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FONTBONNE UNIVERSITY
COLLEGE OF EDUCATION AND ALLIED HEALTH PROFESSIONS

EXAMINING EDUCATORS' PERCEIVED IMPACT OF TRAUMA-INFORMED
TRAINING AND PROFESSIONAL DEVELOPMENT IN THE CLASSROOM AND
RELATED CLASSROOM BEHAVIOR MANAGEMENT PRACTICES

A Dissertation
SUBMITTED TO THE DOCTORAL FACULTY
In partial fulfillment of the requirements for the
degree of
Doctor of Education

By Katherina M. Roeder

St. Louis, Missouri

2022

EXAMINING EDUCATORS' PERCEIVED IMPACT OF TRAUMA-INFORMED
TRAINING AND PROFESSIONAL DEVELOPMENT IN THE CLASSROOM AND
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A Dissertation APPROVED FOR THE
COLLEGE OF EDUCATION AND ALLIED HEALTH PROFESSIONS

BY

Committee Chair – Dr. Jamie Doronkin

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By

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Acknowledgements

My doctoral process, dissertation, and defense could not have been completed without the guidance and support of the incredible people in my life. I would like to first thank my committee chair, Dr. Jamie Doronkin. She was supportive, knowledgeable, positive, encouraging, and provided valuable guidance these last three years. I would also like thank Dr. Joanne Fish and Dr. Sarah Huisman, the other members of my committee. They are qualitative and quantitative research gurus and wonderful professors! It was a true honor to have these three amazing women on my committee team. Thank you to all three for the time spent on feedback and always challenging me.

Thank you to Dr. Gale Rice, Dr. Jenna Voss, Dr. Catherine Schroy, and Dr. Carmen Russell, for your valuable expertise. I truly appreciate you all. I would also like to thank my wonderful cohort, Meredith Murray, Colleen Kinsella, Ethan Kristek, and especially Julie Demsko. Julie and I decided to start this process over margaritas and that was the best decision ever!

Thank you to my committee support humans-Dr. Paul Florek and Dr. Jennifer Moore. I was blessed to have you both in my corner. I could not have done this without you both. A special thank you for my parents-Edward and Margaret Florek for your prayers and support, and the rest of my family as well. Lastly, a huge thank you for my three daughters-Gabriella, Isabella, and Clara. Thank you, for allowing me to pursue my doctoral dream. I love you all more than you could ever know!

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Abstract

This study was based on survey research design with both qualitative and quantitative data collected. Data were collected through a researcher-designed survey and investigated what benefits are realized by educators' who elect to implement trauma-informed practices in the classroom as well as understanding what strategies educators' employ in the classroom that incorporate trauma-informed practices. Further, the study explored how classroom behavior management practices are affected by teachers' understanding of trauma in the classroom, looking at barriers that impede educators from implementing trauma-informed practices, and inspecting perceived administrative challenges with regard to implementation of trauma-informed content by educators. Results determined that teachers felt that there are inadequate trainings offered, and that they do not have enough support to implement trauma-informed practices with fidelity.

Chapter 1: Significance of the Study

The greatest hope for traumatized, abused, and neglected children is to receive a good education in schools where they are seen and known, where they learn to regulate themselves, and where they can develop a sense of agency. At their best, schools can function as islands of safety in a chaotic world. (Van Der Kolk, 2015, p. 6771)

Introduction

According to the World Health Organization (WHO), nearly 300 million children are exposed to physical or psychological violence from caregivers or parents (WHO, 2021). This abuse often leads to lasting trauma. The American Psychological Association describes a traumatic event as one that “threatens injury, death, or the physical integrity of self or others and also causes horror, terror, or helplessness at the time it occurs” (APA.org, 2008). Psychological, physical, and sexual abuse as well as community or school violence are only some of the events included in the definition of traumatic events. These can encompass domestic violence, national disaster, loss of a loved one, military-life stress, accidents, or deadly illness (Substance Abuse and Mental Health Services Administration, 2021). For children, an event of trauma, often denoted as an Adverse Childhood Experience (ACE), can impact educational welfare (see Table 1). The original ACE study was launched by Kaiser Permanente at the Centers for Disease Control and Prevention (CDC), with the principal researchers being Vincent Felitti, the creator of the ACE questionnaire in 1997, and Dr. Robert Anda. Types of trauma addressed in the ACE questionnaire included: physical abuse, sexual abuse, emotional abuse, physical neglect, emotional neglect, mental illness, incarcerated relative, mother treated violently, substance use, and divorce. The study found that Adverse Childhood Experiences can

lead to risk factors such as disability, illness, and even death (Felitti, 2002). This study has been replicated by researchers in the past only to find similar results determining that ACEs create major risk factors (Blodgett & Lanigan, 2018; Dube et al., 2001; Forster et al., 2018; Meinck et al., 2017).

Educators have been increasingly exposed to trauma-informed practices (see Table 1). Educators may attend trauma-informed trainings, school discussions, and professional development sessions, as the goal for teachers is to recognize the results of trauma in children (Parker et al., 2019). These trainings are vital, as approximately 66% of students experience some form of childhood trauma by age sixteen (SAMHSA, 2021). This includes witnessing domestic violence, sexual assault, community or school violence, physical or sexual abuse, natural disaster, military deployment or loss of parent, and loss of a close family member in a violent manner (SAMHSA, 2021). While districts across the United States have started to incorporate trauma-informed training, this process takes significant time and can be an intensive process (SAMHSA's Trauma and Justice Strategic Initiative, 2014). Several steps are required to create a trauma-informed environment that includes targeted supports that encompass training on self-regulation, and emotional and behavioral skill-building (Missouri Model for Trauma-Informed Schools, 2019). Despite exposure to trainings, teachers can experience barriers, perceived and practical, that prevent implementation of trauma-informed practices (Baweja et al., 2015; Nadeem, 2016). Some perceived barriers could include lack of leadership and school support (Merle et al., 2022), lack of time to implement trauma-informed content due to academic timelines (Meek et al., 2018), increased emotional and behavioral student outbursts, and ability for teacher self-regulation (Lawson et al., 2022).

Many students have been exposed to violent situations at school, home, and on social media, including typical entertainment activities such as movies and songs (American Psychological Association, 2022). Further, during 2020-2022, students have been in unprecedented times regarding Covid-19. There is a correlation between trauma levels and the pandemic itself (Brigdland et al., 2021). For some young people, this encompassed experiencing socioeconomic issues, illness, death, and domestic abuse. At times, these occurrences can foreshadow or continue a cycle of violence in homes where children are regularly and repeatedly exposed to traumas (see Table 1). These factors increase a likelihood for mental health issues, and ACEs (Felitti, 2002).

Table 1

<i>Context definitions</i>	
Acronyms/Term	Definition/Context
Adverse Childhood Experiences (ACEs)	This term refers to a variety of traumatic events that occur by the age of eighteen, including experiences such as neglect, witnessing domestic or community violence, and emotional, sexual, and physical abuse. (Anda et al., 2010; Felitti et al., 1998)
Disruptive Behaviors	Disruptive behavior in children refers to behaviors that occur when a child has difficulty controlling their actions. Examples of disruptive behaviors include temper tantrums, interrupting others, impulsiveness with little regard for safety or consequences, aggressiveness, or other socially inappropriate acts. (The Sydney's Children Hospital Network, 2020)
Trauma	Acute trauma: This results from a single stressful or dangerous event. Chronic trauma: This results from repeated and prolonged exposure to highly stressful events. Examples include cases of child abuse, bullying, or domestic violence. Complex trauma: This results from exposure to multiple traumatic events. (American Psychological Association, 2020).
Behavior Management Plans/Classroom Behavior management	Classroom management is the process by which teachers and schools create and maintain appropriate behavior of students in classroom settings. Establishes and sustains an orderly environment in the classroom. Increases meaningful academic learning and facilitates social and emotional growth (Kratochwill et al., 2020).

Trauma-Informed	Recognize the prevalence of adverse childhood experiences (ACEs)/trauma among all people. Recognize that many behaviors and symptoms are the results of traumatic experiences. Recognize that being treated with respect and kindness-and being empowered with choices are key in helping people recover from traumatic-experiences (APA and SAMHSA Initiative, 2020).
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Furthermore, student trauma exposures can present themselves in a classroom setting as disruptive behaviors (see Table 1), which impede student learning (Bridgeland et al., 2021). Managing disruptive classroom behavior can be challenging and disheartening for teachers, presenting challenges for those without sufficient training, even for seasoned educators (Rahimi et al., 2021). These student behaviors or student trauma can impact the classroom dynamic, student behaviors, and student learning. Classroom behavior management (see Table 1) is integral to addressing antecedent factors, as well as current behaviors in the classroom. Antecedents are events (small or collective) or environments that elicit a certain behavior (Project IDEAL, 2013) These antecedents or triggers could cause past traumatic memories to resurface for the student. Preparation and training are key to becoming trauma-informed (see Table 1) (Rahimi et al., 2021), which will assist with implementing strong classroom behavior management practices. Therefore, it is vital to evaluate teachers' perceived impact of trauma-informed training and professional development in the classroom and their related classroom behavior management practices in order to further the proliferation of trauma-informed training. In this chapter, national, situational, and personal context will be addressed.

National Context

Evidence-based science demonstrates how unresolved trauma can lead to changes in developing brains. This can result in toxic stress response (a dangerous bodily stress response) and impairment of executive functioning, which can prevent individuals from self-regulation (Danese & McEwen, 2012; Shonkoff et al., 2012; Waehrer, et al., 2019). Early life adversity is associated with a multitude of long-lasting ACEs (Felitti, 2002). These facets of trauma are often correlated with long-term toxic stress. Toxic stress is persistent stress that is a result of adverse experiences, as well as environmental influences from as early as a prenatal period which can encompass lack of poverty, diminished social and emotional support and physical trauma that can affect the plasticity of the brain (Johnson et al., 2013; Shonkoff et al., 2012). Traumatic stress can impact the human body, creating ingrained and lasting damage (Danese & McEwen, 2012; Katz et al., 2012; Shonkoff et al., 2012).

More than two-thirds of children report being affected by a trauma event by age sixteen and because of this early exposure, risk factors for negative outcomes increase (Substance Abuse and Mental Health Services Administration, 2017). Trauma has enduring attributes, such as decreased ability to have appropriate social and emotional relationships, behavioral ramifications, and physical and mental health consequences (SAMHSA, 2021). There is a strong correlation between the number and associated severity of adverse childhood experiences and the likelihood that the individual will be emotionally impacted in adult life (Anda et al., 2010; Felitti et al., 1998). Higher ACEs correlate with health risk behaviors, school drop-out, substance use, toxic stress, and

suicidal behavior (Anda et al., 2010; Felitti et al., 1998). Intervention is needed to change the trajectory of the effects of ACEs (Danese & McEwen, 2012; Shonkoff et al., 2012).

Moreover, disruptive classroom behavior is on the rise in classrooms across the United States and can lower class achievement scores (Gage et al., 2017; Mahvar et al., 2018). Managing classroom behavior is already challenging, but with increased traumas and negative behaviors in the classroom, it becomes even more difficult. The most common disruptive behaviors that teachers identified included disruptive talking, avoidance of work, interfering with teaching activities, lack of concentration (daydreaming), general disobedience, being late to class, interrupting the teacher, bothering classmates (verbally or physically), verbal insults, rudeness to teacher, and defiance (Abacioglu et al., 2019; Sun et al., 2012). Novice and tenured teachers can experience many behavioral disruptions per day, causing teacher stress. These disruptions are overwhelming and can even cause the educator to leave the teaching profession (Ducharme et al., 2011; Flower et al., 2017).

National pandemic conditions (Covid-19) have also created a rising rate of ACEs due to increased family stress, social isolation, inability to access community supports, health disparities, and lost wages (Srivastav et al, 2021; Viner et al., 2020). Closure of schools formed a new home life dynamic for many families. Due to sudden childcare shifts, this impacted working parents, wages, and even affected student engagement with education. Families who were already considered to be at poverty level were often subjected to nutritional concerns as school meals were no longer available. Another effect of pandemic conditions was the lack of socialization that children were accustomed to in their classroom environments. This created an influx of emotional and behavioral

afflictions as well as an increase of psychological conditions on a national level (National Institute of Mental Health, 2021). There is evidence demonstrating that many teachers are not prepared for behavioral challenges that may emerge in the classroom stemming from a lack of training and preparation (Christofferson et al., 2015; Flower et al., 2017; Reinke et al., 2011). This indicates that some teachers may not have the qualifications to address behavioral dysregulation by students. Currently, students are more likely to experience a punitive response for disruptive classroom behaviors or outbursts such as in school and out of school suspensions. The National Center for Education Statistics (NCES) reported:

In 2013–14, approximately 2.6 million public school students (5.3 percent) received one or more out-of-school suspensions. A higher percentage of Black students (13.7 percent) than of students from any other racial/ethnic group received an out-of-school suspension, followed by 6.7 percent of American Indian/Alaska Native students, 5.3 percent of students of 2 or more races, 4.5 percent each of Hispanic and Pacific Islander students, 3.4 percent of White students, and 1.1 percent of Asian students” (NCES, 2019).

Therefore, there is a necessity for teachers to become trauma-aware and incorporate trauma-informed content in their classroom behavior management plans. Research is clear and demonstrates that although students may have emotional and social deficits due to a traumatic history, it is possible for teachers to impact some of these negative learned behaviors and help foster positive interactions with teachers and peers (Chafouleas et al., 2016; Cole et al., 2013). This will be further addressed in Chapter 2.

Personal Context

I believe that all students should have access to trauma-informed educators. Although many of my fellow teachers are considered to be in a trauma-sensitive developmental stage, they are not fully cognizant of how to implement training received. The defining factors of this trauma-sensitive stage prompts teachers to community build, to work together to reduce suspensions, to encourage student voice, and to utilize a trauma-informed approach (Missouri Model for Trauma-informed Schools, 2019). However, students continue to disengage, or become emotionally elevated, only to find themselves with a punitive consequence. Fellow educators also have countless stances on classroom behavior management, which also alters approaches to students. Some educators have relied on punitive measures for years, and they view change as difficult. Punitive measures include detentions, in school and out of school suspensions, and are often racially disproportionate to children of color (Riddle & Sinclair, 2019).

Further, teachers have incurred additional stressors regarding the Covid-19 pandemic. After being in a virtual state for close to two years, educators have seen an uptick in negative student behaviors, both emotional and physical. Teachers are having a hard time regulating students and many are leaving the profession. Some of these teachers have been in the field for years, so this is an unfortunate circumstance. Despite exposure to trauma training, it appears teachers are not sure how to implement this training and incorporate it into their behavior management plan. I have observed several barriers including personal beliefs, lack of knowledge, lack of time, low administrator support, and fear of poor evaluations. I believe that if a student's trauma is addressed, the student can begin the healing process and shift their focus to academic growth. If the trauma is

not addressed, behaviors will become apparent, preventing the student from learning, as well as inhibiting others in the class from retaining educational knowledge. This becomes frustrating to the teacher and student and can lead to teacher burnout. As a teacher, I can see the benefit of incorporating trauma-informed instructional practices into classroom management behavioral plans. Looking back, I know I would have benefitted from being trauma-informed when I began my teaching career.

I entered into special education later in life. I graduated with my Master of Arts in Teaching in 2011 and started my special education teaching career at a fully therapeutic school. My population of students included those with a diagnosis of other health impaired, learning disabled, autism, emotional disturbance, traumatic brain injury, and other differing abilities. Many students had significant trauma backgrounds. My mission was to teach, addressing Adverse Childhood Experiences so my students could graduate and return to a general education population. The goal was for students to become independent, working, and successful adults. In my first challenging years, some of my students acted out physically or emotionally. Although I had classroom behavioral management training, I did not feel equipped to address their behaviors or trauma. I often felt as though I was failing myself and my students. Unfortunately, I experienced vicarious teacher trauma, which is caused by working with students who were severely abused. My sleep was affected, I often had trouble focusing, and I was frequently ill. I did not have an education based in trauma-informed content. I only developed a trauma-informed perspective after I had been teaching for a number of years. However, I strongly believe that including trauma-informed practices in classroom management behavioral

plans will assist the educator in being prepared to address trauma related disruptions in the classroom.

Situational Context and Problem of Practice

Research suggests that teachers often find themselves unprepared to address classroom behaviors that often stem from trauma (Brunzell et al., 2018; Thomas et al., 2019). In addition, there are many potential barriers that may be preventing teachers from creating a fully trauma-informed classroom environment. Investigating what benefits are realized by educators' that elect to implement trauma-informed practices in the classroom as well as understanding what strategies educators' employ in the classroom that incorporate trauma-informed practices are vital to this research. In addition, understanding how classroom behavior management practices are affected by teachers' understanding of trauma in the classroom, looking at barriers that impede educators from implementing trauma-informed practices, and inspecting perceived administrative challenges with regard to implementation of trauma-informed content by educators are also factors that were addressed in this study. The research goal was to discover if this information would increase knowledge of how educators are prepared for trauma-informed practices in schools, and what barriers may be preventing implementation of trauma-informed content.

Research Questions

1. What benefits, if any, are realized by educators who elect to implement trauma-informed practices in the classroom?
2. What strategies do educators employ in the classroom that incorporate trauma-informed practices?

3. How are classroom behavior management practices affected by teacher's understanding of trauma in the classroom?
4. What barriers, if any, are impeding educators from implementing trauma-informed practices within their classrooms?
5. What are the perceived administrative challenges with regard to implementation of trauma-informed content by educators?

Conclusion

In conclusion, research indicates a need for teachers to become trauma-informed and incorporate trauma-informed content in their classroom behavior management plans. Students with trauma and mental health problems are on the rise. This creates a pressing and significant need for teacher preparedness. This research examined educators' perceived impact of trauma-informed training and professional development in the classroom as well as related classroom behavior management plans. In the next chapter trauma and trauma-informed practices will be examined as well as the researcher's stance on trauma-related factors.

Chapter Two Literature Review

Introduction

The previous chapter examined trauma and the need for trauma-informed practices in schools. Trauma can impact a student's social and emotional well-being and alter a student's ability to self-regulate within the classroom. An educator should create a safe space for students and provide guidance on how to cope with past traumas. However, for this safe design to come to fruition, educators need to be exposed to trauma-informed trainings which will allow them to create trauma safe practices in the school setting. Trauma-informed principles (see Table 2) should also be included classroom behavior management plans, allowing teachers to be more prepared for their first year of teaching and thereafter.

Table 3.1

Trauma Informed Principles from the Missouri Model for Trauma-Informed Schools, 2019

Indicator	Meaning
Safety	Ensure physical and emotional safety, recognizing and responding to how racial, ethnic, religious, sexual, or gender identity may impact safety throughout the lifespan.
Trustworthiness	Foster genuine relationships and practices that build trust, making tasks clear, maintaining appropriate boundaries and creating norms for interaction that promote reconciliation and healing. Understand and respond to ways in which explicit and implicit power can affect the development of trusting relationships. This includes acknowledging and mitigating internal biases and recognizing the historic power of majority populations.
Choice	Maximize choice, addressing how privilege, power, and historic relationships impact both perceptions about and ability to act upon choice.
Collaboration	Honor transparency and self-determination. Seek to minimize the impact of the inherent

Empowerment

power differential while maximizing collaboration and sharing responsibility for making meaningful decisions. Encouraging self-efficacy, identifying strengths and building skills which leads to individual pathways for healing while recognizing and responding to the impact of historical trauma and oppression.

In this chapter, a review of the literature examines trauma, effects of trauma on educational outcomes, trauma-informed instructional practices, managing trauma in the classroom, and pre-service teacher training in classroom behavior management. This section also includes the researcher's epistemological stance, methodological rationale, as well as theoretical frames.

Trauma

Adverse childhood experiences, or ACEs, are events of a traumatic nature that include emotional abuse, physical abuse, divorce, sudden death of a family member, incarceration, mental illness of a family member, and substance abuse of a family member that takes place from infancy through the teenage years (CDC, 2020). ACEs, including physical and emotional abuse in the early years of life (ages 0-16 years of age), have proven to invoke long term effects on physical and mental health (SAMHSA, 2021). These ACEs then foreshadow negative health outcomes in later years. The Kaiser Permanente study exposed an association between an individual's ACE score, and several risk factors. Findings from the Kaiser Permanente study indicate that a higher number of ACEs correlate to a greater risk of further health consequences (Anda et al., 2010; Felitti et al., 1998). Some of these consequences include life altering diseases, such as elevated

blood pressure, diabetes, heart and lung disease, as well as cancer (Anda et al., 2010; Danese & McEwen, 2012; Katz et al., 2012; Shonkoff et al., 2012). Childhood adversity is correlated to drug use, alcoholism, high risk sexual activity, depression, suicide and negative emotional, behavioral and social interactions in relationships and generally occur in adulthood (Anda et al., 2010; Felitti et al., 1998). The Centers for Disease Control and Prevention estimate that one in six adults have experienced four or more ACEs, and at least five of the top ten leading causes of death are associated with ACEs (CDC, 2019). Preventing ACEs could reduce depression in adults by forty-four percent (CDC, 2019). Trauma has ongoing effects, such as decreased ability to have appropriate social and emotional relationships, impact on academic growth due to distractions from disruptive behaviors, and a higher risk of behavioral and psychological issues.

Parental substance use, physical abuse, child abuse, neglect, sudden death of a parent or guardian, witnessing a violent act, and sexual abuse can all lead to trauma. These factors can disrupt brain circulation and cause physiological harm that can damage social, emotional, and behavioral regulation, as well as impact academic growth (Danese & McEwen, 2012; Kalia & Knauft, 2020; Katz et al., 2012; Shonkoff et al., 2012). Without medical or psychological intervention, irrevocable damage can occur to the biological and emotional neurologic pathways (Danese & McEwen, 2012; Shonkoff et al., 2012). There is an association with repetitive stress from ACEs on developing brains, and brain structure, creating lifelong chronic or toxic stress (Mayo et. al., 2019; Zhang et. al., 2020). Toxic stress is persistent stress that can result from adverse experiences. This includes environmental influences from as early as a prenatal period, which can encompass poverty, diminished social and emotional support, and physical trauma that

can affect the plasticity of the brain (Johnson et. al., 2013; Shonkoff et. al., 2012). Case studies have shown that traumatic stress affects the molecular structure of the human body, organs, stress-management, decreased cognitive flexibility and cortisol rhythm (Kalia & Knaft, 2020; Karlamangla et. al, 2017).

Maternal stress affects the prenatal period, lays the groundwork for ingrained stress response, and can travel generationally through genetic mutations (Condon et. al., 2019; Davis, et. al., 2011). Those prenatal factors can also result in psychiatric disorders, depression, and poor emotional and behavioral functioning when faced with life adversities (Davis et. al., 2011). Postnatal experiences and maternal stress are associated with neurodevelopmental disorders, blood pressure elevation, asthma, and are also thought to affect stress reactivity and toxic stress in later years (Condon et. al., 2019; Kinsella & Monk, 2013). Earlier exposure to trauma aligns with documentation regarding allostatic load and toxic stress (Danese & McEwen, 2012; Katz et. al., 2012). According to Katz et. al., (2012), “Allostatic load refers to the failure or compromise of normal allostatic processes leading to chronic dysregulation of physiologic systems” (p. 470). Case studies found significant exposure to chronic stress is associated with altered development of the brain and can compromise the function of the nervous and immune systems (Condon et. al., 2019; Danese & McEwen, 2012). Furthermore, recurring ACEs can breed toxic stress by activating the interacting stress response systems. Parental substance use, child abuse, neglect, and maternal depression can invoke a toxic stress response. Without medical or psychological intervention, irrevocable damage can occur to the biological and emotional neurologic pathways (Danese & McEwen, 2012; Shonkoff et. al., 2012).

Effects of traumas on student educational outcomes

Trauma can impact educational outcomes for students (Blodgett et al., 2018; Cole et al., 2013; Felitti et al., 1998). These adverse experiences can affect social emotional well-being, as well as behavior within the classroom (SAMHSA, 2021). These factors can then impact the trajectory of a student's educational future. Similarly, the higher the number of ACEs, the greater likelihood the student will experience social emotional difficulties with peers and adults, become aggressive/explosive in the classroom, and venture into risk-taking behaviors (Blodgett et al., 2018; D'Andrea et al., 2012).

A student who has been subjected to trauma can experience lack of focus, lower reading scores, lower scored standardized tests, absenteeism, and is more likely to need to repeat a grade (Blodgett et al., 2018; Cole et al., 2013; Cook et al., 2013; Romano et al., 2015). Additionally, the student may exhibit a flat affect (lack of emotional response, dull, flat voice) may be explosive, and may demonstrate signs of attention deficit hyperactivity disorder (Blodgett et al., 2018; D'Andrea et al., 2012). Semiz et al. (2017) described these signs as inattentiveness, hyperactivity and impulsivity. These disruptions stop the educator during active class time. Time is spent redirecting the student; or a punitive consequence is given. Educators are not always cognizant that the behaviors seen in the classroom are correlated with a trauma experience (Sitler, 2010). However, regardless of teacher response, classroom time will be impacted, causing interference to the student's learning process, as well as an academic interruption for peers in the class. Conversely, because the student will often receive punitive measures such as in school or out of school suspension (NCES, 2019), valuable instruction is lost. Due to loss of instruction, the student has an increased risk for dropping out of school. Correspondingly,

students with adverse experiences are more likely not to graduate high school (Giovanelli et al., 2016; Morrow et al., 2017).

Trauma-Informed Instructional Practices

Early and targeted interventions, whole school programming, and classroom-based strategies can and should be implemented to help students combat the effects of trauma events or exposure. Some interventions include full school responsiveness to social and emotional supports, access to family services, and engagement of all staff, as staff is involved with daily student engagement (National Child Traumatic Stress Network, 2017). According to Chriqui et al. (2019), certain states have legislated using the Whole School, Whole Community, Whole Child (WSCC) model that includes a dynamic of emotional, social, and health approaches for the entire school. However, less than a dozen states legislated training on the impacts of trauma, and less than twenty states legislated training over mental health issues (Chriqui et al., 2019). Approximately, twenty-six states legislated training on mental health issues, but these policies were only enacted in 2016 (Chriqui et al., 2019).

A supportive community can help children overcome some trauma factors, and lower the severity of the trauma response, as the prevention and constructive intervention of behavioral challenges are critical for student success (Cole et al., 2013; Chafouleas et al., 2016). The first step is for educators and schools to become aware that trauma does indeed influence students, and educating teachers should take precedence, within the classroom (Cole et al., 2013; Chafouleas et al., 2016). Trauma-informed instructional practices were once not as prevalently found in classroom behavior management plans (Atici, 2007; Chafouleas et al., 2015; Reinke et al., 2011). However, in the last few years,

research on this topic is increasing in schools nationally. Therefore, these practices are more frequently being utilized to address adverse childhood experiences that students may be experiencing. As teachers are becoming more trauma aware, schools are being encouraged to incorporate trauma-informed classroom environments to foster healing and encourage academic productivity (Missouri Model for Trauma-Informed Schools, 2019). There are many advantages of becoming trauma-informed including improved school climate, increased academic achievement, retention of students, reduction of in school and out of school suspension, reduction in school absences, and decrease of school dropouts (Blodgett et al., 2018; Cole et al., 2013).

Managing Trauma in the classroom

Teachers are not often aware of student's underlying trauma histories. However, researchers state that educator awareness can assist those with exposure to trauma (D'Andrea et al., 2012). According to the *Missouri Model for Trauma-Informed Schools* (2019) (see Appendix A), trauma training should be provided to the educator, community building practices should be implemented, and teacher and staff needs should be prioritized. Discipline approaches for students need to be altered to less punitive measures (rather than in or out of school suspensions). Suspensions equate to missed academic time, as well as access to social and emotional support for teacher and school supports. Space should be provided for students, which could include soft lighting, and areas where escalated students can calm down or meditate. Community connectedness must be in place to ensure a healthy trauma-informed school and classroom environment. Though teachers cannot erase the history of a student's trauma, teachers can foster a positive relationship with the student, which will enable the student to see the teacher as a

safe adult (Cole et al., 2013). A safe adult is someone that a child can trust and feel as if they can approach the adult about social and emotional issues. The student should be able to be acknowledged and heard by the teacher, while the teacher promotes the student's overall well-being.

Teacher Trauma-informed Training and Potential Barriers from Implementation

A classroom is often the key to identifying children who have had traumatic experiences. This is manifested from behavioral problems, social and emotional issues, lack of attention, lower academic scores, and office referrals (Blodgett et al., 2018; Cole et al., 2013). Therefore, it is vital that preservice and seasoned teachers are well-versed in trauma-informed practices and acknowledge that strong rapport between teacher and student is needed to give support to students. For optimal results, teachers and staff should have the necessary trauma-informed training to support students who have encountered adverse experiences. Education and awareness provide teachers with the tools to comprehend the impact of trauma on students. Teachers in possession of the necessary tools will be more likely to appropriately address classroom issues.

Unfortunately, many pre-service educators articulated that they did not have the appropriate training, nor the ability to implement trauma-informed principles or strategies during a classroom disruption (Atici, 2007; Chafouleas et al., 2015; Reinke et al., 2011). Teachers may be exposed to some fundamentals in classroom behavior management throughout preservice training. However, research demonstrates that teachers often feel unqualified to address trauma led practices within the classroom (Chafouleas et al., 2015; Reinke et al., 2011). Furthermore, even with some training exposure, educators struggle to implement in-class practice (O'Neill, 2012; Reinke et al., 2011). According to Atici

(2007), teachers want more exposure to courses in child psychology, and hands-on classroom management training prospects. Based on limited research, it would appear that evidence-based programs are uncommon but needed (Egan et al., 2019; Reinke et al., 2011). It is vital then, for teachers to be proactive and advocate for more access to trauma-informed practice. Experts agree that a supportive community can help children overcome some trauma factors and lower the severity of the trauma response (Cole et al., 2013; Chafouleas et al., 2016), therefore teacher preparation programs should be rigorous in their training on trauma and trauma-informed classroom practices.

Current training is available under the *Missouri Model for Trauma-informed Schools* (2019), (see Appendix A). This model provides a structure and strategies for schools to become trauma-informed. It describes trauma; and the effects of trauma on the foundation of a classroom. The model offers strategies detailing procedures for organizations to become trauma-informed, as well as challenges that may be encountered on the journey. It demonstrates the need for collaboration with staff and students and community, as well as principles (see Table 2) of five key principles that help implement successful trauma-informed practice in the classroom. Furthermore, this model breaks down how to become trauma-informed through detailed steps and stages. The stages stem from pre-trauma aware to trauma-informed.

Epistemological stance

The social constructivism lens was implemented for this study. Lev Vygotsky's theories of social constructivism were included, as working together with students and staff is necessary for a trauma-informed environment. Vygotsky notes, "The speaking child has the ability to direct his attention in a dynamic way. He can view changes in his

immediate situation from the point of view of past activities, and he can act in the present from the viewpoint of the future” (Vygotsky, 1978, p. 36). Teachers have the ability to positively influence children and could help change the course of the child’s trauma pathway. It is integral to the researcher’s investigative stance, which includes a desire to increase knowledge of how educators are prepared for trauma-informed practices in schools (rather than only being trauma-aware). Teachers must have the tools to implement best practice in schools, and a trauma-informed foundation would be beneficial.

This social constructivist approach was utilized to analyze how participants utilized their trauma-informed training and how it affected their classroom behavior management. In this study, educators were examined on their perceived impact of trauma-informed training and professional development in the classroom and related classroom behavior management practices. Respondents provided their thoughts on the benefits of trauma-informed practices, their beliefs of trauma-informed professional development and contributed use of trauma-informed strategies (or lack thereof), negative effects of trauma-informed practices, school-based supports for their trauma-informed care and what was available in their classroom, their discipline philosophy, and strategies they utilized to deescalate students in high tension situations and how they regulated themselves.

Methodological Rationale

This study was based on survey research design with both qualitative and quantitative data collected (see Appendix B). The study acquired qualitative and quantitative data through a confidential survey, including demographic questions through

a snowball sampling technique. The research utilized a Likert rating questionnaire, followed by seven open-ended questions. Quantitative and qualitative data were then merged to provide a comprehensive analysis of the research problem. This method was chosen as a larger sample size of was desired to gather teacher responses on demographics, opinions, and experiences to examine teachers' perceived impact of trauma-informed training and professional development in the classroom and related classroom behavior management practices. Participants were requested to elaborate on trauma-informed professional development, use of trauma-informed strategies, high tension situations, discipline philosophy, and pros and cons resulting from implementing trauma-informed practices in the classroom.

Theoretical Frames

This study was rooted in brain-based learning, modeled from Teaching with the Brain in Mind (Jensen, 2005). Brain Based learning includes critical thinking skills, social and emotional brain functions, memory, and why stress impacts learning (Jensen, 2005). It includes a structure of class lessons, and active engagement strategies. Suggestions include physical movement, positive reinforcement, modeling, providing comfortable classroom temperatures and lightening to keep the brain from overstimulation (Jensen, 2005). This theory is based on the function of the brain and describes how learning will not occur if the brain is exposed to trauma.

The study is also utilized the Stress Response (fight, flight, or freeze) which gives the body an acute response to stress (Brown & Fee, 2002; Jensen, 2005). The person will either fight (respond in a defensive manner in a heightened stress situation) or freeze (unable to respond due to stress). Research has found that recurring ACEs can breed toxic

stress by activating the interacting stress response systems. Toxic stress is unresolved trauma that leads to changes in developing brains, and impairs executive functioning (Danese & McEwen, 2012; Shonkoff et al., 2012; Waehrer, et al., 2019). Stress response can cause complications in brain function, memory loss, and negatively impact cognition and learning systems (Yaribeygi et al., 2017). Further, childhood toxic stress can be exhibited in the classroom through behavioral dysregulation and depressive disorders (Franke, 2014). Literature studies have shown that without medical or psychological intervention, irrevocable damage can occur to the biological and emotional neurologic pathways (Danese & McEwen, 2012; Shonkoff et al., 2012).

Conclusion

This chapter provided a review of literature that demonstrated the need for trauma-informed care due to high rates of trauma exposure for students. However, there are potential barriers preventing implementation of trauma-informed practices. Schools should include trauma-informed professional development and training for educators, as the result can alter teacher approach and student intervention as well as student outcomes. If trauma is not addressed, often, the trauma cycle can perpetuate into adulthood due to a lack of coping strategies and methods provided (Anda et al, 2010; Felitti et al., 1998). Due to these factors, educators should be cognizant of signs of adversity and become trauma-aware to mitigate lasting effects. Exposing teachers to trauma-informed practices can assist them with teacher preparedness for future challenges. Teachers will be able to foster a social emotional classroom environment. Chapter three will provide a more detailed explanation for the mixed methods approach, as well as the study's participants, context, data collection procedures, and role of the researcher.

Chapter 3 Methodology

Introduction

The previous chapters demonstrated how trauma-informed training is needed to provide teachers with tools to comprehend the impact of trauma on students. With these tools as well as necessary professional development in the classroom and related behavior management practices, teachers can become more prepared to adequately address emotional and behavioral issues within the classroom. The upcoming chapter outlines the study design and permission approvals, study setting, and participants, as well as sample demographics, research questions, instruments, data analysis procedures, and threats to validity and reliability.

Study Design and Permission

The study procedures, including recruitment script, informed consent, and survey, were approved by Fontbonne University's Institutional Review Board (IRB). After obtaining IRB approval (see Appendix C), a survey request was launched from December 2021 to February 2022. Snowball sampling was utilized to recruit participants, resulting in 99 educators completing the survey. There were no outliers found from the sample of 99 participants.

The foundation of this study was based on a survey research design with both qualitative and quantitative data collected through a survey (see Appendix D). According to Ponto, 2015,

This type of research allows for a variety of methods to recruit participants, collect data, and utilize various methods of instrumentation. Survey research can use quantitative research strategies, qualitative research strategies, or both (i.e., mixed methods) and it is used to describe and explore human behavior (p. 168).

This method was chosen as a larger sample size was desired (n=100). It was designed to solicit teacher responses on demographics, opinions, and experiences to examine teachers' perceived impact of trauma-informed training and professional development in the classroom and related classroom behavior management practices. The first part of the survey contained quantitative information, with Likert-scale questions being used for the method of data collection (see Appendix E).

The second part of the survey contained qualitative, open-ended questions that allowed the participants to disclose their own experiences (see Appendix F). Participants were requested to elaborate on trauma-informed professional development, use of trauma-informed strategies, high tension situations, discipline philosophy, and pros and cons resulting from implementing trauma-informed practices in the classroom.

Study Setting, Participants, and Sample Demographics

Data collection study was launched in December 2021 and completed by February 2022 utilizing a researcher-designed survey (see Appendix D) provided to participants (teachers, PK-12th grade). The non-probability sampling technique of snowball sampling was utilized. Snowball sampling is a term of purposeful sampling where a researcher asks participants to request other participants to be sampled, often utilized in mixed method research (Creswell, 2012). This sampling technique was utilized to allow the researcher to reach a wide sample of teachers across a variety of school districts and receive diverse perspectives. The snowball sampling method also enabled a wider array of participants to take part in the research. The survey was posted on various local social media teacher and parent sites. The initial teachers who agreed to participate in the survey identified other educators and participants who also took the survey. Those participants then identified

other educators who completed the necessary forms until the researcher was able to meet the desired sample size of (n=100). A larger sample size was desired to reduce bias in the study.

A total of 99 individuals participated in the study. All participants held necessary licenses or certifications to teach in their respective states (see Table 3). Six percent (n=6) were male, ninety-three percent (n=92) were female, and “other” was listed as one percent (n=1). The most common ethnicity was white, at ninety-seven percent (n=96) of participants, with one percent being black (n=1), three percent Latin X (n=3), and one percent (n=1) American Indian. The age range of educators spanned from age 21-30 to 61+, with the majority, forty percent (n=40), in the 41-50 age range. According to Teacher Demographics and Statistics in the US, 67.9% of all teachers are women, 27.5% are men, average age of a teacher is 42 years of age, and the most common ethnicity of teachers is white at 72.3% (Zippia, 2022). The highest degree earned was a Doctorate which accounted for three percent (n=3) of participants, thirty-two percent (n=32) held master's plus 30 (master's degree plus 30 graduate hours), forty-four percent (n=44) of participants held a master's degree, and twenty percent (n=20) held a bachelor's degree. General education teacher was the most commonly used job title at seventy-four percent (n=73), while twenty-six percent (n=26) held the title of special education teacher. Participants were asked what grade level they were teaching, with three percent (n=3) of participants teaching at a preschool level, thirty-six percent (n=36) of participants teaching at an elementary level, forty-two percent (n=42) of participants teaching at a middle school level, and eighteen percent (n=18) of participants teaching at a high school level. The majority of participants, fifty-seven percent (n=56), taught at a suburban

school, while thirty-one (n=31) percent taught at urban schools, eleven percent (n=11) taught at rural schools, and one percent (n=1) offered a response of “other.” Participants who had trauma-training totaled seventy-eight percent (n=77), while twenty-two percent (n=22) did not receive trauma-training.

Table 3.0

Demographic Characteristics Tables		
Characteristic	<i>n</i> = 99	Percentage
Gender		
Female	92	93%
Male	6	6%
Other	1	1%
Non-binary	0	0%
Ethnicity		
White	96	97%
Black	1	1%
Latin-X	3	3%
Asian	0	0%
American Indian	1	1%
Other	0	0%
Age Range		
21-30	13	13%
31-40	29	29%
41-50	40	40%
51-60	14	14%
60+	3	3%
General education teacher	73	74%
Special education teacher	26	26%
Grade level teaching		
Preschool	3	3%
Elementary (K-5)	36	46%
Middle School (6-8)	42	42%
High School (9-12)	18	18%
School representation		
Urban	31	31%
Suburban	56	57%
Rural	11	11%
Other	1	1%

Research Questions:

The purpose of this study was to examine the impact of educators' trauma-

informed training and professional development in the classroom and related classroom behavior management practices. It is important for teachers and staff to have trauma-informed structures to support students who have encountered adverse experiences. Teachers may be exposed to some fundamentals in classroom behavior management through pre-service training. However, research demonstrates that teachers often feel uninformed to address trauma led practices within the classroom (Chafouleas et al., 2015; Rahimi et al., 2021; Reinke et al., 2011). According to Rahimi (2021), teachers want more trauma-informed professional development. It is therefore essential for teachers to be proactive and advocate for more access to trauma-informed practice. These research questions were aligned with the purpose of the study and included the following questions:

1. What benefits, if any, are realized by educators that elect to implement trauma-informed practices in the classroom?
2. What strategies do educators employ in the classroom that incorporate trauma-informed practices?
3. How are classroom behavior management practices affected by the educator's understanding of trauma in the classroom?
4. What barriers, if any, are impeding educators from implementing trauma-informed practices within their classrooms?
5. What are the perceived administrative challenges with regard to implementation of trauma-informed content by educators?

Instrument

The instrument implemented for this study was an online survey through Microsoft Forms that provided anonymity to all participants. The research questions from this survey were designed using a conceptual framework to measure teachers' opinions and experiences. This framework was based on the *Missouri Model for Trauma-Informed Schools* (see Appendix A). After exhaustive research, the researcher determined that there was no appropriate instrument to answer the research questions, therefore the decision was made to create a unique survey. The survey was modeled after the *Missouri Model for Trauma-Informed Schools*. Both quantitative and qualitative data were collected and integrated in the interpretation of the overall results. The main instrument utilized was a self-constructed survey based on the components of the *Missouri Model for Trauma-Informed Schools* (see Appendix A). This model provides a structure and strategies for schools to become trauma-informed. It describes trauma, detailing how trauma affects the foundation of a classroom. The model offers strategies of how organizations can become trauma-informed, as well as challenges that may be encountered on the journey. It demonstrates the need for collaboration with staff, students, and the community, as well as principles (see Table 2.0) of five key principles that help implement successful trauma-informed practice in the classroom including safety, trustworthiness, choice, collaboration, and empowerment. Furthermore, this model elaborates on the detailed step and stage to become trauma-informed. The stages range from schools becoming pre-trauma aware to trauma-informed. This model is the foundation for this study as all research questions were designed with the understanding that it is integral for teachers and stakeholders to implement trauma-informed practices. (see Figure 1).

Figure 1

School Leadership and Staff Demonstrate an Understanding of the Impact and Prevalence of Trauma in Daily Practice (Missouri Model of Trauma-Informed Schools, 2019, p. 11)

Stage 0	Stage 1	Stage 2	Stage 3	Stage 4
Pre-Trauma Aware	Trauma Aware	Trauma Sensitive	Trauma Responsive	Trauma Informed
Leadership and staff are unable to identify the impact and prevalence of trauma	<p>Staff members are able to articulate basic information about the impact and prevalence of trauma</p> <p>All staff have received a standardized training on trauma and trauma-informed schools</p>	<p>Staff show signs of understanding information about trauma, referencing it informally</p> <p>Staff begin to understand the importance of addressing their own stress and trauma</p>	<p>Staff begin to change their approach to instruction and discipline to better reflect the impact of trauma</p> <p>Staff begin to proactively work to strengthen their own regulation and the regulation of their students</p>	<p>All staff respond to students and one another in a way that reflects the science of trauma</p> <p>Staff members routinely share new information and innovative ideas to meet the changing needs of students</p> <p>Trauma-informed responses are embedded within the organization</p>

The survey was designed with a Likert scale questionnaire, followed by open-ended questions. The Likert scale questionnaire was designed to assess a range of opinions of educators. Burkholder et al., 2020 wrote,

A Likert scale presents a range of adjective options along a continuum, such as, strongly disagree, disagree, undecided, agree, and strongly agree. Respondents are asked to indicate their agreement or disagreement to a statement by selecting the numerical value that corresponds to their selections (p. 169).

The first ten survey questions (see Appendix B) included demographic information from the participants: gender; ethnicity; age range; required certifications to teach; numbers of years taught; highest degree earned; type of teacher (special education

or general education); grade level currently being taught; type of school (urban, suburban, rural, or other); and if the educator had trauma-informed training. These questions were designed to ensure that participants were certified educators from the range of pre-kindergarten to the twelfth grade. Data were also collected to gain information about the educator's background, training, and educational experience. Three components of the demographic sample of data were examined including a) years of experience, b) level of education, and c) received trauma-training. These three factors were chosen to discern which variable had the most impact for participants regarding their understanding of trauma in the classroom.

A Likert-scale question set followed with 15 quantitative questions that were coded and statistically analyzed. Research states that trauma-informed practices by educators can help aid the welfare of students' social and emotional needs (National Child Traumatic Stress Network, Schools Committee, 2017). Therefore, these questions were utilized to determine if trauma-informed training provided teachers with any benefits, provided any barriers, if teachers felt supported when implementing trauma-informed training, and whether trauma-informed training contributed to amending their teaching or discipline philosophies. These questions also sought to determine if trauma-informed practices provided teachers with the ability to self-regulate, help with identifying children who are experiencing emotional issues from traumatic experiences, and help build confidence to resolve high tension situations.

Data from the qualitative portion were gathered from seven, open-ended questions (see Appendix B for survey questions). These questions asked participants to elaborate on whether their trauma-informed professional development contributed to their use of

trauma-informed strategies (and how); strategies utilized to deescalate students in high tension situations; strategies used to keep themselves regulated in high tension situation that occur in the classroom; discipline philosophy; any negative effects experienced resulting from trauma-informed practice implementation; benefits from trauma-informed practices for themselves; and if trauma-informed professional development contributed to their use of trauma-informed strategies in their classrooms.

Data Analysis Procedures

A researcher-created survey based on the *Missouri Model for Trauma-Informed Schools* (Missouri Model for Trauma-informed schools, 2019) was designed, allowing data analysis to be collected. The survey was developed utilizing both closed-ended and open-ended questions to answer the research questions. The closed-ended questions were presented through a Likert scale of Strongly agree-5, agree-4, undecided-3, disagree-2, and strongly disagree-1. The survey was then disseminated through the non-probability sampling method of snowball sampling. Research participants recruited other participants for this study through local social media teacher sites. Ninety-nine responses were collected from December 2021 to February 2022. Responses were exported into a Microsoft Excel document. All coded variables were exported from Microsoft Excel into IBM SPSS Statistical Package Version 28, a statistical software program (IBM Corp, Armonk NY, USA). The mean was calculated using the quantitative survey questions. Overall scores were determined using the fifteen quantitative survey questions. The survey data was explored with descriptive statistics and Cronbach's Alpha was used to determine internal consistency (between zero and one), and is connected to the inter-relatedness of the items within the text (Tavakol & Dennick, 2011). Cronbach's alpha

was used to determine the reliability of the survey. The mean data were examined and three variables were chosen: numbers of years taught, highest degree earned, and did the teacher receive trauma-informed training. These three variables were chosen to establish a correlational relationship in this study. To determine if there was a significant difference between the means of the two groups a t-test was run.

Qualitative analysis procedures

The researcher uploaded the data from the seven qualitative questions from a Microsoft online survey into an Excel document. These questions were then transferred into *Taquette* (Rampin et al., 2021), an on-line, open-source qualitative data analysis tool. An integrated approach was utilized where all qualitative and quantitative questions were considered at each stage of the research process (Burkholder et al., 2020). Both inductive and deductive coding were utilized. Inductive reasoning was implemented to code six of the participant responses as the data was analyzed due to new information emerging (Burkholder et al., 2020). The seventh question was coded using deductive coding for the qualitative question of-what is your discipline philosophy, which included three categories, preventative, supportive, and corrective discipline (Charles, 1999).

The researcher read through each response, line by line. Responses from *Taquette* (Rampin et al., 2021) were uploaded into an Excel document using thematic analysis to analyze data. Thematic analysis was utilized to identify patterns in the data of participant responses (Swart, 2019). Swart defines thematic analysis as “a method of examining data to gain meaningful comprehension of participant perspectives (Swart, 2019, p.2). Six steps were applied including examining data, creating codes, looking for themes, reviewing themes, naming themes, and reporting on analysis found (Braun & Clark,

2006). This process led to seventy codes and five themes. Data from the anonymous survey was stored on a password protected laptop, only accessible by the researcher.

Threats to Reliability and Validity

This research survey was designed by the researcher and correlated with the components of the *Missouri Model for Trauma-Informed Schools* (Missouri Model of Trauma-Informed Schools, 2019, see Appendix A). A valid and reliable survey should be free of biased language, ambiguity, and leading questions while being easy to comprehend, presented at one time, and yielding responses that are valid and reliable (Burkholder et al., 2020). Designing a neutral and reliable survey can be challenging (Hoy & Adams, 2015). Creating a survey can create limitations, which can impact reliability. Therefore, both closed-ended and open-ended questions were developed. The closed-ended questions required responses on a Likert scale (Strongly agree-5, agree, undecided, disagree, and strongly disagree-1). These questions were then calculated using Cronbach's alpha. Cronbach's alpha measures the instrument utilized in a research study and determines if it provides consistency of the underlying construct (Burkholder et al., 2020). Values of alpha range from .70 to 0.95 with a suggested .90 as a value, suggesting strong reliability (Tavakol & Dennick, 2011). The survey in this research study was calculated and internal consistency was present with a score of (.888), indicating that results were reliable. Face validity (Burkholder et al., 2020) was used to determine if the survey reasonably measured the impact of educators' trauma-informed training and professional development in the classroom and related classroom behavior management practices.

Reliability of the quantitative and qualitative analysis process was ensured by utilizing committee auditors to analyze transcript data (J. Creswell & D. Creswell, 2018). This process was implemented to ensure that validity as well as consistency was found within the analysis of the data. Reliability of the quantitative analysis process was ensured by utilizing Cronbach's alpha to determine reliability of this study. Face validity (Burkholder et al., 2020) was utilized to determine validity of the quantitative process and if the survey reasonably measured the impact of educators' trauma-informed training and professional development in the classroom and related classroom behavior management practices. This was accomplished by going over every single item of the survey to ensure that it would measure what it was supposed to measure with a content expert. This is a common practice in survey design. Validity of the qualitative analysis process was implemented by using open-ended questions to ensure the reliability and trustworthiness of the participant's data and to hear the participant's voices. The study determined that participants who had trauma-informed training discussed the benefits of having that training.

Threats to reliability and validity in this study include a representative sample that were composed of primarily women educators, which presented at a rate higher than the national teaching average. According to the National Center for Education Statistics, 76% of teachers are women in the United States of America (NCES, 2021), however, in this study 93% were women. The representative sample of this study were primarily white individuals at 96%, also higher than the national teaching average of 79% (NCES, 2021). The snowball sampling method did not assure the researcher that all populations were represented, and a threat to reliability and validity is lack of diversity. Lastly, the

researcher is a special education teacher which could introduce bias affecting internal and external validity. As a teacher, the researcher's past experiences could influence the choice of research based on the knowledge and years teaching in a therapeutic classroom and being trauma-informed trained. As a note-further research would assist with the reliability and validity of this instrument.

Conclusion

Chapter three provided information regarding methodology, setting, participants, instruments, data collection, data sources, and analysis, as well as threats to reliability and validity. Chapter four encompasses analysis procedures for each research question, reliability measures, and analysis results.

Chapter 4: Results and Findings

Introduction

The previous chapter provided the methodological foundation utilized for this research study. The results in this chapter will discuss both qualitative and quantitative findings. This chapter will also include the reliability of quantitative and qualitative measures, data analysis procedures and results, and other resulting factors from the study. Further examination will occur regarding the findings related to the study's research questions:

1. What benefits, if any, are realized by educators that elect to implement trauma-informed practices in the classroom?
2. What strategies do educators employ in the classroom that incorporate trauma-informed practices?
3. How are classroom behavior management practices affected by educators' understanding of trauma in the classroom?
4. What barriers, if any, are impeding educators from implementing trauma-informed practices within their classrooms?
5. What are the perceived administrative challenges with regard to implementation of trauma-informed content by educators?

Analysis Introduction

In the following sections, both quantitative and qualitative data will be examined regarding the impact of trauma-informed training and professional development on educators' understanding of trauma in the classroom and the resultant effects on classroom behavior management practices. The information will be presented in sections.

Themes will be discussed. Each research question will include a table presenting the findings.

Survey Instrument Overview

This section highlights results from a survey researcher design that includes quantitative and qualitative findings. Data were gathered from a survey created by the researcher. Survey validity will be discussed in an upcoming section of this chapter. The first section included the following demographic information from the participants: gender; ethnicity; age range; required certifications to teach; numbers of years taught; highest degree earned; type of teacher (special education or general education), grade level currently being taught; type of school (urban, suburban, rural, or other); and whether the educator had trauma-informed training. A Likert-scale followed with 15 quantitative questions that were coded and statistically analyzed with SPSS software.

The data from the qualitative portion were gathered from the open-ended component of the survey which included seven questions (see Appendix B for survey questions). These questions asked participants to elaborate on whether their trauma-informed professional development contributed to their use of trauma-informed strategies (and how); strategies utilized to deescalate students in high tension situations; strategies used to keep themselves regulated (coping measures) in high tension situation that occur in the classroom; discipline philosophy; any negative effects experienced resulting from trauma-informed practice implementation; benefits from trauma-informed practices for themselves; and if trauma-informed professional development contributed to their use of

trauma-informed strategies in their classrooms. In the following sections, both quantitative and qualitative data are discussed to answer the study's research questions.

Demographic Information

Data were collected to gain information about the educators' background, training, and educational experience. Three components of demographic data are presented in Tables 4 demonstrating that the majority of educators in the sample had a) 16+ years of experience, b) masters level of education, and c) received trauma-training. These three factors were chosen to discern which variable had the most impact for participants regarding their understanding of trauma in the classroom.

Table 4

<i>Participant Demographics</i>		
<i>Numbers of years in education</i>		
	N=99	%
<1-5	15	14.9
6-10	12	11.9
11-15	14	13.9
16-20	29	28.7
20+	29	28.7
<i>Highest degree earned</i>		
Bachelors	20	19.8
Masters	44	43.6
Masters plus 30	32	31.7
Doctorate	3	3.0
<i>Have you received trauma-training?</i>		
Yes	77	76.2
No	22	21.8

Validity and Reliability of Chosen Quantitative and Qualitative Measures

This research survey was designed by the researcher and aligned with the components of the *Missouri Model of Trauma-Informed Schools* (Missouri Model of Trauma-Informed Schools, 2019, see Appendix A). This model provides a structure and strategies for schools to become trauma-informed. The model also describes how trauma affects students in a classroom, and demonstrates the need for collaboration with staff and students and community, as well as principles (see Table 3.1) of five key principles (Safety, Trustworthiness, Choice, Collaboration, and Empowerment) that help implement successful trauma-informed practice in the classroom.

As mentioned in Chapter 3, a valid and reliable survey should be free of biased language, ambiguity, and leading questions while being easy to comprehend, presented at one time, and yielding responses that are valid and reliable (Burkholder et al., 2020). Designing a neutral and reliable survey can be challenging (Hoy & Adams, 2015). Creating a survey can create limitations, which can impact reliability. Therefore, both closed-ended and opened-ended questions were developed. The closed-ended questions required responses on a Likert scale of (Strongly agree-5, agree, undecided, disagree, and strongly disagree-1). As mentioned in Chapter 3, these items were then calculated using Cronbach's alpha. The survey in this research study was calculated and internal consistency was present with a score of (.888), indicating that results were reliable. Face validity (Burkholder et al., 2020) was used to determine if the survey reasonably measured the impact of educators' trauma-informed training and professional development in the classroom and related classroom behavior management practices.

As mentioned in Chapter 3, reliability of the quantitative and qualitative analysis process was ensured by utilizing committee auditors to analyze transcript data (J. Creswell & D. Creswell, 2018). This process was implemented to ensure that validity as well as consistency was found within the analysis of the data. Reliability of the quantitative analysis process was ensured by utilizing Cronbach's alpha to determine reliability of this study. Face validity (Burkholder et al., 2020) was utilized to determine validity of the quantitative process and if the survey reasonably measured the impact of educators' trauma-informed training and professional development in the classroom and related classroom behavior management practices. Validity of the qualitative analysis process was implemented by using open-ended questions to ensure the reliability and trustworthiness of the participant's data.

Data Analysis Procedures for Quantitative Data

Data analysis procedures began with the responses from a researcher-created survey based on the Missouri Model of Trauma-Informed Schools (Missouri Model for Trauma-Informed Schools, 2019). The survey was developed utilizing both close-ended and opened-ended items and the closed-ended items were presented through a Likert scale of Strongly agree-5, agree-4, undecided-3, disagree-2, and strongly disagree-1. The survey was then disseminated through the non-probability sampling method of snowball sampling. Research participants recruited other participants for this study through social media teacher sites. Ninety-nine responses were collected from December of 2021 to February of 2022. Responses were analyzed and exported into a Microsoft Excel document. All coded variables from excel were transferred into IBM SPSS Statistics for Windows, Version 28.0. Overall scores were determined using the 15 quantitative survey

questions. Five mean scores resulted per participant under each research question (benefits, strategies, classroom management, barriers, and administration). A score was determined for the various tenets (themes within the instrument).

The overall survey was explored with descriptive statistics and then Cronbach alpha was utilized and reported. Cronbach's alpha is a test that determines internal consistency between 0 and 1 is connected to the inter-relatedness of the items within the text (Tavakol & Dennick, 2011). As mentioned in Chapter 3, Cronbach alpha was used to determine the reliability of the survey, which was deemed reliable based on the results. Outliers were searched for using box-plot graphing in SPSS but were not found. The mean data was examined. These three variables were chosen to establish a correlational relationship in this study. The longevity of teaching variable was chosen as prominent retention factors for teachers including resilience, strong work ethic, preparation, and support from other teachers (Freedman & Appleman, 2009; Tricarico et al., 2015). This variable was chosen as this could indicate that teachers who stay in the field may be more apt to have gained knowledge on how to implement trauma-informed practices in their classrooms simply by their longevity in the classroom. The second variable of highest degree earned held importance for this study, as it has been documented that when a teacher furthers their pedagogy, knowledge in the field increases, furthering support to students (Green, 2010; Hattie, 2012). It was possible that a higher degree earned could indicate retaining more knowledge regarding trauma-informed practices as well as being more apt to implement these practices. The last variable of, did the teacher receive trauma-informed training, was utilized to determine if there was a correlation between having the trauma-informed training and being more apt to implementing this training

within the classroom. The *Missouri Model of Trauma-Informed Schools* states, “A trauma-informed school fundamentally has changed the way it works to promote healthy, resilient educators and learners capable of disrupting the cycle of trauma in their lives and communities and creating more equitable outcomes” (*Missouri Model of Trauma-Informed Schools*, 2019). No significance was found for the number of years taught, and highest degree earned, but significance was found for educators who did receive trauma-training. To determine if there was a significant difference between the means of the two groups (yes- $n=77$, no- $n=22$), a t-test was run with significance at $<.001$.

Data Analysis Results for Quantitative Data

Survey results were exported from Microsoft Excel into IBM SPSS Statistical Package Version 28, a statistical software program (IBM Corp, Armonk NY, USA). The mean was calculated using the quantitative survey questions. Overall scores were determined using the fifteen quantitative survey questions. Using descriptive statistics, five mean scores resulted per participant under each research question (benefits, strategies, classroom management, barriers, and administration). The results of the quantitative data were analyzed. The data set was examined for outliers and none were identified. Three variables of the survey responders were examined for significance, highest degree earned, years taught, and if the participant received trauma-training. A t-test was administered however, significance was not found with the first two variables (highest degree earned, years taught). Significance was found (p -value of $<.001$ and a t -value of 6.3) with the variable of, did the participant receive trauma-training? Seventy-seven participants ($n=77$) did have trauma-training, and 22 ($n=22$) did not have trauma-training (see Table 4.1).

Table 4.1

Have you received trauma-informed training?

Likert Scale Strongly Agree 5 Agree 4 Undecided 3 Disagree 2 Strongly Disagree 1

Questions	Yes (n=77)		No (n=22)	
	Mean	Sd	Mean	Sd
1. Teachers benefit from implementing trauma-informed practices in the classroom.	4.4	.69	4.3	.72
2. How often have you implemented trauma-informed practices in your classroom?	4.1	.89	2.2	1.7
3. Trauma-informed training has given me the ability to self-regulate.	3.6	.90	3.1	.76
4. I am able to identify children who are experiencing emotional issues from traumatic experiences.	4.0	.73	3.2	1.1
5. My trauma-informed training has provided me with the tools necessary to assist a student with trauma experiences.	3.6	.96	2.5	.74
6. I am confident in my ability to resolve high tension situations.	3.8	.88	3.1	1.2
7. Trauma-informed training has contributed to changes in my discipline philosophy.	3.9	1.0	2.9	.94
8. Trauma-informed training assisted you with amending your teaching philosophy.	3.8	.93	3.1	.71
9. Since my trauma –informed training, I have changed the way I communicate with students.	4.0	.84	2.9	.68
10. I have enough time to implement trauma-informed practices in the school day.	2.8	1.3	2.5	.80
11. I can emotionally regulate students as well as provide academic support in the classroom.	3.5	1.2	3.0	1.3
12. Teachers receive support from other faculty at school as it relates to trauma-informed practices.	3.2	1.2	2.3	1.0
13. In practice, my administrators support my trauma-informed practices in my classroom.	3.6	1.4	2.8	1.1
14. The trauma-informed practices I have been taught to implement in my classroom are age-appropriate.	4.0	.88	2.8	.80
15. I am given leeway to adjust the trauma-informed practices in my classroom to meet my student needs.	3.7	1.1	2.9	1.0

Research question 1: What benefits, if any, are realized by educators' that elect to implement trauma-informed practices in the classroom?

The Likert-scale items that were isolated to answer this research question were from question one, *Teachers benefit from implementing trauma-informed practices in the*

classroom, question seven, *Trauma-informed training has contributed to changes in my discipline philosophy*, question eight, *Trauma-informed training assisted you with amending your teaching philosophy*, and question nine, *Since my trauma-informed training, I have changed the way I communicate with students*. Item one demonstrated that teachers were strongly agreeing that educators benefit from implementing trauma-informed practices in the classroom, whereas questions seven to nine, teachers are undecided with their results. Table 4.2 demonstrates the mean and standard deviation scores for questions one, seven, eight, and nine that were used to answer research question one.

Table 4.2

Mean results: What benefits, if any, are realized by educators' that elect to implement trauma-informed practices in the classroom?

	Question 1	Question 7	Question 8	Question 9
Mean	4.4	3.67	3.7	3.8
N.	99	99	99	99
Std. Deviation	.69	1.1	.93	.93

Research question 2: What strategies do educators' employ in the classroom that incorporate trauma-informed practices?

Several Likert-scale items were isolated to answer this research question. These included question two, *How often have you implemented trauma-informed practices in your classroom*, question four, *I am able to identify children who are experiencing emotional issues from traumatic experiences*, question five, *My trauma-informed training has provided me with the tools necessary to assist a student with trauma experiences*, question six, *I am confident in my ability to resolve high tension situations*, question seven, *Trauma-informed training has contributed to changes in my discipline philosophy*,

and question eight, *Trauma-informed training assisted you with amending your teaching philosophy*. This table demonstrates that teachers strongly agree that trauma-informed training assists them with amending their teaching philosophy, however participants reported they were undecided (Likert scale: 5 strongly agree, 3 undecided, 1 strongly disagree) on their responses for questions two, four, five, six, and seven. Table 4.3 demonstrates the mean and standard deviation scores for questions two, four, five, six, seven, and eight.

Table 4.3

Mean results: What strategies do educators' employ in the classroom that incorporate trauma-informed practices?

	Question 2	Question 4	Question 5	Question 6	Question 7	Question 8
Mean	3.7	3.8	3.3	3.7	3.7	4.7
N.	99	99	99	99	99	99
Std. Deviation	1.4	1.0	1.0	1.0	1.1	.93

Research question 3- How are classroom behavior management practices affected by educator's understanding of trauma in the classroom?

There were six Likert-scale items that were isolated for this research question. These include question three, *Trauma-informed training has given me the ability to self-regulate*, question four, *I am able to identify children who are experiencing emotional issues from traumatic experiences*, question five, *My trauma-informed training has provided me with the tools necessary to assist a student with trauma experiences*, question six, *I am confident in my ability to resolve high tension situations*, question eight, *Trauma-informed training assisted you with amending your teaching philosophy*, question nine, *Since my trauma-informed training, I have changed the way I*

communicate with students. The mean scores ($M=3.5, 3.8, 3.6, 3.7, 3.8$) indicate that participants reported they were undecided, but were approaching a mean score of 4.0 ($M=4.0$). This demonstrates that they were approaching with a response of agreement (Likert scale: 5 strongly agree, 4 agree, 3 undecided, 2 disagree, 1 strongly disagree) that trauma-informed training assisted with amending their teaching philosophy and that communication changed with their students since their trauma-informed training, regarding how their classroom management practices are affected. Table 4.4 demonstrates the mean and standard deviation scores for questions three, four, six, eight, and nine.

Table 4.4

<i>Mean results: How are classroom behavior management practices affected by educator's understanding of trauma in the classroom?</i>					
	Question 3	Question 4	Question 6	Question 8	Question 9
Mean	3.5	3.8	3.6	3.7	3.8
N	99	99	99	99	99
Std. Deviation	1.0	1.0	1.0	1.0	.93

Research question 4- What barriers, if any, are impeding educators from implementing trauma-informed practices within their classroom?

There were three Likert-scale items that were isolated for this research question. These include question ten, *I have enough time to implement trauma-informed practices in the school day*, question eleven, *I can emotionally regulate students as well as provide academic support in the classroom*, question fifteen, *I am given leeway to adjust the trauma-informed practices in my classroom to meet my student needs*. Results indicated that respondents felt that they did not have enough time to implement trauma-informed practices in the school day (question ten). However, participants reported they were

undecided ($M=3.4$) if they could emotionally regulate students as well as provide academic support in the classroom. Respondents were also undecided ($M=3.5$) if they have been provided with leeway to adjust trauma-informed practices in their classrooms to meet their student needs (questions eleven and fifteen). Table 4.5 demonstrates the mean and standard deviation scores for questions ten, eleven, and fifteen.

Table 4.5

<i>Mean results: What barriers, if any, are impeding educators from implementing trauma-informed practices within their classroom?</i>			
	Question 10	Question 11	Question 15
Mean results			
Mean	2.8	3.4	3.5
N	99	99	99
Std. Deviation	1.2	1.2	1.1

Research question 5-What are the perceived administrative challenges with regard to implementation of trauma-informed content by educators?

There are three Likert-scale items that were isolated for this research question. These include question eleven, *I can emotionally regulate students as well as provide academic support in the classroom*, question thirteen, *In practice, my administrators support my trauma-informed practices in my classroom*, and question fifteen, *I am given leeway to adjust the trauma-informed practices in my classroom to meet my students' needs*. Respondents reported that they are undecided regarding all three questions, as reflected by their mean scores ($M= 3.4, 3.4, 3.5$). Table 4.6 demonstrates the mean and standard deviation scores for questions eleven, thirteen, and fifteen.

Table 4.6

Mean results: What are the perceived administrative challenges with regard to implementation of trauma-informed content by educators?

	Question 11	Question
13 Question 15		
Mean	3.4	3.4
N	99	99
Std. Deviation	1.2	1.1

Data Analysis Procedures for Qualitative Data

The researcher uploaded all data from the Microsoft on-line survey into an Excel document. These included seven qualitative questions that were then transferred into *Taquette* (Rampin et al., 2021), an online, open-source qualitative data analysis tool. An integrated approach was utilized where all qualitative and quantitative questions were considered at each stage of the research process (Burkholder et al., 2020). Both inductive and deductive coding were utilized. Inductive reasoning was implemented to code six of the participant responses from the online survey as the data was analyzed as new information emerged (Burkholder et al., 2020). The seventh question was coded using deductive coding for the qualitative question of-what is your discipline philosophy, which included three categories, preventative, supportive, and corrective discipline. Deductive coding was utilized from literature regarding classroom discipline (Charles et al., 1999). Charles et al.'s (1999) research of building a system of discipline included three labels of preventative, supportive, and corrective. These labels were given by the researchers,

Preventative discipline includes involving students for input, creating curriculum that is engaging, creating clear guidelines for classroom expectations, holding

class discussions regarding expectations of behavior, and providing students with freedom, power, and dignity. Supportive discipline is utilized to redirect students needing support. This can be accomplished through signals, suggestions, and verbal prompts. Corrective discipline is implemented when the student violates the rules and includes addressing disruptive behavior, redirection, and implementing a consequence for insubordination (p. 261-262).

While some teachers follow all three tenets, other teachers resort to following corrective discipline, or supportive discipline, rather than beginning with preventative discipline to address classroom behavior. To determine which teacher was in each category, deductive coding was utilized.

Qualitative Coding

The codebook addressed seven open-ended survey questions. These included:

1. Describe the benefits for trauma-informed practices for yourself.
2. Has your trauma-informed professional development contributed to your use of trauma-informed strategies? If yes, please describe.
4. Have there been any negative effects for you resulting from your trauma-informed practice implementation? If yes, please describe.
5. What school-based supports for trauma-informed care are available in the classroom?
6. What is your discipline philosophy?
7. What strategies do you use to deescalate students in high tension situations?
8. What strategies do you use to keep yourself regulated in high tension situations that occur in the classroom?

To gain an understanding of respondents' experiences of trauma-informed benefits and challenges in their careers, the researcher read through each response, line by line. Responses from *Taquette* (Rampin et al., 2021) were uploaded into an Excel document using thematic analysis to analyze data. Thematic analysis was utilized to identify patterns in the data of participant responses (Swart, 2019). Six steps were applied including examining data, creating codes, looking for themes, reviewing themes, naming themes, and reporting on analysis found (Braun & Clark, 2006). This method then provided the opportunity for themes to arise involving the social issues within this study.

This process led to seventy codes and five themes including; *Classroom management strategies, insufficient support, mindfulness, school-based assistance, and social emotional skills* (see Appendix D). The codebook in Appendix D demonstrate the codes and emerged themes for each open-ended survey question beginning with the survey question, "Describe the benefits for trauma-informed practices for yourself." The data from the open-ended survey question is what is used to answer the research question, "What benefits are realized by educators' that elect to implement trauma-informed practices in the classroom?"

The codebook (Appendix D) addresses the open-ended survey question of, "Has your trauma-informed professional development contributed to your use of trauma-informed strategies? If yes, please describe." This survey question was used to answer the research question of, "How are classroom behavior management practices affected by teacher's understanding of trauma in the classroom?"

The open-ended survey question of, “Have there been any negative effects for you resulting from your trauma-informed practice implementation? If yes, please describe” was utilized to answer two research questions (see Appendix D):

- What barriers, if any, are impeding educators from implanting trauma-informed practices within their classrooms?
- What are the perceived administrative challenges regarding implementation of trauma-informed content by educators?

The open-ended survey question of, “What school-based supports (SBS) for trauma-informed care are available in the classroom?” was used to answer the research question of, “What benefits are realized by educators’ that elect to implement trauma-informed practices in the classroom (see Appendix D)?”

The open-ended survey question of, “What is your discipline philosophy?” was utilized to answer two research questions of (see Appendix D):

- What strategies do educators’ employ in the classroom that incorporate trauma-informed practices?
- How are classroom behavior management practices affected by teacher’s understanding of trauma in the classroom?

The open-ended survey question, “What strategies do you use to deescalate students in high tension situations?” was used to answer three research questions (see Appendix D):

- What benefits, if any, are realized by educators that elect to implement trauma-informed practices in the classroom?

- What strategies do educators employ in the classroom that incorporate trauma-informed practices?
- How are classroom behavior management practices affected by educators' understanding of trauma in the classroom?

The open-ended survey question, “What strategies do you use to keep yourself regulated in high tension situations that occur in the classroom?” was utilized to answer two research questions (see Appendix D):

- What benefits, if any, are realized by educators that elect to implement trauma-informed practices in the classroom?
- What strategies do educators employ in the classroom that incorporate trauma-informed practices?

Data Analysis Results for Qualitative Data

The overarching inquiry of this study was: What is the impact of trauma-informed training and professional development on educators' understanding of trauma in the classroom and the resultant effects on classroom behavior management practices? To address this inquiry, five research questions were developed. Open-ended survey questions were identified to answer the five questions. Once the data were analyzed and transferred to *Taguette* (Rampin et al., (2021), seventy codes were found and the five themes that emerged were: *Classroom behavior management strategies, insufficient support, mindfulness, school-based assistance, and social emotional skills*. These themes were utilized to answer the research questions. This section examines the qualitative findings for each research question as well as the themes.

Classroom behavior management strategies

The definition of classroom behavior management encompasses, “Strategies to manage or change behavior in schools can involve school-wide, classroom based or individual child-focused interventions” (Parsonson, 2012, p.16). This theme emerged as teachers reported they utilized interventions in the open-ended survey questions. One intervention listed included providing choices to deescalate behaviors within the classroom. A participant stated, “I give choices, actively listen, provide breaks/cool down time, and gesture or utilize nonverbal cues.” Teachers also reported their discipline philosophies which were deductively placed into three codes of preventative, supportive, and corrective discipline (Charles, 1999). Preventative discipline establishes guidelines and expectations for students before a behavior is exhibited. Supportive discipline refers to a reaction (by the educator) to a student behavior or off task situation where the teacher will respond and redirect in the moment. Corrective teaching discipline refers to post-measures taken to address disruptive behaviors. This can include calls home, student removal from the class, in school or out of school suspension, and informing parents and administration of disruptive actions (Charles, 1999). These are interventions take place within the classroom, therefore the theme of *classroom behavior management strategies* emerged.

Insufficient support

The theme of *insufficient support* emerged as participants reported lack of support within the school or lack of trauma-informed training. Some teachers reported that they did not have access to trauma-informed training or did not comprehend how to apply trauma-informed training. Some noted they did not see the benefit from trauma-informed

training, indicating lack of comprehension regarding trauma-informed practices or that further training was needed. Teachers also reported having little to no administration support, staff support, and parental support which is needed for trauma-informed practices to be implemented with fidelity according to the *Missouri Model for Trauma-Informed Schools*, 2019 (see Appendix A). Teachers also stated that there are little to no consequences for inappropriate behaviors. Further, they reported secondary trauma which is “the essential act of listening to trauma stories that can take an emotional toll that compromises professional functioning and diminishes quality of life (National Child Traumatic Stress Network, Secondary Traumatic Stress Committee, 2011). A teacher responded to the open-ended survey question stating, “Yes, secondary trauma. The more you seek to understand your students, learn about them, want to help them-it can wear on you emotionally.” Lastly, teachers reported that trauma-informed training takes time to implement and can take away from teaching and school-related tasks. A participant stated,

My concern is that the system is now expecting teachers to wear yet another hat at a professional level that most are not trained to handle properly-a professional development training on a video pales in comparison to a degree in social work, psychology, and mental health counseling.

Mindfulness

The theme of *mindfulness* emerged from the codes derived from teacher responses. Teachers reported benefits of being trauma-informed including awareness of how trauma affects emotions and behaviors. They also reported a benefit of remaining calm and less likely to react. Participants also reported using breathing, a calm voice, and

calming areas to help maintain emotional regulation of students as well as being able to stay regulated themselves. A teacher wrote that they utilized a, “calm voice, empathy, and affirmed the feelings of students.” Another participant wrote, “I talk in a calm voice. I allow them to exit the classroom to walk it off. I allow the student some space to calm down and think through their next move.” A third participant stated they utilized mindfulness strategies. Mindfulness encompasses a mental state of being calm and retaining bodily awareness (Bernay et al., 2016; Jennings, 2015). Furthermore, mindfulness also positively impacts emotional well-being (Bernay et al., 2016; Viafora et al., 2015).

School-based assistance

The theme of *school-based assistance* emerged as teachers reported they asked administration, counselors, crisis teams, special educators, and other teachers to intervene when students demonstrated escalated behaviors. A participant reported,

We have a special classroom and specially trained teacher who can help assist us if needed. We also have a full-time counselor and part-time social worker who can help with students when requested or provide us with ideas for difficult situations.

Teachers also reported utilizing professional development on trauma-informed practices. A teacher wrote, “Our principal offers on-going professional development and time for teachers to get together to discuss strategies with one another. We have mini-observations available to give us feedback.”

Social emotional skills

The theme of *social emotional skills* emerged as teachers reported utilizing social emotional learning methods for their responses from the open-ended survey questions.

Donisch et al., 2022, reports that social emotional learning (SEL),

is the process where one acquires and applies knowledge, skills, and attitudes to develop healthy identities, manage emotions and achieve personal and collective goals, feel empathy towards others, establish and maintain supportive relationships, and make responsible and caring decisions (p. 8).

Teachers reported connecting with students, displaying empathy, utilizing communication and establishing positive rapport and connection. They also reported that trauma-informed training provided them with the understanding of how trauma manifests or how it can change a student. They also responded that they do not take student behavior in a personal manner and that they are able to separate themselves from the situation to address elevated situations. Further, it was reported that trauma-informed training helps provide comprehension of social-emotional aspects and social-emotional learning. Teachers also reported utilizing redirection to deescalate students and offering breaks to students. They also reported taking breaks to self-regulate. Teachers reported using proximity, sensory objects, and sensory supports to help when students were elevated. Other participants responded that they implemented Zones of Regulation, restorative circles, active listening, and calming techniques. A participant wrote, “We use *Zones of Regulation*.” Another participant wrote, “We use restorative circles, every day in every grade.” Some teachers responded that they take breaks or count to self-regulate and also collect thoughts to make a plan going forward. Lastly, teachers posted that

trauma-informed training has taught them social-emotional strategies to utilize for their students. Participant responses that led to the codes and then to the theme of *social emotional skills* also correlates with the five principles for the *Missouri Model for Trauma-Informed Schools*, 2019. These principles include, *safety, trustworthiness, choice, collaboration, and empowerment* and are a guide for schools to become trauma-informed (see Appendix A). They encompass many of the social-emotional responses the participants reported (see Table 3.1). The five themes of, *classroom behavior management strategies, insufficient support, mindfulness, school-based assistance, and social-emotional skills* were utilized to answer the research questions. This next section examines the qualitative findings for each research question.

Research question 1: What benefits, if any, are realized by educators' that elect to implement trauma-informed practices in the classroom?

Findings for this research question were examined utilizing four open-ended survey questions including:

- What strategies do you use to deescalate students in high tension situations?
- What strategies do you use to keep yourself regulated in high tension situations that occur in the classroom?
- Describe the benefits for trauma-informed practices for yourself.
- What school-based support for trauma-informed care area are available in the classroom?

Inductive coding was utilized and based on participant responses several codes emerged (see Appendix D). This method of coding was implemented to understand how participants “frame their lifeworld” (Burkholder et al., 2020, p. 100). These codes were

created, further examined, and five themes emerged including, *classroom behavior management strategies, insufficient support, mindfulness, school-based assistance, and social emotional skills* (see Table 4.7).

Table 4.7

<i>Themes & Descriptions</i>	
<i>Themes</i>	<i>Descriptions</i>
Classroom Behavior Management Strategies	Providing choices to deescalate students Measures taken when supportive discipline doesn't work Establishing classroom rules to prevent disruptions Measures taken when classroom rules are broken Using universal supports or universal design for school-based support
Insufficient Support	Not understanding the training fully or not receiving training on specific trauma-informed content/No benefit noted from trauma-informed training Teacher unsure if they have a discipline philosophy Little to no support from administration, other staff, parents, and students. Teachers are saying that there is a belief that Trauma-informed means little or no consequences are given/Mental health supports are lacking No negative effects noted/No school-based supports Secondary trauma for teachers It takes time to build a trauma-informed classroom. This can take up emotional head-space. It can take time away from teaching and school-related tasks.
Mindfulness	Being aware of how trauma affects behaviors/emotions/trauma Remaining calm and less likely to react Trauma-informed training helps provide a peaceful, cohesive classroom. Stay regulated despite stressful situations in the classroom Using breathing techniques/calm voice to deescalate students Breathing to self-regulate as the teacher Connecting w/students/other teachers/communicating with others Meditating

	Using mindful strategies to keep self-regulated/utilizing prayer
	Increased awareness of student triggers/fight or flight
School-Based Assistance	Asking administration, counselor, crisis team, or other teachers for help
	Using professional development on the topic
	Using special education teachers as school-based support
Social Emotional Skills	Connecting with students/relate to students/empathy/good communication
	Understanding how trauma changes a student or how it manifests
	Not taking student behavior/trauma responses in a personal manner.
	Helps with understanding of social-emotional aspects and social/emotional learning
	Using redirection to deescalate/taking breaks/using proximity
	Utilizing sensory objects/sensory room/or sensory supports
	<i>Zones of Regulation</i> /Active Listening/Calming techniques
	No school based supports are available for trauma-informed care in the class
	Using restorative circles or social skills lessons/taking breaks

Three themes emerged from the codes associated with the research question of, “*What benefits, if any, are realized by educators that elect to implement trauma-informed practices in the classroom?*” These three themes were, *mindfulness, social emotional skills, and insufficient support*. Examples of open-ended participant responses are located in Table 4.8. These responses are some of the reflections the participants reported.

Respondents stated that good relationships and connection were some of the most integral benefits regarding implementing trauma-informed practices in the classroom (see Appendix D). Others reported that benefits of trauma-informed practices in the classroom

demonstrated that these practices provided methods to form good relationships, an understanding of how trauma manifests, self-regulation methods or strategies, and a general calm approach when responding to students. Some participants reported that trauma-informed practices provided an understanding of social emotional issues of students. A smaller number of participants reported little to no benefits of trauma-informed practices, or that they had little to no training themselves.

Table 4.8

<i>Qualitative themes for: What benefits, if any, are realized by educators that elect to implement trauma-informed practices in the classroom?</i>	
Theme	Participant Response
Social Emotional Skills	“The most important benefit is knowing that I am not doing further harm. Sometimes the trauma my students are experiencing feels insurmountable and not fixable, but I am glad that they are able to see me as a safe person in their life.”
Insufficient Support	“Teacher burn out. Lack of support from parents and administrators. We seem to be catering to students. Trauma-informed training is not enough for teachers. These students that experience more trauma than what teachers are able to provide to them. We are not trained psychiatrists or counselors.”
Mindfulness	“I am more aware of students and their reactions to different stressors and I am more equipped to handle it. It also makes me more self-aware so I can work to regulate myself and teach my students more self-regulation.”

Research question 2: What strategies do educators employ in the classroom that incorporate trauma-informed practices?

Findings for this research question were examined utilizing three open-ended survey questions including:

- What strategies do you use to deescalate students in high tension situations?

- What strategies do you use to keep yourself regulated in high tension situations that occur in the classroom?
- What is your discipline philosophy?

All three questions can be found in Appendix D. Inductive coding was utilized for the open-ended questions of:

- What strategies do you use to deescalate students in high tension situations?
- What strategies do you use to keep yourself regulated in high tension situations that occur in the classroom?

The open-ended survey question of, “What strategies do you use to deescalate students in high tension situations” was coded through inductive coding (see Appendix D). Eleven codes emerged including deep breathing, utilizing redirection with students, taking breaks, staying calm, providing choices to students, building connection with students, seeking help from others (get help), utilizing proximity with students, using sensory stimulation, utilizing social emotional supports, and teachers not having trauma-informed training. Four themes then emerged including, *social emotional skills*, *mindfulness*, *classroom behavior management strategies*, and *school-based assistance* (see Table 4.7).

The open-ended survey question of, “What strategies do you use to keep yourself regulated in high tension situations that occur in the classroom,” was coded through inductive coding (see Appendix D). Twelve codes emerged including seeking administration to support the teacher, taking breaks to self-regulate, utilizing breathing techniques, staying calm, connecting with students, counting, getting help from others (counselor, administration, etc.), meditation, being mindful, no strategies or specific

practices utilized (none), not taking elevated situations personally, creating a plan to move forward, and prayer. Four themes emerged (see Table 4.7) which included, *school-based assistance, social emotional skills, mindfulness, and insufficient support*.

Primarily deductive coding (see Appendix D) was utilized for the open-ended survey question, “What is your discipline philosophy?” Appendix D highlights the four codes and two themes. One code was inductive which was tagged as discipline unsure (teacher reported unsure if they had a discipline philosophy). The remaining three codes were formed based on three discipline teaching strategies by C.M. Charles, including preventative, supportive, and corrective discipline (Charles, 1999). As mentioned earlier, preventative discipline establishes guidelines and expectations for students before a behavior is exhibited. Supportive discipline refers to a reaction (by the educator) to a student behavior or off task situation where the teacher will respond and redirect in the moment. Corrective teaching discipline are post-measures taken to address disruptive behaviors (Charles, 1999). The two themes that emerged from the deductive coding included, *classroom behavior management strategies and insufficient support* (see Appendix D). Examples of participant responses reflecting each theme can be found in Table 4.9.

Table 4.9

Qualitative themes for: What strategies do educators’ employ in the classroom that incorporate trauma-informed practices?

Theme	Participant Response
Classroom Behavior Management Strategies	“I believe that kids genuinely want structure and predictability, especially students who may have experienced traumatic or chaotic situations outside of school. Therefore, I think it’s the teacher’s responsibility to be consistent, fair, and to follow through. I also believe in positive discipline that avoids labels and instead defines behaviors (e.g “the way you

	spoke before was disrespectful” instead of “you are disrespectful”). Finally I believe that the teacher’s energy should be on avoiding issues as much as possible (I.e prevention) by creating engaging lessons, knowing student triggers, deescalating early, and making expectations very clear.
Mindfulness	“I use our mindfulness strategies (taking deep breaths, finding 5 things to sense in the classroom, etc). We also use a system within our school so that we can quickly ask other adults for support (ie, if an adult is feeling frustrated, they can call the office and say they need to take a phone call in the office - an administrator will come to be with the students while the teacher takes a few minute to themselves).”
Social Emotional Skills	“Form relationships from day one. Invest in who the student is outside of school as well as inside.”
Insufficient Support	“No training provided.”
School-Based Assistance	“Using my team to support each other.”

Research question 3- How are classroom behavior management practices affected by educator’s understanding of trauma in the classroom?

Research question three was answered by three open-ended survey questions including (see Appendix D):

- Has your trauma-informed professional development contributed to your use of trauma-informed strategies (if yes, describe)?
- What strategies do you use to deescalate students in high tension situations
- What is your discipline philosophy?

Inductive coding was utilized for the trauma-informed professional development open-ended survey question and the question provided eight codes. These codes included trauma-informed training provided awareness of emotional student triggers (training-aware), and training awareness that student reactions may be resultant of trauma. Codes included understanding how trauma manifests, teachers reporting that their training was

inadequate (training inadequate) or that they did not attend any trainings (not attended).

The last codes included, teachers reported that trauma-training taught restorative practices (restorative practices) and self-regulation skills, somewhat adequate trainings, and the code of training strategies, indicating trauma-informed training taught educators social-emotional strategies to utilize with students (see Appendix D). These codes were then merged into three themes of, *Mindfulness, Social Emotional Skills, and Insufficient Support* (see Appendix D).

Inductive coding was utilized for the open-ended survey question of, “What strategies do you use to deescalate students in high tension situations?” Eleven codes were formulated including redirection, breathing, taking breaks, keeping calm, providing students with choices, connection with students, getting help from others (get help), no training taken, utilizing proximity with students, utilizing sensory stimulation, and using social-emotional supports (see Appendix D). Five themes emerged including, *social emotional skills, mindfulness, classroom behavior management strategies, school-based assistance, and insufficient support* (see Table 4.7).

The question of, “What is your discipline philosophy?” was coded through deductive coding utilizing three measures of discipline including preventative, supportive, and corrective (Charles, 1999). One code was inductive (discipline-unsure) that emerged from the analyzed data. Two themes resulted from the inductive and deductive coding which included, *classroom behavior management strategies and insufficient Support*. An example of each participant response can be found in table 4.10. All five themes were utilized to answer research question 3- *How are classroom behavior management practices affected by educator’s understanding of trauma in the classroom?*

Table 4.10

Qualitative themes for: How are classroom behavior management practices affected by educators' understanding of trauma in the classroom?

Theme	Participant Response
Mindfulness	"Truly talking and listening is what students want most. I make sure not to devalue, dismiss or demean their feelings and I also think it helps to treat them as an equal when they are escalated."
Social Emotional Strategies	"I work on building close relationships with my students to stop these situations before they begin. I use humor in the classroom and all of my students know that they are loved."
Classroom Behavior Management Strategies	"Providing clear expectations and acknowledging when students do good goes a long way toward cooperation. Thank students for hard work and positive social skills. Class progresses toward a goal together. Individual behaviors are best dealt with privately and communication home to parents should be frequent."
Insufficient Support	"Many bad behaviors are excused away as trauma and no consequences are given. The students feel they can do whatever they want."
School Based Assistance	"Call administration for back up."

Research question 4- What barriers, if any, are impeding educators from implementing trauma-informed practices within their classroom?

Research question 5-What are the perceived administrative challenges with regard to implementation of trauma-informed content by educators?

Research questions four and five were answered by one question using inductive coding to allow for research to be closely analyzed on how the data were arranged (Burkholder et al., 2020). This open-ended survey question was:

- Have there been any negative effects for you resulting from your trauma-informed practice implementation (if yes, please describe).

Ten included codes emerged including administrative (little to no help from administration, counselors needed, lack of consistency (not all teachers are trained in

trauma-informed training), no adequate training, no effects noted, lack of consequences provided with the discourse that trauma-informed training includes restorative measures, secondary trauma, trauma-informed implementation stops teaching, trauma-informed implementation takes time away from teaching, no compliance (children do not respond to trauma-informed practices), and students want attention (see Appendix D). These codes resulted in one theme emerging of insufficient support (see Table 4.11).

Table 4.11

Qualitative themes for: What barriers are impeding educators from implementing trauma-informed practices within their classroom? What are the perceived administrative challenges with regard to implementation of trauma-informed content by educators?

Theme	Participant Response
Insufficient Support	“Some teachers feel discipline has become too relaxed. Principals often use trauma-informed as a reason to give no consequences for behaviors.”

Additional Factors Regarding Results

As discussed in Chapter 1, this study occurred during the Covid-19 pandemic which created a rising rate of Adverse Childhood Experiences (ACEs) due to increased family stress, social isolation, inability to access community supports, health disparities and lost wages (Srivastav et al, 2021; Viner et al., 2020). An additional effect of pandemic conditions was the lack of socialization that children were accustomed to in their classroom environments. This created an influx of emotional and behavioral afflictions as well as an increase of psychological conditions on a national level (National Institute of Mental Health, 2021). There was already evidence that demonstrates that

many teachers are not prepared for behavioral challenges that may emerge in the classroom and stems from lack of training and preparation (Christofferson et al., 2015; Flower et al., 2017; Reinke et al., 2011). This pandemic may have impacted the way teachers responded to this survey.

Conclusion

Chapter four provided findings from the quantitative and qualitative responses from the online survey. Chapter five will further examine the study findings, discuss the complementarity of the quantitative and qualitative data, discuss the relationship to the extant literature, connect to theoretical frameworks, provide study limitations and implications for practice, and examine the organizational improvement plan.

Chapter 5: Discussion

Introduction

Chapter Four presented results and findings derived from this study. Chapter five will provide the researcher's interpretation of the results. This section will also provide a connection for all previous sections, discuss study overview and study findings.

Complementarity of the quantitative and qualitative data as well as the relationship to the extant literature will be examined. Connection to theoretical frameworks, study limitations, and implications for practice will be discussed, as well. An organizational improvement plan will be examined, and a final conclusion will be included.

Study Overview

Educators are expected to address students' behavioral disruptions as academic instruction can be affected. Further, student trauma exposures can present themselves in a classroom setting as disruptive behaviors (see Table 1), which impede student learning (Bridgeland et al., 2021). Therefore, it is beneficial for teachers to be aware of student trauma to mitigate negative outcomes. If the trauma is not addressed during childhood, it can continue disrupting adult life due to a lack of coping strategies (Anda et al., 2010; Felitti et al., 1998). Therefore, it is integral that trauma-informed practices be incorporated in classrooms, as intervention can help positively impact students' futures (Danese & McEwen, 2012; Shonkoff et al., 2012). Teachers and staff should have the necessary trauma-informed structures to support the students who have encountered adverse experiences. Education and awareness can provide teachers with the tools to comprehend the impact of trauma on students, enabling them to support student's social and emotional needs (Rahimi et al., 2021). While there are many benefits, there are also a multitude of barriers related to the implementation of trauma-informed practices (Donisch

et al., 2022). The purpose of this study was to examine the impact of trauma-informed training and professional development in educators' classrooms and their related classroom behavior management practices.

The survey used in the study was designed by the researcher but was based on the components of the *Missouri Model of Trauma-informed Schools* (see Appendix A).

Institutional Research Board (IRB) approval was received (see Appendix E). The study was launched in the 2021-2022 academic year and was conducted using the Microsoft Forms platform. The study's data were collected from December 2021- February 2022, and the survey was disseminated to educators through a non-probability sampling method of snowball sampling (Simkus, 2022). Research participants recruited other participants for this study through social media teacher sites and 99 responses were collected. The survey gathered demographic information from the participants which included gender, ethnicity, age range, certifications, numbers of years taught, highest degree earned, type of teacher (special education/general education), grade level currently be taught, type of school (urban, suburban, rural, other), and if the educator had trauma-informed training. Quantitative data were gathered and analyzed using descriptive statistics percentages and means, and qualitative data were acquired through seven open-ended questions. The next section will provide an examination of data findings.

Study Findings

The purpose of this study was to examine the impact of educators' trauma-informed training and professional development in the classroom and related classroom behavior management practices. As previously noted in this research study, adverse childhood experiences are on the rise from various issues, including the Covid-19 pandemic. This

trauma can affect students' academic growth, as well as their emotional, social, and behavioral well-being, potentially changing the trajectory of their students' lives. The purpose of this study led to the subsequent research questions:

1. What benefits, if any, are realized by educators that elect to implement trauma-informed practices in the classroom?
2. What strategies do educators employ in the classroom that incorporate trauma-informed practices?
3. How are classroom behavior management practices affected by educators' understanding of trauma in the classroom?
4. What barriers, if any, are impeding educators from implementing trauma-informed practices within their classrooms?
5. What are the perceived administrative challenges with regard to implementation of trauma-informed content by educators?

Findings and interpretation to each study research question will be discussed in the following subsections.

Research Question One:

What benefits, if any, are realized by educators that elect to implement trauma-informed practices in the classroom? Data were analyzed utilizing responses from four Likert-scale questions and four open-ended survey questions. Data analysis revealed that teachers agreed that implementing trauma-informed practices in the classroom was beneficial. Good relationships and connection were reported as some of the most integral benefits in regard to implementing trauma-informed practices. It was determined that teachers viewed trauma-informed training as a positive means for forming good

relationships with students. Further, participants reported that trauma-training helped give them knowledge on how trauma manifests as well as self-regulation methods or strategies. Teachers may view trauma-informed trainings as a foundation for themselves to teach relationship-building, positive interactions with students, and methods to address community violence, bullying, emotional, sexual, and physical abuse. Trauma-informed trainings can provide teachers with strategies to teach students self-care, cultivate self-worth, and self-resilience. Further, after these trainings, teachers may possess the necessary skills to create a consistent classroom structure. Ideally, this structure is reflected through classroom behavior management plans that include safety measures for teachers and for their students, providing methods to reduce student re-traumatization. These trainings enable teachers to develop techniques to provide students with necessary skills to regulate their emotions.

While teachers reported that trauma-informed practices were a benefit in the classroom, they reported being undecided as to whether these practices impacted their discipline philosophy, teaching philosophy, or if these trainings impacted their communication between students. Their undecided responses could be a reflection of lack of consistency of trauma-informed training, low frequency of training (or no training available), and whether or not teachers are implementing their trainings with fidelity. As reported in Chapter Four there are not enough trainers nationally (Donisch et al., 2022) which could impact training follow-up, affecting teacher confidence regarding trauma-informed implementation within their classrooms.

Research Question Two:

What strategies do educators employ in the classroom that incorporate trauma-informed practices? Data were analyzed utilizing responses from six Likert-scale questions and three open-ended survey questions. Teachers reported that they used many strategies that incorporate trauma-informed practices including deep breathing, meditation, counting, utilizing redirection with students, taking breaks, and staying calm in elevated situations. Educators also reported using the strategy of giving choices to students to give them autonomy over their decisions in classrooms. Other strategies mentioned included building connections with students, seeking help from others (teachers, counselors, and administrators), and using proximity. Some teachers reported utilizing therapeutic measures such as *Zones of Regulation* (Kuypers, 2011), and sensory stimulation. The majority of teachers (n=60) also reported utilizing preventative discipline which establishes guidelines and expectations for students before a behavior is exhibited (Charles, 1999). This would indicate that teachers are utilizing learned strategies from trauma-informed training such as creating safe environments, building rapport, being transparent, and establishing stable classroom guidelines. Rather than displaying reactive techniques, teachers are implementing strategies to implement a trauma-informed classroom environment.

Further, teachers agreed that trauma-informed training assisted them with amending their teaching philosophy regarding the strategies they implement. Meanwhile, participants reported they were unsure (M=3.7) on the Likert scale (5 strongly agree; 3 undecided; 1 strongly disagree) regarding how often they implemented trauma-informed practices in the classroom. They were also undecided if trauma-informed training had

provided them with the necessary tools to assist a student with trauma experiences.

Teachers reported undecided if they were able to identify children who were experiencing emotional issues from traumatic-experiences, and were undecided if they had confidence in their ability to resolve high tension situations. Lastly, teachers were undecided if trauma-informed training had contributed to changes. Contributing factors from this study that may compel teachers to have feelings of undecidedness on these components could include a lack of time for planning trauma-informed strategies due to too much work such as paperwork or meetings or pressure to stay on task with curriculum implementation. Limited professional development, lack of buy-in, and secondary stress could be reasons as well (Suniya et al., 2020; Wassinik-de Stiger et al., 2022).

Additionally, inadequate training or not enough support (provided from administrators, fellow staff, or parents) could be a possible explanation for educators' undecided responses reflected in this study.

Research Question Three:

How are classroom behavior management practices affected by educators' understanding of trauma in the classroom? Data were analyzed utilizing responses from five Likert-scale questions and three open-ended survey questions. Teachers reported that their comprehension of trauma in the classroom affected their classroom behavior management practices. Participants reported that this understanding provided them with awareness of student triggers and awareness that student reactions may be a result of trauma. Teachers also reported having a better comprehension of how trauma manifests. Additionally, restorative discipline and strategies were reported as being utilized. Classroom behavior management post trauma-informed training included implementing

deep breathing, utilizing redirection, taking breaks, keeping calm, providing students with choices, connecting with students, getting help from others, and being mindful.

Proximity, sensory stimulation, therapeutic measures, and outside help were also implemented. The three discipline philosophies incorporated in this question included preventative, supportive, and corrective (Charles, 1999) with preventative measures being implemented the most by educators. Teachers also reported not having access to formal trauma-informed training.

Respondents reported undecided on the Likert scale (5 strongly agree; 3 undecided; 1 strongly disagree) if their trauma-informed training gave them the ability to self-regulate. Teachers were also undecided if trauma-informed training provided them with the tools necessary to assist a student with trauma experiences. They reported undecided if they were confident in their ability to resolve high tensions situations, and undecided if trauma-informed training assisted them with amending their teaching philosophy to include trauma-informed practices. The teacher responses of undecided could indicate that educators are uncertain if their classroom behavior management practices are fully affected by their understanding of trauma in the classroom due to lack of training or frequency of training. Teachers reported a mean score of 3.8 ($M=3.8$) which indicate that participants reported they were undecided, but were approaching a mean score of 4.0 ($M=4.0$). This demonstrates that they were approaching with a response of agreement (5 strongly agree, 4 agree, 3 undecided, 2 disagree, 1 strongly disagree) for the two questions of, “I am able to identify children who are experiencing emotional issues from traumatic experiences, and since my trauma-informed training, and I have changed the way I communicate with students.” This may be a reflection of respondents’ earlier

agreement that trauma-informed practices in the classroom was a benefit. There may be a connection between teachers' views on classroom behavior management plans and how teachers interact with students after partaking in trauma-informed training.

Research Questions Four and Five:

These two research questions were answered by one open-ended question and six Likert-Scale-questions: What barriers, if any, are impeding educators from implementing trauma-informed practices within their classrooms and what are the perceived administrative challenges with regard to implementation of trauma-informed content by educators? Teachers reported barriers that impeded them from implementing trauma-informed practices included little to no help from administration. These perceived administrative challenges with regard to implementation of trauma-informed content by educators encompassed lack of consistency by administration, lack of support for trauma-informed implementation, lack of positive school culture, and lack of communication between the educator and administrator. Teachers educationally implement academic curriculum approved by their district. Trauma-informed practices take time away from curriculum and if administration is not supportive, teachers will not be able to implement trauma-informed practices with fidelity.

Respondents also reported that barriers included lack of parent support and lack of counselors or social work support. Financial constraints may prevent districts from hiring an adequate number of counselors or social workers for the amount of students in the districts, redirecting the mental health care responsibilities on teachers. Teachers also reported that secondary trauma was a barrier, preventing further implementation of trauma-informed practices within the classroom. Barriers of these practices encompassed

time constraints (teachers already have to grade, plan, attend meetings, professional development, document data, and other requirements) as implementation takes time away from teaching curriculum. These barriers may have been reported as teachers often have overcrowding in classrooms and face pressure to teach district curriculum. Teachers also need support from administration, parents, and educational stakeholders to teach trauma-informed practices. Positive support leads to strong school culture and an optimal learning environment for students.

Complementarity of the Quantitative and Qualitative Data

The qualitative and quantitative findings in this study are complimentary. The quantitative descriptive results complemented the themes from the qualitative data. The quantitative data demonstrated that teachers are in agreement that there is benefit from implementing trauma-informed practices in the classroom. In the qualitative portion, teachers reported that good relationships and connections were key benefits regarding the implementation of trauma-informed practices in the classroom.

Another complementarity between data sets was that teachers agreed that there are barriers that are preventing educators from implementing trauma-informed practices within their classroom. Descriptive statistics determined that educators agree that they do not have enough time to implement trauma-informed practices during the school day. Qualitative themes of “insufficient support and classroom behavior strategies,” supports the data reporting that trauma-informed implementation ceases classroom instruction or takes time away from teaching. A participant reported, “My concern is that the system is now expecting teachers to wear yet another hat at a professional level that most are not trained to handle properly - a professional development training on a video pales in

comparison to a degree that is social work, psychology and mental health counseling.” Expectations for educators are already high, resulting in teacher stress (Ghanizadeh & Jahedizaden, 2015; Naylor, 2001). Therefore, support is needed for teachers to implement trauma-informed trainings (Rahimi et al., 2021). Both sets of data suggest that teachers feel there are inadequate trainings available, and they do not have enough support to implement trauma-informed practices with fidelity.

Relationship to the Extant Literature

Study data demonstrated an association between educators’ trauma-informed instructional training and their related classroom behavior management practices. As presented in Chapter 3 from Table 3.0, results of the survey established that the majority of participants (n=77) did have trauma training, while the minority (n=22) did not have trauma-training. Respondents that had received trauma-informed training reported that there were many benefits from implementing trauma-informed practices within the classroom, but that years of experience as well as educational degrees did not have an impact on educator’s perceptions of trauma-informed training. Existing literature supports the idea that benefits of trauma-informed training include providing teachers with strategies they need to help children affected by trauma have better success within their classroom environments (Crooks et al., 2021; Rahimi et al., 2021). In this current study, the benefits of trauma-informed practices impacted teacher learning strategies. Although teachers are professionals who educate students based on their specialist subject areas, teachers often implement mental health interventions within the classroom. The National Child Traumatic Stress Networks’ Breakthrough Series *Collaborative: Supporting Trauma-informed Schools to Keep Students in the Classroom*, reports that

educators are likely to have daily interactions with students who have been affected by traumatic events (Donisch et al., 2022). This indicates a need for teachers to become trauma-informed. In the study, “Are educators ready to apply trauma-informed practices- a survey of PK-12-educators of Pennsylvania,” launched between April 1 and June 30, 2021, teachers were given a Qualtrics-based survey. This survey assessed to what extent participants felt prepared to respond to students impacted by trauma or experiencing emotional distress and was distributed to 4,793 participants. Results of the PK-12 educators of Pennsylvania survey found similar responses to this research study. Approximately 95% of the participants in PK-12-educators of Pennsylvania survey agreed that educators should receive training in trauma-informed practices. However, about half of the educators reported that they were inadequately prepared to recognize signs of trauma in their students, with 80% reporting they were not prepared to teach students to manage their stress and emotions (Knoster et al., 2020)

The current study performed by this researcher examined educators’ perceived impact of trauma-informed training and professional development in the classroom and related classroom behavior management practices. Managing disruptive classroom behavior can be challenging and disheartening for teachers with insufficient training, even for seasoned educators (Flower et al., 2017). These traumas can impact the classroom dynamic, student behaviors, and student scores. As discussed in chapter one, classroom behavior management is integral to addressing antecedent factors, as well as current behaviors in the classroom. Preparation and training are key to becoming trauma-informed which will assist with defining a strong classroom behavior management core for educators. Yet, in this current study 64% of all participants reported insufficient

support, indicating lack of adequate training or trauma-informed classroom support. Research supports a need for on-going trauma-informed training that will include aid beyond the initial training including administrative support, educational stakeholder support, and district support. This will be examined in the next sections.

Connection to Theoretical Frameworks

The theoretical framework in this study was based on the social constructivist theory. This theory was created by Lev Vygotsky who thought that knowledge is developed through social situations through human interactions (Vygotsky, 1978). Essentially, it is a way for people to comprehend their world and give meaning to their experiences (Creswell, 2013). This social constructivist approach allowed participants to use their trauma-informed training to affect their classroom behavior management. In this study, educators were examined on their perceived impact of trauma-informed training and professional development in the classroom and related classroom behavior management practices. Respondents provided their thoughts on the benefits of trauma-informed practices, their beliefs of trauma-informed professional development and contributed use of trauma-informed strategies (or lack thereof), negative effects of trauma-informed practices, school-based supports for their trauma-informed care and what was available in their classroom, their discipline philosophy, and strategies they utilized to deescalate students in high tension situations and how they regulated themselves.

The results provided information and comprehension of how the respondents viewed trauma-informed practices, as well as benefits and challenges of these practices. Results indicated that educators viewed trauma-informed training as integral, and this factor took precedence over years taught or degree held. Although teachers

acknowledged that trauma-informed content impacted teacher strategies affecting classroom behavior management, respondents also reported inadequate training, lack of support from parents, administration, school counselors, and not enough training in general. Further, while educators reported positivity of trauma-informed professional development or content, consistency of implementation was conveyed as problematic.

Study Limitations

The current study had several limitations as responses were gathered from participants solely through the means of a survey. Conducting surveys can present some difficulties in that participants may not respond honestly, may skip answering questions, and may not be knowledgeable on the subject (Bloomberg & Volpe, 2019). The race of the respondents were primarily white with the minority being smaller than the national average, which may limit the generalization of the study findings. Because snowball sampling was utilized to distribute the survey, there is no guarantee of the validity of distribution of the population and the sample. Respondents often choose individuals they are familiar with (friends, co-workers, family), which may have created a sampling bias. Most likely these individuals reside in similar areas, sharing many similar beliefs. It could be beneficial to have future research that includes a larger population of teachers across a more diverse population of teachers and schools. Results of this study may not be generalized to educators in other countries.

The researcher is a special education teacher who implements her own practices from her trauma-informed training. This survey was developed by the researcher based on the *Missouri Model of Trauma-Informed Schools* (see Appendix A), therefore findings should be interpreted with caution. Further research could be employed to determine the

most optimal way to implement trauma-informed trainings for both novice and veteran teachers. Lastly, it would be beneficial to examine the longitudinal experiences of teachers who received trauma-informed practices and its impact on student attrition, executive functioning, teacher confidence, and punitive measures such as in-school and out of school suspensions.

Implications for Practice

The results of this study indicate that being trauma-informed has a positive impact on teacher practices and corresponding classroom behavior management skills. Although some teachers reported barriers to implementation of trauma-informed practices, the need for trauma-informed training is clearly evident in this study. Teachers who reported no training or lack of training also reported they did not know how to address elevated student behaviors within the classroom. Further, such teachers reported a lack of ability to effectively respond to challenging behavioral classroom experiences. Teachers that are trauma trained have the benefit of taking trauma-informed content and being able to incorporate this knowledge into classroom behavior management plans.

Educators who address significant discipline problems are more likely to experience emotional exhaustion prompting departure from the teaching profession (Skaalvik & Skaalvik, 2011). An implication of this current study appears to be that trauma-informed training could better prepare educators to address mental health concerns within the classroom. Moreover, consistent ongoing trauma-informed training and implementation could also reduce stress for students and staff, as staff would have the knowledge and skills necessary to deescalate emotional or behavioral classroom outbursts. Additionally, trauma-informed training could help with reduction in absences

or time missed due to punitive punishments such as in- school or out- of- school suspensions. Further research would be beneficial in order to determine how to implement consistent training across all educational service settings. Additional research could also help define specific interventions that could be employed within the classroom. The final section of this dissertation reviews the Problem of Practice, perspectives on the Problem of Practice, and possible future changes.

Organizational Improvement Plan

This Organization Improvement Plan calls for teachers to access trauma-informed training. This plan reviews the study's problem of practice, history of the problem, perspectives of the problem of practice, preparing for change going forward, and possible future solutions.

Problem of Practice

Although some teachers are able to access trauma-informed trainings in the United States, many teachers have not yet been trained or have found factors preventing implementation of trauma-informed practices within their classrooms. In 2020, the National Child Traumatic Stress Network met for a summit and reported that continued barriers exist regarding schools accessing trauma-informed interventions including limited access to trainers or lack of programming (NCTSN, 2020). This is problematic, as the need for trauma-informed practices in schools continue, as shown in this study. One example of trauma in the United States of America, is that there have been 220 mass shootings (3 or more killings in one situation) as of May 2022, according to Gun Violence Archive (GVR, 2022). Adverse childhood experiences persist and the need for trauma-informed programming is warranted. However, districts across the US face

financial barriers, especially districts of students of color (Smedley et al., 2001). These barriers can result in teacher cuts, low salaries, larger classroom sizes, limited resources, and limited access to social workers and counselors. Smaller class sizes provide teachers with the ability to form more personal relationships with students, allowing for individual academic and emotional attention to be provided for each student (NEA Policy Brief, 2008).

According to the Missouri Department of Elementary and Secondary Education (DESE), there are 560 districts in the state of Missouri including 2,406 schools with approximately 917,900 students. However, not all districts have partnered with *Missouri Model for Trauma-Informed Schools* (see Appendix A) to begin exposing teachers and staff to trauma informed practices. Alive and Well Communities (an organization that advances trauma-informed systems) work with districts to create cultural change using the latest science around trauma, toxic stress, and resiliency. Alive and Well Communities rely on the *Missouri Model for Trauma-Informed Schools* (see Appendix A) and advocates for organizations and communities to build a common understanding of how trauma impacts individuals and activates communities to heal.

Trauma-informed access needs to expand, as post-pandemic there has been a rise in mental health issues for children and adults (Bridgland et al., 2021; Singh et al., 2020). Death, poverty, rising costs of living, other socioeconomic issues, mass shootings, and loss of jobs can all create stress and trauma for children. As discussed in Chapter One, these factors can create a cycle of violence in homes where children are regularly and repeatedly exposed to traumas. These traumas increase the likelihood of mental health issues and adverse childhood experiences.

Due to the need for teachers to be trauma-informed, Alive and Well Communities have partnered with some districts, while implementing The *Missouri Model for Trauma-Informed Schools* (see Appendix A) as their guideline. The *Missouri Model for Trauma-Informed Schools* (see Appendix A) was originally created as a mental health trauma model in 2014 by the Missouri Trauma Roundtable. The individuals in the group collectively collaborated with one another and included counselors, Division of Family Services, psychologists, and social workers. In 2017, the model was rewritten with several groups whose design kept school function in mind. Once the model was approved by the original Roundtable, the Missouri Department of Elementary and Secondary Education (DESE), published the model for districts in Missouri to use. The survey in this research study was based off The *Missouri Model for Trauma-Informed Schools* (see Appendix A). The researcher was trained by Alive and Well Communities and studied the model intensively. This model encompassed social emotional strategies that could benefit teachers if utilized with consistency and regularity and became foundational literature for the researcher.

As mentioned in Chapter One, there is a need for trauma-informed content to be incorporated in classrooms, as intervention can help student futures (Danese & McEwen, 2012; Shonkoff et al., 2012). Trauma-related teaching practices can alter teacher approach and student intervention as well as student outcomes. Educators and medical professionals should be cognizant of signs of adversity and become trauma-aware to mitigate lasting effects. Exposing teachers to the *Missouri Model for Trauma-Informed Schools* (see Appendix A) can help teachers foster a healthy social-emotional classroom environment which can prove beneficial to students and provide better long-term

outcomes for students with Adverse Childhood Experiences (ACEs). This model offers operational pathways that assist educators in implementing informed practices.

As discussed in earlier chapters, teachers are not often aware of underlying trauma histories of their students. However, researchers state that educator awareness can assist those with exposure to trauma (D'Andrea et al., 2012). The *Missouri Model for Trauma-Informed Schools* (see Appendix A) recommends a multi-tiered approach to improving educator awareness. This approach includes universal trauma training for the educator, implementation of community building practices, prioritization of teacher and staff needs, alteration of discipline approaches for students to include less punitive measures, provision of space for students to self-regulate, and connection of the entire community for a healthy, trauma-informed school and classroom environment. Though teachers cannot erase the history of a student-trauma, teachers can foster a positive relationship with each student, which enables students to see the teacher as a safe adult (Cole et al., 2013). Furthermore, the *Missouri Model for Trauma-Informed Schools* (see Appendix A) also specifies that all five indicators, Safety, Trustworthiness, Choice, Collaboration, and Empowerment, should be included in the school setting. Examples of these indicators include a warm and welcoming classroom environment, establishing clear boundaries, building trust between students and staff, providing choices for students, and encouraging self-efficacy (see Table 22).

A classroom is often the key to identifying children who have traumatic experiences. This is manifested in the form of behavioral problems, social-emotional issues, lack of attention, lower academic scores, and office referrals (Blodgett et al., 2018; Cole et al., 2013). Therefore, it is important that staff and stakeholders are well-

versed in trauma-informed practices and acknowledge that strong rapport between teacher and student is needed to give support to students. For optimal results, teachers and staff should have the necessary trauma-informed structures to support these students who have encountered adverse experiences. Education and awareness provide teachers with the tools to comprehend the impact of trauma on students. With such tools in hand, teachers will be more likely to appropriately address classroom issues.

Perspectives on the Problem of Practice

It has been documented that ACEs often demonstrate an intergenerational pattern (Schofield et al., 2018; Negriff, 2020). Children who experience neglect or abuse are more likely to commit an act of violence themselves. This may manifest through abuse of their own children. The outcomes of ACEs can exhibit an increased risk of obesity, disease, alcoholism, depression, and health challenges (Felitti et al., 1998). Further, the higher number of ACEs that an individual experiences, the more likely they are to develop at-risk behaviors such as unprotected sex and significant substance use (Chang et al., 2019; Douglas et al., 2010; Garrido et al., 2018). As mentioned in earlier chapters, teachers are more apt to have interactions with students affected by traumatic events. Early intervention is helpful and educators can assist by building self-regulation and self-efficacy in children (Sciaraffa et al., 2018). Creating a trauma-informed school which implements trauma-awareness, skills, and practices applied by school staff, can positively change the trajectory of students (Donisch et al., 2022).

Perspective of Researcher

I believe that all students should have access to trauma-informed educators. Many of my fellow general education teachers are not trained to address a child with a trauma

background or are not cognizant of how to implement the trauma-informed training they have received. Students continue to disengage, or become emotionally elevated, only to find themselves with a punitive consequence. I believe that if a student's trauma is addressed, their focus can shift back to academic growth as well as foster healing. If the trauma is not addressed, behaviors will reveal themselves, preventing the student from learning, as well as preventing others in the class from retaining educational knowledge as well. This becomes frustrating to the teacher and student and can even lead to teacher burnout. As a teacher, I can see the benefit of incorporating trauma-informed instructional practices with guidance and fidelity. I often wish that I had access to trauma-informed trainings when I began my teaching career.

Vision for Change

Teachers are often unprepared to address trauma related behaviors (Brunzell et al., 2018; Thomas et al., 2019). Becoming trauma-informed could better prepare teachers to deal with said behaviors, but exposure is not as prevalent as it should and could be (Christofferson et al., 2015; Flower et al., 2017; Reinke et al., 2011). The vision of the researcher is then to help teachers become trauma-informed, which can prove beneficial to students and provide better long-term outcomes for students with ACEs. The *Missouri Model of Trauma-Informed Schools* (see Appendix A) outlines the procedures for this vision to come to fruition. Many districts have already employed some of those steps, including hosting introductory trauma-trainings and creating a trauma-team. In order for the district to become trauma-informed (per the model), each school in the district has to examine all practices and policies within their buildings through the lens of trauma. This

includes school discipline, classroom management, employee well-being, parental involvement, and curriculum and instruction.

Educators can take steps to create a trauma-informed environment. They can foster a positive relationship with students, which will enable them to see teachers as safe adults (Cole et al., 2013). Furthermore, the *Missouri Model for Trauma-Informed Schools* (see Appendix A), also specifies that including a warm and welcoming classroom environment, establishing clear boundaries, building trust between students and staff, providing choices for students, and encouraging self-efficacy can lead to positive change.

Change Readiness Utilizing the Missouri Model for Trauma-Informed Schools

The *Missouri Model for Trauma-Informed Schools* (see Appendix A) provides guidance for school climates and organizations, as well as a foundation of how to become trauma informed. This innovative model creates the groundwork for first becoming ‘trauma aware,’ next ‘trauma sensitive,’ then ‘trauma responsive,’ and finally ‘trauma informed’ (see Table 1.1). The first level of trauma-informed, ‘trauma aware,’ is defined as the component that encompasses information that has been passed to school staff regarding trauma. ‘Trauma aware’ includes knowledge of historical and community trauma, the ability for school staff to comfortably speak to its impacts and beginning translation of that information into changes within the school (Missouri Model for Trauma Informed Schools, 2019). This first step helps schools comprehend that trauma can exist within the school environment.

The second layer, ‘trauma sensitive,’ is defined as the “exploration of trauma informed care and how it applies to existing practices” (Missouri Model for Trauma

Informed Schools, 2019, p. 6). This level includes active support and participation from school leaders. Notable in this phase is notification of community members and stakeholders that a new educational vision is emerging with regards to trauma awareness.

The third level is ‘Trauma-responsive’ where “schools are starting to integrate a trauma-informed approach throughout all existing programs in a school” (Missouri Model for Trauma Informed Schools, 2019, p. 6). Community members, stakeholders, and staff members work in tandem to change previous practices, which creates a more supportive atmosphere for all.

The final level is ‘trauma informed’ and this level is a continuous state of operation. Staff, community members, and stakeholders join together regularly and continuously look for areas of improvement. Practices are implemented within the classrooms and are used to positively impact and address needs of students. “Data, including data intentionally disaggregated by race and other demographic factors, is used to drive decision making” (Missouri Model for Trauma Informed Schools, 2019, p. 6). The entire community continues to work in a collective manner. Change is implemented through a trauma-informed lens (Missouri Model for Trauma-Informed Schools, 2019, p. 6). Trauma-informed tools in all school climates and growth are on-going.

Research states that providing trauma-informed knowledge and training is key to shifting teacher-student approach in the classroom (Cole et al., 2013; Chafouleas et al., 2016). The *Missouri Model for Trauma-Informed Schools* (see Appendix A) promotes trauma-supportive environments for both teachers and students. The model influences program design and school culture, which breeds an emotionally healthy atmosphere. However, to be utilized with fidelity, teachers, community, and educational stakeholders

would need to be fully invested and be willing to implement practice with students. However, as found in this research study, teachers face obstacles, preventing them from implementing the components of the Missouri model. An example of an obstacle includes lack of time, as restorative measures can take away from academic time. Others include possible secondary trauma or insufficient training. Adding more teachers, counselors, social workers, advocating for policy change, and prioritizing teacher well-being are all measures that could be implemented that would shift the culture from being trauma-aware/sensitive to trauma-informed.

Leading the Change Process

Trauma experiences can impact every facet of a student's life. It affects social and emotional relationships, academics, and physical and mental health. Therefore, educators should have exposure to trauma-informed content and knowledge on how to implement these practices within their own classrooms. By building rapport with students and implementing these teachings, instructors can change the trajectory of their students' lives. The *Missouri Model of Trauma-Informed Schools* (see Appendix A), or trauma-informed models in general, should be heavily relied upon in all school districts.

For continued growth, tools should be utilized to measure success in current practice including surveys, as well as subjective analysis of educators to see if they are implementing the practices with fidelity. Possibilities going forward include teacher interviews, and further surveys to assess if teachers feel confident implementing trauma-informed content. Examining disciplinary data could be beneficial by comparing student disciplinary incidents from teachers who have been trauma trained or have not been trauma-trained. This could be implemented by looking at students who have been

disciplined through a trauma-informed method such as using restorative practices versus being disciplined through punitive measures, which could then further support trauma-informed practices. Further, it would be beneficial to compare educators who have been subjectively classified by their trauma-informed communities as implementing trauma-informed practice in their classrooms with consistency versus those who opted out of further guidance by the organization or model.

On a national level, the United States Congress introduced a bill, HR 7320-Trauma-Informed Schools Act of 2019, in an effort to allocate federal funding for schools to implement trauma-informed practices through training and resources. However, Rahimi et al, 2021, found there is still no standard of measure for the effective results, and all had concerning limitations (p. 72). It would be beneficial if the guidelines of this bill would be implemented with fidelity across all districts nationally. To accomplish this feat, a larger funding for trauma-informed practices would need to be allocated, smaller classes sizes implemented, additional counselors and social workers would need to be hired to help address students with trauma.

Providing teachers with school-wide guidelines on how to implement trauma-informed practices in their own districts would also be advantageous, however the nation is short of trauma-informed trainers (Donisch et al., 2022). Allocating federal money for trauma-informed practices, trainers, and additional support could provide favorable results for both teachers and students. It is important for all districts nationally, to gain comprehensive information and an understanding of trauma-informed practices. A positive measure could be developing a litmus test to measure whether school districts are truly trauma-informed based on a national common trauma-informed definition.

Closing Words

Trauma impacts every facet of a child's life. It affects social and emotional relationships, academics, physical and mental health, and can even have behavioral ramifications. Therefore, it is vital that educators have exposure to trauma informed training. By building rapport and implementing these teachings, instructors can begin to help change the trajectory of their students' lives. Currently, I can educate co-workers, and implement my own training with my current students. Going forward, I will partake in my school district's leadership academy, where I hope to advocate for continued trauma-informed school trainings and implementation of trainings. I will advocate for state-wide change.

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The Missouri Model for Trauma-Informed Schools

The Missouri Model provides guidance at the highest level for organizations within every sector on how to become trauma informed. This document is meant to translate the Missouri Model guidance into language and processes to support schools interested in beginning the journey to become trauma informed.

Breaking It Down:

THE FACTS OF TRAUMA-INFORMED SCHOOLS

MYTH: Trauma-Informed practices excuse behavior and allow kids to act inappropriately because something happened to them.

FACT: Trauma helps us to understand behavior, not excuse it. A trauma-informed school is a safe and supportive school and it's important to have clear expectations and systems to repair relationships and culture when behavior challenges it. By using the "lens of trauma" to understand behavior, we can better understand how to support students by meeting their underlying need, rather than punishing its symptom. Further, a trauma-informed school never lowers its expectations, behaviorally or otherwise, for students impacted by trauma. Doing so can create a further cycle of lower investment, lower achievement, and poorer life outcomes.

MYTH: Trauma only impacts students living in poor, urban environments.

FACT: Trauma is pervasive across all communities. The Adverse Childhood Experience Study was done on a majority white, highly educated, employed, middle-class population and showed a prevalence rate for trauma of greater than 60 percent. While there are systems of inequity, historical trauma, and systemic oppression that can magnify exposure to or the impact of trauma, trauma affects all communities and populations.

MYTH: We have received a training on trauma...we are trauma-informed!

FACT: While receiving a training about trauma is an important early step to the trauma-informed process, it does not make a school trauma informed. Trauma informed is about a universal approach to address practice, program, policy, and culture. It is a multi-year process focused more on the journey than a destination.

MYTH: Trauma informed is one more thing for teachers to do.

FACT: Today's educators are asked to fulfill several roles beyond instruction. Beginning the journey to becoming trauma informed will require the buy-in and work of all staff in a building, but it should not feel like another thing to do. Trauma informed should feel like a through-line, improving existing programs and practices, replacing ones that no longer serve the needs of students, and creating an environment in which it is ultimately easier and healthier to educate.

MYTH: We can't afford a social worker, so we can't serve our students with trauma.

FACT: While having supports in a school like social workers, counselors, or behavior specialists can be helpful, the lack of that resource is not a hard stop to the trauma-informed process. With the buy-in of leadership and staff, it is still possible to create a fully functioning trauma team that works to address the needs of staff and students.

MYTH: Trauma informed is strictly a social-emotional intervention.

FACT: The trauma-informed process will impact and encompass all aspects of a school, including staff and student well-being, curriculum design and implementation, and approaches to learning. When the lens of trauma is fully embedded in a school, it will influence every aspect of the organization.

MYTH: Trauma-informed practices are just about our students.

FACT: The well-being of staff is just as essential to the trauma-informed process as our interactions with students. Without an intentional focus on staff-well-being, attempts to implement more trauma-informed practices with students will face major barriers.

UNDERSTANDING THE IMPACT OF TRAUMA

The Substance Abuse and Mental Health Services Administration (SAMHSA) describes individual trauma as resulting from "an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being." The Adverse Childhood Experience (ACE) Study showed that the prevalence of trauma in the general population is at least 64 percent, while follow up research has demonstrated that number to be even higher in some communities. Many students and educators are also experiencing trauma at a community level through experiences such as poverty, community violence, racism, sexism, and homophobia. Many of these forms of community trauma are also rooted in historical traumas--those traumas which may be started or taken place far in the past that continue to have far reaching impacts on the present. These community and historical traumas are rooted in systemic oppression which has created ongoing stress in communities through the disempowerment, disinvestment, and discrimination they experience.

The research about trauma is clear: trauma is incredibly prevalent and highly impactful. In schools, trauma not only shows up in the experiences of students, but educators also are impacted by the trauma they experience both outside the school and the vicarious trauma they experience within it. Additionally, for some students, their experiences of trauma are taking place within the school building. This impacts the ability of students to learn, teachers to teach, and members of a school community to form positive, supportive relationships with one another.

THE VISION: A TRAUMA-INFORMED SCHOOL COMMUNITY

Trauma-informed schools are places that provide safe and supportive environments for children to learn and educators to work. They infuse the science about trauma and its impacts into daily practice, program design, policy creation and implementation, and the culture of the school. A trauma-informed school is not simply a school where staff know about trauma, or a school where there is a therapeutic classroom or additional counseling staff. A trauma-informed school fundamentally has changed the way it works to promote healthy, resilient educators and learners capable of disrupting the cycle of trauma in their lives and communities and creating more equitable outcomes.

Schools across the country have begun their journey to become trauma informed and are seeing improvement in school culture, academic performance, and student discipline. Schools in the state of Missouri are already reporting lower rates of office referrals and out of school suspensions, positive shifts in staff attitudes related to trauma-informed care, and are making progress in engaging students and families as active leaders in school culture.

THE CHALLENGE: A SCHOOL'S CHOICE TO BECOME TRAUMA INFORMED

There is growing recognition in the education world that schools cannot simply instruct students any longer. Instead, they must make sure that their students are ready and able to learn, and this requires addressing those students' social and emotional needs. The prevalence of trauma is incredibly high—believed to affect at least two-thirds of the population. The impacts of trauma are pervasive on learning, development, behavior, and emotional regulation. Without addressing these impacts and equipping a healthy staff team to support these students, school communities often struggle to meet their goals, both academically and otherwise. A trauma-informed journey provides a framework to apply the best emerging science about the brain and behavior to systems changes that support all learners.

There is no requirement for schools in the state of Missouri to become trauma informed. SB 638 requires DESE to provide information to schools about what it means to be trauma informed, but this does NOT represent a requirement for any school to provide trauma training to staff or begin the journey to becoming trauma informed. The journey to becoming trauma informed can be a long and hard one, and a school must intentionally make the choice to do so.

BEFORE YOU GET STARTED

The buy-in, active participation, and courageous leadership of building principals and district leadership cannot be understated in the trauma-informed journey. Without the buy-in of leadership, it will not be possible to advance through the Missouri Model. While awareness can be built in any school, it takes leadership to guide real practice and policy change. Leadership must actively participate in trauma teams, model a trauma-informed approach in their interactions with staff, and embody the principles of trauma-informed care.

In addition to the importance of courageous leadership, the involvement and leadership of students and parents and caregivers is essential to this process. Students and caregivers should be involved both formally and informally in the trauma-informed process through meaningful opportunities to collaborate, provide input, and participate in decision-making processes. To maximize the impact of a school's trauma-informed practices and policies, it is essential that students and caregivers also be given educational opportunities to learn about the impacts of stress and trauma and the importance of self-care and resilience.

A HOLISTIC APPROACH

A trauma-informed journey is best understood as a “through line” to all other programs, practices, and policies. Trauma informed should not feel like another program to implement, but rather a fundamental shift in HOW programs are implemented. This applies to not only other social-emotional efforts, but also to instruction, parent engagement, and staff well-being.

A school that only addresses the impact of trauma on students will struggle with staff burnout, turnover, and compassion fatigue. The science around trauma is clear: the most powerful resource for young people is a supportive, unwavering relationship with an adult. Adults in schools must be capable of being unwavering supports for students. This means addressing the vicarious and secondary trauma experienced by staff—not as an afterthought, but as a focal point of the trauma-informed journey.

PARENT AND FAMILY COLLABORATION

Parents, caregivers, and students' families are essential collaborators in the trauma-informed process. Parents and caregivers can offer valuable insight to schools on not only how to best support their student, but also into the impact of community trauma on the school environment. Parents and caregivers should be actively engaged within a trauma-informed journey, both through intentional educational opportunities, as well as meaningful collaborative decision-making processes. Parents and caregivers can reinforce the positive, healing efforts of a school, but only if they are engaged as true partners in the process.

To effectively engage families, many schools must actively work to build and repair trust where it has been broken. Many parents were once students who were disconnected from their school community, who experienced trauma at their schools, or who felt unsupported by their educators. Schools must actively recognize when parents and caregivers feel unsafe in the school environment, take ownership of proactively building trust, and demonstrate a commitment to collaboration and empowerment. There is not one single path to parent and caregiver engagement, and many parents and caregivers have important, competing demands on their time and capacity to participate in afterhours events. Schools must identify the unique pathways that make sense in their community to meaningfully engage families.

DISCIPLINE, ACCOUNTABILITY, AND DEVELOPMENT

Despite good intentions, externally applied disciplinary rewards and punishments do not necessarily support development, self-regulation and behavior change. A trauma-informed approach to behavior shifts from the mindset of rewards and punishment towards a model of accountability. This model of accountability considers the child, their developmental needs, and the situational factors driving behavior. Accountability requires adults and students to acknowledge the impact of their behavior and reflect upon the underlying needs/perceptions that may drive dysregulation. An accountability model of discipline employs behavioral supports and restorative practices to enable individuals to develop the skills they need to be successful in an educational setting. It's important to note that a trauma-informed approach to discipline does not seek to excuse behavior or to lower expectations for students based on what has happened to them. Instead, a culture of accountability helps to continuously guide students to their next level of achievement and development.

Understanding the Stages of the Missouri Model

The journey to becoming trauma informed is as unique as each school. A checklist to become trauma informed does not exist, but there is a general process that most organizations find best accelerates their work. This process is an ongoing one, and it generally takes three to five years for a school to feel as though they have addressed all parts of their practices, policies, and culture.

THE FOLLOWING MISSOURI MODEL STAGES HAVE BEEN ADAPTED TO THE SCHOOL ENVIRONMENT.

1 - TRAUMA AWARENESS: School staff have been informed about trauma, including historical and community trauma, are able to comfortably speak to its impacts, and have begun to consider how to translate that information into changes within the school.

2 - TRAUMA SENSITIVE: Schools have started to explore the principles of trauma-informed care (safety, trustworthiness, choice, collaboration, and empowerment) and how they apply to existing practices. Schools designate core leaders to guide the change process. Leadership shows a high level of buy-in. Schools have shared with their community and stakeholders that they have begun this journey and worked with them to develop a shared vision of accountability.

3 - TRAUMA RESPONSIVE: Schools have begun to change existing practices and policies and implement new ones to better support staff and students. Schools are starting to integrate a trauma-informed approach throughout all existing programs in a school (i.e. Character Education, Restorative Practices, RTI, PBIS, MTSS, etc.). Individual staff members are beginning to clearly demonstrate changes in their action and behaviors. Community and stakeholders become increasingly involved and integrated into the process.

4 - TRAUMA INFORMED: Schools begin to see results from the changes they have implemented. A core team continues to look for new opportunities to improve. All staff within the building are bought in and demonstrating practices that reflect the needs of students. Data, including data intentionally disaggregated by race and other demographic factors, is used to drive decision making. Schools are working closely and responsively with parents and community members to meet the ongoing needs of a school. This stage is not one that is meant to ever be “completed.” Because school environments, resources, and needs are always changing, there must always be a focused effort on addressing these changes through a trauma-informed lens. Trauma informed is a process, not a destination.

The Missouri Model Principles of Trauma-Informed Care

The Missouri Model is guided by five key principles first outlined by Maxine Harris and Roger Fallot of Community Connections: safety, trustworthiness, choice, collaboration, and empowerment. According to the Missouri Model, the principles are defined as the following:

SAFETY: Ensure physical and emotional safety, recognizing and responding to how racial, ethnic, religious, sexual, or gender identity may impact safety throughout the lifespan.

TRUSTWORTHINESS: Foster genuine relationships and practices that build trust, making tasks clear, maintaining appropriate boundaries and creating norms for interaction that promote reconciliation and healing. Understand and respond to ways in which explicit and implicit power can affect the development of trusting relationships. This includes acknowledging and mitigating internal biases and recognizing the historic power of majority populations.

CHOICE: Maximize choice, addressing how privilege, power, and historic relationships impact both perceptions about and ability to act upon choice.

COLLABORATION: Honor transparency and self-determination, and seek to minimize the impact of the inherent power differential while maximizing collaboration and sharing responsibility for making meaningful decisions.

EMPOWERMENT: Encouraging self-efficacy, identifying strengths and building skills which leads to individual pathways for healing while recognizing and responding to the impact of historical trauma and oppression.

For each of these principles, it is essential to consider the impact of inequity, community and historical trauma, and systemic oppression. These principles should be used to guide every aspect of a school's trauma-informed journey and when fully realized, lead to more equitable outcomes. Below are examples of how these principles can be used to prompt action and evaluate existing structures within schools.

SAFETY: How is the physical and emotional safety of staff and students assessed and addressed? How are members of the school community supported when safety is compromised? How does the school address how historic relationships impact perceptions of safety in staff, students, and families? What does the school do to actively cultivate a sense of safety?

TRUSTWORTHINESS: How does school leadership demonstrate trustworthiness to staff and students? How are breaks in trust addressed? What is done to proactively cultivate trust between members of the school community and between schools and families?

CHOICE: What amount of choice does staff have regarding instruction, classroom management, or school decision-making? What amount of choice do students have in their education? Are meaningful choices given whenever possible? Are choices presented in a way that people feel safe to act upon them?

COLLABORATION: How are staff, students, and families involved in decision-making that directly affects them? Are staff involved in settings agendas for meetings, professional development, and school priorities?

EMPOWERMENT: How does school leadership proactively empower staff and students? How is power shared and how are power imbalances addressed within the school?

Steps to Become a Trauma-Informed School

The following steps are recommendations for how to engage your school in becoming trauma informed:

STEP 1:

UNIVERSAL TRAUMA TRAINING

(TRAUMA AWARENESS)

In order to build a common vocabulary, identify champions, and build readiness in the staff for subsequent changes, it is important to provide an introductory training to all staff within the building, including teachers, support staff, and administrators. An introductory training should cover the following information:

- 1 - Defining trauma (Event, Experience, Effects):
<https://www.samhsa.gov/trauma-violence>
- 2 - Community and historical trauma
- 3 - Stress Response System (Fight, Flight, Freeze)
- 4 - Prevalence
- 5 - Adverse Childhood Experience Study
- 6 - Effect of trauma on the developing brain and body
- 7 - Long term of impacts of trauma on health, behavior, and learning
- 8 - Impacts of trauma through the lifespan
- 9 - The potential for healing and power of resilience
- 10 - Changing the question from "what's wrong with you" to "what happened to you."

There are numerous organizations that provide trauma trainings that meet these requirements.

STEP 2:

CREATE A TRAUMA TEAM

(TRAUMA SENSITIVE)

Becoming trauma informed requires the buy-in and investment of people throughout the organization. It is recommended that a small, core trauma team be developed to analyze existing practices and policies, create action plans, and implement change. In most schools, the size of this trauma team should be between 5-10 individuals. The team should contain a diverse set of viewpoints. School leadership MUST be a member of the trauma team to allow for ease of connection to administration. A sample makeup of a trauma team would be:

- 1 - Principal
- 2 - Instructional Coordinator
- 3 - School Counselor and/or School Social Worker
- 4 - Classroom Teacher

- 5** - Other teaching or support staff (including office staff, food service and custodial staff, and other support roles)
- 6** - Parent and/or Student Representative
- 7** - School Nurse
- 8** - Community Partner Representative

This team should receive additional training and should meet at least 2 times a month to work on the implementation of an action plan. School teams will benefit greatly from consultation on the trauma-informed process from trained, external consultants.

There are several resources that may be valuable to teams engaging in this process, including:

HELPING TRAUMATIZED CHILDREN LEARN:

<https://traumasensitiveschools.org/>

COMPASSIONATE SCHOOLS FRAMEWORK:

<http://www.k12.wa.us/CompassionateSchools/>

STEP 3:

**ONGOING PROGRAM,
PRACTICE, AND POLICY
CHANGE**

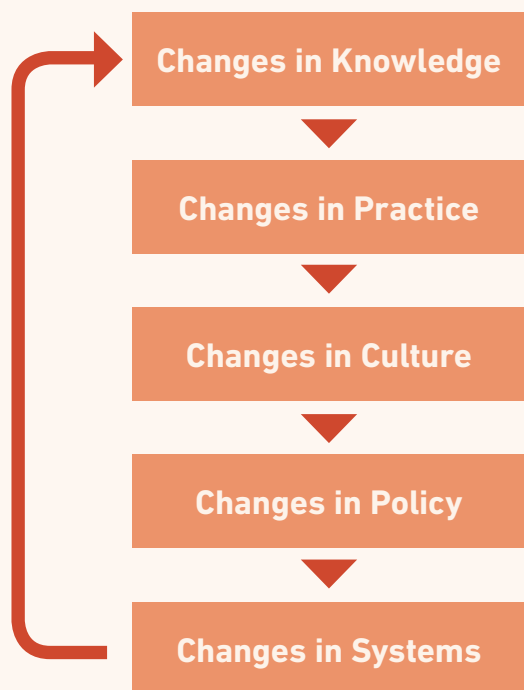
**(TRAUMA RESPONSIVE –
TRAUMA INFORMED)**

Guided by the priorities of the trauma team, the school must then start to examine all practices and policies within their building through the lens of trauma. This includes school discipline, classroom management, employee well-being, parental involvement, and curriculum and instruction. Using existing data, including disaggregated data, can often reveal opportunities for improvement. Schools often find success by starting with small “easy wins” and building up to harder changes that require more stakeholders or investment.

In almost all schools, it is beneficial to start by first addressing staff well-being. Staff well-being is multi-faceted, and includes not only the physical, mental, and emotional health of the staff, but also includes making sure that staff have the appropriate tools, resources, and preparation to support students. Often, staff members’ own trauma and dysregulation may stand in the way of them being able to meet the social emotional needs of their students. By putting a focus on helping staff become well, they can see the benefits of the approach and better prepare themselves to serve their students.

During this stage, it is also critical for schools to engage key community partners. Community partners such as public health departments, behavioral health providers capable of billing Medicaid, and social service agencies can not only provide needed supports and services for students, but can strengthen decision-making processes and keep schools connected to shifts in the external landscape that may impact their work.

MOVING TO CHANGE



In all change processes, it is important to first understand the starting point of your school. Reflection through both formal and informal processes about current knowledge, practices, and policies is essential to being able to identify where to begin making change. In most cases, it is essential to create widespread buy-in within the school. This can be done through efforts to increase knowledge about the problem and shift underlying beliefs and values. Doing so requires creating environments rooted in the trauma-informed principles that allow individuals to feel safe and brave enough to name and acknowledge beliefs with others. This shift in knowledge and beliefs can then begin to impact practices. Improved practices can shape culture and illuminate the most effective revisions to policy and the role of the system in supporting or hindering progress. While there are times in which changes to policy may come in advance of practice, it is important to make sure that changes to policy or systems are not made before stakeholders have provided input and staff have the tools and capacity to support those changes.

No two schools are alike, so no two trauma-informed journeys will look the same. For examples of practice and policy changes put into place by schools on this journey, see Appendix 1.

SUCCESS: A PROCESS, NOT A DESTINATION

The journey to becoming trauma informed will not feel like other social-emotional efforts your school has made. There is no single definition or checklist that tells you that you have arrived. It is important that schools develop their own sense of accountability during this journey. The strongest approach to this accountability is to involve a diverse group of stakeholders, including community members, parents, school staff, and students to develop a vision and expectation for what it will mean for your school to be trauma informed. This is the statement that schools should hold themselves accountable to on their journey. Schools must also work to strengthen their relationship with community resources to support their journey, as well as the health and well-being of their students and staff.

To help make sure there is ongoing support for this work, as well as to help attract additional resources, measuring progress is essential. There is not one single evaluative tool or metric that can fully capture the scope of a trauma-informed journey. Each school should ask itself the following questions:

- 1) If this journey works, what will look different?
- 2) How will we know?

The answers to these questions should align with your community-driven vision for success and should have specific and measurable metrics associated with them. Often, these metrics may be things you already measure as a school, including attendance, discipline or suspension rates, or employee retention. Identifying the measures that are the most important to your school early in the process is essential to being able to document progress. No matter which metrics you ultimately choose to measure, it is important to disaggregate your data by race and other demographic factors to help make sure your progress is leading to equitable outcomes.

Trauma-Informed School Indicators

HOW TO USE TRAUMA-INFORMED SCHOOL INDICATORS

The journey to becoming trauma informed is not a linear one, and there is no single roadmap or checklist to complete. The goal of these indicators is to help school leaders understand hallmarks of the trauma-informed process, but they are not exhaustive or comprehensive and most schools will find that they achieve aspects of higher stages before completing indicators at lower stages.

There is no specific order in which these indicators must be addressed. All indicators are designed to support the implementation and success of each other. Schools should consider which indicators align with current priorities in determining where to begin, but should work towards addressing them all during their journey.



SCHOOL LEADERSHIP AND STAFF DEMONSTRATE AN UNDERSTANDING OF THE IMPACT AND PREVALENCE OF TRAUMA IN DAILY PRACTICE.

STAGE 0	STAGE 1	STAGE 2	STAGE 3	STAGE 4
Pre-Trauma Aware	Trauma Aware	Trauma Sensitive	Trauma Responsive	Trauma Informed
Leadership and staff are unable to identify the impact and prevalence of trauma	Staff members are able to articulate basic information about the impact and prevalence of trauma All staff have received a standardized training on trauma and trauma-informed schools	Staff show signs of understanding information about trauma, referencing it informally Staff begin to understand the importance of addressing their own stress and trauma	Staff begin to change their approach to instruction and discipline to better reflect the impact of trauma Staff begin to proactively work to strengthen their own regulation and the regulation of their students	All staff respond to students and one another in a way that reflects the science of trauma Staff members routinely share new information and innovative ideas to meet the changing needs of students Trauma-informed responses are embedded within the organization

2

AN EQUITY LENS IS APPLIED TO ALL PROGRAMS AND POLICIES TO ADDRESS BIAS AND THE IMPACT OF HISTORICAL TRAUMA AND SYSTEMIC OPPRESSION.

STAGE 0	STAGE 1	STAGE 2	STAGE 3	STAGE 4
Pre-Trauma Aware	Trauma Aware	Trauma Sensitive	Trauma Responsive	Trauma Informed
<p>Bias and inequity are not addressed</p> <p>Conversations about racism and systemic oppression are actively avoided</p> <p>Opportunities to learn and talk about racism and systemic oppression are ignored or missed</p>	<p>Staff demonstrate an understanding of historical trauma and the relationship of systemic oppression to trauma</p>	<p>Anti-bias or anti-racism training is required for all staff</p> <p>Staff begin to understand their role in advancing or perpetuating inequities</p>	<p>Data measuring performance is disaggregated by race and other demographic factors</p> <p>Staff and leadership actively address the role of the school or district in creating trauma and perpetuating inequity</p> <p>Concrete steps are taken to ensure staff and leadership representation reflect the community they serve</p>	<p>All decisions are made using a racial equity lens, with the goal of creating outcomes that are no longer predictable by race or identity factor</p> <p>Language, both informally and formally, reflect an embedded equity and liberation framework</p>

3

STUDENTS ARE GIVEN AGE-APPROPRIATE INFORMATION ABOUT STRESS, TRAUMA, AND EMOTIONAL/BEHAVIORAL REGULATION AND OPPORTUNITIES TO DEVELOP NEW COPING TOOLS.

STAGE 0	STAGE 1	STAGE 2	STAGE 3	STAGE 4
Pre-Trauma Aware	Trauma Aware	Trauma Sensitive	Trauma Responsive	Trauma Informed
<p>No instruction is provided to students about stress, trauma, or regulation</p> <p>No pro-active strategies are in place to support regulation</p>	<p>Some staff use practices that aim to increase the capacity of students to cope and remain regulated</p> <p>Informal or one-on-one education may be done on the impact of stress and trauma for individual students</p>	<p>Students are given some intentional instruction about stress, trauma, and regulation</p> <p>There are universal practices in place that teach students healthy, sustainable coping tools and allow them to practice those in the educational environment</p> <p>Students are given access to materials and spaces that help them increase their regulation capacity</p>	<p>Standardized instruction is provided to all students about stress and trauma and a robust, culturally responsive set of coping tools are routinely referenced</p> <p>As appropriate, students are engaged as peer educators and help to lead supportive practices</p>	<p>Information about stress, trauma, and regulation is embedded within the curriculum</p> <p>Both formal and informal practices routinely demonstrate an understanding of the need to and process of increasing regulation</p> <p>Schools act as leaders to their community stakeholders in education about trauma and the promotion of regulation strategies</p>

4

STAFF HAVE ACCESS TO NEEDED SUPPORTS, INCLUDING COACHING, CONSULTATION, AND MEANINGFUL PROFESSIONAL DEVELOPMENT; BENEFITS THAT SUPPORT THEIR HEALTH AND WELL-BEING; NECESSARY MATERIALS AND RESOURCES; AND ADMINISTRATIVE SUPPORT IN PRIORITIZING SELF-CARE.

STAGE 0	STAGE 1	STAGE 2	STAGE 3	STAGE 4
Pre-Trauma Aware	Trauma Aware	Trauma Sensitive	Trauma Responsive	Trauma Informed
<p>Practices and policies create a culture of burnout</p> <p>Educators are routinely under-resourced in both materials and support</p>	<p>Leadership demonstrates an understanding of the importance of staff well-being</p> <p>Staff are given information about benefits routinely</p> <p>Informal practices exist for all staff to meet their own needs for healing and well-being</p>	<p>Opportunities for peer mentoring or coaching are made available and culture of support is cultivated amongst staff</p> <p>Gaps within employee benefits are identified and articulated to key stakeholders</p> <p>Staff drive agenda setting for professional development opportunities that directly align with their needs</p>	<p>Policies are developed that actively support staff in accessing needed help and a process for support is clearly identified and communicated</p> <p>Resources are allocated to enhance benefits as needed</p> <p>Staff drives policy development that helps to support a healthy work/life balance</p>	<p>Quality, on site and real time coaching and supervision is available to staff</p> <p>Comprehensive benefits for employees and their families are provided. Benefits have full parity for behavioral health services</p> <p>Policies and practices that support well-being are formally adopted and institutionalized</p>

5

SCHOOLS ACTIVELY, APPROPRIATELY, AND MEANINGFULLY ENGAGE PARENTS AND CAREGIVERS IN RELEVANT EDUCATIONAL OPPORTUNITIES AND DECISION MAKING AT ALL LEVELS.

STAGE 0	STAGE 1	STAGE 2	STAGE 3	STAGE 4
Pre-Trauma Aware	Trauma Aware	Trauma Sensitive	Trauma Responsive	Trauma Informed
<p>Little interaction with parents and caregivers beyond discipline</p> <p>Meeting times and communication strategies do not accommodate caregivers with nontraditional schedules and divergent communication resources</p>	<p>Staff and leadership demonstrate an understanding of the impact of trauma on parents and caregivers and how that affects relationships</p>	<p>Staff identify information opportunities to build relationships with parents</p> <p>School identifies meaningful roles for parents and caregivers within the school setting</p>	<p>School programs offer information and tools to parents and caregivers about stress, trauma, and resilience</p> <p>Parents are actively engaged on the trauma team and other leadership groups</p> <p>Schools actively seek and respond to feedback from parents</p>	<p>Parents and caregivers are actively engaged in decision-making</p> <p>Routine, positive, informal and formal communication happens between staff and families</p>

6

DISCIPLINE PRACTICES AND POLICIES SUPPORT RESTORING AND REPAIRING COMMUNITY, ADDRESSING THE UNMET, UNDERLYING NEEDS DRIVING BEHAVIOR, EXERCISING COMPASSION, AND SUPPORTING A CULTURE OF ACCOUNTABILITY.

STAGE 0	STAGE 1	STAGE 2	STAGE 3	STAGE 4
Pre-Trauma Aware	Trauma Aware	Trauma Sensitive	Trauma Responsive	Trauma Informed
<p>Punitive discipline practices focus on addressing the presenting behavior</p> <p>Discipline practices routinely disconnect students from instruction</p> <p>Disciplinary actions and policy view standardized rewards and punishments as the means to achieve compliance</p> <p>Before taking action, both parties of an incident are not asked about their ideal disciplinary outcomes or what actions would restore community connection</p>	<p>Consideration for the cause or purpose behind behavior is occasionally considered in discipline conversations</p> <p>Informal or sporadic community building efforts take place in classrooms</p> <p>School staff and leadership demonstrate an understanding that disciplinary practices should aim to increase a student's capacity of regulation and success</p>	<p>Intentional community building practices are routinely used in classrooms and other school spaces</p> <p>Schools identify the supports they need to reduce or eliminate suspensions and other punitive discipline practices</p> <p>Disciplinary action, when necessary seeks to address the social, emotional, cognitive, and relational needs driving behavior</p>	<p>Strong sense of community amongst staff and students</p> <p>Discipline policies are reviewed and adjusted as needed, and parent and student voice are considered in the revision</p> <p>Resources are allocated to support the shift from an incentive-based disciplinary model to one of accountability and responsiveness to developmental needs</p> <p>Students are able to connect consequences with their accountability to their community</p>	<p>Fully restorative model of discipline</p> <p>Suspension is exceedingly rare</p> <p>No discernable discrepancy in suspension or discipline rates by race or ability status</p> <p>Disciplinary action and accountability practices actively support connection to instruction for all students</p>

7

STUDENTS ARE GIVEN MEANINGFUL AND DEVELOPMENTALLY APPROPRIATE LEADERSHIP AND DECISION-MAKING OPPORTUNITIES, PARTICULARLY AROUND ISSUES THAT DIRECTLY IMPACT THEIR EXPERIENCES AND EDUCATION.

STAGE 0	STAGE 1	STAGE 2	STAGE 3	STAGE 4
Pre-Trauma Aware	Trauma Aware	Trauma Sensitive	Trauma Responsive	Trauma Informed
<p>Student voice is not included in decision making</p> <p>Extremely limited choices are given to students regarding their education</p>	<p>Some students, on an individual basis, are given choice in how to demonstrate proficiency</p> <p>Student voice is informally acknowledged in decision making, including regarding discipline</p> <p>Administrators seek student input on decisions that impact them</p>	<p>Practices demonstrate a value placed on student voice and leadership in discipline, instruction, and student support activities</p>	<p>Formal student leadership opportunities are established and supported and are given a place in formal decision-making processes</p> <p>Policies are enacted that support student choice in their schooling</p>	<p>Students across all ages and areas of study are able to individualize their learning and assessment to meet their needs</p> <p>Policies and practices embed students in the decision-making process</p> <p>As appropriate, students are included in the highest levels of decision making, including around budgeting and school priorities</p>

8

STAFF HAVE ACCESS TO MEANINGFUL LEADERSHIP OPPORTUNITIES AND ARE SUPPORTED IN TRYING NEW AND INNOVATIVE TECHNIQUES TO SUPPORT STUDENTS.

STAGE 0	STAGE 1	STAGE 2	STAGE 3	STAGE 4
Pre-Trauma Aware	Trauma Aware	Trauma Sensitive	Trauma Responsive	Trauma Informed
<p>Leadership is strictly “top-down”</p> <p>Little freedom is given to educators in customizing curriculum or classroom practices</p> <p>Staff may be penalized for being “off schedule” while addressing emergent non-academic student needs</p>	<p>Staff input is considered by leadership when requested and only on occasion</p> <p>Staff innovation allowed within specified parameters and with oversight from leadership</p>	<p>Staff leadership groups are formed to amplify their voice in the decision-making process</p> <p>Teachers are routinely asked to share promising practices with one another</p>	<p>Staff leadership groups are supported and given needed resources</p> <p>Policies are written to allow for individualization in instruction</p> <p>Appropriate development opportunities are available to teachers to help them innovate and improve</p>	<p>Diverse representation of staff is included in all decision-making process</p> <p>Practices and policies incentivize and reward innovation</p> <p>Quality professional development is available that works to meet articulated needs from staff</p>

9

SCHOOLS ACTIVELY, APPROPRIATELY, AND MEANINGFULLY PARTNER WITH COMMUNITY ORGANIZATIONS TO MEET THE NEEDS OF STUDENTS AND STAFF.

STAGE 0	STAGE 1	STAGE 2	STAGE 3	STAGE 4
Pre-Trauma Aware	Trauma Aware	Trauma Sensitive	Trauma Responsive	Trauma Informed
<p>Uncoordinated community partners working in the school setting</p> <p>No formalized process is used</p> <p>Specific outcomes from partnerships are lacking</p>	<p>Schools understand clearly the role of all community partners working in their school</p> <p>Schools actively identify gaps in services and seek out appropriate partners</p>	<p>Schools create specific and data-driven outcome expectations for all community partners</p> <p>School staff, including teachers, regularly communicate and collaborate with external partners</p>	<p>Community partners are embedded into the school and have clear expectations for communication and success</p> <p>Community partners regularly share disaggregated data on the impacts of their services</p>	<p>Clearly articulated partnerships with community partners actively support the trauma-informed process</p> <p>School has a long-term and sustainable plan for maintaining partnerships with and funding for external supports</p>

10

CURRICULUM DESIGN ACROSS GRADE LEVELS AND SUBJECT AREAS SUPPORTS THE TRAUMA-INFORMED PROCESS.

STAGE 0	STAGE 1	STAGE 2	STAGE 3	STAGE 4
Pre-Trauma Aware	Trauma Aware	Trauma Sensitive	Trauma Responsive	Trauma Informed
<p>No consideration to the trauma-informed process is given within the curriculum design process</p> <p>Curricula actively avoids opportunities to discuss historical trauma and marginalization</p>	<p>Individual teachers, on occasion, include information in the classroom setting</p> <p>Some teachers and leaders reflect upon the current ability to critically teach about all forms of trauma throughout curricula</p>	<p>Information about trauma is provided separately during designated instructional time</p> <p>Specific subject areas begin to embed a trauma-informed approach to methods and content of instruction</p> <p>Teachers routinely infuse social-emotional learning opportunities in all areas of curriculum</p>	<p>All subject areas have written and specific ways to include and support the trauma-informed process</p> <p>Cohesive, shared language about trauma and resilience is used across schools and districts</p> <p>School staff routinely collectively reflect on the ability to teach critically about marginalization and historical trauma throughout curricula</p>	<p>Information about trauma, resilience, well-being, and equity is fully embedded into curriculum, both formally and informally</p> <p>Specific policies are in place for the integration of new curriculum to ensure continued connection to the trauma-informed process</p>

11

HUMAN RESOURCES AND SUPERVISION PRACTICES, INCLUDING HIRING, PERFORMANCE MANAGEMENT, AND EMPLOYMENT TRANSITIONS REFLECT THE PRINCIPLES OF TRAUMA-INFORMED CARE.

STAGE 0	STAGE 1	STAGE 2	STAGE 3	STAGE 4
Pre-Trauma Aware	Trauma Aware	Trauma Sensitive	Trauma Responsive	Trauma Informed
No consideration for the principles of trauma-informed care are present	Informal inclusion of questions about trauma-informed care are present in the hiring process	<p>Collaborative identification of improvement areas during performance review</p> <p>Standardized interview questions reflect the principles of trauma-informed care</p> <p>Performance review standards are improved to better reflect the trauma-informed principles and a focus on relationships and culture</p>	<p>Policies related to hiring, performance management, and transitions are revised to reflect the principles of trauma-informed care</p> <p>Hiring process values a diverse set of decision-makers</p> <p>Exit interviews include standardized questions related to trauma-informed care, with particular attention to the role of the school in supporting staff well-being</p>	<p>Principles of trauma-informed care are embedded in the hiring practice, including in job postings and interview questions</p> <p>Impact of trauma is routinely discussed and addressed in performance management</p> <p>Employee transitions are handled with clear communication, and transition plans are in place. Opportunities are made available to staff and students to discuss and process transitions</p>

12

SCHOOLS HAVE A SYSTEM IN PLACE TO CONTINUALLY EVALUATE AND IMPROVE PRACTICES AND POLICIES.

STAGE 0	STAGE 1	STAGE 2	STAGE 3	STAGE 4
Pre-Trauma Aware	Trauma Aware	Trauma Sensitive	Trauma Responsive	Trauma Informed
No policy is in place to support continuous quality improvement	<p>A team of initial stakeholders is identified to address the policy process</p> <p>A cohesive definition of success is developed in partnership with community</p> <p>Key metrics are identified to measure progress and impact</p>	<p>Policies begin to be revised</p> <p>Additional voices are added to policy conversations, as needed</p>	<p>Nearly all existing policies have been evaluated through the principles of trauma-informed care</p> <p>The policy revision process is formalized, with intentional focus on the inclusion of a diverse group of stakeholders</p>	<p>Comprehensive process is formally adopted to address policies that includes specific standards for time of review and required participants</p> <p>Open data sharing, including disaggregated data, happens routinely</p> <p>Community is continually involved to identify standards of success</p>

Appendix 1

What Does it Look Like?

During the trauma-informed journey, schools will address all of their practices and policies, introduce new supportive practices and policies, and work to measure the efficacy of their work. No two schools' journey's will look the same, but here are examples of things that schools across our state have done to support their trauma-informed work.

UNIVERSAL TRAUMA TRAINING: Several school districts have or are in the process of completing baseline training with all staff in the district, including teachers, support staff, transportation, food service, administrators, board, etc.

COMMUNITY BUILDING PRACTICES: Schools are spending more time on proactively building community through morning meetings, community circles, and intentional culture building. This helps students increase their feelings of safety and belonging.

PRIORITIZING STAFF NEEDS: Schools are working to create changes big and small to support the health and well-being of staff. Some examples include creating a quiet or cool down space just for staff members; allowing teachers to take a break as needed throughout the day to meet biological needs or cool-down through the help of support staff; and providing education about and referrals to Employee Assistance Programs (EAPs).

CHANGING DISCIPLINE: Schools are trying several things to change their discipline approach to better align with the science of trauma, including the use of restorative practices, reducing suspension, and changing ISS programs to focus on reflection and social and behavioral skill building, rather than punitive responses.

CREATING SPACE TO REGULATE: Many schools are creating sensory, calming, or cool-down spaces that students can opt into to allow them to regulate their emotions and behaviors and return to the classroom ready to learn.

CONNECTING COMMUNITY: Schools on the trauma-informed journey are also working to better engage parents by providing them with education about trauma and self-care, involving them in decision-making processes, and addressing their approaches to parent engagement to create more opportunities for positive relationship building.

Appendix 2

This document was drafted for initial review by the Alive and Well Communities Educational Leader's Workgroup, at the request of the Missouri Trauma Roundtable. Members of the Workgroup include:

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**This document was developed at the request of,
and approved by, the state Trauma Roundtable:**

- Arthur Center
- Andrea Blanch, Ph.D.
- Bootheel Counseling Services
- Catholic Family Services
- Crittenton Children's Center Disaster and Community Crisis Center at UMC
- Fulton State Hospital
- KVC Hospitals
- Lafayette House
- MO Children's Division
- MO Coalition Against Domestic and Sexual Violence
- Missouri Department of Mental Health
- Missouri Division of Youth Services
- Ozark Center
- Pathways Community Behavioral Healthcare
- Resilience Builders
- St. Louis Center of Family Development
- Truman Behavioral Health
- Alive and Well Communities

**Educators across the state were asked by the Missouri Department
of Elementary and Secondary Education to provide input into the guidance.
We would like to thank the following individuals for their feedback:**

- Barb Wilson, High School Counselor at St. James R-1 Schools
- Susan Perkins, Elementary School Counseling Coordinator, Columbia Public Schools
- Emily Brown, Ph.D., LPC (NC), NCC, Assistant Professor in the Department of Education Sciences and Professional Programs, University of Missouri – St. Louis

Alive and Well Communities would like to thank everyone who has provided insights and feedback to help shape this document, especially the members of the state Trauma Roundtable and the Alive and Well Steering Committees in Kansas City and St. Louis.

Appendix B: Participant Survey

1. Demographic Questions Your Gender: *

Male

Female

Other

Non-binary

Prefer not to say

2. Your ethnicity (click all that apply): *

White

Black

Latin-X

Asian

American Indian

Other

Other

3. Your Age Range *

21-30

31-40

41-50

51-60

61+

4. I hold all necessary licenses or certifications to teach in my state. *

Yes

No

5. Number of years teaching.

*

< 1-5

6-10

11-15

16-20

20+

6. Highest degree earned (Click all that apply) *

Bachelors

Masters

Masters plus 30

Doctorate

7. Which title best represents you: *

General Education Teacher

Special Education Teacher

8. Grade Level Currently Teaching *

Preschool

Elementary

Middle School

High school

9. What best represents the school where you are currently teaching? *

Urban

Suburban

Rural

Other

10. Have you received trauma-training? *

Yes

No

11. If yes, how did you receive the training? (i.e. Professional development,

11. If yes, how did you receive the training? (i.e. Professional development, agency training, district-wide training) *

12. How many trauma-training sessions have you attended? *

None

1-4

5-8

9 or more

13. Teachers benefit from implementing trauma-informed practices in the classroom.

*

Strongly

agree Agree Undecided Disagree Agree

14. How often have you implemented trauma-informed practices in your classroom?

*

Daily Weekly Monthly Yearly Never

15. Trauma-informed training has given me the ability to self-regulate. *

Strongly Strongly

Agree Agree Undecided Disagree disagree

16. I am able to identify children who are experiencing emotional issues

from traumatic experiences. *

Strongly Strongly Agree Agree Undecided Disagree disagree

17. My trauma-informed training has provided me with the tools necessary to assist a student with trauma experiences *

Strongly Strongly agree Agree Undecided Disagree disagree

18. I am confident in my ability to resolve high tension situations (student refuses to complete work, is fighting, cursing at teacher/students).

Strongly Strongly agree Agree Undecided Disagree disagree

19. Trauma-informed training has contributed to changes in my discipline philosophy

Strongly Strongly agree Agree Undecided Disagree disagree

20. Trauma-informed training assisted you with amending your teaching philosophy.

*

Strongly agree Agree Undecided Disagree Strongly disagree

21. Since my trauma-informed training, I have changed the way I communicate with students. *

Strongly

agree Agree Undecided Strongly disagree

22. I have enough time to implement trauma-informed practices in the school day. *

Strongly Strongly agree Agree Undecided Disagree disagree

I can emotionally regulate students as well as provide academic

23. I can emotionally regulate students as well as provide academic support in the classroom *

Strongly Strongly agree Agree Undecided Disagree disagree

24. Teachers receive support from other faculty at school as it relates to trauma-informed practices *

Strongly Strongly agree agree Undecided Disagree disagree

25. In practice, my administrators support my trauma-informed practices in my classroom. *

Strongly Strongly agree Agree Undecided Disagree disagree

26. The trauma-informed practices I have been taught to implement in my classroom are age-appropriate. *

Strongly Strongly agree Agree Undecided Disagree disagree

27. I am given leeway to adjust the trauma-informed practices in my classroom to meet my student needs. *

Strongly Strongly agree agree Undecided Disagree disagree

28. Has your trauma-informed professional development contributed to your use of trauma-informed strategies? If yes, please describe. *

29. What strategies do you use to deescalate students in high tension situations? *

30. What strategies do you use to keep yourself regulated in high tension situations that occur in the classroom? *

31. What is your discipline philosophy? *

32. Have there been any negative effects for you resulting from your trauma-informed practice implementation? If yes, please describe *

33. Describe the benefits for trauma-informed practices for yourself. *
34. What school-based supports for trauma-informed care are available in the classroom? *
35. If you would like to be included in the Amazon drawing, please add your email in the box below. Any information obtained in connection with this study that can be identified with you will remain confidential and will be disclosed only with your permission. Thank you! *

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Microsoft Forms

Appendix C: Informed Consent Form

Dissertation Survey-

FBUIRB11182022-K.Roeder

Informed Consent Form for Certified Classroom Educators

Thank you for participating. This 10-15 minute study aims to examine teachers' perceived impact of trauma-informed training and professional development in the classroom and related classroom behavior management practices. I hope to increase my knowledge of how educators are prepared for trauma informed practices in schools. You were selected as a possible participant in this study because you are certified classroom teacher.

This on-line survey of open and closed ended questions will take approximately 15-20 minutes. All data collected will be stored on a password-protected computer.

There are certain potential benefits and risks associated with your participation in this research. A benefit of participating is that your unique voice will add to the research of teacher preparedness regarding trauma informed practices in schools. One risk may be feeling inconvenience due to the time spent taking the survey. Another risk may be feeling uncomfortable answering some of the questions.

Any information obtained in connection with this study that can be identified with you will remain confidential and will be disclosed only with your permission. All data from the study participants will be combined and reported collectively. In any written reports or publications, you will not be identified or identifiable. For your participation with a completed survey, you will be entered into a \$100 dollar Amazon gift card drawing.

By taking this survey, you are agreeing to participate in this study.

If you have any questions, please contact me, Katherina Roeder at

KRoede01898@fontbonne.edu or Dr. Jamie Doronkin at jdoronkin@fontbonne.edu and we will be happy to answer them. You may also contact Fontbonne University's Institutional Review Board Committee Facilitator, Dr. Joanne Fish at jfish@fontbonne.edu.

Thank you sincerely!

Katherina M. Roeder MAT

*IRB Approval: FBUIRB11182022-KRRequired

Appendix D: Codebook

<i>Describe the benefits for trauma-informed practices for yourself.</i>	
Code	Themes
Benefit Awareness	Mindfulness
Benefits Calm	Mindfulness
Benefits Connection	Social Emotional Skills
Benefits Good Relationships	Social Emotional Skills
Benefits How Trauma Manifests	Social Emotional Skills
Benefits Inadequate Training	Insufficient Support
Benefits None	Insufficient Support
Benefits Not Personal	Social Emotional Skills
Benefits Peaceful	Mindfulness
Benefits Self-Regulation	Mindfulness
Benefits Strategies	Social Emotional Skills

<i>Has your trauma-informed professional development contributed to your use of trauma-informed strategies? If yes, please describe."</i>	
Code	Theme
Training Awareness of Student Triggers	Mindfulness
Training Awareness that student reactions may be resultant of trauma	Mindfulness
Training-How trauma manifests	Social Emotional Skills
Training-inadequate	Insufficient Support
Training-Did not attend	Insufficient Support
Training-Restorative Practices	Social Emotional Skills
Training Somewhat Adequate	Insufficient Support
Training Strategies	Social Emotional Skills

Have there been any negative effects for you resulting from your trauma-informed practice implementation? If yes, please describe?

Code	Themes
Negative-Administration Little to no Administrative Help	Insufficient Support
Negative-Counselors Needed	Insufficient Support
Negative-Lack of Consistency (Not all teachers are trained)	Insufficient Support
Negative-No Adequate Training	Insufficient Support
Negative-No Effects Noted	Insufficient Support
Negative-Lack of Consequences Provided	Insufficient Support
Negative-Secondary Trauma	Insufficient Support
Negative-Implementing Trauma-Informed Practices Takes Time	Insufficient Support
Negative-No Compliance (Children do not respond/lack of parental support)	Insufficient Support

What school-based supports (SBS) trauma-informed care are available in the classroom?

Code	Themes
SBS-Administration	School-Based Assistance
SBS-Calming Area	Mindfulness
SBS-Counselors	School-Based Assistance
SBS-Fidgets	Social Emotional Skills
SBS-None	Insufficient Support
SBS-Professional Development	School Based Assistance
SBS. Restorative Circles	Social Emotional Skills
SBS. Special Education Teachers	School Based Assistance
SBS. Teachers	School Based Assistance
SBS. Universals	Classroom Behavior Management Strategies
SBS. Unknown	Insufficient Support
SBS. Zones of Regulation	Social Emotional Skills

What is your discipline philosophy?

Code	Themes
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Discipline-Preventative	Classroom Behavior Management Strategies
Discipline-Supportive	Classroom Behavior Management Strategies
Discipline-Corrective	Classroom Behavior Management Strategies
Discipline-Unsure	Insufficient Support

What strategies do you use to deescalate students in high tension situations?

Code	Themes
Deescalate-Redirection	Social Emotional Skills
Deescalate-Breaks	Social Emotional Skills
Deescalate-Breathing	Mindfulness
Deescalate-Calm	Mindfulness
Deescalate-Choices	Classroom Behavior Management Strategies
Deescalate-Connection	Social Emotional Skills
Deescalate-Get Help (from administration, counselors, crisis team)	School-Based Assistance
Deescalate-No Training	Insufficient Support
Deescalate-Proximity	Social Emotional Skills
Deescalate-Sensory Stimulation	Social Emotional Skills
Deescalate-Social Emotional Supports	Social Emotional Skills

What strategies do you use to keep yourself regulated in high tension situations that occur in the classroom?

Code	Themes
Strategies-Administration (utilizing administration to support the teacher)	School-Based Assistance
Strategies-Break (taking a break to self-regulate)	Social Emotional Skills
Strategies-Breathing	Mindfulness
Strategies-Calm	Mindfulness
Strategies-Connection	Mindfulness
Strategies-Counting	Social Emotional Skills
Strategies-Get Help (seek help from administration, counselors)	School-Based Assistance
Strategies-Meditation	Mindfulness
Strategies-Mindful	Mindfulness

Strategies-None (No strategies utilized/no
specific practices utilized)
Strategies-Not Personal (not taking student
behavior personally)

Strategies-Plan

Strategies-Prayer

Insufficient
Support

Social
Emotional
Skills

Social
Emotional

Skills
Mindfulness
