Educational Professionals’ Perceptions of their Role in Moving Toward Trauma-Sensitive Practices in Schools

Lisa M. Epp

University of Nebraska at Omaha

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EDUCATIONAL PROFESSIONALS’ PERCEPTIONS OF THEIR ROLE IN MOVING TOWARD TRAUMA-SENSITIVE PRACTICES IN SCHOOLS

By

Lisa M. Epp

A DISSERTATION

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Under the Supervision of Dr. Kay Keiser

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Supervisory Committee:

Kay Keiser, Ed.D
Jeanne L. Surface, Ed.D
Tamara Williams, Ed.D
Phyllis K. Adcock, Ph.D
EDUCATIONAL PROFESSIONALS’ PERCEPTIONS OF THEIR ROLE IN MOVING TOWARD TRAUMA-SENSITIVE PRACTICES IN SCHOOLS

Lisa M. Epp, Ed.D

University of Nebraska Omaha, 2020

Advisor: Kay Keiser, Ed.D

The purpose of this dissertation was to investigate the different ways classroom teachers, school counselors, school psychologists, and administrators; experience, perceive, understand and conceptualize their specific role in moving toward trauma-sensitive practices in schools. Grounded in the social-ecological theory related to trauma, the study was conducted in a suburban school district in Omaha, Nebraska utilizing focus groups from four participating middle schools. Fifteen education professionals were asked questions regarding their perceptions of trauma and their role in creating and sustaining trauma-sensitive practices in each of their contexts. A researcher-created interview protocol was utilized to collect perceptual data throughout the focus group interviews.

At the conclusion of the focus group interviews, four themes emerged related to awareness and knowledge of the prevalence of trauma, the impact of trauma on student outcomes, level of professional development on the topic of trauma and the role each professional play in creating and sustaining trauma-sensitive practices in their buildings.
Findings from this study found that all of the 15 participants in this study have an awareness of their specific role in creating trauma-sensitive practices in their contexts. The level of awareness and understanding of trauma-sensitive practices varied depending on their role and amount of professional development each received throughout their careers in education. School counselors and psychologists had the deepest level of understanding regarding their role in creating and sustaining trauma-sensitive practices. Building administrators expressed their role in terms of systems level responsibilities such as providing staff with professional development and connecting with outside resources that would equip school staff with additional tools to use when addressing trauma in their classrooms. Teachers expressed their role as being on the front lines so to speak. They are typically the first professionals to identify children who may be struggling in the classroom due to circumstances such as trauma.
Dedication

This is dedicated to all of the children from hard places who do not have a voice.

Let this be your voice.
Acknowledgements

I would like to acknowledge all of the support on behalf of my dissertation committee who helped shape my vision and purpose for this study. A special thank you to Dr. Kay Keiser for all of your guidance and nudging to move me beyond what I thought I was capable of doing.

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The road has been long, the journey arduous at times, but through all of the difficulties, lost moments and missed events, I have persevered. I am thankful for the struggle, for it has allowed me to see God’s sustaining power and love. “Surely God is my help; the Lord is the one who sustains me.” Psalm 54:4
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CHAPTER 1

Introduction

It was the beginning of another school year. My nineteenth year of teaching to be exact. The fall semester was well underway. I had met with all of the seventh-grade general education teachers regarding the students with Individual Education Programs (IEPs) and informed them of the accommodations and modifications that would be necessary for each of the students receiving special education. Early one morning, the school counselor entered my office to let me know I would have a new student joining my caseload.

This student was a young girl, I will call her Angie, who had just been placed in yet another foster home. The foster mother was at school to register the newest addition to their family. I walked over to the counselor’s office to meet my new student. She was small and frail. She wore a dirty white shirt and torn jeans. Her sandals looked a size too small and her hair was oily and in need of a cut. She was looking down when I entered the office. I approached her to introduce myself and finally saw her tired, distressed face. She managed a quiet “hello”, and resumed her downward gaze. After creating a schedule that would allow me to be in the majority of her classes, we sent her off to her second hour special area class while the adults continued to discuss her background and current placement.

As the conversation unfolded, I learned that Angie had been in foster care since she was two years old. This was her twelfth placement in foster care. She was most recently receiving special education services in a neighboring school district, but there was no accompanying special education paperwork. From what her foster mother had
been told by the caseworker, Angie was significantly behind her peers academically and was receiving a lot of academic support in her previous school.

As the weeks passed, I was able to obtain her current IEP and evaluation report, along with previous counselor reports. Angie was verified with a host of disabling conditions which included intellectual impairment, behavioral/emotional disorder and language impairments. After talking to Angie’s caseworker, I learned that she had suffered abuse and neglect from the time she was a toddler.

As a special education teacher, I began to put interventions in place to respond to the academic and behavior deficiencies that needed to be addressed. As the school year continued, I quickly became frustrated by additional behavior which included non-compliance, leaving school grounds, inability to focus in class, and what seemed to be a continuous need for attention. What I didn’t know or fully understand was the trauma Angie had experienced her entire life was likely responsible for the negative academic, behavioral and social outcomes we were experiencing. Nothing I was putting into place was working, at least not long-term. Why couldn’t I seem to reach this young girl? I was an experienced, compassionate, caring teacher with nothing but good intentions. Yet, I couldn’t seem to reach this girl. No matter the intervention, or how much I cared, nothing seemed to be effective. What was I missing?

As I later discovered, the missing piece of the puzzle was something I was just beginning to learn about and understand. The idea of Adverse Childhood Events, or ACEs, was relatively new to the school setting. Our school counselor was the first to introduce our building to this research in the form of professional development. I
wouldn’t be until several years later that I would begin my personal journey into the
realm of trauma-sensitive practice in schools.

My experience with Angie, and the new knowledge of Adverse Childhood
Experiences (ACEs) led me to wonder what role I, and other educational professionals
play in addressing the unique needs of children who have a history of trauma. This study
begins with an investigation of what role teachers, counselors, school psychologists and
administrators can play in creating trauma-sensitive schools.

**Roles Related to Trauma-Sensitive Schools**

**Teacher Role**

The role of the classroom teacher has changed significantly over the past 50 years.
With the introduction of technology and countless instructional strategies, the classroom
teacher no longer simply provides information for students to absorb. Teachers’ roles
have evolved to that of facilitator, role model, parent, assessor, counselor, and behavior
interventionist. With each passing decade, more and more is known about how children
learn and develop; academically, behaviorally and socially. With this understanding,
educators are becoming more aware of how outside factors such as poverty, trauma, and
stress can impact a child’s ability to be successful in the school setting. Research
regarding teacher’s specific role in addressing the needs of children impacted by trauma
is limited, however, one study conducted by Kassandra Reker, (2016), was recently
conducted which analyzed teacher perspectives on supporting students experiencing
trauma. This quantitative study asked the following question of teachers; “What are
teachers’ perceptions of their role in supporting students experiencing traumatic stress?”
Using a five-point Likert scale (1 = strong disagreement, 3 = neutral, 5 = strong agreement), teachers were asked to rate the degree to which teachers, counselors and psychologists were responsible for providing additional academic, emotional, and behavioral support to students who had experienced traumatic events. This question revealed that of the 327 teachers who answered this question, most believed that all three educational professionals played a role in providing additional support. However, the findings indicated that teachers perceived slight differences in the specific domains in which support was given. In the domains of academic and behavior support, teachers rated themselves higher than counselors and psychologists, meaning they view themselves as more responsible for providing academic and behavioral support to students in their classrooms. In the domain of emotional support, teachers viewed counselors and psychologists as slightly more responsible for providing additional support.

![Figure 1: Teachers' Perceptions of Staff Roles](image)

**Figure 1** Teachers' Perceptions of Staff Roles

Reker, Kassandra, "Trauma in the Classroom: Teachers' Perspectives on Supporting Students Experiencing Child Traumatic Stress" (2016). Dissertations. Paper 2146
In addition to her findings on teacher perspectives regarding their role in supporting students who have experienced trauma, Reker (2016) also gained perceptual data on student needs, teacher self-efficacy, the impact of professional development regarding trauma, teaching experience and school setting (urban or rural). Her study looked specifically at how all of these variables impacted teachers’ perceptions of their specific role in providing support to students who had experienced childhood traumatic stress.

Additional literature on the perception of teachers regarding their role in trauma-sensitive practices is limited. Many of the studies related to teacher roles in the context of trauma-sensitive practices relate to the significance of the teacher and the specific role they should play in creating trauma-sensitive classrooms.

**School Counselor Role**

The role of the school counselor, like that of the classroom teacher, is complex. Roles and responsibilities generally include; individual student academic planning and goal setting, designing classroom lessons pertaining to mental health and well-being, short-term counseling of individual students, referrals for long-term support, collaborating with teachers, parents, administrators and community members, student advocacy, and data analysis to identify student needs and challenges (American School Counselor Association, 2019).

Due to their training and background in mental health practices, school counselors play a vital role in promoting trauma-sensitive practices within the school setting. Much of the literature regarding trauma intervention focuses on classroom teachers. However, the American School Counselor Association (ASCA) outlines the school counselor role
in the School Counselor Professional Standards and Competencies. Specifically, these tasks include; recognizing the signs of trauma in students, understanding how trauma predicts individual failure if sufficient focus on resilience and strengths are not presented, avoiding practices that may re-traumatize students, creating connected communities and positive school climates, implementing effective academic and behavioral practices such as positive behavioral interventions and supports, supporting positive social and emotional practices, promoting safe, stable and nurturing relationships, educating staff on the effects of trauma and how to refer students to the school counselor. In addition, school counselors are responsible for implementing a trauma-sensitive framework and communicating policies within this framework to building staff. (American School Counselor Association, 2016).

**School Psychologist Role**

The role of the school psychologist has been prominent in the educational setting since 1949 (Reynolds, Gutkin, Elliot, & Witt, 1984, Agresta, 2004). Historically the role of the school psychologist has been concerned with the assessment of the intellectual, social and emotional development of children, leading to recommendations for educational programs or placements in special education. While the role of the school psychologist has remained relatively the same over the past decades, the National Association of School Psychologist (NASP) has recognized the unique role that these professionals play in the trauma-sensitive movement in schools. As their role evolves, school administrators are increasingly relying on school psychologists to become trained in evidence-based academic, mental and behavioral health interventions. With the push for Multi-tiered Systems of Support (MTSS), school psychologists have paved the way
for the successful implementation of trauma-sensitive practices in schools. The NASP, 2016 published a policy brief in 2016 outlining the role of the school psychologist in supporting trauma-sensitive practices in schools. Their roles include; providing comprehensive mental and behavioral health services to all students, developing comprehensive data collection plan to coordinate service delivery, work with administrators to implement school-wide mental and behavioral health programs, promote school policies and practice that ensure positive and safe learning environments for all students, providing ongoing professional development regarding trauma-informed practices and educating families about the impact of toxic stress, adversity, and trauma.

Administrator Role

Historically the role of the building administrator has been one of administrative manager (Valentine & Prater, 2011). Many of their tasks included daily operations and decision making necessary for the function of the school. They were tasked with the hiring of new teachers, planning budgets, overseeing student testing, curriculum development, managing behavior and ensuring minimal distractions or interruptions to the school environment (Valentine & Prater, 2011). As school reform became prominent in the 1990s, reformers began to recommend changes in the organization structure, including the role of the building administrator. Leithwood and colleagues (1994) argued for transformational approaches to leadership due to the challenges facing schools in the 21st century. No matter what leadership style the school administrator identifies with, most of the research concludes that ultimately the building leader should have a positive impact on student achievement and success in school (Valentine & Prater, 2011). When viewing trauma-sensitive practices through the lens of the building administrator, it is
important to understand how they can leverage their unique role to create the mindset necessary to engage the entire school staff and faculty in this movement.

Creating trauma-sensitive environments in schools involves system-wide changes in policy, practice, and culture. School leaders, specifically building principals play a vital role in bringing about change, overcoming challenges, and obtaining buy-in when a new structure is introduced (National Center on Safe Supportive Learning Environments, 2019). The integration of trauma-sensitivity begins with administrative action and endorsement of safe supportive school initiatives such as; The Massachusetts Safe and Supportive Schools Framework Law G.L. c. 69, § 1P (2014). This framework outlines an approach to supporting all students within the school environment in the areas of social-emotional learning, positive discipline, trauma sensitivity, equity, bully prevention, and substance abuse prevention. The Massachusetts Advocates for Children, Harvard Law School, and the Task Force on Children Affected by Domestic Violence created a policy in 2005 entitled, Helping Traumatized Children Learn. Schools were encouraged to adopt a flexible framework for trauma-sensitive practices in schools that outline the role of the school administrator. The framework included tasks such as strategic planning, assessing staff training needs and professional development related to trauma-sensitive practices, review and revise school discipline policies to ensure they reflect an understanding of the role trauma plays in relation to student behavior, develop community partnerships and evaluate initiatives on an ongoing basis.

**Purpose of This Study**

The purpose of this phenomenological study is to investigate the different ways classroom teachers, school counselors, school psychologists, and administrators;
experience, perceive, understand and conceptualize their specific role in moving toward trauma-sensitive practices. (Savin-Baden & Howell-Major, 2013). As a result of this study, the researcher hopes to contribute to the trauma-sensitive movement in schools by assisting educational professionals with an understanding of their unique role in this movement. When teachers, counselors, psychologists, and administrators understand what role they can play in this process, they will be better equipped to create trauma-sensitive practices in their classrooms and schools (Chafouleas, Johnson, Overstreet, & Santos, 2016).

**Research Question**

What do teachers, school counselors, school psychologists and administrators perceive to be their role in moving toward trauma-sensitive practices in the school setting?

**Framework**

This proposed study is grounded in social-ecological theory related to trauma and its effects on children. This model emerged from Urie Bronfenbrenner’s ecological theory of human development and behavior. Bronfenbrenner viewed child development and behavior as the interaction of various ecological systems (Bronfenbrenner, 1977, 1979). Bronfenbrenner, 1979, theorized as individuals develop, they are influenced by a number of factors such as biological and psychological characteristics as well as the family system, education environment, community, and the larger social system as a whole. Each of these environments creates distinct ecosystems that are broken down into five levels: the microsystem, mesosystem, exosystemic, macrosystem and chronosystem (Bronfenbrenner, 1977, 1979, Craig, 2016). Within the microsystem the individual has
interaction with his or her immediate environment (e.g. child-parent, child-peer interaction). The mesosystem consists of relationships the individual has with all individuals he or she comes into contact with (e.g. child-teacher, parent-school, child-peer). The exosystemic has an indirect influence on the individual by impacting the child’s Microsystems (e.g. school policies, teacher efficacy). The macrosystem consists of the larger cultural influences such as legislation, cultural perceptions of status, race, and gender. Finally, the chronosystem refers to influences on an individual over the course of a child’s development into adulthood. Throughout the course of a child’s development, they will encounter many events that will shape the way in which they interact with each system. Children who experience trauma in childhood will likely encounter challenges within their ecosystems that may lead to difficulties in school such as; poor academic performance, poor behavioral outcomes and delayed social competence (Crosby, 2015, Rossen & Cowan, 2013, Oehlberg, 2008).

The correlation between adversity in childhood and poor health, social and school outcomes have lead organizations such as the Substance Abuse and Mental Health Services Administration (SAMHSA, 2018) to develop frameworks and models for intervention to be used by mental health practitioners, educators, and medical professionals to better the outcomes for children who are affected by traumatic events. One such model is the Social-Ecological Model for Understanding Trauma and its Effects.
The social-ecological model for trauma emerged as a result of an awareness of adverse childhood events and the impact these traumatic events have on children. The seminal research known as the CDC-Kaiser Permanente Adverse Childhood Experiences (ACE) study, also referred to the ACEs study conducted by Felitti, Anda, Nordenberg, Williamson et al, (1998), laid the foundation for emerging practice in the medical field as well as mental health and education contexts. This foundational research study looked at childhood abuse and neglect and the impact these adverse events had on the long-term health and wellbeing of the individuals participating in the study. The ACEs study identified 10 adverse childhood experiences (ACEs) characterized by stressful or
traumatic events. These ACEs include; physical abuse, sexual abuse, emotional abuse, physical neglect, emotional neglect, violence against a household member, substance abuse within the household, mental illness among household member, parental separation or divorce and incarceration of household member (Substance Abuse and Mental Health Service Administration, 2017). The participants of the ACEs study were asked questions in order to ascertain how many, if any, ACEs they had experienced. The researchers then attributed a score to each individual based on how many ACEs they reported. The ACE score correlated to cumulative negative biologic effects such as health risks, disease, disability, and mortality. The higher the ACE score, meaning the more ACEs the subject reported, the greater the risk the individual had for developing health, learning and social problems (Anda, n.d.).

Evidence from subsequent studies on adverse childhood experiences provides additional support to substantiate the correlation between childhood trauma and poor educational outcomes, as well as increased risk for negative emotional and health outcomes. These bodies of research include a retrospective study done in the United Kingdom in which 1500 residents of the UK were surveyed to obtain an ACE score (Bellis, Lowrey, Leckenby, Hughes, & Harrison, 2014). Questions for this study were based on the Centers for Disease Control and Prevention short ACE tool. ACEs were defined as those used in the ACE study conducted in the U.S. with additional variables related to UK health policy. This study found similar results to the ACEs study done by Felitti and Anda, (1998) in the U.S. which found that ACEs contribute to poor life-course health and social outcomes. In addition, the UK study concluded that high
ACEs have a cyclic effect in that adults with four or more ACEs had a higher risk of exposing their children to ACEs.

Researchers are beginning to understand that trauma cannot be viewed through a narrow lens, but rather a broad lens that integrates all levels of a child’s ecosystems. Each system impacts how a child is able to cope with trauma as each system integrates biopsychosocial, interpersonal, community and societal norms evident prior to, during, and after traumatic events. Understanding trauma from this perspective allows the adults interacting with children to understand the influences on a child’s behavior, such as societal, familial or cultural, rather than on the individual characteristics of the child (SAMHSA, 2014). The goal is to encourage those working with traumatized children to ask not, “What is wrong with this child?” but rather, “What happened to this child?” Utilizing the social-ecological model for understanding trauma and its effects will keep the individual child in focus as the child is at the center of this model (Darling, 2007).

Within the context of the social-ecological model lies the community/organizational ecosystem. Educators fall within this ecosystem and have a responsibility to be attuned to the specific needs of each student in their charge. This study will seek to gain educational professionals’ perceptions of their roles in relation to the social-ecological model for trauma. Once an educator’s roles are known and understood, the school can move successfully toward creating trauma-sensitive buildings.
Chapter 2

Review of Literature

The exploration of the topic of trauma-sensitive practice began with extensive research of literature. This chapter will provide a rationale for the implementation of trauma-sensitive practices. An overview of evidence-based practices currently being utilized in schools will strengthen the significance of the study. Finally, the rationale for implementing trauma-sensitive practices is provided.

Teachers, school counselors, school psychologists, and administrators know and understand child development. They know about best instructional practice and how to effectively manage a classroom of twenty or more children. They have sat through countless professional development seminars and have read all of the most up-to-date research regarding strategies to keep students engaged in their classrooms. However, twenty years after the Adverse Childhood Experiences (ACEs) study, and subsequent correlational studies, educational professionals are still unsure about how to best serve children who have experienced trauma, especially those impacted by several ACEs who may struggle academically, behaviorally, and/or socially (Cavasco, Rossen & Hull, 2017; Crosby, 2015).

In addition, some students suffer from poor health outcomes as a result of trauma (Burke-Harris, 2018). Any one of these factors can have an impact on a child’s ability to be successful in school. Two or more of these factors make it extremely difficult for a student to be meaningfully engaged in school, thus impacting educational outcomes (Brunzell, Stokes, & Waters, 2015). Despite the statistics, schools are required to play a significant role in intervening with children who have experienced trauma (Crosby,
2015). This is due to the fact that schools are likely the first entry point for students with significant mental health needs (Crosby, 2015; Ko et al., 2008). Although many schools are not equipped to be mental health providers, teachers and other school personnel have a responsibility to address the mental health needs of the students they serve (Ko et al., 2008). Becoming a trauma-sensitive school means going beyond identifying and referring students to outside agencies, which parents may or may not access. In addition, being trauma-sensitive means stepping out of traditional ways of addressing learning and behavior concerns (Oehlberg, 2008). Understanding the perceptions of teachers, school counselors, school psychologists and administrators regarding the role they may play in addressing childhood trauma is the first step in moving toward establishing trauma-sensitive practices in the school setting.

According to the National Survey of Children’s Health (2016), nearly 46% of children in the United States have been exposed to one or more Adverse Childhood Events or (ACEs). Twenty-one percent have experienced two or more ACEs. This translates into an estimated 34 million children nationwide (Data Resource Center for Child & Adolescent Health, 2013). ACEs include, “a range of experiences that can lead to trauma and toxic stress which impact the early and lifelong health and well-being of children - particularly children who experience the compounding effects of multiple ACEs” (Bethell, Davis, Gombojav, Stumbo & Powers, 2017, p. 1).

Trauma impacts a child’s ability to be successful in the school setting as often learning, behavior and social skills necessary for success are impaired (Rossen & Hull, 2013; McInerney & McKlindon, 2014; Hunt, Slack, Berger, 2016; Crosby, 2015). To compound the problem, educators often don’t know what role they or the school play in
assessing, intervening, and educating children who have experienced trauma (Alisic, 2012, Craig, 2016). Despite their best efforts, teachers, psychologists, school counselors, and administrators typically receive little training or professional development to equip them to intervene with children who have been traumatized (Ko et al., 2008). This study will seek to gain an understanding of educational professionals’ perceptions of their role in moving toward trauma-sensitive practices within their buildings, district and ultimately the surrounding community. Understanding the role each professional play in creating a safe, nurturing, and collaborative environment will lead to successful outcomes for the students and staff within the school community (Craig, 2016).

**Evidence-based Practice and Impact of Trauma**

Traditionally, when a student begins to exhibit learning, behavioral, or socialization difficulties, educators react by beginning a progression of steps leading to a program or intervention of some type. Often these programs or interventions are ineffective, largely because well-meaning educators are looking at the child’s difficulties from a disability or discipline approach rather than a trauma approach (Hull, 2017). When educational professionals begin to view these learning and behavioral problems through the lens of trauma, they will be better equipped to develop appropriate interventions that lead to success for these students (Phifer & Hull, 2016.)

Implementing trauma-sensitive practices within the school setting is imperative if students affected by trauma are to be successful (McInerney & McKlindon, 2017). There are several frameworks or models in existence to provide guidance on trauma-informed practice. Such practices require buy-in on behalf of administrators, teachers, school psychologists and counselors, but current literature points to the benefits of creating
trauma-sensitive schools leading to improved academic performance and behavior for all students (Oehlberg, 2008, Downey, L. 2007).

**Trauma-Informed Positive Education**

One trauma-informed model making a significant contribution to research is known as Trauma-Informed Positive Education (TIPE). This model was developed to assist school psychologists, counselors and classroom teachers to meet the unique challenges of students who have experienced trauma (Brunzell, Stokes, & Waters, 2015). Trauma impacts all aspects of a child’s development (Australian Childhood Foundation, 2010). According to research done by the Australian Childhood Foundation (2010), a child who experiences trauma will experience a reduced capacity to think, reason, feel and adapt within their environment. Children of trauma lack the ability to respond in typical ways to common situations and routines. They have a difficult time expressing their feelings and trusting adults with their feelings. Trauma-Informed Positive Education is a strengths-based perspective that addresses three specific domains; repairing regulatory abilities, repairing disrupted attachment, and increasing psychological resources.

Students who have experienced trauma, specifically complex trauma, have a difficult time maintaining and regulating impulses. Their brains have created adaptive responses to feeling threatened, neglected, or harmed in some way. Some children use a hyperarousal response, often called, fight or flight. Others exhibit a dissociative response to trauma where they appear tuned-out to what is going on around them. When children have repeatedly been exposed to traumatic events they become fixed in a state of hyperarousal or hypo-arousal. They are unable to respond in appropriate ways to normal
stressors they may encounter at school (Perry, 2006). Trauma-Informed Positive
Education practice helps students who have experienced trauma begin to regulate their
emotional responses in an appropriate way by teaching these children how to self-
regulate. This is accomplished by teaching the child to acknowledge, label, and learn
from the intense feelings they are experiencing (Bloom et al 2006).

The second domain of TIPE, includes repairing disrupted attachment. Students
who have experienced significant trauma have difficulty trusting adults or building
significant relationships with them. With the absence of a nurturing, caring adult,
children lose the capacity to build and maintain relationships with others (Brunzell,
2015). It is essential for school personnel to develop relationships with students who have
been traumatized. This is done in an intentional, proactive way to create an environment
that is welcoming, warm, and safe. It is having, unconditional positive regard, as
described by psychologist Carl Rogers in his study of humanistic psychology (Rogers,
1961). Within the context of the school environment, having unconditional positive
regard for a student means valuing that student regardless of the outward, impulsive,
disruptive, often negative responses they have to normal, everyday activities. When a
traumatized student begins to feel valued and cared for they can begin to associate
positive attributes to the adults they are in contact with (Bath, 2008). When positive
associations are formed, the child can begin to form constructive attachments leading to
appropriate relationships with the adults and peers they interact with on a daily basis.

The final domain outlined in the TIPE model is that of increasing psychological
resources for children experiencing trauma. This domain incorporates learning strategies
aimed at increasing positive emotional responses in a way that the child can truly benefit
from these experiences. Often children who have been traumatized lack the ability to attach positive feelings to experiences such as accomplishing a difficult task, learning a new skill or engaging in an activity commonly viewed as pleasurable. The educator’s role is to provide opportunities for these students to observe, practice, and experience the effects of positive emotion (Brunzell, 2015). By helping students engage their strengths and talents, they can begin to assign positive emotions to new learning tasks.

**Neurosequential Model of Therapeutics**

Another framework commonly referenced in literature is known as the Neurosequential Model of Therapeutics (NMT), developed by Dr. Bruce Perry (2006). Dr. Perry conducted extensive research on the neurobiological effects of trauma which outline key principles related to human brain organization, function, and development. While this model was developed initially for medical professionals, the principles outlined in the model have been useful in the development of Trauma-Informed Positive Education practices within the field of education. The connection between trauma and neurosequential development has led to a better understanding of how students impacted by trauma can best be served in the classroom. Having well-structured classroom environments that provide experiences that mirror sequential processes of neurobiological development have shown to be effective with children who have experienced trauma. The NMT is an approach that integrates core principles of neurodevelopment and trauma to inform work with children, families and the communities in which they live (Perry, 2006). The neurosequential approach is made up of three key components including; training, assessment and specific recommendations for therapeutic, educational and enrichment activities to meet the needs of students who
have experienced trauma (The Child Trauma Academy, n.d., Brunzell, Stokes, Waters, 2016).

**Trust-Based Relational Intervention**

Trust-Based Relational Intervention (TBRI), is an intervention model developed by Dr. Karyn Purvis, co-founder of the Institute of Child Development at Texas Christian University in Fort Worth Texas. The model was developed to reach children from hard places, who have experienced abuse, neglect, and/or trauma and is used in homes, residential treatment facilities, group homes, schools and international orphanages. TBRI is an attachment-based, trauma-informed intervention model designed to meet the complex needs of children who have experienced trauma, specifically those who have been adopted or are currently in foster care. Dr. Purvis references the following definition of complex developmental trauma described by Van der Kolk & Courtois (2005), as “the experience of multiple, chronic, and prolonged, developmentally adverse traumatic events, most often of an interpersonal nature” (p. 402). Children who have experienced this type of trauma require specific interventions addressing the ecological, and physiological needs of the child. Through the course of her research, Dr. Purvis developed three principles to address these unique needs.

These principles include; a) empowering principles to address physical needs, b) connecting principles for attachment needs, and c) correcting principles to disarm fear-based behaviors. (Purvis, 2017). Dr. Purvis’ research over the course of 14 years yielded positive results in relation to the effectiveness of the Trust-Based Relational Intervention model. Her research is listed on the California Evidence-Based Clearinghouse for Child
Welfare registry and has been rated highly relevant in the child welfare system based on the program’s design and effectiveness.

**Attachment, Self-Regulation, and Competency Framework**

The Attachment, Self-Regulation, and Competency (ARC) framework developed by Kristine Kinniburgh and Margaret Blaustein (2010), is another evidence-based approach gaining recognition. This model for ARC was designed to be a flexible, component-based intervention for children and adolescents who have experienced complex trauma. ARC was designed to be both an individual, clinical intervention as well as an organizational framework to be used in systems such as schools in order to provide trauma-informed care. The ARC framework is designed around 3 primary domains and 8 key intervention targets (Blaustein & Kinniburgh, 2010).

The first domain identified by the ARC model is Attachment. This domain focuses on the caregiver and the environment in which the child and caregiver reside. Caregivers may include parents, teachers, therapists, guardians or a system of caregivers such as those in residential programs. The Attachment domain focuses on strengthening the caregiver by providing support, skills, and relational resources to adequately assist them.

Support comes in the form of helping the caregiver understand their own emotional response to their own trauma and/or that of the child. School-based applications of this domain comes in the form of professional development and training regarding various forms of trauma and the impact it may have of them as well as the child.
The second domain is Regulation. Complex trauma decreases a child’s capacity to effectively regulate their psychological and emotional states. Their heightened state of arousal or human alarm system, prevent children from effectively communicating their emotions much less control them. The caregiver’s role in the context of this domain is to help the child develop skills to label emotions and identify triggers that cause the dysregulated arousal levels. The caregiver serves as a buffer and external regulator for the child who is feeling overwhelmed or out of control.

The final domain addressed in the ARC model is that of Competency. The goal of this domain is to provide children with the skills they need to develop healthy relationships and build connections with others in order to support their emotional or practical needs. The caregiver’s role is to help the child build a capacity to tolerate and sustain connections with those in their environment. Children who have experienced abuse or neglect learned from an early age that their attempts to connect with a trusting adult often resulted in anger, rejection or indifference. Learning effective ways to identify safe and supportive means to communicate their wants and needs is essential in building resilience in these children.

Rationale for Trauma-Sensitive Practices

Legislation

Twenty years after the seminal research conducted by the CDC-Kaiser Permanente Adverse Childhood Experiences (ACE) study, national attention on ACEs and the impact of adversity on children is beginning to shed light on trauma-sensitive practices in the arena of public schools. Court rulings such as; Peter P., et al. v. Compton Unified School District et al, (2015), demanded that the Unified School District
in California implement proven practices that address trauma, just as schools have implemented practices to assist children with disabilities. In addition, legislation such as Every Student Succeeds Act, (2015) (section 4108), has incorporated language regarding the importance of trauma-informed practices that are evidence-based in recognition of how trauma impacts children’s ability to learn and be successful at school. As a result of federal legislation such as Every Student Succeeds Act, Overstreet & Chafouleas (2016) have identified at least 17 states that have implemented trauma-sensitive practices in their schools and districts. The movement toward implementation of trauma-sensitive practices has yielded some positive results (Rolfsnes & Idsoe, 2011). A meta-analysis and review of 19 school-based intervention programs addressing Type I and Type II (acute and complex) trauma conducted by Rolfsnes & Idsoe (2011), found a medium-large effect (d= 0.68) (SD = 0.41) on the reduction of posttraumatic stress on children when interventions were provided in the school setting. In addition, this study also found that the utilization of school-based programs led to greater outcomes because of the accessibility of the school versus a clinical setting (Jaycox, et al, 2010).

**Education Setting**

In her book entitled, *Trauma-Sensitive Schools*, Susan Craig stated “Trauma is not just a mental health problem. It is an educational problem that, left unaddressed, derails the academic achievement of thousands of children.” (p. 101)

Given the prevalence of childhood trauma, it is time for schools to take a closer look at current policies and practices that address, or neglect to address, the impact that trauma is having on our students. The day has come for school and district leaders to change the current paradigm regarding mental health in schools. “By understanding and
responding to trauma, school administrators, teachers, and staff can help reduce its
negative impact, supporting critical learning, and creating a more positive school
environment” (McInerney & McKlindon, 2014, p. 1).

Most educational professionals would agree that the primary mission for schools
is to support the academic achievement of all students. For this mission to be
accomplished the school must create a safe supportive environment in which students can
learn (Rossen & Hull, 2014). Children who have been exposed to chronic stress and
trauma often do not feel safe or ready to learn. The National Child Traumatic Stress
Network in conjunction with the Substance Abuse and Mental Health Services
Administration (SAMHSA), outline several essential elements for a school to become
trauma-sensitive.

The first step is to make all school personnel, at all levels, aware of the impact of
trauma on students. Anyone working with students in the school setting must have a basic
understanding of how trauma affects student learning and behavior (Cole et al, 2013,
SAMHSA, 2014). The next step is to incorporate trauma-sensitive practices into all
aspects of the organization and school culture. This involves ongoing professional
development designed to create a shared understanding of the impact trauma has on
students and establish system-wide approaches to identify and intervene with students
who have trauma histories. Much like current school-wide discipline models such as
Positive Behavior Intervention and Support (PBIS) or Multi-Tiered Systems of Support
for Behavior (MTSS-B), trauma-sensitive practices can be implemented and widely
utilized by everyone in the school. School districts in several states have begun utilizing
universal screening tools as a means to identify those students who may be vulnerable to
school failure due to experiencing several ACEs (Ko et al, 2008; Listenbee et al, 2012). The use of universal screening for the prevalence of trauma has led to early intervention and prevention of negative outcomes (Gonzalez, Monzon, Solis, Jaycox & Langley, 2015). The third step is to create safe, supportive classrooms where all students are able to learn and thrive emotionally. This can be done by helping students identify stressors and then teaching them how to self-regulate and maintain appropriate responses to those stressors. Incorporating quiet, sensory-friendly spaces, integrating regular exercise and promoting healthy eating are all practical ways teachers can create a classroom conducive to learning for all students, but especially those with trauma histories (Burke-Harris, 2016, Purvis, et al., nd). Establishing a predictable routine and setting clear boundaries and expectations are also vital components of the trauma-sensitive classroom (Cevasco, Rossen, & Hull, 2002). Fourth, creating partnerships within the community to assist families who have increased risk factors leading to ACEs is vital. If a family or child discloses trauma history or screening identifies trauma, it is imperative that the school either refer the family to an outside agency that can support their needs or depending on the severity of the need, provide on-site counseling utilizing an approved intervention such as Cognitive Behavior Interventions for Trauma (CBITS) or Supports for Students Exposed to Trauma (SSET) curriculum. In the state of Nebraska, there are a few programs currently being utilized in conjunction with community partners such as Project Harmony. One such program is the Connections Program. Through this partnership, trained counselors have begun to offer counseling at the school as well as train school counselors to offer support to students who have experienced several ACEs and have demonstrated a need for trauma-sensitive interventions.
The fifth step in creating trauma-sensitive schools is to evaluate current discipline policies and procedures. In the age of zero-tolerance, schools have unintentionally put children from abusive homes at risk for further abuse and neglect by caregivers. Zero-tolerance policies have led to an increased number of suspensions and expulsions, which research has found to be counter-productive in relation to supporting appropriate behavior and increasing student engagement in school (American Psychological Association Zero-Tolerance Task Force, 2008). Interventions linked to positive behavior supports have been shown to decrease problem behavior and improve academic success (Caldarella et al, 2011, Waasdorp, Bradshaw, & Leaf, 2012). Within the school setting, codes of conduct should include positive, developmentally appropriate responses to students’ misconduct (Gregory, et al, 2011). By incorporating responses to student behavior that include culturally responsive interventions, supporting student engagement, making use of restitution practices, providing cool down spaces, and ensuring students receive quality instruction when they return to class are all ways the school can improve outcomes for students who have experienced complex trauma. When schools implement supportive approaches to discipline by connecting students to the resources they need to learn appropriate behavior and heal from their trauma, the result will be; improved academic, behavior, and emotional outcomes for these students (Morgan, Salomon, Plotkin, & Cohen, 2014).

Finally, the last consideration when implementing trauma-sensitive practices in school is that of the self-care of the teachers and school staff that interact with students each day. Dr. Bruce Perry, (2014), has studied the effects of caring for children who have significant academic, behavioral and emotional needs due to the impact of trauma. Dr.
Perry found that compassion fatigue or secondary trauma among education professionals is becoming a major contributor to teachers’ lack of satisfaction with their job, and ultimately leaving the profession. Providing trauma-specific training is essential in building teacher capacity. With an understanding of the biology of trauma and its impact on the students they serve, educators feel better equipped to utilize specific strategies that lead to less stress for them and improved outcomes for students (Craig, 2016). Another benefit of trauma-specific training is that it incorporates specific strategies to build resilience in teachers. Strategies such as how to cope with the everyday challenges by providing resources to arm teachers with problem-solving skills, links to social supports including professional learning communities that help sustain teachers’ ability to regulate their own internal state, while trying to maintain a calm, supportive classroom environment (Craig, 2016). Administrators play a vital role in ensuring teachers needs are taken care of by providing encouraging, positive feedback, demonstrating strong caring leadership, periodically gathering data on teacher efficacy, connecting teachers to resources and professional development to encourage the development of social-emotional competencies needed to work in a trauma-sensitive environment (Cole, et al., Craig, 2016, Hamre & Pianta, 2006).

With the increased awareness of the impact of trauma on students, it has never been a better time to explore how our education system can incorporate trauma-sensitive practices into schools. Extensive research has concluded that trauma-sensitive schools have the potential to increase the academic, behavior and emotional outcomes for all students, but especially for those who have trauma histories (Blaustein, 2013, Craig, 2016). By addressing the negative impact that trauma has on a significant portion of our
school-age children, we can begin to change our perceptions about everything we once thought about closing the achievement gap, decreasing punitive behavior outcomes, and increasing graduation rates. By looking at these things through a trauma-sensitive lens, we may find the answer to some of the most difficult challenges we have faced in education.

**Programs Utilized Locally**

Within the state of Nebraska, a program entitled, Support for Students Exposed to Trauma (SSET) adapted from, Cognitive Behavioral Intervention for Trauma in Schools (CBITS) program (2009), has gained prominent attention from those in the mental health community. A pilot study conducted in 2009 by Lisa Jaycox & Audra Langley, researched the effectiveness of the SSET model in two Los Angeles middle schools. A selected sample of 76 students were provided the SSET intervention over the span of two years. Students were provided intervention through the SSET program and outcomes were measured after three months, then again after six months. Outcomes measured students self-reported symptoms of PTSD and depression on the *Child PTSD Symptom Scale*, which identified specific exposure to adverse events. Adverse events included; 1) experience of severe violence 2) experience of PTSD in the moderate to severe range after exposure to violent events. Students were also given the *Children’s Depression Inventory* to assess their cognitive, affective, and behavioral depressive symptoms. In addition, the *Strengths and Difficulties Questionnaire-Parent Report and Teacher Report* were administered. Once students completed the SSET program, a survey was given to parents and students to ascertain their satisfaction with the program. Data is presented as observed effect size based on the number of participants, researchers
determined they could expect a 14% chance of detecting a small effect (0.2) and 58% chance to detect a medium sized effect (0.5; Cohen, 1998). Effect size was based on differences between groups as well as differences over time. For significance testing, a linear regression of scores were calculated based on the primary outcome of the first follow up, controlling for scores at baseline, examining the effect of intervention group as shown in Table 1.

Table 1

Main Outcome Measures by Intervention Group

<table>
<thead>
<tr>
<th></th>
<th>Baseline (N = 76)</th>
<th>SSET groups</th>
<th>First follow-up (N = 76)</th>
<th>SSET groups</th>
<th>Second follow-up (N = 66)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean (SD)</td>
<td>X</td>
<td>Mean (SD)</td>
<td>X</td>
<td>Mean (SD)</td>
</tr>
<tr>
<td>PTSD self-report</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Delayed</td>
<td>19.41 (10.00)</td>
<td>X</td>
<td>18.32 (11.31)</td>
<td>X</td>
<td>15.59 (9.42)</td>
</tr>
<tr>
<td>Immediate</td>
<td>17.46 (10.37)</td>
<td></td>
<td>13.72 (8.43)</td>
<td></td>
<td>11.97 (9.07)</td>
</tr>
<tr>
<td>Depression self-report</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Delayed</td>
<td>14.32 (9.20)</td>
<td>X</td>
<td>14.92 (9.02)</td>
<td>X</td>
<td>12.91 (8.55)</td>
</tr>
<tr>
<td>Immediate</td>
<td>13.87 (8.52)</td>
<td></td>
<td>11.77 (7.90)</td>
<td></td>
<td>12.21 (9.79)</td>
</tr>
<tr>
<td>Parent reported behavior problems</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Delayed</td>
<td>12.46 (5.90)</td>
<td>X</td>
<td>11.30 (5.84)</td>
<td>X</td>
<td>8.91 (6.08)</td>
</tr>
<tr>
<td>Immediate</td>
<td>11.64 (5.80)</td>
<td></td>
<td>9.72 (4.94)</td>
<td></td>
<td>8.41 (4.91)</td>
</tr>
<tr>
<td>Teacher reported behavior problems</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Delayed</td>
<td>8.59 (7.37)</td>
<td>X</td>
<td>9.30 (7.98)</td>
<td>X</td>
<td>9.19 (6.86)</td>
</tr>
<tr>
<td>Immediate</td>
<td>11.33 (7.87)</td>
<td></td>
<td>10.28 (6.95)</td>
<td></td>
<td>10.47 (5.75)</td>
</tr>
</tbody>
</table>

(Jaycox, et al, 2009) School Mental Health 1:49-60

The results of this study demonstrated an observed decrease in PTSD among the group receiving immediate intervention (treated ES -.39, control ES -.16, difference ES -.23). For the depression indicator, (treated ES-.25, control ES .07, difference ES -.32). When looking at parent perceptions of effect after treatment a small effect size was noted (treated ES -.39, control ES -.28, difference ES -.10). Changes in teacher reports also showed a small effect size (treated ES .006, control ES .28, difference ES -.28), with the immediate intervention group showing a slight decrease in symptoms, where the delayed
intervention group showed slight increase in behavior problems according to teacher reports.

Within the context of this study, Jaycox & Langley (2009), pulled a sample of students with high symptom scores on preliminary screening tools. Among those in the high symptom, immediate intervention group, intervention effects were more pronounced, with a 10-point reduction in PTSD symptoms, and a 5-point reduction in depression symptoms. In addition, a 5-point reduction between baseline and first follow-up assessment, in behavioral problems was noted.

Table 2

<table>
<thead>
<tr>
<th>Main Outcome Measures by Intervention Group for High Symptom Group</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td><strong>PTSD self-report</strong></td>
</tr>
<tr>
<td>Delayed</td>
</tr>
<tr>
<td>Immediate</td>
</tr>
<tr>
<td><strong>Depression self-report</strong></td>
</tr>
<tr>
<td>Delayed</td>
</tr>
<tr>
<td>Immediate</td>
</tr>
<tr>
<td><strong>Parent reported behavior problems</strong></td>
</tr>
<tr>
<td>Delayed</td>
</tr>
<tr>
<td>Immediate</td>
</tr>
<tr>
<td><strong>Teacher reported behavior problems</strong></td>
</tr>
<tr>
<td>Delayed</td>
</tr>
<tr>
<td>Immediate</td>
</tr>
</tbody>
</table>


The authors note that a primary impetus for this study was to determine if a program like SSET could be successfully implemented in school by school counselors and teachers. The conclusions made from this study determined that a program like SSET can be implemented successfully in a school setting by teachers and counselors and the small to medium effect of the program in addressing PTSD and depression symptoms would indicate that it is a program to consider using moving forward.
Chapter 3

Methods

Background of the Study

This study was conducted in a suburban school district located in eastern Nebraska. Specifically, four middle schools within this district participated in the study. The school district serves nearly 24,000 students in kindergarten through twelfth grade.

Embedded within their strategic plan is a strategy focusing on, “addressing the behavioral and mental health needs of students by implementing systematic practices that promote good character, positive social behavior, and responsible citizenship”, (Millard Public Schools Strategic Plan, Strategy 3, 2018, p 4). The purpose of this study was to explore how the perceptions of educational professionals regarding trauma-sensitive practices can contribute to this specific strategy.

Design

The researcher conducted a variation of a phenomenological study known as phenomenography, which can be traced to Heidegger’s focus on understanding the human experience (Savin-Baden & Howell Major, 2013). The overall research design evolved from a desire to understand the perceived phenomena of the effects of childhood trauma in the education setting, and thus understand how educational professionals perceive their role in creating trauma-sensitive spaces within this setting. This research attempted to characterize how educational professionals perceive, apprehend, understand and conceptualize their unique roles in moving toward a trauma-sensitive school environment (Marton, 1994).
Research Question

What do teachers, school counselors, school psychologists, and administrators perceive to be their role in moving toward trauma-sensitive practices in the school setting?

To answer this research question, the researcher conducted focus group interviews across 4 middle schools. Each focus group consisted of a teacher, school counselor, school psychologist, and building administrator.

Operational Definitions

Within the context of this study, trauma is defined as “experiences that are overwhelming; lead to strong negative emotions such as shame, helplessness, and fear; and involve some degree of experienced or witnessed threat to self, whether that threat is physical, mental or emotional” (Rossen & Hull, 2013, p. 5). It is important to distinguish between chronic stressors, those that occur over a prolonged period of time and involve repeated exposure, and that of acute stress which is typically sudden and relatively brief in duration (Rossen & Hull, 2013). This study focused on the effects of chronic stress, resulting from four or more adverse childhood experiences, or ACEs (Rossen & Hull, 2013, Felitti & Anda et al, 1998). Literature also uses the term, toxic stress to describe prolonged adversity such as physical or emotional abuse, sexual abuse, neglect, caregiver substance abuse or mental illness, economic hardship, and/or incarceration of the caregiver. When such adverse experiences occur over a long period of time without adult support, activation of the stress response system can disrupt brain development and increase the risk for poor health outcomes (Center on the Developing Child, Harvard University, n.d). The term posttraumatic stress disorder (PTSD) is also cited frequently in
the literature to describe the response to sustained, repeated or multiple trauma experiences (Cloitte, M. et al, 2009). Posttraumatic stress disorder is not a new term; however, the term has more recently become known in the context of childhood trauma.

The Diagnostic and Statistical Manual of Mental Disorders, fifth edition (DSM-5, 2013), describes PTSD as a reaction to trauma-related stimuli that leads an individual to detach and distance themselves from reality. Symptoms include; irritability or aggression, risky or destructive behavior, hypervigilance, heightened startle reaction, difficulty concentrating and/or difficulty sleeping. The term, *trauma-informed*, refers to a national movement within the education setting that seeks to respond to the needs of youth who have been exposed to chronic, adverse childhood experiences. The goal of trauma-informed practice is to implement effective practices and systems-change to better the educational, social, and emotional outcomes for students impacted by traumatic stress (Chafouleas, Johnson, Overstreet, & Santos, 2015; Cole, Eisner, Gregory, & Ristuccia, 2013). Within the literature, the term *trauma-sensitive* is often used to describe educational settings that are, “to the extent possible, safe and attuned to the needs of students, families, staff and the community” (Rossen & Hull, 2013, p. 13). Trauma-sensitive describes an approach for supporting the academic, social and behavioral needs of all students, whether they have been impacted by trauma or not. The terms *trauma-sensitive* and *trauma-informed* are often used in similar contexts, however, the literature distinguishes the term trauma-informed to indicate that the trauma history has been disclosed and is known. For this study, the term trauma-sensitive will be used when referring to the use of a system-wide approach in the context of an educational setting.
Subjects
The subject participants included; four teachers, four school counselors, four school psychologists, and three building administrators across four middle-level settings, within the Millard Public School District. Study participants were recruited through email correspondence. Once volunteers consented to participate, focus groups were formed homogeneously in an effort to create parity and reduce any perceptions of power imbalance within the groups.

The participants in this study were selected due to the unique differences in their roles. Teachers encounter students on a daily basis with a high level of interaction throughout the school day. School counselors interact with a limited number of students, often on a weekly basis, or more frequently based on specific student needs. School Psychologists often have an indirect association with students and may have very little to no interaction with many of the students in a school. Their role is that of consultant, and/or interventionist. The school administrator has some level of interaction with students daily, but this interaction varies based on the availability of the administrator due to professional obligations related to their role. School administrators were included due to their decision-making power and leadership capacity.

In the context of the focus-group interviews, I was able to collect perceptual data that would lead to a better understanding of how educational professionals experience, perceive, understand and conceptualize their specific role in moving toward trauma-sensitive practices. The data collected through the interview process generated four themes linked to trauma-sensitive practices and understanding of roles associated with trauma-sensitive practices in the school and classroom settings.
Data Collection

Qualitative data collection was done by interviewing participants within the context of focus groups using a researcher-created interview protocol. This method allowed the researcher to gather information about how each individual, as well as the group, perceived, thought, and conceptualized their role in creating a trauma-sensitive environment within the school setting. It also allowed distinctions to be made between differing views and beliefs among individual group members (Creswell, 1998). Current Literature is scarce regarding education professionals’ perceptions of their distinct roles as they relate to trauma-sensitive practices. The focus group interviews allowed the researcher to gain a baseline of perceptual data regarding how education professionals think about this topic.

Focus Group Interview

The focus group interview consisted of open-ended questions regarding education professionals’ perceptions of trauma-sensitive practices and their roles in creating these practices in their buildings and classrooms. An interview protocol was developed by the researcher consisting of group interview questions. The questions were developed based on literature and research on the topic of trauma-sensitive practices in the school setting.

As the researcher conducted the interviews, an audio recording of the session was used so that the speaker was accurately identified within the group setting. The verbal recording of the video was transcribed by the researcher. The transcriptions of each interview were then coded and analyzed in order to distinguish common themes, perceptions, or areas of incongruence among subgroups. Subgroups were
categorized based on role, demographic information, and experience with trauma-sensitive practices.

**Study Procedures**

A field test of the researcher-created focus group interview protocol was conducted to ensure validity. The focus group consisted of a school counselor, two administrators (one building principal and one district-level administrator), and one classroom teacher.

The researcher began the field test by having participants read over the statement of consent and signing a consent form. The researcher provided an overview of the study, including the research question; What do teachers, school counselors, school psychologists, and administrators perceive to be their role in moving toward trauma-sensitive practices in the school setting? After providing an overview and stating the purpose of the study, the researcher had participants read over the focus interview questions. The questions in the original protocol are presented in Table 3.

**Table 3**

*Interview Protocol 1*

<table>
<thead>
<tr>
<th>Demographic</th>
<th>1. What is your role?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2. How many years have you been in this role?</td>
</tr>
<tr>
<td>Knowledge of Trauma</td>
<td>3. Have you experienced students who have been exposed to trauma?</td>
</tr>
<tr>
<td></td>
<td>4. What does the term “trauma-sensitive” mean to you?</td>
</tr>
<tr>
<td>Training/Professional Development.</td>
<td>5. Have you received professional development in trauma-sensitive practices?</td>
</tr>
<tr>
<td>Role in trauma-sensitive practice</td>
<td>6. What do you believe to be your role in creating a trauma-sensitive school?</td>
</tr>
<tr>
<td></td>
<td>7. What do you believe to be your role in sustaining a trauma-sensitive school?</td>
</tr>
</tbody>
</table>
After receiving feedback from my field test participants, questions were modified to read as follows; questions 6 and 7 were combined and restated as; “What do you believe to be your role in creating and sustaining a trauma-sensitive school?” Participants also suggested the researcher define the term trauma as it is used in the context of the questions, as well as make a distinction between the terms, *trauma-informed practice* and *trauma-sensitive practice*. The group also suggested the researcher include the protocol with the consent form to allow participants the opportunity to see the questions in advance of the focus group interview.

**Procedures for Data Collection**

The researcher obtained permission from Millard Public Schools to conduct this research utilizing educational professionals during the Fall academic years of 2019-2020. Once necessary permission to conduct my research was obtained, participants were made aware of all data collecting procedures including audio-taped recordings and transcription of the interview in which they participated. The researcher ensured that all who volunteered to be part of a focus group were notified in writing of all procedures as well as how the data was to be kept confidential (see appendix B). In order to ensure confidentiality, the researcher assigned a number to each participant. Names were not used in the context of this dissertation when presenting data.

**Ethics**

The topic of trauma may pose the threat of re-traumatization for participants who have experienced traumatic events in their lifetime. The researcher minimized these threats by ensuring participants were fully aware of the nature of this research. The letter to potential participants clearly stated that the interview questions were related to
childhood trauma and adverse childhood events. Participants had the opportunity to refrain from participation in this study if they felt they may be negatively impacted by this topic.

In order to control personal bias, the researcher did not interject personal thoughts or opinions during the interview. Interactions focused on the participants answers and discussion on the topic. My role as the researcher was to moderate, ask questions, prompt discussion, and record my observations.

Analysis

Once the interviews concluded and the transcription process was finalized, the researcher analyzed the data by utilizing an open coding method to identify concepts or themes that emerged through a line-by-line examination of the transcriptions. Different highlighters were used to identify common phrases from the participants’ answers. Yellow was used to highlight words and phrases related to knowledge of trauma. Pink was used to highlight any words or phrases that related to the specific term, trauma-sensitive. Green was used to highlight phrases related to role perception. Orange highlighted phrases specific to responses that identified the impact of trauma on students. Phrases that included discussion about professional development related to trauma were highlighted in blue. Once common phrases were identified by color, a number was assigned to each theme that emerged.

The second round of analysis and coding consisted of creating two excel spreadsheets. The first spreadsheet contained protocol questions and responses. Responses were coded by role and question. Demographic information was not included as a question as groups were homogenous. The first question was coded as (2) and related
to knowledge of trauma. The second question was coded (2.1) and related to the term trauma-sensitive. Question three was coded (3) and related to professional development in the area of trauma-sensitive practices. The fourth question, coded (4) related to the specific research question, “What do you believe to be your role in creating and sustaining a trauma-sensitive school?” I then assigned a letter to correspond with each role represented. The letter “P” represented the school psychologist, “C” represented a counselor, “T” represented a teacher’s response, and “A” represented the administrator.

The third round of coding took the open codes and categorized responses into four themes that emerged from the data. I created a separate excel spreadsheet to organize responses by codes into the following themes; 1. Understanding, awareness, and knowledge of trauma, 2. Reaction to trauma, children with trauma histories, and impact of trauma, 3. Systems-level impact and professional development on trauma-sensitive practices, 4. Perception of role related to trauma-sensitive practices.

Subgroup data and resulting themes are presented and summarized within the context of chapters 4 and 5.
Chapter 4

Data Analysis and Findings

The purpose of this study was to investigate the different ways classroom teachers, school counselors, school psychologists, and administrators perceive their role in moving toward trauma-sensitive practices in schools. My investigation led to an understanding of educational professionals’ perceptions, not only of what trauma-sensitive practices meant to them but also their specific role in creating and sustaining these practices within their unique contexts. This research addressed the gap in the literature related to role perception and trauma-sensitive practices within the school setting as it provided a baseline of perceptual data.

This chapter will outline the interpretation of the data collected in the focus group interviews. It will present an overview of the research design, the data collected, and the themes that emerged from the data.

This study was conducted in a suburban school district located in eastern Nebraska. Four middle schools within the district were utilized. Across the four middle schools, homogenous groups consisted of classroom teachers, school counselors, school psychologists and building administrators. Focus group interviews comprised various settings such as building and district conference rooms across the span of two months.

The participating school district has developed a strategic plan. One strand of this plan consists of Strategy 3: “In cooperation with family and community, we will address the behavioral and mental health needs of our students by implementing systematic practices that promote good character, positive social behavior, and responsible
citizenship.” (Millard Public Schools Strategic Plan, strategy 3, 2018, p. 4). The way that educational professionals perceive their unique role in creating trauma-sensitive practices in their building may contribute to this strategy.

**Participant Demographics**

Demographic information was collected within the context of the focus group interviews. There were 15 participants from the four middle schools included in the study. The first interview consisted of four school psychologists, all-female. There was a range in the number of years each had been in their role from 11-17 years. The second focus group consisted of four school counselors, two males, and two females. The number of years they had been in their role as counselors ranged from 5-10 years. The third focus group consisted of three middle school principals, their number of years in that particular role ranged from 1-15 years. The final focus group consisted of four teachers, one male, and three females. The range in the number of years in their role was 4-23 years. (see Table 4).
### Table 4

*Participant Demographics*

<table>
<thead>
<tr>
<th>Role</th>
<th>Gender</th>
<th>Years in Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>School Psychologist A</td>
<td>Female</td>
<td>17 years</td>
</tr>
<tr>
<td>School Psychologist B</td>
<td>Female</td>
<td>11 years</td>
</tr>
<tr>
<td>School Psychologist C</td>
<td>Female</td>
<td>13 years</td>
</tr>
<tr>
<td>School Psychologist D</td>
<td>Female</td>
<td>13 years</td>
</tr>
<tr>
<td>School Counselor A</td>
<td>Male</td>
<td>5 years</td>
</tr>
<tr>
<td>School Counselor B</td>
<td>Male</td>
<td>9 years</td>
</tr>
<tr>
<td>School Counselor C</td>
<td>Female</td>
<td>10 years</td>
</tr>
<tr>
<td>School Counselor D</td>
<td>Female</td>
<td>10 years</td>
</tr>
<tr>
<td>Administrator A</td>
<td>Male</td>
<td>13 years</td>
</tr>
<tr>
<td>Administrator B</td>
<td>Male</td>
<td>15 years</td>
</tr>
<tr>
<td>Administrator C</td>
<td>Male</td>
<td>1 year</td>
</tr>
<tr>
<td>Teacher A</td>
<td>Female</td>
<td>9 years</td>
</tr>
<tr>
<td>Teacher B</td>
<td>Female</td>
<td>23 years</td>
</tr>
<tr>
<td>Teacher C</td>
<td>Male</td>
<td>8 years</td>
</tr>
<tr>
<td>Teacher D</td>
<td>Female</td>
<td>4 years</td>
</tr>
</tbody>
</table>

Totals N=15 9 Females, 6 Males Range 1 – 23 years
Data Collection

Data was collected through the focus group interview process. The interviews began by gaining consent from each participant and providing an overview of the study. Group norms were communicated for the focus group interview and demographic information regarding the participants’ number of years in their current role was documented. The interview was conducted using an interview protocol that the researcher developed. Each focus group interview was audio-recorded and later transcribed by hand. Once transcription was complete, data were analyzed by reading through the transcriptions several times and highlighting themes that emerged. Common phrases and responses were organized into an excel spreadsheet. These were then categorized into themes that emerged across the subgroups. In total, four overarching themes emerged. The first theme that surfaced included participants’ understanding, awareness and knowledge of trauma. The second theme to emerge was the impact of trauma on students and staff as well as the reaction one has to a child who has experienced trauma. The third theme was related to systems-level impact which included the topic of professional development related to trauma and its impact on students. The fourth theme, which addressed the research question directly, was the articulation of how each subgroup conceptualized their role in creating and sustaining trauma-sensitive practices in their building or buildings.

The interview protocol consisted of the following questions: (1) What is your role? (2) How many years have you been in this role? (3) Have you experienced students who have been exposed to trauma? (4) What does the term trauma-sensitive mean to you? (5) Have you received any professional development in the area of trauma-sensitive
practices? (6) What do you believe to be your role in creating and sustaining a trauma-sensitive school?

Data Analysis

Responses were coded by using capital letters to distinguish between the roles of participants. The letter P represents the school psychologists, letter C represents a counselor’s response, letter A refers to an administrator, and letter T represents a teacher’s response. The numbers following the letter correspond to the specific question or questions that were asked.

Theme 1: Participants’ understanding, awareness and knowledge of trauma.

This theme emerged based on the third and fourth questions asked during the interview. The two questions were coded as follows; (2) Have you experienced students who have been exposed to trauma? and (2.1) What does the term trauma-sensitive mean to you? These questions yielded responses that encapsulated this theme. Some of the responses are as follows;

P 2-2.1."...to me trauma-sensitive would be the understanding that students may come from a background where they have experienced trauma, and taking that understanding and using it, and then taking it a step further to have some sort of plan based on your understanding for when the student is struggling."

C 2-2.1 "I would say each case is different, you know what they’ve gone through, trying to understand what they’ve gone through, because I haven’t been in their shoes, just being as understanding as possible, and listening and understanding what they’ve experienced in their life that’s changed them."
T 2-2.1 "When I hear trauma-sensitive I think of being aware of those experiences that have impacted how they interact with the world, and impact their education."

T 2-2.1 "Trauma-sensitive means to me, being aware of kids in your classroom who have had any kind of trauma. It can be small or big, it depends, as a teacher you just know it could be out there, and just to be aware of it and that it could be happening."

P 2-2.1 "I would say it is just having an overall awareness and understanding of what our students are coming to school with, it's not necessarily their academic ability, it's understanding there are things outside of school that affect them more."

C 2-2.1 "I think for me, trauma-sensitive is being aware of multiple things that can impact a student’s day besides just thinking at school and also, trying to make myself more understanding and aware of what might trigger them, what might be something that brings back or retraumatize them, I say trigger them, retraumatize them, so I guess that is how I would refer to it."

**Teachers**

All of the teachers who participated in the focus group interview expressed that they had encountered students who had been exposed to trauma. All of the teachers noted that being trauma-sensitive meant being aware that there may be students in their classrooms who have been impacted by trauma in some way, “When I hear trauma-sensitive I think of being aware of those experiences that have had an impact on how they interact with the world and impact their education.” Another teacher acknowledged that sometimes they don’t know about a student’s trauma history, they just know that the student isn’t being successful in school for some reason, “…to me trauma-sensitive is having that awareness of the students who you know have experienced trauma, but also
the awareness that there are, I mean, for every one that you know there is trauma, there is a large group that you don’t have any clue that are still going through and dealing with things that maybe we don’t have a good handle on and we don’t have the explanation of why they are doing this or reacting in such a way.”

Upon examination of the responses from teachers related to the first theme, it is evident that teachers have some awareness of how trauma impacts students in their classrooms. This awareness has come about as a result of the few professional development opportunities they have participated in within their buildings as well as their personal experiences with students in the classroom.

**Counselors**

The school counselors unanimously answered, “yes”, when asked if they had experienced students exposed to trauma. One counselor responded that they had encountered, “a lot of them over the years”.

In reference to what trauma-sensitive meant to them, the school counselors had more insight into how trauma impacts students, specifically how students exposed to trauma may have specific triggers that may cause disruption in the classroom, “I think for me, trauma-sensitive is being aware of multiple things that can impact a student’s day besides just thinking at school and also, trying to make myself more understanding and aware of what might trigger them, what might be something that brings back or retraumatizes them.” Their answers implied a first-hand knowledge of how trauma impacts students educationally, emotionally, and socially. It was evident that school counselors have had more training on this topic as their answers spoke to this understanding.
School Psychologists

The school psychologists also collectively answered, “yes”, when asked if they had encountered students who had experienced trauma. Like the counselors, the school psychologists had a much deeper understanding of trauma-sensitive practices due to their unique role and training. Many of their answers reflected a collaborative approach to addressing trauma in the school setting, “I would say it is just having an overall awareness and understanding of what our students are coming to school with, it’s not necessarily their academic ability, it’s understanding there are things outside of school that affect them more, and for everybody involved to have a collaborative approach, whether it’s the cooks or security, everyone has to have a basic understanding of what those students might look like and how we can interact with them and have a conversation and trying to like guide that and be proactive with some extra support they might need.”

Administrators

As with the previous focus group participants, the school administrators also acknowledged unanimously, that they all had experiences working with children exposed to trauma.

Like the school psychologists, the administrators answered many of the questions from a systems perspective, "being trauma-sensitive is having a system in place where you can support those students in the classroom, in your building, at home if you need to, to help them, basically to support them with whatever that trauma might be.” Another administrator responded, “I would agree with A and B, it’s about the systems you have in place at your building to support that, but it’s also the partnerships in the community to
help support kids that come from trauma, um, I think about Project Harmony, the partnership Millard has with them. It’s also about educating your staff on the different types of trauma that there are and what it looks like, because not every kid comes with the same type of trauma. There’s different levels of it, and sometimes you might not even know through daily interaction that a student has come from trauma, or is experiencing trauma. So, it’s what systems do you have in place that can screen for that, and then once you’ve identified those kids, what systems do you have in place in your building to address it, just educating your staff.”

**Theme 2: Impact of trauma on students and staff and the reaction one has to a child who has experienced trauma.**

This theme emerged from answers also stemming from the two questions coded as; (2) have you experienced students who have been exposed to trauma? and (2.1) What does the term trauma-sensitive mean to you? Again, the responses given to these questions yielded data that encapsulated this theme. Some of the responses are as follows;

P 2-2.1 “…maybe some ways you can react in a trauma-sensitive way so that students don't feel as isolated and struggle as much."

C 2-2.1 "I think it is a matter of recognizing the triggers with particular students, each student’s situation is different and each reaction is going to be different, and then showing them grace when behaviors or responses occur. I think that’s the number one thing."

T 2-2.1 “…recognizing that they have gone through something that makes it hard for them to either communicate effectively or kind of cope with situations, or some type
of situation where they have experienced something that then effects their behavior in other ways."

P 2-2.1 “…and then two, how you're reacting to different students, you know you maybe encounter a student in the hallway that you may know was exposed to trauma but just recognizing, hey I may need to be aware of how I am reacting to this student because they may react differently because of trauma.”

C 2-2.1 "I also think too, of being aware of my own baggage and how that influences or can impact students, and I feel like that is a big thing about being trauma-sensitive too, because that spreads into how I respond, you know what I mean? the teachers talk to us too, I mean we have teachers that lean on us as well. Knowing their…, even being trauma-sensitive to teachers.”

P 2-2.1”…being knowledgeable about potential incidents that could impact our students…and then making sure we're being sensitive to how those can impact their day to day reactions to situations."

Teachers

This theme emerged from answers to several of the questions asked throughout the focus group interview. Stemming from answers in relation to awareness of trauma, many teachers commented on the impact of trauma on student’s ability to be successful academically, socially and behaviorally, “…when I hear trauma-sensitive I think of being aware of those experiences have had an impact on how they interact with the world, and impact their education”, “…that they have gone through something that makes it hard for them to either communicate effectively or kind of cope with situations, or some type of situation where they have experienced something that then affects their behavior in other
ways.” One teacher noted the impact that trauma can have on teachers as well. She stated, “I agree with what was said, and probably along those lines too, but just realizing that you are the person that is on the frontline and that everyone will have baggage, that even you have baggage and that you will have to treat kids differently.”

Counselors

The perspective of the counselor in relation to the impact of trauma on students was different than that of the other participants. Several of the school counselors mentioned the need to support teachers as they strive to support children with trauma histories, but also because teachers may have experienced trauma growing up as well, “I think that as a counselor, in that role, being sensitive to the backgrounds of teachers too. Rather than jump to, you know, ‘oh he’s impatient or not responding right’, rather than jump to, ‘she’s not a good teacher,’ because she can’t respond the way I would or whatever, you know, we’ve got to be sensitive to that.” They went on to say, “I also think too, of being aware of my own baggage, and how that influences or can impact students, and I feel like that is a big thing about being trauma-sensitive too, because that spreads into how I respond, you know what I mean? The teachers talk to us too, I mean we have teachers that lean on us as well…even being trauma-sensitive to teachers.”

School Psychologists

The school psychologists’ responses related to the theme of impact tended to lean toward their role as an interventionist. Most of them made reference to helping teachers by modeling or communicating best practices when it comes to reacting to children who have trauma histories. One school psychologist stated, “I think always, obviously, keeping confidentiality in mind, but sometimes I think we know a lot about students that
might help teachers see students in a different light and maybe shed some light on why they are seeing what they are seeing, and then, um, getting all the way down to the classroom and modeling some of the practices that are helpful. You know the four-to-one ratio, four positives to every one negative and just help building some of those tier-one types of skills in the classroom by modeling and helping teachers out, I think we can help that whole range, that whole spectrum”. Another responded with, “Yeah, well, the first thing would be gathering information so that we have knowledge about what has occurred in the student’s life and then it is sharing that information to necessary staff members so that they are able to respond in their classroom or school environment in ways that wouldn’t be potentially stressful for the student.”

**Administrators**

School administrator’s answers in relation to this theme emerged from their unique perspective as building leaders. Again, much of their answers were from a systems lens, meaning the way they addressed reacting to trauma was through the development of a plan and utilization of resources, “Being trauma-sensitive is having a system in place where you can support those students in the classroom, in your building, at home if you need to, to help them, basically to support them with whatever that trauma might be. Um, anything as simple as divorce to loss of a parent, loss of a grandparent, all the way up to abuse and those kinds of more significant events. Just having an awareness as a staff member, these are the things going on, and with those kids we typically have an individualized plan for them of; “this is how we react when they come to school with this.” Another administrator’s response included, “Being trauma-sensitive is having a system in place where you can support those students in the classroom, in your building,
at home if you need to, basically to support them with whatever that trauma might be. Anything as simple as divorce to loss of a parent, loss of a grandparent, all the way up to abuse and those kinds of more significant events. Just having an awareness as a staff member, these are the things going on, and with those kids we typically have an individualized plan for them of; this is how we react when they come to school with this.”

Theme 3: Systems level impact including professional development on the topic of trauma and its impact on students.

This theme emerged from answers to multiple questions asked during the interviews. Most of the responses were from the following questions; Have you experienced students who have been exposed to trauma? coded (2). What does the term trauma-sensitive mean to you? coded (2.1) Have you received any professional development in the area of trauma-sensitive practices?, coded (3) and, what do you believe to be your role in creating and sustaining a trauma-sensitive school? , coded (4). Some of the responses are as follows;

P 4 "I think we can be impactful in a number of different ways from the systems level even at the district level sitting on different committees, and providing input at the district level and then also at our buildings."

P 2-2.1 "I think it's one, looking at it from a systems level and how you implement different things within your building and just recognizing it is a factor when you are implementing those systems."

A 2-2.1 "...being able to have a system in place to help support kids, being able to, at the same time not every kid has trauma, what that might look like, how it might present
itself in different ways, um, sometimes that’s sadness, sometimes it’s anger, but having a system; home, school, outside agencies to support kids in different facets."

A 2-2.1 "...but it’s also the partnerships in the community to help support kids that come from trauma, um, I think about Project Harmony, the partnership Millard has with them. It’s also about educating your staff on the different types of trauma that there are and what it looks like, because not every kid comes with the same type of trauma. There’s different levels of it, and sometimes you might not even know through daily interaction that a student has come from trauma, or is experiencing trauma. So, its what systems do you have in place that can screen for that and then once you’ve identified those kids, what systems do you have in place in your building to address it, um just educating your staff."

C 3 "Project Harmony came in, or has come in a couple of times, with our staff, SSETS training for myself, and then I just recently finished my second Master’s Degree and through that, intertwined with everything else, there was trauma built in, which I was really excited that was a part of it. Um, with the Ed. Leadership program."

T 3 "So, specifically I know that we went, and I wish I could remember the name of the movie, Paper Tigers? Yes, we went and watched Paper Tigers and then did some things with that, then throughout staff development meetings. So, we had that shared experience and then used that to talk about how it could influence or impact what we do in the classroom. So that is one thing that definitely stands out that we did."

C 3 "...the district has provided some, and we’ve done quite a few kind of co-op trainings as well with Kiewit and Russell, we had someone come in and we watched, “Paper Tigers”, and then the follow up to that, “Resilience” as well, and then the
webinars through National Childhood Traumatic Stress Network for personnel, specifically one was; Essential trauma-informed practices in school, and the other was Childhood Traumatic Grief through the National Traumatic Stress Network. Those were two resources that were presented outside of the district training. Oh, and Project Harmony. Outside of Project Harmony though, I can’t think of anybody else that has provided any other additional resources."

P 3 "yes, um state organizations, in fact this year they had somebody come in and talk about it at our conference, um same thing with looking at the national organization type stuff. I did do the SSETs training and went through all of that and then the high school that I work at has also done some work and staff development around trauma."

Teachers

When asked about professional development in regard to trauma-sensitive practices, all of the teachers noted some exposure to the topic by way of Project Harmony, a child advocacy agency in Omaha Nebraska. All of the teachers recalled watching a film entitled, *Paper Tigers*, which documents one school’s experience with trauma-exposed children in Walla Walla Washington. The documentary presents the story of a building principal and his desire to understand how trauma-impacted students as he began searching for a way to reach the difficult students enrolled in the alternative school he was leading. Another film being utilized by Project Harmony in conjunction with professional development is the film, *Resilience*. This film provides more in-depth information regarding Adverse Childhood Experiences and presents information from leading experts in the area of ACEs and the impact of trauma on students. After presenting the film, trained counselors from Project Harmony presented additional
information that would be useful for teachers and other education professionals working with children in the school setting. Teachers did not note additional training or professional development beyond these two experiences. One teacher noted she would be on board with any additional training that may be provided.

Counselors

I found that the school counselor’s awareness of childhood trauma as it relates to the school setting came in the form of professional development at the district level. Several mentioned the films; *Paper Tigers* and *Resilience* as they often led the professional development provided to school professionals in their buildings utilizing these resources. Most mentioned partnering with Project Harmony for these professional development days. In addition, school counselors mentioned that they often seek out additional resources in order to become better informed of trauma’s impact on students. One counselor noted that he has personally sought out resources as difficult situations with students have come up. He noted seeking out webinars through the National Childhood Traumatic Stress Network to find resources he could use to help a student who was experiencing significant mental health issues due to trauma. Another counselor mentioned reading a book entitled, *Help for Billy*. As a counseling department, they and school administrators read the book and conducted a study to reflect on their understanding of childhood trauma as presented by the author of the book. Two of the counselors mentioned training for specific intervention programs such as, Support for Students Exposed to Trauma (SSET) and Cognitive Behavioral Intervention for Trauma in Schools (CBITS). One counselor expressing wanting the training in SSETS, but was unable to participate in the training when it had been offered, “I was thinking like the
“CBITS” training or “SSETS” training which I haven’t gotten to do, but would love to do”.

**School Psychologists**

The school psychologists answered many of the questions from a systems-level perspective, meaning they have a unique vantage point due to the fact that they sit on committees with building and district level administrators, “I think it’s one; looking at it from a systems-level and how you implement different things within your building and just recognizing it is a factor when you are implementing those systems”.

The school psychologists noted in addition to their formal education, they have received specific training in trauma-responsive practices within their context at schools. One psychologist reported attending a conference in Las Vegas, Nevada where she attended several breakout sessions related to trauma and its effect on children. She also mentioned seeking out additional professional development opportunities as often as she could. Other school psychologists mentioned attending training through the Nebraska School Psychologist Association. Additionally, all of the school psychologists mentioned SSETS and CBITS training as well as attending workshops provided by Project Harmony.

**Administrators**

Building principals mentioned several professional development opportunities that they either participated in at a district and/or building level, or organized such training for staff within their buildings. Much of the building principal’s awareness stemmed from district level trainings mentioned by the teachers, counselors, and school psychologists. Things such as having Project Harmony come to present, watching the
films; *Paper Tigers* and *Resilience* with school staff, and reading the book, *Help for Billy*. Interestingly, all of the administrators mentioned that much of their understanding of how trauma impacts students has come from seeking out resources on their own and, “on the job training”. One administrator noted, “there’s been a number over the years, some of it through Project Harmony. We’ve had district provide trauma training, through our administrative general admin piece. A lot of learning along the way, as you have kids and you’re working with different resources in the community, your kind of being trained all along the way, so you seize that. Every kid that comes from trauma- it’s different for them, so you’re really working with the resources that that kiddo needs at that time to put the best system in place you can. I did not have any formal training on trauma-sensitivity leading up to being an administrator, but on the job and through our district, yes”. Another administrator echoed this, “Yeah, I would say very similar to what A’s answer of, as an administrator here in our district, yes, we’ve been a part of it as a participant in the training, but also organized a lot of training for our staff to help out in different ways, and I probably have learned a lot from that just as much as working with therapists and counselors and working with individual kids about how we manage and identify things on an individual basis, problem-solving, you learn a lot. You teach yourself and read books and do what you can to feed yourself in that way too”.

**Theme 4: Perception of role related to creating and sustaining trauma-sensitive schools.**

Theme four was derived from the final question I asked in the interview. What do you believe to be your role in creating and sustaining a trauma-sensitive school? I was surprised as I read through transcripts that role perception was articulated in response to
several of the questions I asked. The responses reflect participants responses throughout the interview, and are coded based on the following questions; Have you experienced students who have been exposed to trauma? coded (2) what does the term trauma-sensitive mean to you? coded (2.1) and what do you believe to be your role in creating and sustaining a trauma-sensitive school? coded (4).

Some of the responses are as follows;

C 2-2.1 "I think that as a counselor, in that role that being sensitive to the backgrounds of teachers too. Rather than jump to, you know, oh he’s impatient or not responding right, rather than jump to, “she’s not a good teacher”, because she can’t respond the way I would or whatever, you know, we’ve got to be sensitive to that."

C 4 "Just creating an environment that people are aware that in large part, I feel that when kids experience trauma, like, school is not the most important thing. It’s knocked down a few rungs on the ladder. So then to have the teachers, you know it’s a balance between letting them know what they need to know, how much information they need to know about what their (students) experience..."

P 4 "I think often we are like the bridge between multiple connections, like whether it’s a parent reaching out for some extra support or what groups are available at the school, or if we give them a connections referral or sometimes an outside agency, but sometimes those outside agencies are often calling us and talking to us about what is going on outside and how we can support as well."

C 4 "I like what he said about coping skills, helping kids recognize their triggers and then sort of adjusting to the school climate and how to utilize the resources that are available to them there. I feel like that is the counselor’s biggest role in our building."
C 4 "I think continuing the conversations with the adults in the school, I think is really important. I think that teachers are pushed to, at least in my building, we’ve talked a lot about social emotional learning, but I think continuing to push to say, yes, teachers do have a lot on their plate, but we can’t forget about these pieces. And then continuing to push our leadership team to say ‘how can we’?"

A 4 "I would say it would start with leadership through professional development, making sure the folks you work with have an awareness and basic level of training. With that, also a facilitator of connecting families and kiddos to the right resources that they need. And then, in some cases you’re just the caring adult for a kid. Like if you’re their person, you’re the one they come to and get them to who they need to get to. Does that make sense?"

T 4 "I guess as a teacher, you’re sort of on the front lines so being someone who can connect that student to the appropriate help. And understanding the help that you have in your building like your social worker, your school psychologist, your counselor, and how all of those people can help that student. So, you’re a good place to start, because you see them and are the one dealing with them so you can kind of make that connection for the student."

**Teachers**

In response to the research question related to their perception of their role in creating and sustaining trauma-sensitive practices in schools, many of the teachers responded that as teachers, they are on the “front lines”. They see and interact with the students on a daily basis and therefore see how students are responding to traumatic events daily, “I guess as a teacher, you’re sort of on the front lines so being someone
who can connect that student to the appropriate help.” Teachers also expressed that their role includes referring students who may be struggling in the classroom to professionals who can assist them, “And understanding the help that you have in your building like your social worker, your school psychologist, your counselor, and how all of those people can help that student. So, you’re a good place to start, because you see them and are the one dealing with them so you can kind of make that connection for the student.” Teachers also stated that they felt their role is to create a classroom environment where students feel safe, comfortable, respected and appreciated, “Um, I like the idea of the referral type of thing, but I also think of it just like we do with instruction, like the tier one part, like when you know somethings going on that’s like the next level, but just creating the environment where all student can feel safe, and like if there is something going on at home, that the school can be a place where they can put that down a little bit perhaps, and feel comfortable and safe and respected and appreciated. So, creating that environment in your classroom, building those relationships with kids is something that even if we’re not aware of what the student is being impacted by, you know, creating that trauma-sensitive environment for all students allows them to better deal with it within that classroom environment and then hopefully in turn that impact their achievement and learning, so.”

Counselors

The school counselors had a lot to say about their role related to trauma. All of the counselors stated their primary role is to inform staff about trauma and how it impacts students, “I would agree with participant A when they mentioned informing staff, obviously working with a student and you know, with that, more than just teachers, right when you inform staff, building-wide, like how we work with students, specifically a
single student, but just students in general how our culture, how our atmosphere is conducive to supporting them. I would say my role is also helping with that specifically for the student, just making sure that we have safety plan, trauma-informed plan or protocol.” Another counselor commented, “All of those things, but also, I think continuing the conversations with the adults in the school, I think is really important.”

Counselors also stated their role is to help students who have been exposed to trauma. This may include direct counseling sessions with students, referring students to outside agencies, or creating plans for students that contain protocol and interventions to help build resilience through the utilization of coping strategies. One counselor responded by saying, “Yeah, I like what he said about coping skills, helping kids recognize their triggers and then sort of adjusting to the school climate and how to utilize the resources that are available to them there. I feel like that is the counselor’s biggest role in our building. We do have the calm room and it’s been a little slow rolling out how it looks and how it works in our building, but we have a lot of kids that I think are in that “Fight or Flight” you know like we saw in “Paper Tigers” and they just get up and leave and then, you know, we have go find them and developing a safety plan, like Participant B said, just where else can they go? Instead of leaving the building or, you know, whatever, or hiding in the bathroom, can they go to that calm room? How do we navigate all of those things? Um, like Participant A said, knowing the history and background is our role, knowing what to share and um, and how to best help each kid adjust to the school environment within the boundaries of the school.”

Counselors also expressed that they felt they had a responsibility to
support teachers as they often experience “second-hand” trauma or have “baggage” of their own, “To piggyback off of what she said, I think that as a counselor, in that role, being sensitive to the backgrounds of teachers too. Rather than jump to, you know, oh he’s impatient or not responding right, rather than jump to, “she’s not a good teacher”, because she can’t respond the way I would or whatever, you know, we’ve got to be sensitive to that.”

**School Psychologists**

The school psychologists described their role as multifaceted. Many of them noted that they had a responsibility to provide training to teachers, administrators, and parents regarding how trauma impacts students. Many expressed their role from a systems-level perspective, “I think we can be impactful in a number of different ways, from the systems level, even at the district level sitting on different committees, and providing input at the district level and then also at our building too, just helping with staff development and helping with one on one consultations with teachers. I think obviously keeping confidentiality in mind, but sometimes I think we know a lot about students that might help teachers see students in a different light and maybe shed some light on why they are seeing what they are seeing, and then, um, getting all the way down to the classroom and modeling some of the practices that are helpful.” Another psychologist described her role as being, “a bridge between multiple connections, like whether it’s a parent reaching out for some extra support or what groups are available at the school, or if we give them a connections referral or sometimes an outside agency.”

Another aspect of their role related to trauma-sensitive practices was that of an interventionist. Many of the school counselors have been trained in specific interventions
such as SSETS and conduct group therapy with students identified as needing this intervention. One school psychologist noted that it was her responsibility given her training and background knowledge in psychology, to engage with teachers about students with mental health issues, “Sometimes we are the person that they kind of look to as well for that background knowledge in those specific areas because a lot of teachers when we have these conversations don’t have that basic, even behavioral background, versus anything to do with mental health which a lot more of our students, I mean our dynamics are changing in our buildings and that’s becoming kind of the biggest issue with our students coming in and so, I think a lot of times it’s kind of like, “deer in the headlights”, starting from scratch and where do I go, what can I do to help and a lot of the time it’s just starting those conversations.”

Administrators

The building administrators all stated that their primary role related to trauma-sensitive practices was to provide professional development for staff in their buildings, “I would say it would start with leadership through professional development, making sure the folks you work with have an awareness and basic level of training. With that, also a facilitator of connecting families and kiddos to the right resources that they need. And then, in some cases, you’re just the caring adult for a kid. Like if you’re their person, you’re the one they come to, or get them to who they need to get to. Does that make sense?” Another administrator echoed this sentiment by stating, “it’s making sure our staff is educated, aware, supported, has the skills and the understanding of how to deal with it. Whether it is supporting or finding a teacher, counselor, administrator, a
secretary, so everybody kind of knows that. Ongoing staff development as your hiring new teachers, how do you maintain and build that.”

Many of the administrators commented on their role from a system perspective due to their connections with district-level administration, community agencies, parents and building staff. Many noted their role at a building level was to make sure systems are in place to address students exposed to trauma, “It’s making sure systems are in place and those systems are fully functional and include parents, students, teachers, outside agencies to help out. Reflecting, revisiting, revising that each year to make sure we are doing the best for our kids. I would echo the same, all the way down to an individual kid level you know. It’s all of our responsibility so we all take a piece of it. Whether it’s one on one with kids or systems management stuff.” Another administrator echoed this, “Again, it’s kind of similar to what A and B said, the biggest thing is making sure you have a system in place to support the needs of kids who come from trauma and constantly making sure you are implementing it with fidelity. You are reviewing it each year to make sure it is current, and you’re educating staff, current staff and new staff, through staff development on how to deal with kids who come from trauma, and then as the building administrator you’re the eyes, you’re the one people look up to, so it’s your actions on a daily basis on how you interact with kids and how you support kids that come from trauma as well.”
Chapter 5

Implications and Recommendations

The purpose of this research study was to understand the different ways educational professionals perceived their role in creating trauma-sensitive practices within their unique contexts. Grounded in the social-ecological theory related to trauma and its effects on children, this study sought to qualify perceptions of roles as they relate to trauma-sensitive practice within the school and classroom settings.

The rationale for implementing trauma-sensitive practices in schools is becoming more apparent as school professionals continually seek approaches to help students succeed in school. In light of current legislation in the state of Nebraska requesting passage of LB147 which would allow teachers to use physical intervention with a student to protect that student or others from physical injury, it is apparent that school safety and crisis intervention are among the top priorities for teachers.

Understanding how trauma may play a part in how students react or respond to typical school and life stressors may be a step toward providing approaches or interventions that may address student’s behavior. In addition, academic success, and social-emotional well-being may also be addressed (Substance Abuse and Mental Health Services Administration, 2014). As public schools are beginning to recognize the benefits of trauma-informed or trauma-sensitive practices as a means to improve outcomes for students, this research study will provide a starting point for the implementation of trauma-sensitive practices in educational contexts.
Implications

The participants in this study, across all contexts, expressed a basic knowledge about trauma and its impact on student academic and behavior outcomes. All 15 participants acknowledged they have experienced students with trauma histories. The knowledge and experience with trauma are consistent with data demonstrating the prevalence of childhood adversity and the impact it has on student outcomes (Bethell, Davis, Gombojav, Stumbo & Powers, 2017). Literature that advocates for trauma-sensitive practices as well as experts in this field such as Susan Cole, (2013) agree that the first step in creating safe, supportive learning environments for all children begins with staff training.

All participants in the focus group interview revealed they had some professional development in trauma-sensitive practices, although each subgroup expressed different levels and depth of specific staff development.

None of the participants mentioned a specific model or framework addressing trauma-sensitive practices currently being utilized in their school district. Comparatively, school districts in other states who have adopted trauma-sensitive practices have existing frameworks outlining specific strategies to address trauma in their buildings (McInerney & McKlindon, 2014). Literature does, however, support the implementation of trauma-sensitive practices within current frameworks such as Positive Behavior Interventions and Supports or PBIS (Chafouleas, Johnson, Overstreet, & Santos, 2016).

At a systems level, trauma support advocates include the creation of safety plans, review of discipline policies and developing community partnerships that can link schools and mental health professionals to families in need of services. Many of the study
participants articulated the partnerships they and their schools have with outside agencies such as Project Harmony. The school administrators all acknowledged developing community partnerships as part of their role in creating a trauma-sensitive environment. All of them mentioned their reliance on mental health professionals and organizations they could utilize to connect families in crisis with the assistance they need. Both the school counselors and building administrators mentioned the importance of creating a plan to address specific student needs that result from the adverse events they have experienced. All of these actions are commensurate with trauma-sensitive practices (Kataoka, S. et. al. 2018).

In addition to creating plans to address student’s behavior, there are several interventions that have demonstrated evidence of effectiveness for building resilience in students with trauma histories. Several of the interview participants mentioned Cognitive Behavior Interventions for Trauma (CBITS) as well as Support for Students Exposed to Trauma (SSET) in relation to training and professional development in their specific roles. Both of these interventions are being utilized within the school district cited in this study. Not all participants had received training, and a few requested that this be offered to them so that they could utilize these tools in their buildings. Having on-site interventions and counseling has been getting attention in the literature due to the promising student outcomes these interventions have yielded (Mendelson, Tandon, O’Brennan, Leaf, & Ialongo, 2015). Providing this training to school counselors and psychologists would offer school districts additional tools and support when implementing trauma-sensitive practices.
Discipline policies have evolved over the past 20 years as violence has ushered in the age of Zero Tolerance. When looking at trauma-sensitive practices in schools, the Massachusetts Advocates for Children, Harvard Law School, and the Task Force on Children Affected by Domestic Violence launched a policy agenda in 2005 entitled, *Helping Traumatized Children Learn*. This framework outlines key indicators regarding school discipline policies as they relate to trauma-sensitive practices. These indicators include; balancing accountability with an understanding of traumatic behavior, reinforcing that school is a safe place, emphasizing positive behavioral supports, creating clear consistent rules and consequences, modeling respectful- nonviolent relationships, building relationships with students and families and ensure ongoing monitoring of new policies, practices and training. Additional research demonstrating a positive correlation between trauma-sensitive practices and lower rates of suspensions and expulsions would be beneficial. Currently, research is limited in this regard.

Many of the interview participants articulated the importance of knowing and understanding how trauma impacts students and school outcomes. They acknowledged that students with trauma histories may be triggered by events that take place within the school and classroom setting. While none of the participants mentioned discipline specifically, many of their answers reflected their understanding of their need to respond to students with trauma histories in a way that may be different from how they would respond to a student who may not be impacted by adverse experiences. Many of the teachers expressed their desire to make their classrooms a safe, responsive environment in which all students felt at ease and able to learn. A few of the respondents also noted the importance of building strong relationships with students and families.
By continuing to review and revise school discipline policies at the state and local levels, schools can promote positive discipline practices that encourage trauma-sensitivity and limit exclusionary practices that may lead to re-traumatization. In addition, implementing school-wide training on the impact of trauma, de-escalation and redirection strategies, and promoting school-wide emotional wellness initiatives can lead to positive effects on student and teacher wellbeing (Phifer, Hull, 2016, McInerney, & McKlindon, 2014).

The final implication of this study addresses the educational professionals themselves. Both the school psychologists and the counselors noted one of their roles was to come alongside teachers and provide support. Working with children who have a history of trauma can lead to compassion fatigue or secondary trauma among education professionals. These factors can lead to a lack of satisfaction with their job or even result in leaving the profession (Perry, 2014). While none of the interview participants made mention of specific programs or strategies to assist school personnel, a few recognized the “baggage” that they personally have and the impact that may have on how they respond to the students in their charge. The counselors specifically acknowledged that teachers often come to them for needed support as well. Implementing trauma-sensitive practices in schools can also support the teachers and staff who have contact with students by providing strategies to build resilience and mental health capacity for them as well (Souers, & Hall, 2016, Oehlberg, 2008, Craig, 2016). Additional research regarding trauma-sensitive practices and teacher well-being would help support the rationale for implementing such practices in the school environment.
Conclusion

Intellectually, my journey into the realm of trauma-sensitive practices began a few short years ago as a special education teacher. As I stated in the introduction to this study, in my role as a teacher, I encountered a few students who didn’t respond to the prescribed interventions or strategies I had come to rely on in my nineteen years of teaching. I knew some of those students had trauma histories. What I wasn’t aware of was the impact these traumatic events had on the academic, behavioral and social outcomes of these students.

Emotionally, this journey has impacted me in ways I never imagined. For as long as I can recall, I have always had a strong empathetic and compassionate orientation toward people, and other living things. As a young girl growing up in Lakewood Colorado, I remember filling my thermos each day at lunch to water a small, withered coniferous tree that was among other small trees lining the outskirts of our playground. I was sure if I watered this tree daily, I would be able to nurse it back to its normal, lush green hue. After weeks of this endeavor, I came outside after lunch to find that the dry, brown tree had been removed. There was an empty space where it had once stood. I was devastated. I didn’t understand why anyone would remove it. After all, I was providing it with water each day. Why didn’t the tree respond to my intervention? Maybe the answer was the intervention was not what it needed at all.

As educators, our job is not only to educate children, but to support them in all aspects of their development. Within the school ecosystem, a variety of educational professionals play unique roles in educating, supporting, disciplining and caring for young people. Having an understanding of the specific role each of them play in creating
trauma-sensitive practices can lead to improved outcomes for students as well as those tasked with overseeing them.

The conclusion of this study has led me to understand that educational professionals are not looking at the dry, withered trees as hopeless, unreachable children. They are beginning to see the effects of adversity as something that can be addressed and overcome when provided the correct tools and strategies to assist them. The participants of this study provided perceptual data that can lay the foundation for creating trauma-sensitive practices in schools.

As with any systems change, implementing trauma sensitivity into the school paradigm may come with challenges. Understanding the role each professional play in creating change the first step in creating such practices.

**Recommendations**

The success of implementing trauma-sensitive practices in schools begins with school leaders. At the district level, it means assessing current school policies and frameworks to determine what if any trauma-sensitive practices are in existence. The next step would be determining the need for such practices within the district.

At a building level, school leaders such as the principal, can begin by assessing the culture and climate of the building in relation to trauma-sensitive practices (Cole, et al., 2009). If it is determined the implementation of such practices is needed, school leaders would need to begin researching possible ways to provide professional development. Informing staff of Adverse Childhood Experiences (ACEs) is a good starting point. This knowledge is essential to building competence and buy-in from staff (Chafouleas, Johnson, Overstreet, Santos, 2016, Craig, 2016). Experts on the subject of
trauma-sensitive practices believe educating students about ACEs and social-emotional well-being is also vital to the implementation of trauma-sensitive initiatives (Souers, & Hall, 2016, Oehlberg, 2008).

In addition to professional development, schools must be accessing outside supports to provide initial and ongoing support. Reaching out to mental health providers creates connections to mental health services that may be needed for students, families, and staff.

To address the complex needs of students with significant academic, emotional, and or behavioral concerns related to trauma, evidence-based interventions should be used. School leaders should collaborate with professionals trained in such evidence-based interventions when choosing intervention strategies for their district or building.

Finally, school districts should evaluate trauma-sensitive practices regularly to determine if the integrity of these practices is sound. Ongoing professional development and data collection regarding student outcomes should be assessed yearly. This may involve creating new site plans, implementing new frameworks for intervention and response to trauma, and revisiting discipline policy (Chafouleas, S., Johnson, A.H., Overstreet, & Santos, 2015).
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## Appendix A

Focus Group Interview Protocol

<table>
<thead>
<tr>
<th>Demographic</th>
<th>What is your role?</th>
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<tbody>
<tr>
<td></td>
<td>How many years have you been in this role?</td>
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<table>
<thead>
<tr>
<th>Knowledge of Trauma</th>
<th>Have you experienced students who have been exposed to trauma?</th>
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<tbody>
<tr>
<td></td>
<td>What does the term “trauma-sensitive” mean to you?</td>
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| Training/Professional Development | Have you received any professional development in the area of trauma-sensitive practices? |

| Role in trauma-sensitive practice | What do you believe to be your role in creating and sustaining a trauma-sensitive school? |

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Appendix B

Field Test Request for Participants

**Project Title:** Educational Professional’s Perceptions of Their Role in Moving Toward Trauma-Sensitive Practices in Schools.

**Researcher:** Lisa Epp, MS.Sped.

**Faculty Sponsors:** Kay Keiser, Ed.D

Dear Educational Professional,

You are being asked to take part in a research study field test conducted by Lisa Epp under the supervision of Dr. Kay Keiser, Dissertation Chair, University of Nebraska at Omaha. You are being asked to participate because you are a school counselor, administrator, teacher or school psychologist. Please read through this form carefully and ask any questions you may have before deciding to participate in the field test.

**Purpose:**
The purpose of my research study is to gain an understanding of how educational professionals perceive their specific role in creating trauma-sensitive practices in their schools. In order to ensure I have a sound instrument, I will conduct a field test of the interview questions I plan to use for my research study. Your feedback regarding my focus group interview questions will assist me in ensuring I have a sound instrument to use when conducting my research study in the Fall.

**Risk and Benefits:**
There are no foreseeable risks involved in participating in this field test other than the impact that the topic of childhood trauma may have on you personally. You will receive no direct benefits from participating in this field test, however, your responses will provide feedback that will allow me to improve my interview questions before I conduct my research study.

**Confidentially:**
Your confidentiality will be maintained throughout the focus group interview. I will not use names, faces or any identifying information in my final analysis of the interview responses. I will utilize an audio/video program called VidGrid, the University of Nebraska Academic Video tool, to record the focus group interview and follow up questions. I will use this video recording to go back and listen to responses given and feedback provided. I will not publish names, faces or identifying information when analyzing the data from this field test.

**Voluntary participation:**
Participation in this field test is voluntary. If you decide to participate, the field test will take approximately 30 minutes. If you decide at any time to withdraw your consent to participate, you may do so. Your willingness to participate will have no bearing on your relationship with the researcher or The University of Nebraska at Omaha.

**Contact information:**
If you have any questions about this field test of the research study, please contact me, Lisa Epp at lepp@unomaha.edu.
Statement of Consent:
By indicating “yes” you are stating that you have read the information provided above, and agree to participate in this research study field test. Please email me if you would like a copy of this form for your records.

Are you currently a building principal, school counselor, teacher or school psychologist in Millard Public Schools?
☐ Yes
☐ No

Do you voluntarily agree to participate in this field test by participating in a focus group interview conducted by Lisa Epp? You are free to withdraw your consent at any time.
☐ Yes, I agree to participate.
☐ No, I decline to participate.

Signature ________________________________

Field Test Instructions:
Once you have agreed to participate in this field test, you will be notified of the day and time for the focus group interview. Once the interview has concluded, I will ask you to respond to the following questions.

1. Were any of the questions asked unclear? Please describe.
2. Do you have any suggested changes to the focus interview questions?
3. Are there any questions you would eliminate or add?
4. Other comments or suggestions?

Thank you for taking the time to assist me with field testing my focus group interview questions. Your participation will help ensure I have an effective tool for collecting my data for my dissertation. I appreciate your assistance and feedback.

Sincerely,
Lisa M. Epp
Appendix C

Millard Public Schools Permission to Conduct Research

To: Lisa Epp
From: Patricia Crum, Ed.D.
     Department of Assessment, Research, and Evaluation
CC: Dr. Heather Phipps, Dr. Tony Weers, Andy DeFreece, Dr. Terry Houlton, and Dr. Darin Kelberlau
Date: July 1, 2019
Re: Memorandum of Understanding to conduct research in Millard Public Schools

In accordance with MPS Rule 6900.1, this notification qualifies as our approval for you to conduct research in Millard Public Schools under the following provisions:

- Your field test study follows the structure outlined in your request.
- Staff invited to participate in the field test study are provided with clear information concerning the focus group for which they are asked to participate including data and video recording security information.
- Communication with potential participants from Millard building staff is completed by the MPS Assessment, Research, and Evaluation Office.
- Data security surrounding the participants’ responses, in particular procedures in respect to video recording, is shared with participants and followed as proposed.
- Upon completion of the field test, you will provide MPS Coordinator of Research Projects for Assessment, Research, and Evaluation with your application for completing your full research proposal.

Thank you for completing the application process. We look forward to assisting you in moving forward with your Field Study.

Patricia A Crum
Coordinator Research Proposals - Department of Assessment, Research and Evaluation Millard Public Schools
Appendix D

Request for Participants

**Project Title:** Educational Professional’s Perceptions of Their Role in Moving Toward Trauma-Sensitive Practices in Schools.

**Researcher:** Lisa Epp, MS.Sped.

**Faculty Sponsors:** Kay Keiser, Ed.D

Dear Educational Professional,

You are being asked to take part in a research study conducted by Lisa Epp under the supervision of Dr. Kay Keiser, Dissertation Chair, University of Nebraska at Omaha. You are being recruited to participate because you are an administrator, counselor, teacher or school psychologist. Please read through this form carefully and ask any questions you may have before deciding to participate in this research study.

**Purpose:**
The purpose of this research study is to gain an understanding of how educational professionals perceive their specific role in creating trauma-sensitive practices in their schools. My method of data collection will be the use of focus group interviews. The focus groups will consist of 4 homogeneous groups of 4 counselors, 4 administrators, 4 school psychologists, and 4 teachers, from 4 of the middle schools. The use of the focus group interview will allow the researcher to understand individual as well as collective perceptions of trauma-sensitive practices in the school setting (see Appendix A for Interview Protocol).

**Risk and Benefits:**
There are no foreseeable risks involved in participating in this research study other than the impact that the topic of childhood trauma may have on you personally. You will receive no direct benefits from participating in this study.

**Confidentially:**
Your confidentiality will be maintained throughout the focus group interview. I will not use names, faces or any identifying information in my final analysis of the interview responses. I will utilize an audio/video program called VidGrid, the University of Nebraska Academic Video tool, to record the focus group interview and follow up questions. I will use this video recording to go back and listen to responses given. I will not publish names, faces or identifying information when analyzing and presenting the data for this study.
Voluntary participation:
Participation in this research study is voluntary. If you decide to participate, the focus group interview will take approximately 30 minutes. You may withdraw your consent to participate in the focus group at any time. Your willingness to participate will have no bearing on your relationship with the researcher or The University of Nebraska at Omaha.

Contact information:
If you have any questions about this research study, please contact me, Lisa Epp at lepp@unomaha.edu.

Statement of Consent: (This will be signed the day of the focus group interview). No need to do anything with this now.

By indicating “yes” you are stating that you have read the information provided above, and agree to participate in this research study. Please email me if you would like a copy of this form for your records.

1. Are you currently a building principal, school counselor, teacher or school psychologist in Millard Public Schools?
   □ Yes
   □ No

2. Do you voluntarily agree to participate in this research study by participating in this focus group interview conducted by Lisa Epp? You are free to withdraw your consent at any time.
   □ Yes, I agree to participate.
   □ No, I decline to participate.

Signature  _________________________________

Thank you for your willingness to consider being a part of this research study.

Sincerely,

Lisa Epp
Appendix E

Institutional Review Board Approval Letter

October 7, 2019

Lisa Epp, MS
Education
UNO - VIA COURIER

IRB # 64719-EX

TITLE OF PROPOSAL: Educational Professionals’ Perceptions of Their Roles in Moving Toward a Trauma-Sensitive School

The Office of Regulatory Affairs (ORA) has reviewed your application for Exempt Educational, Behavioral, and Social Science Research on the above-titled research project. According to the information provided, this project is exempt under 45 CFR 46.104(d), category 2. You are therefore authorized to begin the research.

It is understood this project will be conducted in full accordance with all applicable HRPP Policies. It is also understood that the ORA will be immediately notified of any proposed changes for your research project that
A. affect the risk-benefit relationship of the research
B. pose new risks which are greater than minimal
C. constitute a new risk to privacy or confidentiality
D. involve sensitive topics (including but not limited to personal aspects of the subject’s behavior, life experiences or attitudes)
E. involve deception
F. target a vulnerable population
G. include prisoners or children
H. otherwise suggest loss of the exempt status of the research.

You are encouraged to contact the ORA to discuss whether changes to exempt research requires review by ORA.

Please be advised you will be asked to update the status of your research yearly by responding to an email from the Office of Regulatory Affairs. If you do not respond, your project will be considered completed.

Sincerely,

Signed on: 2019-10-07 10:08:00.000

Gail Kotulak, BS, CIP
IRB Administrator III
Office of Regulatory Affairs