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Elements of Teaching Trauma

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Abstract

Providing support to students who have experienced childhood trauma requires whole school involvement. From school shootings that shock the nation to the daily violence, poverty, abuse, and addiction in communities that rarely make headlines, students and their families often experience traumatic events that can alter their lives forever. Unions and districts across the country are working together to address the epidemic of trauma in schools with students' and educators' needs in mind; collaborating to transform schools into "trauma-informed" environments, taking vital steps to become safe havens for every student. Trauma-sensitive focus on education supports a school community where students feel safe and confident in their ability to learn, can differentiate between trauma induced behavior and appropriate behavior, and communicate with adults and peers in a positive disposition.

Keywords trauma, trauma-sensitive, trauma-informed

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Introduction

Today, to keep a middle-class lifestyle, there must be a dual income in each home; thus, both parents are working. This means less parent involvement, less nurturing, and more exposure to strangers due to childcare needs. When these children go to school with adult worries on their mind, they will react to their environmental challenges or struggles, and results are severe behaviors when structure is needed. With these experiences, trauma may occur.

The National Child Traumatic Stress Network (2010) report outlined one study that showed more than half (52.5%) of children aged 2-5 had experienced severe stressors in their lifetimes. According to the National Survey of Children's Health, 35 million children (about twice the population of New York) in the United States are living with emotional and psychological trauma (Simpson, 2006). A traumatic event is described as an incident that causes physical, emotional, spiritual, or psychological harm (Deutsch,Drozd, & Ajoku, C. (2020). The purpose of this literature review is to analyze the Elements of Teaching Trauma in the academic environment.

This literature review includes an introduction, historical perspectives, opposing viewpoints or conflicts, the impact of trauma on teachers and the school districts, legal aspects of students with trauma, and an overview of elements of teaching trauma. Peer reviewed journal articles within the last 10 years were gathered from the EBSCO Host database and included in this literature review.

Review of Literature

Legislation

From the legal aspect, according to the Office of Juvenile Justice and Delinquency Prevention, a longitudinal study of youth detained at a juvenile detention center in Chicago, Illinois, showed that 92.5 percent of youth had experienced at least 1 trauma, and 84 percent had experienced more than 1 trauma (H.R.1757 - 115th Congress 2017-2018). As a result, the Trauma-Informed Care for Children and Families Act of 2017 was created on March 28, 2017. This act that was passed supplies evidence that there is a huge increase in childhood trauma cases. Once this act was passed, teachers, students, and parents began to take a closer look at the increase of behaviors based on earlier traumatic experiences the student has experienced.

A study completed by Bowen & Irish (2020), shows an example of how trauma has affected many families and children today. The method that was used was policy mapping. The results that were reported, showed that only 10.6% addressed trauma. The conclusion discussed the overall lack of attention and protection for children who have experienced trauma.

Over time, studies have shown that children aged up to 16 years old have increased significantly. Awareness about trauma has grown over the years. Practitioners, researchers, and policymakers are focusing more attention and supplying more support systems than in the past (Donisch, Bray, & Gewirtz, A. (2016).

Responding to Trauma in the Classroom

There has been a shift in education as we know it. When teachers and staff are given yearly rosters, they now must decide who is a Behavioral Disorder student, and their IEP

requirements and accommodations. There could be a classroom that has a student diagnosed with Oppositional Defiant Disorder (ODD), attention deficit hyperactivity disorder (ADHD), and Reactive Attachment Disorder (RAD). All three of the diagnoses for one student. Classroom management and classroom climate have become more difficult than ever before. Parents and community members do not see the daily behavioral challenges teachers experience daily (Thomas, Crosby, & Vanderhaar (2019). Education professionals have joined concepts of what defines competencies. An educator today must take emotional backgrounds into consideration along with an updated classroom culture that includes trauma informed practices (Berardi, Morton, & George Fox University 2019).

Core Curriculum on Childhood Trauma

Core Curriculum on Childhood Trauma (CCCT) uses a five-tier conceptual framework. First, there is empirical evidence. Next, there are core trauma concepts. Then, there are intervention goals. Finally, there are the practice elements and skills. These five tiers build foundational trauma knowledge and clinical reasoning skills. The first study showed that social work graduate students' participation in the CCCT was linked to a considerable increase in pre and post self-reported confidence when applying core trauma concepts to their clinical work. Study two showed significance in both pre and post in conceptual readiness and field readiness among social work graduate students taking part in a Gold Standard Plus educational model that implemented classroom instruction in core trauma concepts, training in evidence-based trauma treatment (EBTT). Lastly, study three used qualitative methods to implement elements (35

intervention goals, 59 practice elements) from 26 manualized trauma interventions. The overall claim is that CCCT is a valuable tool or resource for educating our "next generation" evidence-based practitioners who have competencies needed to implement modularized, individually tailored trauma interventions, clinical reasoning, and familiarity with common elements (Layne et al., 2014).

Multi-Tiered Systems of Support (MTSS)

A vital component in any school building or district is the MTSS. MTSS behavioral interventions, academic interventions and childhood trauma are all linked together. Erik J. Reinbergs and Sarah A, Fefer, (2018) discuss trauma in schools and using multi-tiered delivery for educators. In the United States during 2015, the Child Protective Services reported 680,000 cases of child maltreatment were confirmed and 4 million cases had been reported (Reinbergs, & Fefer, S. A. (2018). In this study, both authors take a closer look at the need for Tier 0 to be added to the MTSS tiers of behavioral interventions in response to the increasing social conditions causing childhood trauma. The MTSS has become more widely implemented with the Individuals with Disabilities Act in 2004. There are three tiers that are looked at: Tier 1 is universal, Tier 2 selective, and Tier 3 indicated. By adding Tier 0, there would be an increase of interventions specifically addressing the social conditions. The method used was a screener known as Social, Academic, and Emotional Behavior Risk Screener (SAEBRS). This resource is available through Fastbridge.org and has convincing evidence of reliability. This screener

identifies which students would require Tier 2 interventions, specifically those suffering from trauma.

The next component in this study determines the interventions. The two identified interventions are Positive Behavior Interventions Supports (PBIS) and Social Emotional Learning (SEL). Many public schools in the United States support both interventions. Tier 1 components of both PBIS and SEL provide curriculum specific to the emotional, social, and behavioral expectations.

The assessment method was conducted by looking at students who tested positive in the screeners for social, behavioral, and emotional concerns. The results for this assessment often found that trauma is not the only factor for a student's difficulties with social emotional behaviors in the classroom. Trauma may be mocked by other behavioral disorders such as ADHD or ODD. The results for this study found that the MTSS is successful, however, that model cannot be the only model to be implemented for school-based trauma services. More evidence is needed of evidence-based practices (Reinbergs & Fefer (2018).

Classroom Staff and Knowledge of Trauma in Students

Although many schools have implemented trauma approaches, there remain many barriers. For example, lack of parental involvement due to feeling uncomfortable addressing the child's trauma, lack of support from administrators, and being able to distinguish between cognitive delays or emotional delays and trauma (Martin, Ashley, White, Axelson, Clark, & Burrus 2017). Researcher Lisa Lopez Levers conducted this pilot study, in elementary school

grades pre-k through fifth grade. The school consisted of 425 students, about 50% were students of African American descent. The school district data showed that 90% of all students were poor. The out of school suspension (OSS) rates were more than 5% per academic year and attendance was at 90%. For the school year of 2012 to 2013, third through fifth grade assessments in English language arts, and math results showed less than 10% of students met the state standards. Participants included 25 classroom staff members, 16 of these staff members one was male and 15 were female. The length of time these respondents had worked with students in a school setting from one year to 20 years (Levers, 2012).

In October 2013, the investigator provided a brief presentation on trauma responses and the behavioral impact on children, during the staff's regular scheduled weekly meetings. The presentation provided a brief overview of how cognitive functioning and development are impacted by physiological changes linked to trauma and toxic stress. In the same presentation, secondary trauma was explained. Often staff will experience secondary trauma from exposure to repeated stress and pain of others. Lastly, providing information on the importance of providing a nurturing school environment will help students build resilience. The primary purpose for providing this presentation was to provide all school staff with basic information on the importance of recognizing students' behavior as physiological and not psychological and to introduce trauma informed approaches (Anderson, Blitz & Saastamoinen (2015).

In January 2014, the first part of the assessment was completed, using a nominal needs assessment with 25 classroom staff to determine what their needs are in professional

development related to trauma informed practices. The group reflected on the presentation on trauma and toxic stress and the support that would be needed in the classroom when working with students identified as experiencing trauma. The results of topics of interest were then used to create or provide workshops for staff members.

In February 2014, the second part of the study was completed by developing four workshops based on the results of the needs assessment. To provide staff with the opportunities to attend these workshops, staff were relieved of their classroom responsibilities for 45 minutes once a week. The only variations may have been a situation of illness, classroom situations (behaviors) that may not allow the teacher to be removed, or circumstances of classroom visitors and activities. These training sessions covered information on the neurological impact of trauma and toxic stress on students' behavior and learning. First, positive behavioral strategies. Next, stress reduction and relaxation techniques. Finally, cognitive behavioral strategies for classroom interventions.

The instruments and analysis used were the Post Workshop Survey and Focus Groups. In the Post Workshop Survey, participants were asked three questions: two things they learned from the workshop, two things they want to know more about, and what they liked about the workshop. Focus groups were conducted at different tables in the teacher's workroom. Each focus group lasted between 45-60 minutes and the questions consisted of: can you describe how the information on trauma and toxic stress informs your interactions with students, have you shared anything about trauma or toxic stress with the teacher, how do you see trauma and/or

toxic stress impacting the students, teachers, other personnel, and school climate, do you see trauma-informed practices being integrated into classroom and school routine and if so, what does that look like and if not, what has gotten in the way, and what would be helpful to you in terms of professional development, skill building, or continued learning?

The results of the Post Workshop Survey, sixteen staff members participated in the survey. Three participants noted that they learned the importance of having a positive attitude and three others had noted new ways of responding to challenging behaviors without specifying a particular technique. When asked what topics they would like to see offered for future workshops, four participants (25%) noted topics such as skills for working with students with learning or behavioral concerns, particularly students with ADHD and autism. Another four (25%) expressed an interest in professional development around more effectively working with more students who are aggressive, bullying, or violent. One asked for more techniques to manage stress, and another wanted "better appreciation" for classroom staff (Anderson, Blitz & Saastamoinen, (2015).

In the focus group findings, there were six themes identified as needing more information. Three of these themes were linked to issues and concerns regarding school climate. The remaining three themes listed were on the workplace environment and the professional needs of the staff. Throughout the focus groups, staff reported wanting greater access to information that impacts their professional responsibilities so they can do their jobs better, how students' unmet needs resulted in behavioral outbursts leading to loss of learning abilities for

other students and developing a student action plan for the substitute teachers when a staff member is absent. Through professional development, staff members have been able to better understand and implement behavioral strategies and interventions. During discussions of staff support, one member identified a key detail. While teachers are in professional development, we should also allow the paraprofessionals training that will allow them to help the teachers and students. This idea would align with behavioral interventions, for example, deep breathing exercises.

During this study, there were indications that some staff members are not comfortable in learning the trauma informed perspective. Many participants understood that trauma could affect a students' ability to learn, however, they were not wanting to change their classroom community to address the students' behaviors associated with trauma. There were also indications that staff did not feel that their workplace was supportive and that hindered their ability to practice and develop new skills. Overall, this study found that more focus on implementing trauma informed strategies and methods into the professional development for all school wide staff members is desperately needed (Burgess & Mayes, 2007).

Opposing Viewpoints

When youth experience trauma, often they are not diagnosed, and become adults in our judicial system. For example, a student begins their school year in kindergarten. This student begins to show signs of behavior challenges. These challenges could look like not following directions, not being able to focus, and becoming more agitated than average peers. During the

kindergarten year, teachers work with this student one on one and have support from a paraprofessional. The next year the same student is showing more escalated behavioral patterns. Agitation occurs at a more aggressive level. Eventually this student becomes an adult. This adult has not learned coping skills for the increasing agitation that developed over the years, leading to poor decision making and being arrested. This could have been a different outcome, had this student been enrolled in a trauma-informed school. From another viewpoint, an increase in the number of police officers in trauma-informed schools and districts is a concern for some cities. In 2017, 42 percent of all schools had a full-time or part-time School Resource Officer (SRO) on their campus. In 2017, 59 percent of all middle schools had full-time or part-time SROs. In 2017, 30 percent of all elementary schools had full-time or part-time SROs and 68 percent of all high schools had full-time or part-time SROs (Mallett, 2016). It was the Safe Schools Act of 1994 (and the 1998 Amendment Act) that first promoted and funded partnerships with the COPS in Schools grants for SRO forces for primary and secondary schools (Mallett & Fukushima-Tedor, 2018). These Acts were started by the Clinton Administration's reaction to the school shootings and killings at Westside Middle School in Arkansas and had two policy goals: to help build school and police force collaborations and to improve school and student safety (Rich-Shea & Fox, 2014). Driven by public support, misperceptions of school violence incidents, and a tough on crime approach to youthful offenders. One billion dollars was spent from 1994 to 2012 employing over 17,000 officers annually; growing to that same one billion dollars being spent in just 2018 across 26 states (Fulks, Garcia, & Harper, 2020). Many communities feel that this is a

waste of resources and funding. An exact example of this is: A 14-year-old girl was arrested in Wauwatosa, Wisconsin, after refusing to stop texting on her cell phone in class. A school resource officer's report says the student refused to stop texting during class after a teacher told her to stop and the student told the resource officer she did not have a phone after she was pulled out of the classroom. She continued denying she had a phone, forcing the resource officer to return to the classroom twice and find other students who saw her with it, according to the report. The male school resource officer called for a female officer to conduct a search, the report says. The student laughed as the female officer explained that she found the Samsung phone in the student's clothes, hidden near her buttocks. The officer notes that the student "is known to me and the administration based on prior negative contacts." The officer gave the student a $298 ticket for disorderly conduct and kept her Samsung phone. A police spokesperson said that she was arrested more for her behavior than for the texting; "all she had to do was put the phone away and that would have been that." After the arrest, the student was suspended (from school) for a week (McCurdy, 2014, p. 93-94).

Future Research

Future research is needed to further identify the effects of national disasters being linked to trauma in our youth today. For example, the Covid19 pandemic, the California wildfires, systematic racism, and September 11, 2001. There have been several more within the year 2021 and prior years. Our youth is affected by all of these in many ways. Educational leaders in today's classrooms must maintain flexibility, resiliency, and competencies. There no longer is

the traditional classroom that can focus their entire academic day on curriculum. With events such as the COVID-19 global pandemic, the migration crisis, outbreaks of violence, political change, and unrest within communities, there is greater urgency for leaders to develop a trauma-informed practice to mitigate the impact on learning communities. A leader needs to take into consideration several variables such as personal abilities, context, and the stakeholders who will be served when deciding an appropriate style to be most effective (Zembylas, 2015). A trauma informed leader is one who integrates knowledge about trauma in the policies, practices, and decisions to actively resist re-traumatization and promote resiliency and growth. Beyond academic performance, educational leaders are responsible for social, emotional, and relational needs. Psychologist Albert Bandura (1986) social learning theory (SLT) connected humans' social needs and learning through observation. The act of leadership involves inclusion, communication, and role modeling. Schools provide social environments, and modeling behavior is one avenue of learning. Relational leadership focuses on collaborative decision making for the common good and aligns with the concept of trauma informed which relies on the same variables to enact change (Stuart, 2018). Decisions made through a trauma perspective reflect the importance of demonstrating healthy social-emotional behavior and relationships with teachers and students and appropriate interventions that mitigate trauma-induced behavior and triggers. Through professional development on trauma and adapting policies and programs to reflect trauma-informed practices, leaders can create a classroom community which builds resilience, productivity, and outcomes for faculty and students to overcome the barriers of the 21st century.

A current study explored differences in PTSD symptom clusters as a function of the traumatic event type (TA compared with other events), DUI, and sex. One hundred-eight patients with primary PTSD were administered The Clinician Administered PTSD Scale. Of 300 initially screened patients, 108 consecutive treatment-seeking patients were enrolled.

In the Post-Traumatic Stress Disorder (PTSD) literature, few studies assessed differences in symptoms among victims of terrorist attacks (TA) as compared with victims of other traumatic events. Due to the harm inflicted, TA may be expected to produce more severe symptoms, particularly avoidance, since this cluster was found to be a severity marker and a maintenance factor of the disorder. As several patients delay treatment-seeking, duration of untreated illness (DUI) is another problem potentially influencing PTSD severity. The current study explored differences in PTSD symptom clusters as a function of the traumatic event type (TA compared with other events), DUI, and sex. One hundred-eight patients with primary PTSD were administered The Clinician Administered PTSD Scale. Mean DUI was approximately 12 years, irrespective of the event type. Patients who had experienced TA had significantly more severe Avoidance/Numbing symptoms and general PTSD severity than those who had experienced other events. No significant effects emerged for DUI and sex on all clusters. Recognition and intervention on PTSD may include community psychoeducation programs about its symptoms. Tailored intervention on TA-related PTSD may focus on Avoidance/Numbing by including medication and psychotherapeutic approaches (2019). My rationale for future research on the

above topics is that these adults have children. What their parents experience, the children experience. The overall family is then affected by trauma.

In The Effect of Long-Term Relocation on Child and Adolescent Survivors of Hurricane Katrina, a study was conducted to increase knowledge of the effects of relocation and the correlation with long-term psychological symptoms following this disaster. The hypothesis in this study was that students who moved to another city after Hurricane Katrina in 2005, would display more symptoms of posttraumatic stress compared to students who returned to New Orleans. The effects of Hurricane Katrina relocation were assessed on children and adolescent survivors in 5th through 12th grades.

Disaster recovery can take both emotional and physical toll on survivors. For children, recovery can be exceedingly difficult due to loss of structured routine in their daily lifestyles, loss of personal items, and loss of support systems. These life challenges can result in chronic psychological effects such as depression, anxiety, and PTSD.

The method used in this study was the National Child Traumatic Stress Network to students attending public schools during the 2008-2009 academic year. One thousand three hundred sixty-eight 5th through 12th grade students were screened. The assessment was self-reported and administered confidentially to supply future evaluation for students that scored above the symptom cut-off or those who requested counseling.

The results show a significant interaction effect on trauma symptoms by relocation status and age. Relocated students aged 11-13 had less trauma symptoms, compared to the 14–16-year-

old participants. The results suggest that students in the 17-19 age group had fewer trauma symptoms compared to the 11-13 age group. Results show that for the 14-16 age group, moved students had more trauma symptoms compared to returned students. Results show that for the age group 17-19 returned students had less symptoms than those who relocated or moved.

Overall, the results do support the hypothesis that students who relocated to a different city after Hurricane Katrina reported more trauma symptoms compared to students who returned to New Orleans. These results support prior research on adults and children, suggesting an increase in trauma symptoms and depression following a disaster relocation (Blaze & Schwalb 2009; Kilic et. al.,2006; Milne, 1977; Najarian et al., 2001).

Conclusion

In summary, students suffering from trauma related experiences require trauma informed curriculum. Throughout the literature reviews studies have provided the data to determine which of our students may be at higher risk and what environments or elements contribute to the identified traumatic experiences. The impact or role that the classroom community has on students that have been identified as having experienced trauma is crucial.

Empirical evidence has shown that exposure to students who have experienced trauma display violent and aggressive crisis behaviors, may cause toxic stress to the educators or staff working with these identified students (Cunningham, 2004).

Occurrences of trauma are high. In studies of community violence, exposure rates of both victims and witnesses to violence are high. In an urban sample, 65% of respondents reported being a victim of violence and 98% witnessed a violent act (Rosenthal, 2000). In rural samples 76% to 82% of respondents were victims of violence and 93% to 96% were witnesses (Scarpa, 2003). Furthermore, research studies indicate that individuals exposed to trauma have

psychological difficulties (Scarpa, 2003) and that those difficulties persist over time (Schwab-Stone et al., 1999). Given these prevalence rates, it is likely that social workers in a variety of settings will provide services to traumatized clients. Therefore, social work educators need to prepare social work students to assess and treat trauma survivors.

Trauma informed classrooms have become a necessity in most school districts across the United States. The curriculum must be modified to an emotional learning aspect as well as an academic response. The elements of teaching trauma include core trauma concepts and intervention objectives. While research shows that many forms of adversity can impair children's cognitive, social, emotional, and physical development, the depth of their impairment depends on whether they have access to mental health services and whether they are kept safe from traumatic events (Shamblin et al.,2016). Protective factors, including informal emotional support, also play a crucial role in children's recovery and the prevention of risks to be encountered (McLoyd, 1998; NCTSN Core Curriculum on Childhood Trauma Task Force 2012; Reblin & Uchino, 2008).

Key successful concepts and methods identified by educators when instructing students of trauma are included in this literature review. Implementing a school wide approach such as a PBIS. This program includes all staff training on trauma informed curriculum. and psychoeducation and individual coaching for teachers by a certified therapist. The program also incorporated an alternative classroom intervention with brief de-escalation support, including problem solving, coaching, and sensory-motor activities. Programs include those at the classroom and school levels (school-wide interventions), others focused on individuals and groups, which consist of Tier 2 and Tier 3 programs of RTI. School-wide interventions are considered multi-tiered initiatives that include universal components such as psychoeducation for

students, teachers, and/or parents; skill building for students, as well as selective approaches for students requiring more intense interventions. These interventions are geared to students with signs of internalizing and externalizing disorders (Grave & Blissett, 2004).

Ideally, efforts to implement multi-tiered interventions should include evaluation strategies that fit the environment of schools and address questions related to fidelity and program quality. If a program is started, it will only be successful if the data collected drives it. This means educators learning and making data driven decisions based on behavioral results. Overall, the literature reviewed provides enough evidence that the elements of teaching trauma will continue to be a necessity today. Social emotional learning will be a part of daily curriculum in all schools (Gopal, 2015; Patton, 2006).

References

Anderson, E. M., Blitz, L. V., & Saastamoinen, M. (2015). Exploring a School-University Model for Professional Development with Classroom Staff: Teaching Trauma-Informed Approaches. *School Community Journal, 25*(2), 113-134.

Bandura A. (1986). Social foundations of thought and action: A social cognitive theory. Prentice-Hall, Inc.

Berardi, A. A., Morton, B. M., & George Fox University. (2019). *Trauma-informed school practices: building expertise to transform schools*. George Fox University Library.

Blaze, J.T., & Schwalb D.W. (2009). Resource loss and relocation: A follow up study of adolescents two years after Hurricane Katrina. *Psychological Trauma: Theory, Research, Practice, and Policy,* 1, 312-322.

Bowen, E. A., & Irish, A. (2020). Trauma and principles of trauma-informed care in the U.S. federal legislative response to the opioid epidemic: A policy mapping analysis. *Psychological Trauma: Theory, Research, Practice, and Policy.* Advance online publication.

Burgess, H., & Mayes, A. S. (2007). Supporting the professional development of teaching assistants: Classroom teachers' perspectives on their mentoring role. The Curriculum Journal, 18(3), 389-407.

Cunningham, M. (2004). Teaching Social Workers About Trauma: Reducing the Risks of Vicarious Traumatization in the Classroom. *Journal of Social Work Education, 40*(2), 305-317.

Deutsch, R., Drozd, L., & Ajoku, C. (2020). Trauma-informed interventions in parent-child contact cases. *Family Court Review*, *58*(2), 470–487.

Donisch, K., Bray, C., & Gewirtz, A. (2016). Child welfare, juvenile justice, mental health, and education providers' conceptualizations of trauma-informed practice. *Child maltreatment*, 21(2), 125–134.

Fulks E. Garcia K. Harper K. (2020). Research to consider as schools assess community demands to renegotiate school-police partnerships. Child Trends.

Gopal, S. (2015). *Evaluating complex social initiatives*. Available from: https://ssir.org/articles/entry/evaluating_complex_social_initiatives.

Hansel, T. C., Osofsky, J. D., Osofsky, H. J., & Friedrich, P. (2013). The effect of long-term relocation on child and adolescent survivors of hurricane Katrina. *Journal of Traumatic Stress*, *26*(5), 613–620.

H.R.1757 - 115th Congress (2017-2018): Trauma-Informed Care for Children and Families Act of 2017. (2017, April 12).

Lisa Lopez Levers, P. L.-S. L. C. N. (2012). *Trauma Counseling: Theories and Interventions.* *Springer* Publishing Company.

Mallett C. A. (2016). Impact of school shootings on classroom culture, curriculum, and learning. In *School resource (police) officers in schools* (pp. 53–70). essay, Information Science Reference.

Martin, S. L., Ashley, O. S., White, L. B., Axelson, S., Clark, M., & Burrus, B. (2017). Incorporating trauma-informed care into school-based programs. *Journal of School Health*, *87*(12), 958–967.

McCurdy J. (2014). Targets for arrest. In Nocella A. J. II Parmar P.Stoval lD. (Eds.), From education to incarceration: Dismantling the school-to-prison pipeline (pp. 86–101). Peter Lang.

McLoyd, V. C. (1998). Socioeconomic disadvantage and child development. *American Psychologist*, 53, 185– 204.

NCTSN Core Curriculum on Childhood Trauma Task Force (2012). *The 12 core concepts: Concepts for understanding traumatic stress responses in children and families. Core Curriculum on Childhood Trauma.* Los Angeles, Durham, NC: UCLA Duke University National Center for Child Traumatic Stress.

Patton, M. Q. (Producer). (2006, January 11, 2019). Evaluation of the way we work. Available from: https://nonprofitquarterly.org/

Pozza, A., Bossini, L., Ferretti, F., Olivola, M., Laura, D. M., Desantis, S., Fagiolini, A., & Coluccia, A. (2019). The Effects of Terrorist Attacks on Symptom Clusters of PTSD: a Comparison with Victims of Other Traumatic Events. *Psychiatric Quarterly,* 90(3), 587-599.

Reblin, M., & Uchino, B. N. (2008). Social and emotional support and its implication for health. *Current Opinion in Psychiatry*, 21, 201– 205.

Reinbergs, E. J., & Fefer, S. A. (2018). Addressing trauma in schools: multi-tiered service delivery options for practitioners. *Psychology in the Schools*, *55*(3), 250–263.

Rich-Shae A. M. Fox J. A. (2014). Zero-tolerance policies. In Muschert G. W. Henry S. Bracy N.L. Peguero A. A. (Eds.), Responding to school violence: Confronting the Columbine effect (pp. 89–104). Lynne Rienner Publishers, Inc.

Rosenthal, B. S. (2000). Exposure to community violence in adolescence: Trauma symptoms. Adolescence, 35, 271-284.

Scarpa, A. (2003). Community violence exposure in young adults. Trauma, Violence and Abuse: A Review Journal, 4 210-227.

Schwab-Stone, M., Chen, C., Greenberger, E., Silver, D., Lichtman,]., & Voyce, C. (1999). No safe haven II: The effects of violence exposure on urban youth. Journal of the American Academy of Child and Adolescent Psychiatry, 38, 359-367.

Shamblin, S., Graham, D., & Bianco, J. A. (2016). Creating trauma-informed schools for rural Appalachia: The Partnerships Program for enhancing resiliency, confidence, and workforce development in early childhood education. *School Mental Health*, 8, 189– 200.

Simpson, L.R. (2006). Secondary Traumatic Stress, Compassion Fatigue and Counselor Spirituality: Implications for Counselors Working with Trauma.

Stuart K. (2018). Value based relational leadership practice in children's centers: An action research project. Educational Action Research, 26(5), 716–735. 10.1080/09650792.2017.1409129

Thomas, M. S., Crosby, S., & Vanderhaar, J. (2019). Trauma-Informed Practices in Schools Across Two Decades: An Interdisciplinary Review of Research. Review of Research in Education, 43(1), 422–452.

Zembylas, M. (2015). *Emotion and traumatic conflict: reclaiming healing in education*. Oxford University Press.