive Behavioral Intervention for Trauma in Schools (CBITS) program. While reading through the articles, trauma-informed positive education was also added to the search. A final search was conducted on the history of behavioral approaches used in schools because none of the articles focused on the history. Once enough articles were selected, articles were eliminated if they were focused solely on school-based interventions for elementary students. Articles were also eliminated if they did not focus specifically on classroom and school-based interventions, strategies, and approaches. A total of 61 articles were examined. After reading through the abstracts, articles were examined through more in depth in order to determine if they fit the search criteria. Articles were then selected if they addressed trauma-informed approaches and strategies for supporting secondary students and teachers either in the school setting or the classroom setting. They were also selected if they

provided background information on trauma-informed teaching and the importance of implementation of the programs. In the end, a total of 20 articles were selected for the literature review. The purpose of this literature review was to determine the types of interventions, strategies, and approaches that were available in secondary schools to support trauma-affected students.

### **Historical Information**

When examining trauma-informed approaches and strategies in schools, it is important to understand the history of trauma. The impact of trauma on individuals went relatively unrecognized before the 1860's (Thomas et al., 2019). Before the 1860's, trauma symptoms seen in soldiers returning from war were often considered the result of moral weaknesses or battle fatigue. This changed during the 1860's when treatments such as talk therapy and rest started to be utilized for soldiers who were returning from war with trauma-related symptoms. As time passed, post-traumatic stress disorder (PTSD) was classified as a mental illness caused by the exposure to a traumatic event such as war (Thomas et al., 2019). PTSD was also found to cause depressive symptoms in individuals; which was often worsened when individuals failed to receive treatment for their symptoms (Allison & Ferreira, 2016). Children with PTSD diagnoses often suffer from behavioral and mental health problems including dissociation, aggression, and struggles with self-regulation (Bruznell et al., 2019). Furthermore, PTSD was found to significantly impact a person's ability to function due to their exposure to a traumatic event (Thomas et al., 2019). Even though PTSD was officially defined in the 1980's, practices and policies still took time to change. Initially, best practices for individuals suffering from trauma and PTSD involved individual and clinical visits with a therapist (Thomas et al., 2019). As time passed, peer supports and group counseling also became popular forms of treatment for

individuals exposed to traumatic events (Cavanaugh, 2016; Thomas et al., 2019; Thompson & Trice-Black, 2012).

After recognizing the need to support trauma-affected individuals, the need for trauma-informed supports within other fields such as mental health also started to be recognized because several students were being exposed to traumatic events in their lives (Cavanaugh, 2016; Thomas et al., 2019; Wiest-Stevenson & Lee, 2016). According to Wiest-Stevenson and Lee (2016), 25% of students in general had been exposed to at least one traumatic event in their life. Furthermore, nearly two-thirds of the population were exposed to traumatic events (Cavanaugh, 2016; Thomas et al., 2019). As a result, mental health facilities and child welfare systems were some of the first fields to recognize the importance of supporting trauma-affected students (Thomas et al., 2019). Through the recognition of trauma's effects on students in other fields, schools also started to recognize the need to incorporate trauma-informed strategies and approaches to support students (Austin, 2003; Thomas et al., 2019). Consequently, schools adopted trauma-informed practices and interventions to support students who were exposed to traumatic events (Rolfesnes & Idsoe, 2011; Thomas et al., 2019).

### **History of Behavioral Approaches**

In addition to looking at the history of trauma, it is also important to examine the history of behavioral approaches because trauma-affected students often have emotional and behavioral problems (Thompson & Trice-Black, 2012). According to Austin (2003), The Gun Free School Act of 1994 was implemented with the intent of creating a safe and secure environment for all students. This article discussed students being expelled or suspended for bringing weapons to school or being involved in violent acts. The need for The Gun Free School Act was further reinforced by highly publicized school shootings in Columbine, Colorado and Paducah,

Kentucky. These school shootings led government officials and citizens to believe that schools were unsafe (Austin, 2003). As a result, the government believed that stricter policies needed to be implemented in order to keep students safe. By incorporating zero-tolerance policies, schools attempted to send firm warnings to students that violent actions would not be tolerated (Austin, 2003).

Although zero-tolerance policies were initially implemented to ensure student safety, these policies started being used to suspend or expel students for minor infractions that did not interfere with students' safety (Austin, 2003). For example, one high school student was suspended for dying his hair blue; while an elementary student was suspended for bringing a nail clipper to school (Austin, 2003). To make matters worse, these policies were also shown to single out minority students. Students of African American and Latino descent were found to be suspended at higher rates than their Caucasian counterparts (Austin, 2003; Crosby et al., 2018). Crosby et al. (2018) discussed the fact that African American female students were six times more likely to be suspended than Caucasian students. While suspensions and expulsions appeared to lead to discrimination of ethnically diverse students, students who had emotional and behavioral problems were also expelled and suspended at higher rates than students without disabilities (Austin, 2003). With the harsh consequences that students were experiencing, schools started to recognize the importance of trauma-informed approaches (Austin, 2003; Thomas et al., 2019).

### **Types of Interventions**

In order to support trauma-affected students in school settings, several states incorporated a variety of trauma-informed approaches. One such support that many states incorporated was the use of Positive Behavioral Interventions and Supports (PBIS). PBIS was designed to address

student's social and emotional needs as well as discipline concerns (Thomas et al., 2019).

Another common intervention for trauma-affected students was CBITS. CBITS was developed around 1998 to treat ethnically diverse and immigrant youth who were suffering from the negative effects of trauma (Jaycox et al., 2012). The program was originally designed to support students in grades 4 through 8 who had been exposed to traumatic events. However, over time, the program was adapted to support older students who suffered from the negative effects of trauma (Jaycox et al., 2012). The adaption of the program was important because evidence showed that older students often had more exposure to traumatic events than their younger counterparts (Allison & Ferreira, 2016). Furthermore, CBITS was also adapted to support trauma-affected students across different ethnic backgrounds (Goodkind et al., 2010).

In addition to specific programs like PBIS and CBITS, a variety of classroom-based approaches, strategies, and interventions were created to support all trauma-affected students in the school setting (Cavanaugh, 2016; Crosby et al., 2018; Fecser, 2015; Mendelson et al., 2015; West et al., 2014; Wiest-Stevenson & Lee, 2016). One school-wide intervention involved the use of the Monarch Room. This room was designed as a safe place where female court-appointed students could go to de-escalate throughout the school day (Crosby et al., 2018; West et al., 2014). Students who attended this room were provided with strategies and approaches to help them de-escalate (Crosby et al., 2018). Additional strategies were also implemented within the classroom setting to support trauma-affected students. Some of these strategies involved classrooms where teachers incorporated trauma-sensitive approaches by being aware of different triggers, having positive interactions with students, maintaining low stress levels, and using self-regulation and coping skills (Cavanaugh, 2016; Fecser, 2015; West et al., 2014). Not only were supports incorporated for the students, but educators were also provided with knowledge of the

impacts of trauma on youth in order to build healthy school systems (Thomas et al., 2019). Furthermore, programs were designed to support teachers' mental health while working with trauma-affected students (Eyal et al., 2019). By providing supports to students and teachers, trauma-affected students within the classroom setting were able to find both social and academic success (Thompson & Trice-Black, 2012).

### **Types of Traumas**

Although an official definition for PTSD was not created until the 1980's, subsequent years provided more specific information about the effects of trauma (Thomas et al., 2019). According to Thomas et al. (2019), the definition of trauma eventually began to expand to include other forms of trauma that people were exposed to. These forms of trauma included forms of personal violence as well as trauma caused by the perception of harm or the threat to the individual (Brunzell et al., 2015). Furthermore, vicarious trauma or compassion fatigue had also been identified in staff members working with traumatized students and adults (Eyal et al., 2019).

Over the years, an increased awareness of trauma led to the identification of different types of trauma that students may experience (Brunzell et al., 2015; Thomas et al., 2019). One type of trauma is known as simple trauma or type I trauma. This form of trauma happens due to a single traumatic event such as being in an automobile accident, natural disaster, or man-made disaster (Brunzell et al., 2015; Rolfsnes & Idsoe, 2011). Another form of trauma is complex or type II trauma also exists. This form of trauma occurs as the result of multiple exposures to traumatic events over an extended period of time (Brunzell et al., 2015; Rolfsnes & Idsoe, 2011; Thomas et al., 2019). For complex trauma, the events may occur as the result of a person becoming severely ill, being severely injured, being the victim of chronic sexual or physical

abuse, or through the continued exposure to traumatizing events such as war (Brunzell et al., 2015; Rolfesnes & Idsoe, 2011; Thomas et al., 2019). According to Rolfesnes and Idsoe (2011), a combination of the two types of trauma also exists. This form of trauma occurs as the result of a single event that causes prolonged trauma in an individual. An example of this type of trauma would be when a person is physically injured, but the injury leaves the individual permanently paralyzed or disabled.

When looking at the forms of trauma, another type of trauma that exists occurs specifically in children. Adverse childhood experiences (ACEs) were also identified as a form of trauma that children experience while growing up (Brunzell et al., 2015). There were a total of 10 different experiences that were identified that could negatively impact a child's life (Cavanaugh, 2016). These experiences included a variety of situations including violence, abuse, neglect, and household dysfunction (Brunzell et al., 2015; Cavanaugh, 2016). Stokes and Brunzell (2019) asserted that 64% of adults reported experiencing at least one ACE as a child, and 22% of adults reported experiencing three or more ACEs in their childhood. Although ACEs were found to be a cause of students suffering, not all students identified the same situation as traumatic in their childhood (Chafouleas et al., 2019). As a result, treatments and supports may vary depending on the individual student (Wiest-Stevenson & Lee, 2016).

In addition to distinguishing between the direct forms of trauma, one non-direct form of trauma also exists known as vicarious trauma. Vicarious trauma is often referred to as compassion fatigue or secondary trauma because it occurs when teachers are negatively impacted by the trauma their students experienced (Cavanaugh, 2016; Thomas et al., 2019). Teachers working with traumatized students showed difficulties detaching from the traumatic experiences that their students had shared with them (Cavanaugh, 2016). As a result, the trauma negatively

affected both the students and teachers. When teachers were affected by vicarious trauma, they became edgy, experienced decreased motivation, and experienced decreased work performance (Eyal et al., 2019). Furthermore, teachers also displayed problems with insomnia, guilt, anxiety, emotional regulation, and concentration (Eyal et al., 2019). Teachers struggling with vicarious trauma often experience stress and burnout, which can result in them leaving the field (Cavanaugh, 2016; Goodkind et al., 2010). Consequently, teachers working with trauma-affected students need to be provided with supports to protect their mental health (Cavanaugh, 2016; Eyal et al., 2019; Goodkind et al., 2010).

### **Importance of Student-Based Supports**

Regardless of the form of trauma experienced, trauma can negatively impact students and teachers by causing depression, anger, and anxiety (Brunzell et al., 2015; Cavanaugh, 2016; Rolfsnes & Idsoe, 2011; Thomas et al., 2019). When studying students who have been exposed to traumatic events, they are more likely to display negative symptoms. These students were found to have increased rates of depression, anxiety, inattention, and anger issues (Cavanaugh, 2016). Additionally, traumatic events negatively impacted students' educational performance (West et al., 2014). Students who had witnessed domestic violence were more likely to drop out of school, have lower overall IQs, and experience a higher rate of absences (West et al., 2014). Furthermore, students affected by ACE's were also more likely to struggle with building healthy relationships and regulating their emotions (Brunzell et al., 2015). Trauma-affected students were also at an increased risk of struggling with executive functioning skills, self-regulation skills, memory, and comprehension (Mendelson et al., 2015; Thomas et al., 2019). Finally, students exposed to trauma were more likely to struggle with emotional regulation skills, focus, and retention (Mendelson et al., 2015).

Another problem experienced by trauma-affected students was that they were at an increased risk of being referred to special education services (Brunzell et al., 2015; West et al., 2014; Wiest-Stevenson & Lee, 2016). Chafouleas et al. (2019) found that students who had not been exposed to any traumatic events suffered from behavioral or learning problems only 3% of the time. However, as exposure to traumatic events increased so did the rate of behavioral or learning problems. Students who had been exposed to between one and three ACEs were 20.7% more likely to have behavioral or learning difficulties; while students who had been exposed to four or more ACEs were 50.2% more likely to have these problems (Chafouleas et al., 2019). Moreover, Wiest-Stevenson and Lee (2016) found that students who were exposed to four or more traumatic events in their lives were 32 times more likely to be identified as learning disabled. Finally, students exposed to traumatic events were also more likely to be given diagnoses of attention deficit disorder and oppositional defiant disorder (Wiest-Stevenson & Lee, 2016).

In addition to problems in schools and an increase in special education diagnoses, students who had witnessed traumatic events frequently did not receive the supports that they needed to be successful (Allison & Ferreira, 2016; Rolfsnes & Idsoe, 2011). According to Chafouleas et al. (2019), trauma-affected students were at an increased risk of suffering from mental illnesses. Research has shown that more than four million youth suffered from a diagnosable mental illness (Allison & Ferreira, 2016). Even though there were millions of students suffering from mental illnesses, the number of students who received mental health support services outside of school was low (Allison & Ferreira, 2016). Researchers found that only about 25% of children who had a mental illness received the mental health support that they needed (Allison & Ferreira, 2016; Rolfsnes & Idsoe, 2011).

## **School-Wide Trauma Approaches**

In order to support students' mental health needs, the school setting is often viewed as the optimal place for trauma-affected students to receive preventive services and supports (Allison & Ferreira, 2016; Brunzell et al., 2015; Rolfsnes & Idsoe, 2011). By providing students with school-based interventions, they learned how to cope with their trauma (Allison & Ferreira, 2016; Rolfsnes & Idsoe, 2011; Thompson & Trice-Black, 2012). Evidence suggests that students who participated in school-based treatment programs were much more likely to have successful academic and behavioral outcomes than students who failed to participate in these programs (Thompson & Trice-Black, 2012). Furthermore, trauma-affected students who were provided with classroom-based strategies and approaches also showed improvements in their behaviors and skills in the classroom setting (Brunzell et al., 2015; Chafouleas et al., 2019; Mendelson et al., 2015).

### **School-Wide Interventions**

One of the most successful school-wide programs for high school students involved group counseling (Thompson & Trice-Black, 2012). According to Thompson and Trice-Black (2012), group counseling was seen as a promising treatment approach for trauma-affected students because students viewed the sessions as less threatening than one-on-one treatment options. Students who participated in group counseling sessions were found to experience reduced internalizing and externalizing behaviors (Thompson & Trice-Black, 2012). Group counseling was often successful because students who participated in school-based group therapy sessions were found to be more likely to complete the program than students who were involved in therapy sessions outside of school (Chafouleas et al., 2019). Furthermore, these

sessions also used cognitive behavioral approaches (CBT), which helped students restructure their negative thoughts (Rolfesnes & Idsoe, 2011; Thompson & Trice-Black, 2012).

One specific program designed to support secondary students through group counseling was known as the RAP Club (Mendelson et al., 2015). In a study conducted by Mendelson et al. (2015), the RAP Club consisted of 49 participants in grades 7 and 8 from two different schools in Baltimore. Ninety-four percent of the students were identified as African American with the remaining six percent identified as other. The recruitment process involved sending emails and letters home to parents. Students who entered the intervention program were not screened ahead of time to determine if they had any mental illnesses or had experienced trauma. The RAP Club program incorporated components of CBT and mindfulness in order to support trauma-affected students. Students were taught problem solving and communication skills in order to enhance their self-regulation and decision-making abilities. Additionally, students were taught communication and problem-solving skills while they participated in the program. Students who participated in the intervention showed improvements in the areas of self-regulation, academic and social competence, and acceptance of authority. In general, the RAP Club was found to be effective by the teachers. Even though these teachers found the program to be successful, students who participated in the RAP Club intervention program reported that their skills did not change.

In addition to the RAP Club intervention program, additional group counseling programs were developed to support trauma-affected students (Allison & Ferreira, 2016; Chafouleas et al., 2019; Goodkind et al., 2010; Ngo et al., 2008). CBITS was a program specifically designed to support ethnic minorities in the Los Angeles area who were exposed to stressful and traumatic events (Allison & Ferreira, 2016; Goodkind et al., 2010; Ngo et al., 2008). The program initially

started out as a support for students in grades 4 through 8, but it shifted over time to address the needs of students between the ages of 9 and 18 (Allison & Ferreira, 2016; Jaycox et al., 2012). Typically, CBITS programs consisted of 10 hour long sessions that involved between 6 and 8 students (Chafouleas et al., 2019; Jaycox et al., 2012). During the program, parents were also typically invited to participate in one or two psychoeducation sessions (Allison & Ferreira, 2016; Chafouleas et al., 2019). Psychoeducation sessions involved teaching parents and guardians about trauma and the importance of the interventions that were being provided to support trauma-affected students. These sessions were designed to educate parents and guardians about how trauma affected students and how they may support trauma-affected students (Chafouleas et al., 2019). Students who participated in CBITS programs were taught a variety of CBT techniques to help them identify negative thoughts and cope with trauma exposure (Chafouleas et al., 2019). In CBITS sessions, students were taught how to restructure their thoughts, use different relaxation techniques, and use problem-solving skills (Chafouleas et al., 2019; Goodkind et al., 2010). Furthermore, students were also taught how to recognize and manage their feelings of anger, depression, anxiety, and stress (Allison & Ferreira, 2016). When looking at CBITS treatment programs, the programs were generally found to be successful for the students who participated in them (Allison & Ferreira, 2016; Chafouleas et al., 2019; Ngo et al., 2008).

In one CBITS study, 23 New Orleans Latino students in grades 5 through 7 participated in a 10-week treatment program (Allison & Ferreira, 2016). The study found the program to be generally effective for students who were exposed to trauma. However, the researchers found that older students were exposed to significantly more traumatic events than their younger counterparts (Allison & Ferreira, 2016). In a second CBITS study, 229 Native American students

in grades 6 through 8 were screened for trauma exposure (Goodkind et al., 2010). Of those 229 students, 104 of the students experienced significant amounts of violence. However, after continued screenings only 24 of the students qualified and participated in the study. The students who participated in the study were found to have decreased symptoms of PTSD, anxiety, and avoidant coping skills. In general, CBITS treatment was found to be effective for this population of students after the initial three months. However, when students were rechecked at the six-month mark, they had returned to their baseline levels. These students had returned to using avoidant coping strategies instead of the coping skills that they were taught during the treatment program. As a result, the researchers suggested that longer durations of time may be necessary to support students who were exposed to high levels of trauma (Goodkind et al., 2010). Even though the second study found that students had returned to baseline levels, most researchers found that CBITS was generally effective for trauma-affected students (Allison & Ferreira, 2016; Chafouleas et al., 2019; Jaycox et al., 2012; Ngo et al., 2008).

### **Classroom-Based Trauma Approaches**

In order to support trauma-affected students in the classroom setting, classroom-based approaches are often necessary because CBITS and RAP club programs may not be effective for all students (Brunzell et al., 2015; Cavanaugh, 2016; Thompson & Trice-Black, 2012). These programs often failed to be effective for all students because they required students or teachers to identify students as being affected by trauma (Allison & Ferreira, 2016; Goodkind et al., 2010; Mendelson et al., 2015). Since students may not volunteer personal information about their trauma in questionnaires and teachers may miss symptoms of trauma, additional classroom-based approaches need to be incorporated in order to support trauma-affected students (Crosby et al.,

2018; Cavanaugh, 2016; Fecser, 2015; Thomas et al., 2019; Thompson & Trice-Black, 2012; West et al., 2014; Wiest-Stevenson & Lee, 2014).

According to researchers, one effective classroom-based intervention is through the use of a de-escalation room known as the Monarch Room. According to Crosby et al. (2018), the Monarch Room was a designated room at a charter school in the Midwest where court-involved female students could go if they were struggling with emotional regulation. In the study, over 50% of the students were at the school through the foster care system, while the other students were there due to Juvenile Delinquency. Seventy-one students attended the Monarch Room for the entire duration of the program. Based on school data, only two of the students who had utilized the Monarch Room were suspended from the school during the study. The remainder of the students who participated in the Monarch Room were able to return to the classroom without getting expelled or suspended. Both qualitative and quantitative data found that the Monarch Room was beneficial to the students. However, the potential of the room becoming a crutch to students was addressed as a concern (Crosby et al., 2018).

In order to support these students, the Monarch Room was supervised by trauma-trained staff who were able to teach students de-escalation skills (Crosby et al., 2018). When students' behaviors interfered with their classroom performance, they were either sent to the room by school staff, or they voluntarily attended the room. While in the room, students were taught skills to help them cope with their stress and regulate their emotions and behaviors before returning to class. Furthermore, they were also provided with a variety of items to help them relax and de-escalate after a stressful event. For example, students were provided with de-escalation tools such as exercise equipment and sensory objects. Although the Monarch Room proved to be

effective, other studies were not found regarding the effectiveness of the Monarch Room Intervention or similar types of intervention rooms.

In addition to using a designated room, additional classroom-based strategies and approaches were also considered important for trauma-affected students (Cavanaugh, 2016; Fecser, 2015; Thompson & Trice-Black, 2012; Wiest-Stevenson & Lee, 2016). Since students in the classroom setting were often found to be silently suffering from the effects of trauma, teachers need to incorporate a variety of teaching strategies to support these students (Thomas et al., 2019). According to Wiest-Stevenson and Lee (2016), 60% of children were exposed to some form of trauma growing up. In order to support trauma-affected students, teachers were encouraged to work on creating a safe and secure environment, participate in relationship building, and teach students self-regulation skills (Cavanaugh, 2016; Chafouleas et al., 2019; Fecser, 2015; Thompson & Trice-Black, 2012; Wiest-Stevenson & Lee, 2016).

Since trauma often makes a person feel like the world is no longer safe and secure, teachers need to aim to create a safe and secure environment for all students (Cavanaugh, 2016; Fecser, 2015; Stokes & Brunzell, 2019). Cavanaugh (2016) discussed the importance of creating between three and five school-wide expectations to provide an environment that feels safe to students. By creating a few expectations, trauma-affected students were provided with the consistency in their lives that they often lack (Cavanaugh, 2016; Fecser, 2015; Wiest-Stevenson & Lee, 2016). Additional ways that teachers were encouraged to create a safe and secure environment was by building in consistency or predictability throughout the school day, offering students choices, incorporating scheduled transitions and break times, and informing students about schedule changes (Cavanaugh, 2016; Fecser, 2015; Wiest-Stevenson & Lee, 2016). Teachers were also able to create a safe and secure environment by listing the steps that students

needed to take before receiving a desired activity or break (Fecser, 2015). Fecser (2015) also detailed strategies for teachers to use to create a safe and secure classroom environment. These strategies included remaining confident, breaking apart large assignments, monitoring seating charts, using humor, involving students in lessons, and calling on students in a predictable order. Finally, Wiest-Stevenson and Lee (2016) recommended that teachers consider factors such as desk arrangement, lighting, and music selection. By incorporating these strategies, students stress levels often decrease (Cavanaugh, 2016; Fecser, 2015; Wiest-Stevenson & Lee, 2016).

While creating a safe and secure classroom environment is crucial for supporting trauma-affected students, trauma-informed teachers also need to work on building positive relationships (Cavanaugh, 2016; Fecser, 2015; Wiest-Stevenson & Lee, 2016). Although relationship building was viewed as important in several studies, classroom teachers frequently struggled with building positive relationships with students. This occurred because trauma-affected students often struggled with forming attachments due to the fear of rejection (Brunzell et al., 2015). As a result, teachers should incorporate a variety of relationship building strategies when working with trauma-affected youth (Cavanaugh, 2016; Fecser, 2015; West et al., 2014). Researchers discussed the importance of providing students with specific positive praise and feedback to let them know what they did correctly (Cavanaugh, 2016; Fecser, 2015). Furthermore, schools also incorporated targeted supports for trauma-affected students. One support that was frequently implemented was known as Check In/Check Out (Cavanaugh, 2016). In Check In/Check Out, students were assigned to a specific teacher to check in with when they arrived at school, and then they checked out with the same teacher at the end of the day. When using the program, students were also provided with positive feedback about their progress towards their school goals.

Another approach for supporting trauma-affected students within the classroom setting was for teachers to focus on teaching students coping and self-regulation skills (Allison & Ferreira, 2016; Cavanaugh, 2016; West et al., 2014; Wiest-Stevenson & Lee, 2016). Since students exposed to trauma often struggled with regulating their emotions and behaviors, researchers found that students needed to be taught self-regulation skills when they became dysregulated (Brunzell et al., 2015). Stokes and Brunzell (2019) suggested that educators start by teaching students about how their bodies and brains work before teaching them specific self-regulation strategies. Once students had been taught about how their brains and bodies work, teachers were able to teach students a variety of self-regulation strategies to help them cope with difficult events in their lives (Brunzell et al., 2015; Stokes & Brunzell, 2019). Teachers were also recommended to teach students strategies such as mindful breathing, visualizations, and movement-based exercises such as yoga (Brunzell et al., 2015). Researchers also encouraged the use of sensory activities to help students learn to self-regulate their emotions (Brunzell et al., 2015; Stokes & Brunzell, 2019). Finally, teachers should teach students a variety of coping skills and self-regulation skills such as deep breathing, guided imagery, and taking small breaks to help students manage their stress levels (Crosby et al., 2018; Wiest-Stevenson & Lee, 2016). When taught a variety of coping and self-regulation skills, students were typically able to manage their emotions and behaviors in the classroom setting (Stokes & Brunzell, 2019).

### **Supporting Teachers**

In order to support trauma-affected students and their teachers, teachers also needed to recognize the effects of trauma on themselves (Cavanaugh, 2016; Eyal et al., 2019). Teachers working with trauma-affected students frequently suffered from vicarious trauma (Cavanaugh, 2016). As mentioned previously, this form of trauma occurred as a result of the teacher working

with a student who had been exposed to a traumatic event (Eyal et al., 2019). When teachers feel empathetic towards their students, they may internalize their student's trauma (Cavanaugh, 2016; Eyal et al., 2019). This can lead to high levels of stress and burnout, which often causes teachers to be on edge, become dysregulated, experience decreased motivation, and experience reductions in job performance (Cavanaugh, 2016; Eyal et al., 2019; Thomas et al., 2019). As a result, researchers recommended that schools provide supports to teachers who were working with trauma-affected students (Cavanaugh, 2016; Eyal et al., 2019). This would help teachers cope with the traumatic experiences that they were being exposed to (Cavanaugh, 2016; Eyal et al., 2019; Thomas et al., 2019).

Although teacher burnout can negatively impact trauma-affected students, many schools still failed to provide trauma-related supports to teachers (Eyal et al., 2019). In order to support teachers experiencing vicarious trauma, other researchers have also suggested different supports (Cavanaugh, 2016; Thomas et al., 2019). Cavanaugh (2016) suggested the use of formal mentoring programs for teachers through individual or small group sessions. He suggested that these programs could be used to teach educators various strategies on how to cope with their stress. In addition to mentoring programs, one study explored the effectiveness of a program called The Mind-Body Group at two Southwestern schools in the United States (Eyal et al., 2019). The program was designed to encourage teachers to practice self-care when working with traumatized students. The majority of students who attended the school were Hispanic. However, the majority of the teachers at the school were Caucasian. Out of the 15 teachers who volunteered to participate, all of them were female. After teachers volunteered to participate, they were provided with supports to help them cope with the trauma that they were exposed to. Teachers were taught several therapy techniques including mindfulness strategies, guided

imagery, meditation, and progressive muscle relaxation. Overall, the program decreased the levels of stress and burnout amongst the teachers who participated. By providing teachers with mental health supports, teachers' willingness to support trauma-affected students may improve (Alisic et al., 2012; Eyal et al., 2019).

### **Barriers within Trauma-Informed Education**

Although trauma-informed approaches have been shown to be generally successful for students affected by trauma, the information that exists is still relatively new. With PTSD not even being officially defined until the 1980's, the literature on supporting students who have been exposed to trauma is still limited (Thomas et al., 2019). Researchers are continuing to learn better approaches and strategies to support trauma-affected students. Furthermore, there was limited research on trauma-informed approaches for teachers who worked with students who had been affected by trauma. Several articles mentioned the problem with vicarious trauma, but information was limited on the supports available to teachers who were directly impacted by this form of trauma (Cavanaugh, 2016; Eyal et al., 2019; Thomas et al., 2019).

Another barrier that existed within specific therapy related programs like CBITS was that students and parents had different perceptions of therapy (Goodkind et al., 2010). Goodkind et al. (2010) addressed this concern after several parents and students declined to participate in the CBITS group counseling sessions due to the stigma associated with mental illnesses. Parents and students in the study viewed therapy negatively and believed the misconception that students who were in therapy were weak (Goodkind et al., 2010). This shows that researchers and schools need to determine ways to increase parent and student buy in for therapy-based supports. However, even when parents were in agreement with students receiving treatments, another barrier that existed within the research was limited access to mental health services (Goodkind et

al., 2010). This was especially problematic for students who did not qualify for school-based supports such as CBITS. If students were not offered supports throughout the school day, they were not learning ways to cope with their trauma (Thompson & Trice-Black, 2012; Wiest-Stevenson & Lee, 2016). Therefore, even when students were willing to attend school-based therapy, some of them were not receiving supports at school for their trauma due to the complexity of the trauma (Allison & Ferreira, 2016). For example, students who were exposed to sexual abuse as their only form of trauma were excluded from CBITS programs and referred directly to a therapist. For students who could not access therapy outside of the school setting, this would be problematic because they would not be receiving mental health supports (Allison & Ferreira, 2016; Rolfsnes & Idsoe, 2011).

An additional barrier that existed for teachers working in trauma-informed classrooms was the lack of resources that they were provided with to support trauma-affected students. The research addressed the concern that teachers were often not aware of approaches and strategies to use when working with traumatized students. According to Alisic et al. (2012), only 9% of teachers in their study had any form of trauma-informed training. Without proper resources and trainings, teachers lacked the knowledge and skills necessary to support trauma-affected students (Alisic et al., 2012). This is problematic because students are not receiving the supports needed, and teachers are continuing to experience high levels of stress and burnout (Eyal et al., 2019; Thompson & Trice-Black, 2012).

A final barrier that existed was within administration. Administrators do not always recognize the effects of vicarious trauma on teachers (Eyal et al., 2019). When administrators fail to recognize the negative effects of vicarious trauma, they do not provide teachers with needed supports to cope with the trauma. Therefore, teachers will continue to burn out due to the stress

they are exposed to, and they will not be able to support students who have been exposed to traumatic events (Cavanaugh, 2016). As a result, more research needs to be conducted on what strategies and approaches are best for trauma-affected students.

### **Chapter 3: Method**

The purpose of this study was to answer the question how do teachers use different trauma-informed strategies and approaches to support trauma-affected students in general and special education classes. This study contributed to the field by providing detailed information on the different trauma-informed approaches available to support trauma-affected students in the secondary classroom setting. Information was gathered about the approaches and strategies that teachers did and did not use in their classes in an effort to determine what additional strategies and approaches teachers could implement. Although this study was conducted in one school, hopefully, other schools will benefit from this data by being able to identify gaps within their schools to support trauma-affected students. By understanding where gaps exist, schools will then be able to provide teachers with the resources needed to support students in their classrooms.

In order to gather data about the teaching strategies and approaches that general and special education teachers did and did not use with their trauma-affected students, a survey was distributed to all of the teachers at Waterton High School. Quantitative data was used to gather specific information about the different approaches that teachers used within the school system to support students. The quantitative data gathered from the survey used multiple-choice questions with the opportunity of selecting multiple options (Gall et al., 2007). In order to prevent teachers from selecting random options, “none of the options listed above” was also provided as a choice in the multiple-choice options (Bruce & Pine, 2010). Multiple-choice options were primarily used to provide teachers with specific strategies and approaches that they may use in their classrooms to support students. Although quantitative data was the primary type of data collected, qualitative data was also collected through the use of follow-up questions after

each trauma-specific question asked. In an effort to allow teachers to provide follow-up information for options that were not provided, teachers were queried about any additional strategies and approaches that they used in the secondary setting to support their students.

### **Waterton High School**

The high school studied is identified by the pseudonym of Waterton High School.

Waterton High School is located in a large town in a Midwestern state with a population of less than 30,000 people. The high school had a total of 86 teachers who were actively teaching during the 2020 – 2021 school year with 20 of those teachers classified as special education teachers. Waterton High School served a total of 1,308 students with 15.8% receiving special education services, and 13.6% identified as English Language Learners. Furthermore, 39.4% of the student body also qualified for free and reduced lunch.

Waterton High School was selected due to the school's high percentage of diversity, the school's percentage of economically disadvantaged students, and due to the fact that I work at the district. The school has a large population of immigrant students because many of the students or their families have left their native country to escape adverse experiences. According to the Waterton Public Schools data, 54% of the student body in the district are classified as non-white students. The district as a whole has seen a 38.8% increase in non-white students over the last 19 years, and the percentage of non-white students is continuing to increase. White students at the high school comprise 51.5% of the student body. While white students were in the majority at the high school setting, the school projects a continued increase in minority students. White students at the district's middle school make up 48.1% of the student body, and 44.2% of the student body at the intermediate school.

**Table 1*****Ethnic Breakdown of Students at Waterton High School***

Ethnicity	Percent	Students
White	51.5%	674
Hispanic or Latino	27.6%	361
Asian	9%	118
Black or African American	7.6%	99
Native Hawaiian or Other Pacific Islander	1.1%	15
American Indian or Alaska Native	0.2%	2
Two or more races	3%	39

**Participants**

The participants in the study were general and special education teachers in grades 9 through 12. In order to collect data for the survey, convenience sampling was used. All of the teachers worked at the school where the research was being conducted (Creswell, 2003). Eighty-six teachers received the online survey through email with 40 of those teachers providing their consent to participate. Sixty-seven percent of the teachers who responded reported that they worked within the general education setting; while 33% of the respondents reported that they worked in special education. A total of 64% of the special education teachers worked in settings I and II, and 36% of the special education teachers reported working in setting III. Within special education settings I and II, students are provided with services in a pull-out environment for less than 60% of the school day. The remainder of the classes that students receive are in the general

education setting. For setting III, students are pulled-out of their general education classes to receive special education services for more than 60% of the day. The school did not contain any special education programs that were more restrictive than setting III, so information from special education teachers in those settings was not collected.

**Table 2**

*Years of Teaching Experience*

	Total Number of Teachers	General Education	Special Education (Settings I & II)	Special Education (Setting III)
Less than 1 year	2	1	0	1
1-4 years	2	1	0	1
5-9 years	11	6	3	2
10-14 years	4	3	1	0
15-20 years	7	2	4	1
20 or more	14	13	1	0

Teachers were also asked about how long they had been teaching in order to learn more about specific teaching experience. The length of teaching experience ranged significantly with two of the general and special education teachers reporting that this was their first-year teaching; while 14 of the teachers reported having taught for more than 20 years. Additionally, 86% of the general and special education teachers had taught for more than five years. Fifty percent of those teachers reported having taught at least 15 years, and 36% of the teachers reported having taught

at least 20 years. In addition to the combined teaching experience of educators, teaching experience was also examined between general and special education teachers. Forty-three percent of the special education teachers reported teaching for at least 15 years; while only 7% or 1 out of 14 special education teachers had taught for more than 20 years. This was a stark contrast to the 31% of general education teachers who had taught for more than 20 years. Table 2 shown above shows the breakdown of the educators' years of experience and their setting.

## **Procedure**

### **Data Collection**

*Survey.* Data was collected from one source using an online survey. The questions were created based on recommendations to avoid text boxes and to keep the survey short (Bruce & Pine, 2010; Gall et al., 2007). Closed-form questions were also used to provide teachers with the option to provide follow-up information (Gall et al., 2007). For the follow-up information, open-form questions provided teachers with the option to include additional approaches or strategies that they used with their students. The survey was also used because it was easy to gather a large amount of data in a short period of time. Furthermore, the survey was also used to show patterns in the types of teaching strategies and approaches that teachers used (Gall et al., 2007). Data for the survey was gathered from the beginning to the end of March. Finally, in order to prevent participants from responding multiple times to the survey, a feature was enabled to prevent ballot stuffing.

### **Recruitment Process**

After obtaining permission from Waterton school district and IRB approval from Winona State University, a list of teachers' names was obtained from the school's staff directory. Once

names were gathered, both the general and special education teachers were sent emails asking for their participation in the survey. The purpose of the study and its benefits were explained to participants to encourage maximum participation. In the email, teachers were notified that the survey was anonymous and that their participation was voluntary. As recommended by Bruce and Pine (2010), participants were also notified that the survey would take approximately 5 to 10 minutes. Teachers also received an email with the consent form and the specific details about the survey. The following week teachers received another email with the same link and consent form before this procedure was completed during the third week. In the last email, teachers were informed that this would be the final participation request. A total of three emails were sent out to teachers with the survey to encourage maximum participation.

### **Instrument Used**

For the purpose of this research study, an 11-question online survey was created using the Qualtrics program. The questions were all self-created and included questions related to commonly used trauma-informed teaching strategies and approaches. To ensure that the educators knew that participation was voluntary, the first question on the survey asked for their consent. The survey consisted of three separate questions pertaining to approaches used by teachers in their classrooms. For each of the questions, teachers were provided with a list of options in which they could select multiple options. This allowed for teachers to select all of the options that applied to their teaching. The multiple-choice questions also contained the option “none of the options listed above” to prevent teachers from checking boxes just because there were no better options (Gall et al., 2007). Also, after each trauma-informed question, there was a textbox for participants to add more information about additional strategies and approaches that they used. The final questions on the survey asked teachers about their length of time teaching,

the setting they worked in, and if they had previously participated in any trauma-informed trainings.

## **Chapter 4: Results**

Out of the 84 teachers sampled, 42 teachers agreed to participate in the survey. However, only 40 teachers provided answers to the majority of the questions asked. Two of the teachers only agreed to participate in the survey and responded to what environment they taught in. As a result, a total of 26 general education teachers and 14 special education teachers completed the majority of the survey. Within special education settings I and II, 9 teachers completed the survey; while 5 teachers in setting III responded. All participants in the study were secondary teachers in grades 9 through 12. Teachers were asked questions about their length of time teaching, if they had attended trauma-informed trainings, and the setting they currently worked in. If teachers worked in the special education setting, they were also asked if they worked in settings I and II or setting III. Teachers were also asked about specific trauma-informed practices used within their classes. Check box questions allowed teachers to answer questions on how they built relationships with students, how they taught coping skills, and what individual supports teachers used when students failed to respond to typical classroom management strategies. Finally, after each of the questions about trauma-informed practices, teachers were provided with a text box for additional strategies that they used when working with students.

### **Relationship Building**

Teachers were asked what strategies they used for building relationships with trauma-affected students. Out of the 40 respondents, at least 80% of general and special education teachers stated that they used humor, treated students with respect, asked students about themselves, talked about common interests, and stood at the door to greet and dismiss students. More than 70% of both general and special education teachers stated that they used a variety of the listed relationship building strategies when they were working with students who displayed

challenging behaviors. However, only 33% of special education teachers within settings I and II said that they tried to make the learning fun for the students; while 100% of setting III teachers said that they tried to make learning fun. Similarly, 71% of the general education teachers stated that they tried to make learning fun. While examining the data, the only low percentage for both general and special education teachers was in the area of attending student events. According to both general and special education teachers, only 43% of them stated that they attended student events.

When breaking down the results between special education teachers, setting III teachers had higher percentages of strategies used in almost all areas compared to the teachers teaching in settings I and II. In setting III, 100% of the teachers stated that they used relationship building skills such as using humor, asking students about themselves, and talking about common interests. In settings I and II, at least 89% of the teachers used these strategies. One area that was lower for setting III teachers was in the area of treating students with respect. In setting III, 80% of teachers said that they treated students with respect. However, in setting I and II, 80% of teachers said that they treated students with respect.

Since all possible relationship building techniques could not be covered through check boxes, teachers were also given the option to list additional strategies that they used for building relationships. Forty-three percent of all of the teachers added additional information for strategies that they used. One of the special education teachers talked about the importance of talking to students about themselves, and two of the special education teachers talked about the importance of making themselves relatable. One general education and one special education teacher talked about using games in the classroom as a way to connect with the students.

Additional strategies listed included being flexible with the learning and being willing to change, asking lighthearted questions, and watching student's body language.

**Table 3**

*Ways teachers build relationships*

	General Education	Special Education (Settings I & II)	Special Education (Setting III)
Using humor	86%	89%	100%
Asking students about themselves	86%	89%	100%
Attending student events	43%	33%	60%
Talking about common interests	89%	89%	100%
Greeting students at the door and saying goodbye	82%	78%	100%
Asking for student input into the class	71%	67%	100%
Telling stories	75%	78%	80%
Making learning fun	71%	33%	100%
Treating students with respect	82%	89%	80%

### **Coping Skills**

In addition to building relationships, teachers were also asked what coping skills they taught. When looking at the individual breakdown of coping skills taught by teachers, the special education teachers taught students coping skills at a much higher rate than general education teachers. However, despite special education teachers teaching the skills more frequently, the percentage of teachers that taught coping skills in the table below were still far less than the percentage of teachers who used different strategies for building relationships. When looking at general and special education teachers, 64% of general education teachers said that they taught

growth mindset versus 57% of special education teachers. In special education, teachers were more likely than general education teachers to teach students to journal, take breaks, use positive self-talk, and to use deep breathing techniques. The next most commonly used strategy was teaching positive self-talk, which 41% of general education teachers taught their students. This number varied between settings for special education teachers with 56% of settings I and II teachers reporting that they taught students to use positive self-talk compared to 100% of the setting III teachers. In the area of teaching students to use deep breathing, 44% of the special education teachers in settings I and II taught students to use deep breathing techniques compared to 80% of setting III teachers. In the general education setting, the percentage dropped significantly with only 11% of general education teachers teaching students deep breathing skills.

**Table 4**

*Ways teachers teach coping skills*

	General Education	Special Education (Settings I & II)	Special Education (Setting III)
Teaching students to use deep breathing	11%	44%	80%
Teaching students to take breaks	50%	67%	100%
Teaching students to use meditation	7%	0%	60%
Teaching students positive self-talk	43%	56%	100%
Teaching students to journal	14%	33%	60%
Teaching students to use growth mindset	64%	56%	60%
None of the options listed above	4%	11%	0%
The teacher doesn't teach coping skills	21%	0%	0%

Although a high percentage of teachers did not teach a variety of coping skills within their classes, 13 teachers provided additional ways that they taught students coping skills. In text boxes, teachers stated that they used different strategies; these included teaching students to get exercise and to listen to music as well as practicing calming strategies such as coloring, using aromatherapy, and doing brain teasers to help students cope with difficult emotions.

### **Individual Supports**

The last area that was looked at was the use of individual supports by teachers. These individual supports provided data on what teachers did to support students who did not respond to typical interventions. Special education teachers again reported using more individual supports than the general education teachers. However, a couple of the areas were close for teachers using individual supports with students. For example, 86% of general education teachers met with students individually compared to 100% of special education teachers in setting III and 89% of special education teachers in settings I and II. Although there were similarities, discrepancies also existed. For example, only 14% of general education teachers taught students conflict resolution skills compared to 22% of special education teachers in settings I and II. This was drastically different than in setting III where 80% of the teachers stated that they taught conflict resolution skills to students. Another area where there was a large discrepancy was in the area of parent communication. Forty percent of general education teachers stated that they contacted parents versus 89% of special education teachers in settings I and II and 80% of special education teachers in setting III. When using individual supports, setting III teachers were often the most likely to provide the supports listed; while general education teachers were the least likely to provide the supports.

In addition to looking at comparisons between special education and general education teachers, data were also analyzed on the variations between special education settings. For example, parent contact in the areas of special education was high for settings I, II, and III teachers. Within setting III, a higher percentage of teachers used behavioral contracts, individual student meetings, reward systems, and peer supports. Setting III teachers were also much more likely to teach students conflict resolution skills and social skills. One hundred percent of the teachers in setting III taught students social skills compared to only 44% of special education teachers in settings I and II.

**Table 5**

*Individually supporting students*

	General Education	Special Education (Settings I & II)	Special Education (Setting III)
Parent contact	40%	89%	80%
Behavioral contract	15%	22%	40%
Individual meeting with student	86%	89%	100%
Meeting with administration and student	50%	78%	40%
Teaching conflict resolution	14%	22%	80%
Teaching social skills	29%	44%	100%
Daily behavior checklist	0%	11%	40%
Reward system	14%	33%	60%
Peer supports	11%	11%	60%
Individual supports used but not listed	4%	22%	80%

Finally, when looking at additional individual supports provided by teachers, only four of the teachers provided additional comments on the individual supports that they used with students. One special education teacher stated that they provided students with de-escalation time before talking to the student. Other teachers mentioned that they had individual conversations with students in order to support them. One general education teacher also said that they only reported students to administration as a last resort. Finally, one general education teacher mentioned that they only made parent contact with positives or solutions-based feedback.

### **Trauma-Informed Training**

The final area looked at was whether teachers had attended trauma-informed trainings. Fifty-five percent of all of the teachers said that they had attended a trauma-informed training; while 25% of the respondents were uncertain if they had attended one or not. Another 20% of the teachers said that they had not attended a trauma-informed training. When looking at the breakdown further, 78% of special education teachers in settings I and II had attended a trauma-informed training. This was drastically different than the 40% of the setting III teachers who stated that they had attended a trauma-informed training. Finally, 50% of the general education teachers stated that they had attended a trauma-informed training previously.

## Chapter 5: Discussion

According to Cavanaugh (2016), trauma-informed practices need to focus on a wide variety of approaches and strategies when working with trauma-affected students. By incorporating a variety of these strategies, teachers can effectively support trauma-affected students within their classes (Brunzell et al., 2015; Cavanaugh, 2016; Stokes & Brunzell, 2019). Some of these strategies include building relationships, teaching coping skills, and using individual supports (Brunzell et al., 2015; Cavanaugh, 2016; Fecser, 2015; Stokes & Brunzell, 2019). This study examined how both general and special education teachers utilized different trauma-informed strategies and approaches to support trauma-affected students at one high school in the Midwest. The strategies examined included: (1) relationship building, (2) teaching coping skills, and (3) individual supports. The findings of this study show that most of the general and special education teachers used a variety of relationship building strategies (see Table 2). Whereas, both general and special education teachers in settings I and II were less likely than setting III teachers to teach coping skills and use individual supports with students (see Tables 3 & 4). These findings show that teachers do not necessarily need to incorporate additional relationship building strategies like the literature suggests (Cavanaugh, 2016). However, teachers do need to learn how to use individual supports and coping skills to support trauma-affected students (Brunzell et al., 2015; Brunzell et al., 2019; Cavanaugh, 2016; Fecser, 2015; Thompson & Trice-Black, 2012; Wiest-Stevenson & Lee, 2016).

When working with trauma-affected students, one recommendation is that teachers work on building positive relationships (Brunzell et al., 2019; Crosby et al., 2018; Fecser, 2015; Ngo et al., 2008; West et al., 2014). Students exposed to trauma need to build relationships with supportive adults in order to help them be successful in the school setting. Teachers can do this

by incorporating humor and involving students in class decisions (Fecser, 2015). In the current study, more than half of the general and special education teachers reported using humor and involving students in decision making. Additionally, more than 75% of teachers used additional relationship building strategies such as talking about common interests and telling stories.

Teachers should also ask students about themselves and treat students with respect (Cavanaugh, 2016; Fecser, 2015). At least 80% of all teachers in this study reported treating students with respect and asking students about themselves. This information indicates that the majority of teachers use multiple relationship building strategies when working with trauma-affected students.

Another important approach for working with trauma-affected students is to teach them coping skills. Coping skills are taught to students in the classroom setting as well as in CBITS programs in order to help students learn to regulate their behaviors and emotions (Allison & Ferreira, 2016; Brunzell et al., 2015; Brunzell et al., 2016; Brunzell et al., 2019; Chafouleas et al., 2019; Crosby et al., 2018; Goodkind et al., 2010; Stokes & Brunzell, 2019; West et al., 2014; Wiest-Stevenson & Lee, 2016). Teaching students coping skills such as practicing deep breathing, taking breaks, using positive self-talk, and using meditation skills can help the students cope with difficult emotions that arise (Brunzell et al., 2015; Fecser, 2015; Stokes & Brunzell, 2019). Teachers were surveyed to determine if they taught students these coping skills. In the study, less than half of the general education and special education teachers in settings I and II taught students to use coping skills such as deep breathing and meditation. This differed from teachers in special education setting III where more than half of the teachers taught students these skills. Students who lack these skills will struggle with regulating their emotions and behaviors. Another coping skill that was examined was teaching students to use positive self-

talk. General education teachers were less likely than special education teachers in settings I, II, and III to teach students to use positive self-talk. The only coping skill that many general and special education teachers taught was the importance of having a growth mindset. Overall, general education teachers were less likely than special education teachers in any setting to teach students coping skills. Furthermore, special education teachers in settings I and II were less likely than setting III teachers to teach coping skills. Based on the information, it was concerning to see how few of the teachers in the general education and special education settings I and II taught coping skills. Of these varied findings, it would be beneficial to develop ways that general education and special education teachers in settings I and II can teach students how to use coping skills in the classroom setting.

Beyond teaching coping skills, researchers also suggested that teachers need to use a variety of individual supports when working with trauma-affected students. The use of peer supports can be beneficial for trauma-affected students because these supports place students in a leadership role (Cavanaugh, 2016). Less than a quarter of general education teachers and settings I and II special education teachers in this study used peer supports. This differed from special education teachers in setting III, where more than half of the teachers used peer supports. Overall, the data shows that special education teachers in setting III have a much larger arsenal of tools for working with trauma-affected students than general education and special education teachers in setting I and II. Another effective support involves teaching students conflict resolution skills; which encourages students to solve their conflicts through their words (Thompson & Trice-Black, 2012). Although researchers suggested teaching conflict resolution skills, in this study less than half of the general education and special education teachers in settings I and II taught these skills. The only classrooms where most of the teachers taught

conflict resolution skills was in special education setting III. This means that many students in general education and special education settings I and II are not learning how to manage conflicts while they are in class. Finally, when looking at supports for trauma-affected students, social skills instruction was also recommended as an effective intervention (Cavanaugh, 2016). All of the special education setting III teachers in this study reported teaching students social skills. However, less than half of the general education and special education teachers in settings I and II taught students social skills. It was surprising to learn that less than half of the general education and setting I and II special education teachers used individual supports with students.

### **Implications**

According to the general and special education teachers' responses, relationship building was shown to be the most utilized strategy amongst teachers. Most of the teachers reported using a variety of relationship building strategies when working with trauma-affected students. By being aware of the high percentage of teachers who use relationship building strategies, teachers can focus their attention on building relationships with their most challenging students. In addition to relationship building, the study also examined the percentage of teachers who taught different coping skills and found that the majority of general education and special education teachers in settings I and II did not teach students these skills. This was vastly different than special education teachers in setting III where more than half of the teachers taught a variety of coping skills. Based on this information, teachers in the general education and special education settings I and II need to learn additional strategies to support trauma-affected students. Teacher preparation programs should teach students how to work with trauma-affected students. Finally, the study found that special education teachers in setting III used a variety of individual supports for students, while teachers in the general education and special education settings I and II did

not use these supports. Since general education and setting I and II special education teachers struggled with teaching coping skills and implementing individual supports, administration needs to focus on providing teachers with trauma-informed professional development trainings in order to increase their implementation of these skills.

### **Limitations and Future Research**

There were several limitations to this study. The first limitation was that less than half of the teachers participated in the survey; this means that additional respondents could have changed the survey results. The second limitation was that the study collected data through an anonymously administered survey; therefore, follow-up questions could not be asked to clarify information. The third limitation of the study was that the survey was multiple-choice, multiple option, which may have allowed participants to select options that they felt they should be practicing rather than ones that they were actually using. The fourth limitation of the study was that it examined both special education and general education teachers, so information differed drastically depending on the setting that the teacher worked in. The fifth limitation was that the study looked at three different areas rather than one specific area. This approach provided a lot of general data rather than more specific data. The final limitation of this study was that 45% of the teachers had either not attended trauma-informed trainings or were uncertain as to whether or not they had attended a training. This means that many of the teachers surveyed were not provided with insight on how to incorporate different strategies in their classrooms.

While a lot of research has been aimed at supporting trauma-affected students through CBITS and counseling programs, there was limited research available for supports within the classroom setting (Bruznel et al., 2015; Cavanaugh, 2016; Fecser, 2015; Wiest-Stevenson & Lee, 2016). Although teachers indicated that they use several classroom-based strategies, further

research should be conducted on what strategies are and are not working for the students who resist building relationships. By focusing on the students who have the hardest time building relationships, teachers can improve their practices for the future. Additionally, since many teachers teach growth mindset, researchers may want to examine ways to incorporate teaching coping skills within this area. This is important because it will allow teachers to support students with coping skills through practices that the teachers are already using. Finally, researchers should focus on the barriers that prevent teachers from using these strategies. In the areas of coping skills and using individual supports, less than half of the general education and special education teachers in settings I and II used these approaches. By learning what prevents teachers from using these strategies, researchers can determine ways to help general education and special education teachers in settings I and II incorporate these practices in the classroom setting.

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## Appendix A

### Consent Form

What is this research study about?

This research study is designed to collect data on how teachers use different trauma-informed strategies to support all students in their inclusive and resource room classes. I hope to learn how teachers support students who have been exposed to trauma and what strategies they use to instruct these students. I hope to also learn how they manage student's behaviors and what are the most challenging parts of dealing with students who have been exposed to trauma.

All data collected for this study is anonymous and will not be linked back to any of your identifying information.

What activities will this study involve?

If you decide to participate, you will be asked to complete the survey provided. Data will be collected through the Qualtrics survey tool. Responses will be anonymous. Participants will be given the option to opt out of the survey anytime that they are completing it. The survey will take approximately 5 to 10 minutes, and it will be administered once. The email to invite you to participate in the survey will be sent out 3 times as a reminder for participants to complete the survey if they have not completed it.

How much time will this take?

Participation will require approximately 5 to 10 minutes to complete.

Are there any risks for participating?

There are no appreciable risks from participating in this study.

Are there any benefits for participating?

The benefits reasonably expected from this study are to provide information to the behavioral support team at the high school to assist you with strategies for working with students displaying behavioral concerns.

#### **What are my rights as a participant?**

Participation in this study is voluntary and you may stop at any time. You may decide not to participate or to discontinue participation at any time without penalty or loss of benefits. A decision not to participate or withdraw will not affect your current or future relationship with Winona State University and/or Waterton Public Schools.

- a. If you agree to participate, responding to the survey questions constitutes your consent. Participation is voluntary and you may stop participating at any time.
- b. Click “Yes” if you agree to participate in this study. Click “No” if you do not wish to participate in this study. Participation is voluntary and you may stop participating at any time.

**Who can I contact if I have questions or concerns about this study?**

If you have any questions about the study or your participation, contact Shandi Taylor at 507-412-3254 or [shandi.taylor@austin.k12.mn.us](mailto:shandi.taylor@austin.k12.mn.us) or Amy Olson at [ajolson@winona.edu](mailto:ajolson@winona.edu).

**Who can I contact if I have questions about my rights as a participant?**

If you have questions about your rights as a participant, contact Human Protections Administrator Brett Ayers at 507-457-5519 or [bayers@winona.edu](mailto:bayers@winona.edu). This project has been reviewed by the Winona State University Institutional Review Board for the protection of human subjects.

**Participation in Survey:**

- a. If you agree to participate, responding to the survey questions constitutes your consent. Participation is voluntary and you may stop participating at any time.
- b. Click “Yes” if you agree to participate in this study. Click “No” if you do not wish to participate in this study. Participation is voluntary and you may stop participating at any time.

## Appendix B

### Initial Email

Hello,

As part of my master's thesis, I am working on collecting information on how teachers support students in their classes through strategies that are aimed at helping students who have been exposed to trauma. I have selected this topic because it will provide me with valuable information to bring back to the Behavioral Support Team.

This survey will be anonymous and will only take a few minutes to complete. If you agree to participate, responding to the survey questions will constitute your consent. Participation is voluntary and you may stop participating at any time. As a condition for conducting the research, Austin High School guarantees that a subject's decision whether to participate or not participate, or to withdraw from the study, will not affect the subject's current or future relationship with Austin High School.

If you have any questions about the survey or have suggestions that you would like to add to improve the behavioral support team, please email me at [shandi.taylor@austin.k12.mn.us](mailto:shandi.taylor@austin.k12.mn.us). Thank you for your time.

Shandi Taylor

## Appendix C

### Follow-Up Email

Hello,

I am conducting a short survey as part of my research project for my masters and to improve the behavioral support team. The survey is designed to explore how teachers use specific strategies to support students who have been exposed to trauma in their classes. I am looking for additional approaches and strategies in order to support students at the high school with emotional and behavioral concerns. If you are willing to participate, please complete the anonymous survey provided. Please do not include any identifiable information about students. If you have any suggestions for the behavioral support team or would be interested in joining the team, please email me.

Thank you,  
Shandi Taylor, Special Education Teacher

## **Appendix D**

### Final Email

Hello,

This is the final reminder that I am conducting a short survey as part of my research project for my masters and to improve the behavioral support team. The survey is designed to explore how teachers use specific strategies to support students who have been exposed to trauma in their classes. I am looking for additional approaches and strategies in order to support students at the high school with emotional and behavioral concerns. If you are willing to participate, please complete the anonymous survey provided. Please do not include any identifiable information about students. If you have any suggestions for the behavioral support team or would be interested in joining the team, please email me.

Thank you,

Shandi Taylor, Special Education Teacher

## Appendix E

### School Agreement Letter

2/3/2021

To whom it may concern,

Independent School District 492 (Austin Public Schools) recognizes the value of educational research as we pursue our core mission – engaging & empowering ALL learners for life. The first responsibility of the district is the teaching and learning which occurs in its classrooms, so any cooperation with research must occur with that obligation in mind.

The District Research Committee has reviewed the application to conduct research submitted by Shandi Taylor titled *“Supporting Students with Trauma in the Classroom”* and I am happy to inform you that her application has been approved on February 2, 2021.

Austin Public Schools, in conjunction with Austin Senior High School, has given Shandi Taylor permission to conduct research involving its employees. As a condition for conducting the research, Austin Public Schools guarantees that a subject’s decision whether to participate or not participate, or to withdraw from the study, will not affect the subject’s current or future relationship with the district. We understand that a statement to that effect will be included in all informed consent documents or verbal informed consent procedures used by the investigators conducting the study.

In addition, it is understood that the granting of permission to pursue this research project in Austin Public Schools obligates Shandi Taylor to provide an abstract of findings to the Research Evaluation & Assessment Department and one copy of the abstract to the principal of Austin Senior High School where the project was carried out within one year of the completion of data collection. Per application requirement, Austin Public Schools has permission to post the abstract to their website and further agree to comply with all conditions and policies outlined by Austin Public Schools.

Educationally,

**Appendix F**  
Survey Questions

**How do you build positive relationships with students who exhibit challenging behaviors in your classes?**

- Through humor
- By asking students about themselves
- Attending student events
- Talking about common interests
- Greeting students at the door and saying goodbye regularly
- Asking for student input in class
- Telling stories
- Making learning fun
- Treating students with respect
- I don't work on building positive relationships with students
- None of the options listed above

**Additional relationship building strategies used with students (if any).**

**How do you teach coping skills to students (i.e. deep breathing, taking breaks, etc...)?**

- I don't teach coping skills
- By teaching students to take a break
- By teaching students to use Deep breathing
- By teaching students to use Meditation
- By teaching students to use positive self-talk
- By teaching students to use journaling
- None of the options listed above

**Additional coping skills that you teach if any.**

**How do you individually support students in your classes that aren't responding to typical behavioral interventions?**

- Parent contact
- Individual meeting with student
- Behavior contract

- Teaching conflict resolution
- Daily behavior form
- Reward system
- Peer Supports
- Mentoring
- I use individual supports, but not the ones listed above
- None of the above (if you have additional ways that you individually support students, please list them in the next question)

**Additional strategies for individually supporting students who aren't responding to typical behavioral interventions if any.**

**Do you agree to participate in this survey?**

- Yes
- No

**How long have you been teaching?**

- Less than a year
- 1 – 5 years
- 5 – 10 years
- 10 – 15 years
- 15 – 20 years
- More than 20 years

**What role do you have at Austin High School?**

- Special Education Teacher
- General Education Teacher

**What setting are you in?**

- 1 & 2
- 3

**Have you ever attended trauma-informed trainings?**

- Yes
- No