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Trauma-Informed Practices and Their Effects on Student Performance and Behaviors

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Trauma-Informed Practices and Their Effects on Student Performance and Behaviors

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A Literature Review Presented

in Partial Fulfillment of the Requirements

For the Degree of Master of Education

Abstract

Trauma occurs when a young child experiences an event that causes actual harm or poses a serious threat to the child's emotional and physical well-being. The research shows that there are many factors that influence a child's life and can cause a child trauma. Many children exposed to trauma will experience difficulties with coping, building relationships, self-regulation, lack of social skills, difficulties with peers; many will develop PTSD. Educators and parents alike are looking to trauma-informed practices for the benefit of all children. This literature review will explain the importance of these practices and how they affect children's behavior and performance in school, and into their future. TIPs combined with strong relationships with adults and a caring supportive environment, will be the way to help children become competent learners.

Keywords: trauma-informed care, social emotional learning, building relationships, PTSD, restorative practices, and adverse childhood experiences

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Trauma-Informed Practices and Their Effects on Student Performance and Behaviors

Every year trauma affects millions of students in American classrooms. More than two thirds of children reported at least one traumatic event by age 16 (U.S. Department of Health & Human Services). These experiences that children are enduring have lasting long-term effects. Suttie (2012), describes some of these effects:

A traumatic event, primarily the kind caused by ongoing, repetitive injury, like that experienced in violent homes or poverty is associated with a heightened fear response, which bathes the brain in harmful neuro-chemicals that can cause lasting damage.

Children who experience trauma are more prone to experience higher levels of stress, anxiety, and depression. They also are more susceptible to disease and to engaging in unhealthy coping strategies like using drugs, drinking alcohol, or smoking which further risks their health. (Suttie, 2012)

Just like Suttie stated that children who experience trauma are prone to experience unhealthy strategies, Alisic (2012), states that “traumatic events such as serious traffic accidents, violence, the sudden loss of a loved one, and disaster are rather prevalent in childhood.” The consequences of traumatic exposure can be serious and long lasting. Most children experience distress in the first few weeks after the event: they may feel scared, experience concentration difficulties, try to avoid reminders of what happened, lose interest in social activities, or show regressive behavior. These symptoms interfere with children's ability to learn and may pose several challenges to teachers. Specifically, how do these symptoms of trauma manifest themselves in children’s educational performance and behaviors?

In order for teachers to help children deal with their trauma, they need to be informed.

Teachers being informed can influence and help change the outcomes of many of these children's lives. Shonkoff & Garner (2012) state that a "coordinated system" is needed to assist these children:

The lifelong costs of childhood toxic stress are enormous, as manifested in adverse impacts on learning, behavior, and health, and effective early childhood interventions provide critical opportunities to prevent these undesirable outcomes and generate large economic returns for all of society. The consequences of significant adversity early in life prompt an urgent call for innovative strategies to reduce toxic stress within the context of a coordinated system of policies and services guided by an integrated science of early childhood and early brain development. (Shonkoff & Garner, 2012)

Teachers need to learn how to best serve children with trauma in their classrooms with early prevention.

Trauma-informed care recognizes the presence of trauma symptoms and acknowledges the role trauma may play in an individual's life. Bartlett et al. (2017) describes the needs of children:

All children benefit from stable, safe, and nurturing relationships and environments. However, these relationships and environments are particularly important for young children who have experienced trauma. Their presence and stability can help children recover from past trauma and develop the skills to cope and thrive. (Bartlett et al., 2017)

This literature review discusses whether trauma-informed practices translates to higher academic achievement and better behaviors for all students, but particularly the ones at-risk.

This literature review will examine the source of trauma by looking at peer-reviewed

research articles on the topics of trauma, toxic stress, social emotional learning, school, adversity, adult, mental health, brain development, early intervention, regulatory abilities, relational capacities, and positive relationships. Research for this paper was drawn from three different database websites: ERIC (Education Resources Information Center), DeWitt Library with Northwestern College, and Google Scholar. Peer reviewed journal articles dating between 2011-2021 were collected.

Review of the Literature

Children Experiencing Trauma

Research indicates that adverse childhood experiences (ACEs) tend to have major and lasting effects. Terasi & de Galarce (2017) studied the effects of children's exposure to abuse (psychological, physical, or sexual) and/or negative conditions in the home (such as chronic mental illness, domestic violence, substance abuse, and criminal behavior). Their research indicated the following indicators of ACEs: increased rates of smoking, obesity, depression, suicide, alcoholism and other substance abuse, and sexually transmitted diseases. Findings also showed a strong relationship between ACEs and the leading causes of premature death among adults, including heart disease, cancer, stroke, chronic lung disease, and diabetes. The greater the number of adverse childhood experiences, the greater the likelihood and severity of health problems in adulthood.

Greyber et al. (2012) also did a study on children with adverse experiences. They concluded that approximately 50% of adolescents in the U.S. have experienced or witnessed a traumatic event. Unfortunately, some of these youth have experienced multiple experiences, with more severe and/or prolonged exposure to traumas. Children experience trauma not only

from abuse and neglect but also from natural disasters, COVID-19, shootings, accidents, and war.

One particular consequence of extreme abuse, neglect, or other traumatic experiences is the development of posttraumatic stress disorder (PTSD). PTSD due to extreme neglect or abuse is often categorized as complex trauma, trauma caused by exposure to multiple traumatic events such as existing in a dysfunctional environment. Complex trauma triggers the stress response system that gets “stuck” in a survival-based state of alertness. Often unconsciously, our bodies can react to triggers reminiscent of past traumatic experiences such as a loud and startling sound, the fear of feeling trapped, or a facial expression that looks threatening or rejecting.

Burnham (2011) studied fears prompted by the continual exposure of youth to disasters (e.g., 9/11, Iraq War, Hurricane Katrina, school violence). Burnham called for revisions in fear assessments to reflect contemporary fears. The American Fear Survey Schedule was used to assess the fears of 1,033 students in Grades 2–12. Results indicated that new fears have emerged in the 21st century, alerting counselors to consider preventative and intervention activities to address contemporary fears (Burnham, 2011). These fears that children are developing from different traumatic events exhibit as anxiety, depression, and PTSD at young ages. Clinical guidelines of the U.K.’s National Institute for Health and Care Excellence cited sufficient evidence to recommend trauma-focused cognitive-behavioral therapy for children and young people suffering from PTSD; however, the evidence was insufficient to recommend play, art, and family therapies (Miller-Graff & Campion, 2015). Trauma-informed environments in the classroom reduce children’s feelings of stress and being overwhelmed by providing consistent, caring relationships and environments that reinforce messages of safety.

How Educators Can Help Children Impacted by Trauma

Relationships are incredibly important, but they are only the start of what it means to care for a student. To care for a student, to engage in the reciprocity of a caring relationship, a teacher must develop relationships with *individual* students. The teacher must connect and support each student, and recognize when a successful caring relationship has been established. Then the student will acknowledge that the caring is taking place. Trauma and Learning Policy Initiative (n.d.) describes these relationships:

Children's struggles with traumatic stress and their insecure relationships with adults outside of school can adversely affect their relationships with school personnel and with peers. Preoccupied with their physical and psychological safety, children who have experienced traumatic events may be distrustful of adults and/or fellow students and unsure of the security of the school setting in general. They may also suffer delays in the development of age-appropriate social skills. They may not know how to initiate and cultivate healthy interpersonal relationships with their teachers or their peers. (Trauma and Learning Policy Initiative, n.d.)

Children learn from the adults around them, and that is how they cultivate healthy relationships. Implementing a trauma-focused intervention for children using school counselors and teachers is shown to be effective.

Children and families need help in managing the distress that results from exposure to trauma. In a study by Jaycox (2009), early reports showed that between 20% and 50% of American children were victims of violence within their families, at school, and in their communities. This study was conducted with two teachers at one school, and a teacher and

school counselor at a second school; the participants were identified by the principal as candidates to deliver the Support for Students Exposed to Trauma (SSET) program. A primary thrust of this pilot study was to establish the feasibility of implementing a trauma-focused intervention for children using school counselors and teachers rather than scarce specialized clinical mental health staff. The findings indicate that implementation of the program itself does appear both feasible and effective. The program can be implemented successfully by teachers and school counselors, with good satisfaction among students and parents. Pilot data show small reductions in symptoms among the students in the SSET program, suggesting that this program shows promise that warrants a full evaluation of effectiveness. This is one example of how building relationships with teachers and counselors is imperative.

Children need a loving, caring, dependable relationship with people, especially adults. Early childhood professionals play a role in the early identification of maltreatment and unhealthy patterns of development. They are also the first person to help in the healing process. Teachers and caregivers will find the tools, interventions, modifications, adaptations and strategies to connect with harmed children and start them on the path to healing. Practical strategies equip caregivers to help these littlest victims. Brinamen (2012) did a study on relationship-based supervision. Teachers tested the idea that high-quality relationships with children have healing effects. If relationships are primary, then each adult's contribution, experience, and availability are valuable. Everyone, including the mental health staff, contributed to the classroom's daily life. This study was done in a classroom that included 12 to 16 children and was funded by a combination of state and federal early education subsidies, as well as local and state government tax-funded grants to maintain the low ratio and mental health staff. The

findings of the Brinamen (2012) study were that an early education program can offer respite and support, bolster children's emotional resources, and respond to trauma so that children are ready to learn. Teachers and other school staff play an important role by ensuring that traumatized children have a safe and predictable school environment.

Promoting awareness among educators is important for children impacted by trauma. Diamanduros et al. (2018) found that school psychologists can promote awareness among school personnel and parents about the impact of trauma on children by helping them to understand the factors that influence how a child responds to a traumatic event and the traumatic stress reactions that can be exhibited by children. This study was done with different small groups of students and parents. Diamanduros et al. (2018) describes the position of psychologists:

School psychologists can be effective leaders in the school to establish trauma-informed practices within schools. By promoting awareness of trauma and its impact on students, school psychologists can help educators and parents in better understanding the implications of how trauma can influence a child's functioning. Advocating for ways in which to help traumatized students, school psychologists can help facilitate the implementation of school-wide trauma-informed practices to help create a school environment in which traumatized students feel safe. (Diamanduros et al., 2018)

Psychologists led professional services and workshops for the school personnel. The workshops included facts about child trauma, risk and protective factors, child traumatic stress reactions in children across developmental levels (preschool, school-age, and adolescents), and ways in which schools can provide support for traumatized children so that they feel safe in their learning environments (Diamanduros et al., 2018). It was found that with supportive environments, and

school psychologists, children will become competent learners.

Feeling safe is important for traumatized children to function in the classroom appropriately. Diamanduros et al. (2018) states that school psychologists can play an instrumental role in advocating the implementation of trauma-informed practices in schools and helping to create school environments that promote compassion, a sense of safety, and sensitivity to the challenges confronting traumatized children. Often, school psychologists, but not teachers, have access to the history of trauma experienced by students in the school. So psychologists know what information is essential for a journey toward healing. Diamanduros et al. (2018) concludes that school psychologists can be effective leaders in the school to establish trauma-informed practices. By promoting awareness of trauma and its impact on students, school psychologists can help educators and parents better understand the implications of how trauma can influence a child's functioning. School psychologists are essential for the beginning stages of building relationships with students.

Positive relationships with school personnel are important for all students, but especially for those with ACEs. Brunzell (2019) found that children form attachment bonds with significant adults outside the family, and a teacher is often identified by children as the most significant adult after parents/carers. Consequently, the awareness and learning of attachment and unconditional positive regard takes on greater importance for trauma-informed teachers, based on the adult attachment theory (Brunzell et al., 2019). Teachers spend seven hours a day and 35 hours a week with children in their classrooms. Teachers are responsible for maintaining a safe and respectful classroom environment in order to optimize student capabilities and develop their love of learning. Children who have been exposed to or impacted by trauma have

lost abilities to function in a classroom environment. It is important that teachers are building relationships with their students to optimize student learning. The purpose of Brunzell et al.'s study was to train teachers to assist children with trauma differently: "The aim was to strengthen teacher capacities in order to assist their students to overcome classroom-based adversity and to bolster their learning" (2019). All children, but especially traumatized children can build a strong relationship with caring adults and begin to learn and grow.

This study privileged teachers' phenomenological experience of trauma-informed positive education (TIPE) by investigating the experiential aspects of planning for and implementing curriculum and classroom management. When teachers are surveyed, training is always the area that needs most improvement. Teachers have to implement new things without ever being trained. Training is something that has to happen in order for the teaching practice to work. Brunzell et al. speaks to this concern: "The lack of pedagogical support to meet the many needs of seemingly resistant students erodes the efficacy and purpose that teachers derive from their work" (2019). Teachers need some training on trauma to be able to help these students. Training is much needed to fully implement the curriculum. Brunzell et al. indicates that there are three key pieces of training for teachers:

When educating students who can quickly escalate due to a dysregulated stress response and impaired relational skills, teachers are encouraged to envision their practice as one that (first) increases self-regulatory abilities of their students to mitigate this escalation, (second) increases relational capacities within their students to make strong peer and teacher relationships for safe and supportive relational bonds and (third) increases psychological resources for student wellbeing. (Brunzell et al., 2019)

Note that the second most important thing is that the teacher increases the relational capacities. The teacher needs to build a relationship that is safe and supportive.

Once the relationship has been built, students will start to achieve academically and build strategies for behaviors. In recent years, researchers have been looking at how noncognitive factors impact student learning and engagement. Noncognitive factors comprise a set of behaviors, skills, attitudes, and strategies that help students to do well in class. In a study done by Keyes (2019), noncognitive factors encompass things such as class attendance, homework completion, study skills, goal setting, self-discipline, motivation, time management, academic mindsets, and other variables. In their critical review of the noncognitive literature, Farrington (2012) argues that the interaction between cognitive and noncognitive factors is essential for learning to occur and that a change in cognition is unlikely to happen in the absence of this interaction. One finding of Farrington's research among Chicago high school students was the importance students placed on seating arrangements. The main reasons teachers utilize seating arrangements are to minimize disruptive behavior or increase on-task behavior. Research shows that the most effective arrangement to meet these purposes is placing seats in rows. Keyes (2019) had another finding that aligns with past research: students felt cared for and respected when a teacher managed the classroom effectively. Part of building relationships and positive school experiences is based on how the classroom is being managed. Classroom management increases meaningful academic learning and facilitates social and emotional growth.

Strong teacher-student relationships are facilitated by healthy classroom management. In a study done by Cook (2018), an intervention titled establish–maintain–restore (EMR) serves as a heuristic to guide teachers to a menu of concrete relational practices they can implement to

strategically establish, maintain, and restore relationships with students. This method was used with students in 10 classrooms from three elementary schools in a public school district located in the Pacific Northwest. Results indicated that the EMR method was associated with significant improvements in teacher-reported teacher-student relationships as well as improvements in observed indices of students' classroom behavior (academic engaged time and disruptive behavior). Findings also revealed that teacher-reported changes in teacher-student relationships were significantly associated with moderate changes in student classroom behavior. It was also noted that further studies need to be done on how relationship practices can be operationalized and integrated feasibly and effectively into teacher professional development.

Strength-based classrooms are equipping teachers to help children build their resilience, increase their motivation and engagement, and fulfil their full learning potential within the classroom. A study done by Brunzel et al. (2016) talks about developing the strengths-based trauma-informed positive education (TIPE) approach which proposes three domains of learning needed for trauma-affected students: repairing regulatory abilities, repairing disrupted attachment, and increasing psychological resources. The goal is for students to meet their own needs in a healthy way and progress academically. Brunzel et al.'s (2016) study examines trauma-informed education being conceived from both a deficit perspective (e.g., what deficiencies or developmental struggles does this student face?) and a strengths perspective (e.g., what positive strengths does this student have to build upon for future success?). The aim is to develop a model that assists teachers to meet both learning and therapeutic needs of trauma-affected students. The TIPE model makes a unique contribution that bridges research from the fields of traumatology and positive education. Emerging from this study were

interventions that aim at repairing regulatory abilities and addressing the dysregulated stress response (Brunzel et al., 2016). The top priority in trauma sensitive schools is to engage students in learning and supporting their success.

Trauma in the Classroom and the Impact on Students' Behavior and Academics

Trauma changes the biology of the child's brain and body, compromising our children's ability to learn and function in a classroom and in society. The Children's Bureau states that trauma-induced changes to the brain can result in varying degrees of cognitive impairment and emotional dysregulation that can lead to a host of problems, including difficulty with attention and focus, learning disabilities, low self-esteem, impaired social skills, and sleep disturbances (Children's Bureau, 2016). Luby et al. (2013) did a study on brain development; he stated that exposure to poverty is well known to be strongly associated with a variety of negative life experiences. The role that these risk factors appeared to play in the relationship between poverty and alterations in brain development elucidates more specific targets for prevention. Early brain development determines the well being of children. When the brain is altered at a young age, it has lasting effects on children. The findings from Luby et al. (2013) were that exposure to poverty in early childhood materially impacts brain development at school age. This study further underscores the importance of attention to the well-established deleterious effects of poverty on child development. Children who receive a more nurturing caregiver may also be protected from exposure to stressful life events, with potentially positive ramifications on brain development. The conclusion is that nurturing caregiving is imperative for the brain development of children.

Exposure to trauma and chronic stress can have a major impact on children's

social-emotional, cognitive, and academic growth. Blitz (2016) did a study where students were taught how to understand and ultimately develop healthy skills to resist social oppression. The researcher used strengths-based teaching and classroom management strategies to enhance students' ability to learn social-emotional and academic skills. Blitz states that examining policies and practices to eliminate bias is crucial, but so is evaluating the environmental and social-emotional factors that create social and educational inequities and how these impact student achievement. In this same study, Blitz (2016) found that a trauma-informed school realizes the prevalence of trauma in children; recognizes the physiological and relational impact of trauma on students and school personnel; responds by translating this knowledge into practice as part of school-wide supports; and reduces re-traumatization by adopting practices that promote healing and growth rather than punishment and exclusion.

A prosocial classroom model is one way of building social skills and building relationships. This model incorporates effective discipline, builds prosocial habits, develops positive relationships, and models good coping strategies. Jennings & Greenberg (2009) state that they view teacher social and emotional competence (SEC) as an important contributor to the development of supportive teacher-student relationships. They also state that teachers higher in SEC are likely to demonstrate more effective classroom management; they are likely to be more proactive, skillfully using their emotional expressions and verbal support to promote enthusiasm and enjoyment of learning and to guide and manage student behaviors. Lastly, SEC teachers implement social and emotional curriculum more effectively. The studies of Blitz (2016) and Jennings & Greenberg (2009) are similar in that they both used strengths-based teaching and classroom management strategies to enhance students' ability to learn social-emotional and

academic skills. Jennings & Greenberg (2009) found that over the past decade, multiple surveys indicate that educators, parents, and the public recognize the need for a broad educational agenda to not only improve academic performance but also to enhance students' social-emotional competence, character, health, and civic engagement. The findings in this study by Jennings & Greenberg (2009) were that socially and emotionally competent teachers set the tone of the classroom by developing supportive and encouraging relationships with their students, designing lessons that build on student strengths and abilities, establishing and implementing behavioral guidelines in ways that promote intrinsic motivation, coaching students through conflict situations, encouraging cooperation among students, and acting as a role model for respectful and appropriate communication and exhibitions of prosocial behavior.

High-quality relationships with teachers predict better outcomes for students academically and behaviorally. In an article about building relationships, Trang & Hansen's (2021) research shows that children who have warm, supportive relationships with their teachers participate more in class, feel engaged with academics, have positive work habits, are less likely to act out, and have higher academic achievement. Intervention efforts should focus on improving children's socioemotional skills by teachers who are socially and emotionally competent and sensitive to the needs of their students. Wechsler et al. (2016) affirms that position:

Research shows that a whole child approach to education, one where children develop not only math and literacy skills but also the social-emotional, physical, and cognitive skills necessary to communicate, think both critically and creatively, and solve complex problems is developmentally appropriate and better prepares children for life well beyond

their time in a classroom. (Wechsler et al., 2016)

These two sets of researchers agree on the importance of the whole child, but the whole teacher seems to be left behind. Trang & Hansen (2021) state that developing the whole teacher could include direct education and professional development on social processes that can impact educational practice. It was noted that the interactions between teachers and students was greatly influenced by the school ecology. The climate of the school and the personnel have an impact on the students' learning and behavior outcomes. Trang & Hansen (2021) concluded that future research should investigate other processes, such as the quality of peer relationships among students, interactions between teachers and administrators, as well as interactions between teachers and how those relationships contribute to or model the types of relationships between teachers and students. The climate of the school environment is the leading factor in student learning and achievement.

Research shows that supportive teachers can positively impact students' learning outcomes. Kiuru (2015) did a study on positive teacher affect and peer acceptance. This study was conducted in Finland over a three-year period. Kiuru mentions that a better understanding of how teacher and peer relations combine to affect academic skill development during the first grades of primary school is crucial because academic performance early in the school career has long-term impacts on academic and mental health outcomes. The teacher has a huge impact on students throughout the entire day. Peer acceptance and teacher support can increase children's engagement, and augmenting peer acceptance can help to increase teacher support. Modeling is an instructional strategy in which the teacher demonstrates a new concept or approach to learning and students learn by observing. Peers are observing teacher interactions and observations

throughout the day and will react in the same ways. Children's classroom engagement would mediate the effect of teacher-student relationship quality on peer acceptance. Researchers have stated that peer acceptance provides students with greater access to group activities, participatory roles, and collaborative learning experiences. In contrast, low peer acceptance or peer rejection increases the risk for school and career-related problems, including academic underachievement. Kiuru (2015) concluded that a warm and supportive teacher can increase a student's peer acceptance, which, in turn, is positively associated with learning outcomes.

Peer relationships provide a unique context in which children learn a range of critical social emotional skills, such as empathy, cooperation, and problem-solving strategies. In the study done by Kiuru, it was noted that a supportive teacher could increase a student's peer acceptance and in turn build peer relationships. Liew et al. (2018) did a study on interpersonal relationships at school (specifically teacher-student and peer relationships), which demonstrated a link between child resilience and reading or math achievement with children experiencing early academic adversity. Teacher-student relationships are important and have an impact on student outcomes. Liew et al. (2018) states that the quality of teacher-student relationships depends on the transactions between the teacher and the student. Characteristics of students and teachers' perceptions or evaluation of students' characteristics are linked to the quality of teacher-student relationships. Children with low resiliency tend to be rejected by their peers. Liew et al. (2018) also noted that resiliency predicted social status and socially appropriate behavior, and has also been linked to academic achievement. Peer acceptance has an impact on students, and peer acceptance is being influenced by school personnel. Liew et al. (2018) concluded that to date, there appears to be no published studies that explicitly examined quality of peer relationships as

a mediating mechanism between resilience and academic achievement. However, a number of studies have found that children's social or peer competence mediate the relation between child effortful control and academic achievement, although results have been inconsistent and appear to depend on how peer functioning or peer competence was measured. What is supported by research evidence is that supportive teachers will impact peer relationships.

Many of the effects of traumatic experiences on classroom behavior originate from the same problems that create academic difficulties: the inability to process social cues and to convey feelings in an appropriate manner. This student behavior can be highly confusing, and children suffering from the behavioral impacts of trauma are often profoundly misunderstood. Whether a child who has experienced traumatic events externalizes (acts out) or internalizes (withdraws, is numb, frozen, or depressed), a child's behavioral response to traumatic events can lead to lost learning time and strained relationships with teachers and peers (Trauma and Learning Policy Initiative, n.d.).

The way a teacher responds to a child who exhibits poor executive function and disruptive behavior can have a powerful, negative impact on the child's own investment in the educational process. Barr (2018) did a study at a Charter School in Brooklyn with several preschoolers, a study that incorporated social-emotional learning. Teachers in the early grades can help these children manage their emotional responses and succeed in school. Barr (2018) defines social emotional learning (SEL) as the process through which children, "acquire and effectively apply the knowledge, attitudes, and skills necessary to understand and manage emotions, set and achieve positive goals, feel and show empathy for others, establish and maintain positive relationships, and make responsible decisions" (Barr, 2018). Students who are

equipped to deal with problems that affect them on a personal level are then better able to navigate the pressures of adult life. Barr's findings add to the growing consensus that formal instruction in social and emotional learning is an essential component of both preschool and elementary education.

For many children who have experienced traumatic events, the school setting can feel like a battleground in which their assumptions of the world as a dangerous place sabotage their ability to remain calm and regulate their behavior in the classroom. Unfortunately, many of these children develop behavioral coping mechanisms in an effort to feel safe and in control. At the same time, these behaviors can frustrate educators and evoke exasperated reprisals, reactions that both strengthen the child's expectations of confrontation and danger and reinforce a negative self-image (Trauma and Learning Policy Initiative, ND). Children need to be mindful and learn to be aware of moment-to-moment experiences. Burke (2010) did a study on mindfulness interventions based on MBSR/MBCT models. This study was done with preschool through school-age children on mindfulness meditation. Burke's (2010) study on mindfulness meditation techniques, was done for all people involved in the child's life including parents, teachers or caregivers, and the children themselves. Burke (2010) concludes that interventions were acceptable and well-tolerated by the participants, and no studies report any adverse effects. Mindfulness meditation could be one way for children to remain calm, become self-aware, and regulate their behaviors in the classroom and at home.

Impact of Trauma into Adulthood

Providing trauma-informed care allows children exposed to trauma to express feelings that are "normal" in light of what has happened to them. Children also need to develop their

inner confidence, courage, and personal strength to feel like they can achieve their full potential. Empowering children helps them believe that their strengths can flourish and that they can survive inevitable setbacks and failures. Harden et al. (2015) did a study on an empowerment program. While implementing the Truth N' Trauma (TNT) Program, it was found that youth in the researched communities experienced pervasive traumatic stress and in multiple manifestations. Participants describe situations where family and community members never directly or indirectly exposed to traumatic violence begin to exhibit symptoms of post-traumatic stress as a result of intimate or indirect interaction with those who have been exposed. A consensus among Harden et al. (2015) was reached to emphasize an empowerment philosophical stance. This stance selected theoretical and practice perspectives as guides to program planning and implementation, including positive youth development, restorative practice, trauma-informed practice, and psycho-education. These perspectives guided development, implementation, and evaluation of the project.

The restorative practice of the TNT program was evident and believed to promote the development of positive communication skills, and also the creation of safe spaces for youth to explore their healing and support others healing from exposure to violence (Harden et al., 2015). In combination with trauma-informed practice, restorative practices helped create the type of positive community building that promotes affirmation, resilience, and positive relationship building, all elements needed to support people in recovering from trauma. The findings of this study were that students were able to make positive changes in their lives. This project positively impacted their communities and will impact students into adulthood.

According to the National Child Traumatic Stress Network (2019), strong connections exist between childhood trauma and future high-risk behavior such as smoking, having unprotected sex, and experiencing chronic illness such as heart disease and cancer. Individuals who have experienced abuse are likely to experience stress and anxiety later in life. This long-term stress and anxiety can cause not only physical symptoms but also emotional issues throughout life. When these skills have not developed as they should due to trauma or are compromised by the stresses of poverty or other sources of ongoing adversity, our communities pay the price in population health, education, and economic vitality. In his study, Kolaitis (2017) states that trauma can cause severe and long-term impairment and consequences, the most studied of which are post-traumatic stress disorder (PTSD) and PTSD symptoms (PTSS). He also states that PTSD is a debilitating consequence of trauma. Kolaitis found that without treatment, PTSD can become chronic and affect normal psychosocial development and functioning into adulthood. Therefore, there is a need for action and a public health approach in response to children's traumatic exposure.

Children of incarcerated parents experience numerous stress symptoms and emotional insecurity. The United States (U.S.) is the world's leader in incarceration with 2.2 million people currently in the nation's prisons and jails, representing a 500% increase over the last 40 years (Morgan-Mullane, 2018). Consequently there are over 2 million children who have at least one parent that is incarcerated. Children can exhibit the emotional effects of parental incarceration through complex trauma-related stress symptoms such as isolation from their peers, anxiety, difficulty forming healthy interpersonal relationships, concentration problems, sleep difficulties, emotional withdrawal from family members, substance use or dependence, and significant

feelings of shame and secrecy. The impacts of these symptoms can often lead to long-term psychological and emotional functioning problems. Morgan-Mullane found that children of incarcerated parents are more likely to receive public assistance, to experience interrupted phone or utility service due to non-payment, and to experience residential insecurity through missed mortgage and rental payments.

This type of trauma is a vicious cycle that is impactful in many negative ways. Morgan-Mullane (2018) proposed a model of therapy to work with these children of incarcerated parents. Whereas the model works most efficiently for children who present higher rates of depressive symptoms and have a willingness to engage in the therapeutic process, clients who are experiencing stronger symptoms of trauma avoidance and mistrust in authoritative figures may struggle to initially connect to their therapists. Children of incarcerated parents, marginal as they may be, are not a nominal population; additional research needs to be conducted in this area.

Conclusion

This literature review was done to understand childhood trauma and how it affects children's behavior and academics in school, but also their future. This research was needed for educators to better understand and help children dealing with trauma. It is important to understand what trauma looks like in the classroom, and also the causes and strategies to use when working with trauma-affected children. This literature review also provides statistics and evidence about the large number of children affected by trauma.

Teachers have been impacted by traumatized children for decades. The difference between the past and now is the deeper understanding of why children are having academic deficiencies and behaviors in the classroom. According to the 2011-12 National Survey of

Children's Health, nearly 35 million children in the United States are living with emotional and psychological trauma (Banks & Meyer, 2017) That statistic means that about half the children in the United States. Every teacher will have children affected by trauma in the classroom. With this kind of impact, it is important for teachers to be informed. Banks et al. (2017) states that trauma informed practices (TIPs) are specific interventions that fortify one's ability to learn strategies for living with trauma. TIPs combined with strong relationships with adults and a caring supportive environment, will be the way to help children become competent learners.

Quality early care for children impacted by trauma sets the stage for positive developmental and learning outcomes. Children will engage in learning when settings provide specialized supports, such as teachers and other staff trained in trauma-informed care, so that children can form trusting relationships with adults and peers. Positive teacher-student relationships are fundamental to success. Kaufman (2014-2021) states that when students feel supported, they're more likely to engage in learning and have better academic outcomes. In addition, when students have positive interactions with teachers, they have fewer behavioral problems. These relationships are more important and more challenging than ever in uncertain times, like during the coronavirus pandemic (Kaufman, 2014-2021).

Trauma hinders children's ability to learn, build relationships, function in the classroom and into adulthood. The teacher's role is being the primary role model and helping children to build resilience. School sets the stage and shows children impacted by trauma that it can be a place for learning. Now more than ever, educators need to pay attention to all children but especially those who have been affected by trauma. Trauma-informed teachers and school environments benefit everyone in the classroom. Teachers can ensure high-quality education

when they are sensitized to trauma-informed practices. What is needed in the education system is new information on trauma, brain development, treatments, and strategies so educators can develop academic strategies for teaching traumatized students.

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