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Overview of Trauma and Trauma-Informed Practices

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A Literature Review Presented

in Partial Fulfillment of the Requirements

For the Degree of Master of Education

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Abstract

This literature review explores trauma and trauma-informed practices. This literature review uses scholarly articles and journals explains an overview of trauma, toxic stress on brain development, assumptions of trauma-informed approaches, trauma screening and assessment, and an examination of teacher's personal anxiety. The research will show how prevalent trauma is and negative impacts trauma has on students and adults. Trauma can cause a lot of difficulties on academic achievement for students. This literature review also includes information of protective factors such as resiliency, attachment, relaxation techniques, collaboration among professionals, instruction on expressing feelings, play in the classroom, and classroom environment suggestions. Studies show how important these protective factors are to reduce the negative impacts of trauma. This literature review concludes with practical applications of ways teachers can include trauma-informed practices in the classroom to combat the negative impacts trauma has on students.

Keywords: trauma, protective factors, negative impacts, attachment, resiliency

A Review of Literature: Trauma-Informed Instruction

Childhood exposure to trauma and adverse childhood experiences are becoming more common (Sciaraffa, Zeanah & Zeanah, 2017, p. 344). Trauma can happen to an individual, a family, or to a community (SAMHSA, 2014, p. 17). These traumatic events can include war, violence, crime, natural disasters, illness, death, abuse, and incarceration. When children are exposed to trauma it leads to them experiencing more toxic stress (Forkey, 2019, p. 269). This toxic stress can lead to students' stress response being in overdrive. The witnessed behaviors from the toxic stress include fight, flight, or freeze (Cummings & Swindell, 2018, p. 141). Children exposed to trauma can experience symptoms that mimic post-traumatic stress disorder and include impulse control, inability to regulate emotions, attachment difficulties, and feelings of unsafety (Bath, 2008, p. 19-20). Teaching skills to students of trauma can be important and beneficial in and out of school.

Schools and teachers are one of the first resources when identifying the needs of students and negative impact of trauma (Banks & Meyer, 2017, p. 65). Collaboration among schools and therapists are an important method to help students who have experienced trauma (Banks & Meyer, 2017, p. 65). Collaboration between entities provide a more complete plan for the child and transfers skills learned in the therapist office, to outside the office (Banks & Meyer, 2017, p. 65). It is essential for children to develop attachment to at least one adult to overcome possible deficiencies in brain development due to chronic toxic stress (Sciaraffa et al., 2017, p. 345-346). Children need to have at least one caring adult, they feel safe with, that is their go-to person in time of crisis. Teachers can develop this attachment by providing warmth during disruptive behaviors (Brunzell, Stokes, & Waters, 2015, p. 67). Mindfulness practices are another technique for students who experience trauma. This can include breathing, meditation, and yoga.

Mindfulness involves being completely present in the moment, and not thinking about current or past experiences. Mindfulness can improve students' focus and self-regulation (Cummings & Swindell, 2018, p. 145). Expression is another important part of decreasing the negative impacts of trauma. Children can have a difficult time putting into words their thoughts and feelings about trauma. It is important for teachers to give students the time and tools to express themselves. One important step in this is teaching feelings words and modeling how to express feelings (Sciaraffa, et al., 2017, p. 347). Having a rich vocabulary will benefit students when expressing their feelings. Teachers can provide students with a safe place to express these feelings. This could include through academic assignments or journaling. Play activities in the classroom are another technique that can be used to assist students who have experienced trauma. Play opportunities give students an opportunity to reenact and examine the traumatic event. Children are given the opportunity to change the narrative of the traumatic event during play (Cummings & Swindell, 2017, p. 143). Finally, teachers can provide a sense of safety in the classroom for students who experience trauma. Students can feel safe in the learning environment through organized routines and procedures and feeling in control through choices (Cummings & Swindell, 2017, p. 143). This literature review will examine trauma and trauma-informed instruction and strategies for students which will include meditation, mindfulness, expression of feelings, play-based activities, developing attachment, and collaboration among professionals.

Review of the Literature

Trauma and Adverse Childhood Experiences

When some people experience trauma, they will overcome the negative impacts, but other people could experience short-term and long-term negative impacts (SAMHSA, 2014). Adverse childhood experiences include traumatic events such as being exposed to violence, abuse, neglect, divorce, family conflict, exposed to substance abuse, death, incarceration, and discrimination (Bethell et al., 2014, p. 2).

The Substance Abuse and Mental Health Services Administration (SAMHSA) (2014) discusses trauma as 3 E's; event, experience of event, and effect (p. 8). The first E, event, is the event or situation that happens to a person that could cause trauma (SAMHSA, 2014, p. 8). The potentially traumatic event can occur 1 time or multiple times (SAMHSA, 2014, p. 8). The second E, experiences, involves how someone experiences the event or the person's circumstances, can categorize the event as traumatic (SAMHSA, 2014, p. 8). How a person assigns meaning, labels, and is disrupted as factors that make an event traumatic (SAMHSA, 2014, p. 8). A person's cultural beliefs, available social supports, and developmental stage can impact how a person experiences an event (SAMHSA, 2014, p. 8). How the event effects a person is the final E (SAMHSA, 2014, p. 8). The effects can happen right after the event is experienced, or will appear later (SAMHSA, 2014, p. 8). When these effects start to develop, people might not even realize that it is from a traumatic event (SAMHSA, 2014, p. 8).

The most common reported adverse childhood experiences include divorce and economic hardship in a survey conducted by Murphey & Sacks (2019, p. 9). African American children have the highest percent of children that experience adverse childhood experiences and Asian children have the lowest percent (Murphey & Sacks, 2019, p. 9). Bethell et al. (2014) found that

nearly half of children had experienced one adverse childhood experience and children in lower household incomes are more likely to have multiple exposures to adverse childhood experiences (p. 4).

Adverse childhood experiences can impact health and well-being of people and display the following effects; difficulties with self-regulation, focusing, interpersonal interactions (Sciaraffa et al., 2017, p. 343, 348), inability to handle daily stress and living, not form attaching relationships, control expression of emotions, and cognitive issues such as memory and thinking (SAMHSA, 2014, p. 8). A study done by Bethell et al. (2014) surveyed children and parents about exposure to adverse childhood experiences (p. 3). This study collected data about health factors such as obesity, chronic conditions and school factors such as ADHD, school engagement and grade retention (Bethell et al., 2014, p. 3). Bethell et al. (2014) found that children who were involved with two or more adverse childhood experiences were more likely to repeat a grade and not be engaged in school (Bethell et al., 2014, p. 5). A study completed by Rebicova et al. (2019) examined if adverse childhood experiences was related to emotional and behavior problems in adolescents (p. 2). This study used questionnaires and surveys that included adverse childhood experiences, behavior and emotional difficulties, and perceived socioeconomic status (Rebicova et al., 2019, p. 2). This study found that adolescents with one or multiple adverse childhood experiences had more reported emotional and behavioral challenges than adolescents that did not have adverse childhood experiences (Rebicova et al., 2019, p. 3). Rebicova et al. (2019) found that experiencing these traumatic childhood events might represent high levels of distress, which could lead to emotional or behavioral difficulties due to changes in the nervous system (p. 5). This study also found the impact of the adverse childhood experience are still present and the negative effects will be noted in adolescence (Rebicova et al., 2019, p. 5). This study shows that

trauma and adverse childhood experience can lead to more emotional and behavioral difficulties (Rebicova et al., 2019, p. 5), not be engaged in school, and more likely to be retained in a grade (Bethell, 2014, p. 5).

Toxic Stress and Brain Development

Toxic stress develops when the stress response is continuously activated and the body is not returned to a baseline state (Shonkoff et al., 2012, p. 236). Stress response has four different responses which include freeze, flight, fight, or affiliative (Forkey, 2019, p. 270). A student's stressor and the response can vary greatly (Cummings & Swindell, 2018, p. 142). The fight and flight response lead to an increase in the epinephrine and cortisol hormones and long-term stimulation to these hormones can lead to negative effects on the brain, immune system, and the genome (Forkey, 2019, p. 270). In addition, the prefrontal cortex, reticular activating system, and limbic system are very sensitive to stress (Forkey, 2019, p. 271). These areas of the brain are in control of focus, impulse control, rational thought, emotional regulation, and executive functioning (Forkey, 2019, p. 271). Toxic stress in early childhood plays a role in inequalities of educational achievement (Shonkoff et al., 2012, p. 238).

When people develop toxic stress, they are missing attachment, support, and reassurance buffers that could help to overcome the toxic stress (Shonkoff et al., 2012, p. 236). Toxic stress can have long-term and short-term impacts. Toxic stress lead to adolescents having risk-taking behaviors that lead to trouble preserving supportive relationships, school failure, gang membership, unemployment, incarceration, poverty, violence, and homelessness (Shonkoff et al., 2012, p. 237). Then, these adolescents become adults, they have difficulties being a stable and secure attachment to buffer their children from toxic stress (Shonkoff et al., 2012, p. 237). Toxic stress can also lead to chronic disease and unhealthy lifestyle (Shonkoff et al., 2012, p. 238).

Toxic stress has a variety of costs and impacts that range from the quality of skills for our nation's work force, participation in the community, and health care costs from unhealthy lifestyles and chronic disease (Shonkoff et al., 2012, p. 238). The sheer cost of toxic stress socially and economically should be a call for action to reduce toxic stress in early childhood (Shonkoff et al., 2012, p. 238).

Key Assumptions of a Trauma-Informed Approach

In order to improve outcomes for people of trauma and adverse childhood experiences need a specific trauma-informed approach (SAMHSA, 2014, p. 9). A trauma-informed approach includes interventions, assessment, treatment, support, and trauma principles are woven in the organizational culture (SAMHSA, 2014, p. 9). SAMHSA (2014) states the 4 key assumptions of trauma-informed care are realization of trauma, recognize the signs of trauma, respond to trauma through procedures and practices, and resist re-traumatizing (p. 9-10).

Realization. The first key assumption of a trauma-informed approach is realization (SAMHSA, 2014, p. 9). People need to realize trauma happens and have knowledge about how trauma affects individual people, families, groups, and communities (SAMHSA, 2014, p. 9). In a study by Banks & Meyer (2015), they realized that teacher candidates had little knowledge about trauma and how it can affect negative behaviors that are seen in the classroom (p. 64). Due to this, experts of trauma were brought in to teach the teacher candidates about trauma in the classroom (Banks & Meyer, 2015). This collaboration among professionals with teachers is key in bringing awareness and interventions to students of trauma (Banks & Meyer, 2015, p. 65). Banks & Meyer (2015) found that after candidate teachers were exposed to more information about trauma by professionals, the teacher candidates were more effective with students of trauma (p. 65). Banks & Meyer (2015), believe that by teachers having knowledge and realizing

trauma of students, teachers can decrease the negative impact of trauma and increase academic success (p. 69).

Recognizing signs of trauma. Signs of trauma can vary by age, gender, and experiences (SAMHSA, 2014). Cummings & Swindell (2018) outline three types of observable behaviors which are re-experiencing, avoidance, and hyperarousal (p. 141). Reexperiencing can include playing out these traumatic events during play and nightmares (Cummings & Swindell, 2018, p. 141). Avoidance involves withdrawing from interests, people, limited physical proximity, and positive emotions (Cummings & Swindell, 2018, p. 141). Tantrums, lack of focus, and hypervigilance are all signs of hyperarousal (Cummings & Swindell, 2018, p. 141). People may also experience futurelessness after a traumatic event which includes having hopelessness of the future, a loss of control, and feelings of having no power (Ogawa, 2004, p. 22). Students will also have a loss sense of security and separation anxiety will be experienced by the child (Ogawa, 2004, p. 22). Educators should watch for sudden changes in emotions and behaviors as a sign that possible trauma has occurred (Cummings & Swindell, 2018, p. 142). Nonverbal cues that show anger, fear, or grief can also be signs of trauma (Berson & Baggerly, 2009, p. 377). Students may become obsessed with collecting more personal possessions, they may ask to take items home or eat a lot of snack (Ogawa, 2004, p. 23). Trauma screening and assessment can be used to help recognize students of trauma (SAMHSA, 2014, p. 9).

Response to trauma. It is important for entire programs, organizations, and systems have knowledge of how to respond to trauma and takes trauma into consideration when working with the public and students (SAMHSA, 2014, p. 10; Crosby, 2015, p. 227). Every person part of the organization should change their behavior and language to be trauma-informed (SAMHSA, 2014, p. 10). Programs, organizations, and systems can do this through ongoing

training of trauma (SAMHSA, 2014, p. 10; Crosby, 2015, p. 226), and by having a leader that supports being a trauma-informed system (SAMHSA, 2014, p. 10). The organization can respond to trauma by having a safe environment for people of trauma (SAMHSA, 2014, p. 10; Murphey & Sacks, 2019, p. 10). In trauma-informed schools, there needs to be outlined whole school policies for discipline that include reasonable expectations but also holding students accountable (Crosby, 2015, p. 226).

Resist Re-traumatization. The final key assumption of a trauma-informed approach is to resist re-traumatizing people of trauma. Organizations and people need to take a deep look at what practices could be a trigger and re-traumatize a person of trauma and this interferes with recovery (SAMHSA, 2014, p. 10). An example given by Cummings & Swindell (2018) is a child who has been physically abused by his or her mom, could negatively react to close proximity of a female teacher (p. 141). This is considered the stress response (Cummings & Swindell, 2018, p. 142). There is a wide variety of ways teachers can set up the classroom environment to not re-traumatize students and that includes, consistent class routines, flexibility (Berson & Baggerly, 2009, p. 377), clear expectations, play-based activities, choice, and a sense of safety (Cummings & Swindell, 2018, p. 142-143).

Trauma Assessment and Screening

It is vital for people to be knowledgeable in identifying children that need to be screened or assessed to ensure they receive treatment for trauma (Conradi, Wherry, & Kisiel, 2011, p. 131). However, most school-based mental health programs do not systematically screen and assess students (Ko et al., 2008). One major challenge in the screening and assessment procedure is people's willingness to tell accurate and truthful information about past trauma (Kerig, 2013, p. 2). There are 3 methods, and these include trauma screening, trauma assessment, and

psychological evaluation (Conradi et al., 2011, p. 132). Trauma screening is given to people to see if there is the possibility they have been exposed to trauma or if a person has negative symptoms or reactions due to exposure to trauma (Conradi et al., 2011, p. 132). A trauma screening is given first and will show if a trauma assessment should be completed (Conradi et al., 2011, p. 132; Kerig, 2013, p. 1). A trauma assessment is more detailed and comprehensive (Conradi et al., 2011, p. 131). A trauma assessment will give information about if there are clinical symptoms or traumatic stress, the severity of those symptoms, how those symptoms are affecting a person's functioning (Conradi et al., 2011, p. 133) and if there is enough data to diagnosis with Posttraumatic Stress Disorder (Kerig, 2013, p. 1). An assessor will examine developmental history, symptoms, familial difficulties or needs, environmental issues, availability of resources, and strengths (Conradi et al., 2011, p. 133). The assessment includes interviews, observations, and administering measures (Conradi et al., 2011, p. 133). An assessment should be given by a trained professional which can be a challenge due to the lack of trained mental health workers (Kerig, 2013, p. 2). A psychological evaluation is more comprehensive and includes all domains of functioning (Conradi et al., 2011, p. 133). A psychological evaluation is done by a licensed psychologist (Conradi et al., 2011, p. 133). Once someone has been identified as having been exposed to traumatic experiences or having Posttraumatic stress disorder, then evidence-based interventions can be put into place (Kerig, 2013, p. 1).

Resilience

Bethell et al. (2014) found that it is a necessity to reverse the negative impacts of adverse childhood experiences by promoting resilience. Resilience is the ability for a person to adapt and resume baseline after experiencing adversity (Bellis et al., 2018, p. 2). In a study completed by

Bellis et al. (2018) it was examined if resiliency protective factors could protect children against health conditions, health status, and school attendance (p. 2). This study surveyed people on the following resiliency factors; knowledge about where to get help, being treated fairly, given opportunities to use skills, positive community culture, supportive friends, trusted adult relationship, and having role models. Bellis et al. (2018) found that when high levels of the protective factors were present there were low levels of poor childhood health and school absenteeism reported (p. 3). This study's findings suggest schools could improve attendance and overall well-being of children through promoting protective factors, such as friendship, networking opportunities, and feeling a sense of fairness, of adverse childhood experiences (Bellis et al., 2018, p. 9). In addition to school absenteeism and health, resilience can lessen the negative impacts adverse childhood experiences have on grade retention and school engagement. In a study completed by Bethell et al. (2014), found that resilience lessened the negative impacts adverse childhood experiences had on school engagement and grade retention (p. 5). This study found that if students showed signs of resilience, they were more likely to be engaged in school (Bethell et al., 2014, p. 6). The study completed by Rebicova et al. (2019) had similar findings that resiliency can buffer the negative impacts adverse childhood experiences have on emotional and behavioral problems (p. 5).

Resiliency can be promoted in multiple ways through classroom interventions, collaboration with mental health professionals, and community supports (Berson & Baggerly, 2009, p. 376). This can include a supportive class environment, hands on experience and play, verbal and written expression (Berson & Baggerly, 2009, p. 376-377), self-regulation and attachment (Sciaraffa et al., 2017, p. 344-345).

Attachment

One protective factor for infants and children who experience trauma is a secure attachment or relationship with a caregiver (Sciaraffa et al., 2017, p. 345). Brunzell, Stokes, and Waters (2015) state children of trauma have difficulty creating lasting relationships (p. 67). If students of trauma are not able to have relationships with others, then their need of attachment is probably not being met. Teachers can form attachment with students is by providing a warm classroom environment. Teachers can provide a warm classroom environment that focuses on making students feel valued even when engaging in negative behaviors (Brunzell et al., 2015, p. 67).

When children have a secure attachment with an adult, students benefit by having a model for regulation, meaning, allows for optimal healthy development (Brunzell et al., 2015, p. 67), and executive functioning skills (Banks & Meyer, 2017, p. 70). Teachers can verbally model how they would regulate themselves by thinking aloud when interacting with a distressed student. Secure relationships can also provide a safe place in times of distressed for a child of trauma (Sciaraffa et al., 2017, p. 347). Attachment can be an important protective factor for children of trauma, and they can benefit by feeling valued, having a model, and providing a safe place.

A study by Moses & Villodas (2017) examined if positive peer relationships could reverse the negative impacts of adverse childhood experiences in regard to having a positive school experience (p. 2258). Children were recruited for the study as young as four years old and were age appropriately interviewed until they were 16 years old. The study found that positive peer relationships lessened the negative impact adverse childhood experiences had on prosocial activity engagement (Moses & Villodas, 2017, p. 2266). Moses & Villodas (2017) speculates

that students of trauma feel more supported and trusting to be a part of positive extracurricular activities when peer relationships are present (Moses & Villodas, 2017, p. 2266). When there is no peer conflict present, students of trauma with positive peer relationships were shown to have more a better opinion of school importance (Moses & Villodas, 2017, p. 2267).

Another study by Bolger, Patterson, Kupersmidt (1998) examined peer relationships of maltreated children and if these relationships could reverse the negative impact of maltreatment (p. 1175). This study found that positive peer relationships can increase self-esteem over time and lessen the negative impact of children's development from maltreatment (Bolger, et al., 1998, p. 1188). Although, it is more difficult for maltreated children to form these peer relationships due to not being accepted by peers (Bolger, et al., 1998, p. 1195). If children form peer relationship, they find the love, support, trust, and encouragement that was missing from their families (Bolger, et al., 1998, p. 1195).

Teacher Anxiety

One important aspect to help students of trauma is for teachers to control their feelings and behavior about a traumatic event (Baggerly & Exum, 2008, p. 82). When teachers maintain control and optimism, students will feel more secure (Baggerly & Exum, 2008, p. 82). Students need to feel that teachers are in control (Baggerly & Exum, 2008, p. 82), and able to continue to meet their needs in the classroom (Berson & Baggerly, 2009, p. 376). Teachers can write their feelings in a journal, take breaths, or talk to a friend or colleague (Berson & Baggerly, 2009, p. 376). Teachers should cope with their thoughts and feelings not in front of students to decrease the chance of re-traumatization (Berson & Baggerly, 2009, p. 376). If a teacher ever feels overwhelmed with their thoughts and emotions, it is important for them to get help from employee assistance programs (Berson & Baggerly, 2009, p. 376).

Self-Regulation and Relaxation Techniques

Self-regulation is the ability to identify, express, and regulate feelings in a positive way (Sciaraffa et al., 2017, p. 346). Children who have experienced adverse childhood experiences need extra support with self-regulating their strong emotions (Sciaraffa et al., 2017, p. 346). In a study completed by Wisner (2008), students reported the following themes after experiencing a mindfulness program; peaceful feelings, ability to calm down, able to concentrate better, control bad thoughts, more positive thinking, and increase in self-control (p. 137-139). In addition, students from the study reported they believe they are better able to calm themselves when upset (Wisner, 2008, p. 140).

A study completed by Viglas & Perlman (2017), examined if self-regulation could be increased through mindfulness instruction in kindergarten classrooms (p. 1152). Students had lessons about breathing, mindfulness eating and seeing, and lessons about kindness and caring (Viglas & Perlman, 2017, p. 1153). This study then tested students on their self-regulation, prosocial behaviors, and hyperactivity (Viglas & Perlman, 2017, p. 1153). Prosocial behavior includes being helpful, caring, considerate, and sharing and hyperactivity includes impulsiveness and inattention (Viglas & Perlman, 2017, p. 1157-1158). The results of this study showed stronger self-regulation skills in the group who received mindfulness instruction than the control group (Viglas & Perlman, 2017, p. 1156). Results also included higher teacher ratings in prosocial behavior and lower ratings in student hyperactivity (Viglas & Perlman, 2017, p. 1157). In addition, the results showed students who previously had difficulties with self-regulation, prosocial behavior, and hyperactivity made improvements after the mindfulness program (Viglas & Perlman, 2017, p. 1158). This study also showed how mindfulness intervention was successful

in impacting self-regulation in the short time period of six weeks (Viglas & Perlman, 2017, p. 1156).

In another study done by Razza, Bergen-Cico, & Raymond (2013), with preschoolers who received about 40 hours of mindful yoga instruction for 25 weeks (p. 375). The teacher went through training in a yoga curriculum and implemented yoga multiple times during transitions and instruction. (Razza et al., 2013, p. 379). The results found that students who received the mindful yoga instruction were more successful with their effortful control and executive functioning (Razza et al., 2013, p. 379). This study specifically found large advantages with the preschoolers' ability to control their behavior, attention, and delay gratification (Razza et al., 2013, p. 379).

Collaboration

Collaboration among school, mental health workers, and families can be an important step in helping students of trauma. School staff are encouraged to consult with school social workers to problem solve student behaviors and receive support about how to respond to student behavior issues (Crosby, 2015, p. 228). Mental health consultants can help teachers create an emotional responsive classroom and model coping strategies for students of trauma (Berson & Baggerly, 2009, p. 378). School social workers can also provide professional development to school staff about practices, strategies, and interventions to manage negative student's negative behavior (Crosby, 2015, p. 228). Collaboration among teachers and mental health workers help students take what they learned in the closed environment of a therapist office and into the classroom and real world (Banks & Meyer, 2017, p. 65). Educators can also reach out to counselors for consultation when a student expresses a need or exposure to traumatic events (Wolpow & Askov, 1998, p. 54). Banks & Meyer (2015) examined the impact of bringing in

mental health workers into a teacher education college class (p. 64). The teacher candidates had time to ask questions and learn about trauma-informed practices (Banks & Meyer, 2015, p. 65). Feedback from the teacher candidates stated how they can see how collaboration among therapists and teachers can build resiliency in students over a longer period of time (Banks & Meyer, 2015, p. 65).

Educators and school social workers need additional help meeting the needs of students of trauma from the community and families (Berson & Baggerly, 2009, p. 378). First, schools and mental health workers can educate the public about adverse child experiences and the long-term impacts (Sciaraffa et al., 2017, p. 348). School social workers and teachers can work with families and provide resources and service referrals (Crosby, 2015, p. 228) and provide culturally appropriate supports (Berson & Baggerly, 2009, p. 378). Parents who experience these traumatic events also need empathy and a positive regard to help mend attachment with children (Forkey, 2019, p. 270). Parents may be worried that talking about the traumatic even with the child is reminding them of the event that can lead to more anxiety, however this is not true (Ogawa, 2004, p. 24). Teachers and mental health workers should encourage parents to openly talk about the traumatic event (Ogawa, 2004, p. 25). Berson & Baggerly (2009) recommends community-wide planning by bringing together neighborhood agencies and families to provide support to the students of trauma and their families (p. 378).

Classroom Environment

A classroom environment that is warm, caring, and nurturing is what students of trauma need (Berson & Baggerly, 2009, p. 376). A warm and caring classroom environment can involve many different aspects. Classrooms need to feel safe for students of trauma to be engaged and improve their development (Cummings & Swindell, 2018, p. 140). Teachers need to hold

students accountable and have appropriate expectations that are well defined (Crosby, 2015, p. 226) but also accommodate for the student's individual needs (Berson & Baggerly, 2009, p. 376). Consistent class routines provide structure for students but there is also a need for flexibility to allow time for students to communicate and process feelings (Berson & Baggerly, 2009, p. 376). Teachers should refrain from judgement and label students as bad or lazy (Sitler, 2009, p. 120). The classroom environment should be calming with little clutter, low noise, soft lighting (Cummings & Swindell, 2018, p. 145). Teachers can also provide a space for students of trauma to escape to when they need time by themselves or time to process (Sitler, 2009, p. 120).

Expression of Feelings

Verbal expression is hard after a child experiences a traumatic event, and they often act out their behavior as a way to cope (Berson & Baggerly, 2009, p. 377; Ogawa, 2004, p. 22). If children are unable to communicate their feelings then the traumatic event can be processed physically by drawing, role playing, or movement (Banks & Meyer, 2017, p. 67). Teachers need to support students of trauma by labeling, acknowledging, modeling how to express student's feelings (Sciaraffa et al., 2017, p. 347). Students need more instruction in understanding different feelings, in order to express these complex feelings (Berson & Baggerly, 2009, p. 377). Literacy teachers provide the unique skills of teaching students how to express themselves (Walpow & Askov, 1998, p. 56). This involves creating an environment where students feel comfortable and safe to read and write about the traumatic event (Walpow & Askov, 1998, p. 53). Then the teacher becomes a nonjudgmental listener and providing opportunities to write about the traumatic event (Walpow & Askov, 1998, p. 56).

Play in Classroom

Students can begin to overcome their feelings of helplessness through dramatic play by changing the narrative (Ogawa, 2004, p. 24). Children feel more comfortable expressing themselves during play through symbolic expression, often exposing difficult feelings (Ogawa, 2004, p. 24). When students have adverse childhood experiences, this will affect the way that they play (Berson & Baggerly, 2009, p. 378). Students could role play these situations out on the playground or inside the classroom with puppets and dolls (Berson & Baggerly, 2009, p. 378). If teachers notice students who are reenacting their experience negatively, the teacher can encourage the student to change the ending or bringing in community helpers to the play scene (Berson & Baggerly, 2009, p. 378). Ogawa (2004) discusses using release play therapy for children who experience adverse childhood experiences. Release play therapy is when the therapist may bring in a few materials or recreate situations that will encourage students of the act out the traumatic event without interruption from the therapist (Ogawa, 2004, p. 24).

Application

It is important for teachers to receive training and continuing education about the impact of trauma and how to help students of trauma (Ko et al., 2008). Teachers can take classes about trauma and trauma-informed teaching. The Massachusetts Advocates for Children provide webinars, classes, newsletters, and information about trauma. Schools can host mental health workers during professional development to teach the entire staff about trauma. Mental health workers can include counselors and therapists.

Trauma-informed instruction, management, and intervention can be done many ways in the classroom. Mindfulness can be beneficial for lowering student's hyperactivity, increasing self-regulation, and increasing prosocial behavior (Viglas & Perlman, 2017, p. 1153). Mindfulness is having attention of the present moment (Kane, 2017). A teacher can set up a mindful environment in his or her classroom by having chill out spaces, inspirational pictures and quotes, and calming music that students can use during a short mindful break (Kane, 2017). Ordinary activities, such as walking down the hallway and eating, can be made into mindfulness activities when attention and focus are brought to the activity (Kane, 2017). Students can also do a body scan to notice where there is tension in the body and relax that tension (Kane, 2017). Cosmickidsyoga.com has mindfulness guided videos for students to follow along with. These videos include an instructor giving students specific smells and noises to notice during the mindfulness time. The instructor gives directions for correct body language and posture. Then, the instructor will talk for the duration of the mindfulness guiding the students and their thoughts. Mindfulness can include meditation, yoga, and breathing work.

One form of mindfulness can be meditation. Meditation increases self-regulation, coping strategies, and relationships with peers (Wisner et al., 2008). Students reported they believed

meditation can calm themselves, they are more relaxed, better emotional coping, increased focus, and able to control their thinking (Wisner et al., 2008). One form of meditation is Transcendental Meditation (Sessa, 2007, p. 59). Transcendental Meditation is when a person sits quietly and repeatedly says a word or phrase, called a mantra (Sessa, 2007, p. 59). This can be done for 5-20 minutes depending on the age of students. Mindfulness Awareness Meditation is another kind of meditation that involves having one focus that a person's attention is constantly brought back to (Sessa, 2007, p. 59). The focus can be breath or a particular thought. Meditation can be used as a whole class intervention after recess when the teacher needs students to calm themselves and get their minds back on learning. There can be a procedure put in place where students report to their meditation spot right after recess for 5-10 minutes of meditation. Meditation can also be done through apps. One example of an app is Insight Timer (2020). This app has lots of different meditation options such as timer for meditation on your own, guided meditation, courses, sleep and music and tracks. Everything on the app is customizable from the length, background music, and sounds of the bell to begin and end meditation.

In a study done with preschoolers by Razza, Bergen-Cico, & Raymond (2013), it was found that a daily mindful yoga intervention increased self-regulation (p. 379). In this study the teacher used and was certified in a yoga curriculum called YogaKids (Wenig, 2003). This curriculum was used daily for 10 minutes to start and eventually built up to 30 minutes daily. The intervention included yoga postures during literacy activities, poses such as downward dog, cat, cow, and nature poses such as mountain, tree, and moon. The intervention also included breathing techniques during transitions. Yoga can also be included in the classroom through CosmicKidsYoga.com. This is a website online that includes yoga videos that range from 5-20 minutes. The yoga instructor, Jamie, will orally tell a story while doing yoga poses and moves

that go along with the story. These yoga videos can be used as a brain break, activity during transition, or indoor recess. There are also yoga story books that can be read aloud to students. One book could be “Good Morning Yoga” by Mariam Gates. This book is a guided story through yoga poses that will wake up a person’s body. This book could be used every morning as a community circle activity. In addition, there is a book called “Good Night Yoga” by Mariam Gates that could be used as a closing at the end of the school day.

Teaching students breathe work can be another effective intervention to promote relaxation, de-stress, and have a clearer mind (Sessa, 2007, p. 58). Breathing work ensures the students are mentally focused on breathing and calming the mind to a deescalated state (Sessa, 2007, p. 59). One breathing technique that was used in the YogaKids (Wenig, 2003) yoga curriculum was Take-5. In Take-5 students breathe in for 5 as they count on their fingers, and exhales for 5 as they bring in 1 finger (Razza et al., 2013, p. 375). Another breathing technique from Yogakids (Wenig, 2003) is the Peace Breath and students inhale, then exhale while whispering the word “peace” (Razza et al., 2013, p. 375). Teachers can also teach students the 4-7-8 breathing pattern (Sessa, 2007, p. 59). This breathing pattern is breathing in through the nose for 4 counts, holding for 7 counts, and exhaling through the mouth for 8 counts (Sessa, 2007, p. 59). Breath counting can also be taught and used by students (Sessa, 2007, p. 59). Breath counting is exhaling and inhaling while mentally counting the number of breaths (Sessa, 2007, p. 59). For example, exhale and inhale and mentally count 1, then exhale and inhale and mentally count 2, etc. Students can use breathing buddies to ensure they are doing deep belly breathing, and not shallow chest breathing. A breathing buddy is a small stuffed animal a student can lay or put on their belly. Students can visually see the breathing buddy moving up and down with each deep belly breath. If a student does not see their buddy moving, then they can adjust their breath.

Breathing strategies can be used when students are escalated to quickly deescalate them and return to learning. A teacher can have a special breathing space in his or her classroom. This breathing space can have anchor charts, or a list of breathing strategies students can do when escalated or upset.

Positive adult relationships are a key factor in students overcoming the negative effects of trauma and future traumatic events (Murphey & Sacks, 2019, p. 10; Sciaraffa, et al. 2017, p. 345). Teachers can develop relationships in numerous ways with students. One way is greeting students by name every morning. This can give teachers insight to students' current emotional state before entering the classroom. When a teacher makes a mistake, teachers should own and apologize for the mistake to students. When a teacher keeps his or her word, that can also build a positive adult relationship. Students feel they can rely on a teacher when they know he or she will do what they say. Daily community building activities can cultivate teacher and student relationships. These activities can include greeting one another, problem solving activities, and games during community circle. This can include positive rewards or consequences. Finally, teachers can develop a relationship with students by sharing information about themselves and getting to know the students. When students know personal information about their teacher, students can see the teacher as a real person. Student's love sharing information about themselves and when a teacher genuinely shows interest in learning about his or her students, that can positively improve their relationship.

Teachers need to be very deliberate to establish trust, validation, and safety of students (Brunzell et al., 2015, p. 67). Teachers can develop trust by through being welcoming and positive when students test and challenge teachers (Brunzell et al., 2015, p. 67). Teachers need to give students a clean slate each day, and not carry over ill feelings from previous days. Another

way teachers can develop trust is detecting early possible triggers of trauma and providing that student help during more stressful times (Banks & Meyer, 2017, p. 67; Sciaraffa, et al. 2017, p. 347). Teachers can develop safety by being a classroom that encourages and praises effort, not always getting the correct answer. Teachers should also praise non-academic skills and traits like being helpful and social skills. Teachers can develop safety by teaching kids how to react if a student is having behavior challenges due to trauma. A sense of safety can also include validating students' problems and taking them seriously. Student problems can seem trivial to adults, teachers can develop a sense of safety by taking these problems seriously and solving them with the student.

There are many ways to set up a classroom to be trauma-informed and to combat the negative effects of trauma and adverse childhood experiences. There should be opportunities for students to express themselves in a variety of ways because students can struggle with verbally expressing themselves about traumatic events (Banks & Meyer, 2017, p. 67). This can include journal or letter writing, artwork, dramatic play, and building with manipulatives. Students not only need to have time to express themselves, but they need to feel comfortable in the classroom environment to express themselves (Wolpow & Askov, 1998, p. 53). Teachers need to be prepared to take the role of listener without judgment (Wolpow & Askov, 1998, p. 54). Pretests and ability grouping can cause additional stress, embarrassment, and retraumatize students who have been exposed to trauma (Wolpow & Askov, 1998, p. 53). If teachers are able to avoid or postpone tests for ability grouping, it could help lower anxiety for students of trauma.

Classrooms that have a predictable schedule and routines can reduce the stress of students, especially students of trauma (Sciaraffa et al., 2017, p. 351). Teachers can post the daily schedule and go over it in detail with students each morning at community circle. A

predictable routine in the morning can be very beneficial for starting students off in a positive way. For example, every morning students will pick their lunch, put folder away, put chair down, and complete morning work. The classroom should be conducive to allow for students to take a calm down break when they are feeling irritable or lacking focus (Sciaraffa et al., 2017, p. 351). This space can be in a quiet corner of the classroom and include visuals for breathing or stuffed animals to hold for comfort. A teacher can coach his or her students how to use this space to manage their emotions (Sciaraffa et al., 2017, p. 351). Teachers also have the power to change assignments for students of trauma (Wolpow & Askov, 1998, p. 54). This can include changing the median of work from writing to an oral report. This could also include a passion project such as writing a letter to their abusive parent, instead of writing a paper. Work completion is the expectation, but students are given the opportunity to modify assignments that will not cause re-traumatization or stunt recovery.

Conclusion

The purpose of this literature review is to examine trauma and trauma-informed approaches that can be used in the classroom. This research was needed in order to better recognize and understand trauma and have knowledge about effective practices for students who have experienced trauma. This research also provides information about how prevalent trauma is and will continue to be in schools.

Trauma and adverse childhood experiences are happening more frequently in people's lives (Sciaraffa, Zeanah, & Zeanah, 2017, p. 344). It is probable that teachers will have students who have experienced 1 or more traumatic events and adverse childhood experiences. Students can experience negative side effects from being part of or witnessing traumatic events due to toxic stress developing. Toxic stress happens in a person's brain when the stress response is constantly activated and not brought back in control (Shonkoff et al., 2012, p. 236). Toxic stress can affect certain parts of the brain that lead to negative impacts (Forkey, 2019, p. 270). These negative effects can include loss of impulse control, strong emotions, incapable of regulating emotions, difficulties developing attachment, grade retention, and school attendance and engagement challenges. Realization of trauma, recognizing signs of trauma, knowledge of how to respond to trauma, and avoiding retraumatizing are 4 key aspects of a trauma-informed approach in schools and other public facilities (SAMHSA, 2014). One protective factor that can reverse the negative impact of trauma is collaboration. Therapists can provide information to educators through professional development and modeling (Crosby, 2015). Resilience and attachment are 2 additional protective factors (Bethell et al., 2014; Sciaraffa et al., 2017). Resilience and attachment can be promoted through learning self-regulation and relaxation

techniques, set up of the classroom environment, opportunities for play in the classroom, and learning how to express feelings.

Research of trauma and trauma-informed practices is ongoing. The current research shows how trauma can cause challenges in student achievement and behaviors. More narrowed research on trauma-informed approaches is vital. Continued research and studies of trauma-informed approaches when teaching academics to students would be beneficial. Research could include how teachers can motivate and push students of trauma to learn reading, math, and writing, without retraumatizing or escalating the student. Providing teachers with a list of suggested academic strategies can be beneficial to increase student achievement, without escalating behavior of students of trauma. There is a lot of research on strategies teachers can teach students to deescalate themselves. However, more research on teacher language to deescalate students would also be beneficial. Students of trauma can escalate quickly and what teachers say and how they react in the moment can help to deescalate the student or escalate the student more.

There can be limitations to trauma knowledge and trauma-informed instruction. Students of trauma are becoming more prominent in our classrooms, but pre-teaching education classes are not providing teacher candidates tools to teach and manage students of trauma. Teacher candidates are unaware of the challenges trauma puts on students and are unprepared to meet the needs of students of trauma. Another limitation is teachers being unaware of the negative student behaviors are not on purpose and because of trauma. It can be difficult for teachers to not take these negative behaviors personally and give students a clean slate after a negative behavior. Teachers can reach out for resources and strategies from counselors and therapists to help students of trauma in their own classroom. Another limitation expressed from opposing

viewpoints is teaching students de-escalation strategies. Teaching students the following de-escalation strategies, breathing, mindfulness, and yoga, often are overlooked as important. There is a large amount of pressure on teachers to teach students math and reading to prepare for state tests, that these de-escalation strategies are cut.

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