10-2020

Trauma Informed Classrooms for Secondary Students

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by

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A Starred Paper

Submitted to the Graduate Faculty of

St. Cloud State University

in Partial Fulfillment of the Requirements

for the Degree

Master of Science in

Special Education

October, 2020

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Chapter 1: Introduction

A growing number of K-12 students have encountered traumas in their life. Such traumas are also known as "Adverse Childhood Experiences" or ACEs and occur before the age of 18 (Anda et al., 2005). ACEs include all types of abuse and neglect as well as parental mental illness, substance use, divorce, incarceration, and domestic violence. A landmark study by the Centers for Disease Control and Prevention (CDC) in the 1990s, found a significant relationship between the number of ACEs a person experienced and a variety of negative outcomes in adulthood, including poor physical and mental health, substance abuse, and risky behaviors. Increased numbers of ACEs increase the likelihood of these outcomes (CDC, 2016). The purpose of this paper was to inform the supports and strategies that can be used to help the students dealing with trauma navigate school and life efficiently.

Research indicates that as many as 68% of children experience at least some form of trauma event (Cavanaugh, 2016). It is estimated that about 30% of adolescents with EBD have experienced trauma or show signs of post-traumatic stress disorder. Because of these conditions of students having experienced trauma, schools and teachers need to realize that many students have a history of trauma and what the impacts of trauma can have on students so they can find the most effective ways to support them academically, socially and emotionally (Cavanaugh, 2016).

A teacher who wants to make a positive impact with all their students' needs to be trauma informed. Becoming trauma informed means recognizing that people often have many different types of trauma in their lives (Trauma Informed Care Project, 2020). Relationship-building is an important element of addressing trauma because students rely on stable

relationships. Predictability and dependability are especially important for trauma-affected students (Informed Classroom Strategies, 2019). Mindfulness is a useful tool for regulating emotions by increasing awareness and developing flexibility and adaptability in responding to one's emotional experiences (Peterson, 2017). This paper reviews literature and studies that discuss and analyze ACEs and what the potential effects are on students as well as how teachers can be trauma informed in their classrooms and strategies to use such as building relationships and mindfulness.

Research Questions

What is childhood trauma and its corresponding impacts?

What is a trauma informed classroom and the strategies to be a trauma informed educator?

Focus of the Paper

I identified 12 studies for inclusion in the review of literature in Chapter 2. My research includes studies ranging in dates from 2005-2020. The Academic Search Premier, ERIC, and SAGE Journals Online databases were used for my literature review of peer-reviewed studies. These studies were focused on special education and EBD, mental health, mindfulness, school and staff supports and trauma. My searches included using keywords: *mental health, special education, high school, emotional disorder, behavior disorder, EBD, trauma, Adverse Childhood Experiences, trauma informed school, mindfulness, supports, school supports, depression.*

Importance of the Topic

In people aged 10-24, suicide is the second leading cause of death at 19.2%, according to the CDC (2017). That number increases to 22.9% in people aged 15-19. Fortunately, with how

high those numbers are I have not experienced a suicide from any student I have worked with. In my personal experience, as special education teacher who works primarily with students with EBD, numerous traumatic events are extremely prevalent in my students. Most of the students I have worked with have limited coping and self-regulation skills. Internalizing and externalizing behaviors can manifest as a result of adverse childhood experiences (Beltran et al., 2016) and often interfere with students' success in school. Being trauma informed and utilizing various strategies such as mindfulness can be beneficial to students who have experienced trauma. According to Chopko and Schwartz (2009), the use of mindfulness strategies has been shown to improve students overall internalizing and externalizing behaviors. According to the National Child Traumatic Stress Network (2019 [NCTSN]) a need among students with EBD and mental health issues is to build resiliency, the ability of a child to recover, and show early and effective adaptation following a potentially traumatic event. Factors that enhance resilience that include community-wide support to build and instill hope and encouragement, focus on student strengths, support empowerment, and self-esteem, and teaching and modeling coping skills and practical problem-solving for presenting issues (NCTSN, 2019). The hope is being a trauma informed teacher and utilizing those strategies in the classroom, that myself or other teachers will not have someone a part of that suicide statistic and that those numbers start trending down.

Definitions of Terms

Emotional or Behavioral Disorder (EBD): Students who need specialized services and emotional or behavioral supports for a wide range of complex and challenging emotional or behavioral conditions. Medical, biological, and psychological conditions as well as genetic

dispositions can affect these students' abilities to learn and function in school (Minnesota Department of Education, Minnesota Rule, 3525.1329).

Adverse Childhood Experience (ACE): An ACE score is a tally of different types of abuse, neglect, and other hallmarks of a rough childhood. According to the Adverse Childhood Experiences study, the more adverse childhood experiences a person has, the higher their ACE score is likely to be, which is an indicator of developing a risk for later health problems and issues (Anda et al., 2005).

Trauma Informed: Recognizing that people often have many different types of trauma in their lives and how to respond to those who have been impacted by traumatic stress (Trauma Informed Care Project, 2020).

Mindfulness: Mindfulness is the ability to experience the present moment without judgement. Mindfulness techniques involve training in attending to the present-moment experiences such as breath, sounds, movements, and thoughts (Berceli & Napoli, 2007).

Chapter 2: Review of the Literature

The studies reviewed can be categorized into two broad themes surrounding trauma. The first theme is Adverse Childhood Experiences (ACEs) and their consequences. The second theme is strategies that educators can utilize to help students with trauma.

Understanding that childhood trauma exists is important as an educator. Trauma has various effects on people and impacts students greatly. Three studies dissect Adverse Childhood Experiences and corresponding consequences.

ACEs and Corresponding Consequences

A study by Anda et al. (2005) stated that children who have experienced traumatic events tend to have serious negative impacts on health and development. A 1998 study from the CDC and Kaiser Permanente involved over 17,000 middle-class Americans and documented that adverse childhood experiences (ACEs) can contribute significantly to negative adult physical and mental health outcomes and affect more than 60% of adults (Anda et al., 2005). ACEs can include: emotional abuse, physical abuse, sexual abuse, emotional neglect, physical neglect, mother treated violently, household substance abuse, household mental illness, parental separation or divorce, and an incarcerated household member. As the number of ACEs increased, the risk of unhealthy outcomes such as smoking, alcoholism, illicit drug use increased. Perceived high stress increased 2.2 times and difficulty controlling anger increased four times for those who have four or more ACEs when compared to those who had 0.

According to Porche, Costello, & Rosen-Reynoso (2016), exposure to adversity in childhood, including domestic violence, parental mental illness, loss, and poverty is a known risk factor for long-term physical and mental health problems. This secondary data analysis used the

National Survey of Children's Health 2011/12 to examine the association between exposure to family adversity and academic outcomes, as mediated by child mental health. The sample included 65,680 children between the ages of 6 and 17, representative of the U.S. child population. Family adversity, as mediated by child mental health status, was negatively associated with school engagement and positively associated with being on an Individualized Education Program. Fifty percent of students over the age of 13 who drop out of high school have a mental health or behavioral disorder. Sixty-five percent of boys and 75% of girls in juvenile detention have at least one mental illness. Family economic hardship, living in an unsafe neighborhood, and poor caregiver mental health all were additional risk factors. The results suggest the need for improved mental health screening for students who exhibit internalizing and externalizing symptoms.

Individuals who have experienced ACEs are at increased risk of depression, anxiety, aggression, suicide risk behavioral disorders, and substance abuse (Jones, Nurius, Song, & Fleming, 2018). This study tested direct and indirect pathways through which ACEs transmit their influence over the life course to impair mental health.

Data analysis from the 2011 Behavioral Risk Factor Surveillance System (BRFSS) for Washington State (n = 14,001)—a state telephone survey administered through state health departments in collaboration with the CDC. ACEs in childhood was positively associated with mental health impairment through multiple significant pathways.

1. ACEs significantly increased adult adversity, which in turn increased mental health impairment. The indirect effects of ACEs through this pathway were also significant ($\beta = 0.04$, $p < .001$).

2. ACEs were significantly associated with low income as an adult, which then led to increased mental health impairment. ACEs exerted significant indirect effects through low income to mental health impairment ($\beta = 0.08$, $p < .001$).
3. ACEs significantly reduced social support and exerted significant indirect effects on mental health impairment through low income ($\beta = 0.01$, $p < .001$) and social support ($\beta = 0.01$, $p < .001$).
4. A significant direct effect from ACEs to mental health impairment remained, even after accounting for all other variables in the model.

Low income in adulthood also demonstrated direct and indirect pathways to increased mental health impairment.

1. Low income significantly increased adult adversity and exerted indirect effects through this pathway as well ($\beta = 0.03$, $p < .001$).
2. Low income also reduced social support, and low income also had small but significant indirect effects through social support ($\beta=0.03$, $p < .001$).
3. Finally, low income also demonstrated significant direct effect of increasing mental health impairment, beyond the influence of all other variables in the model evaluated.

Strategies for Educators

Understanding that students have experienced trauma is not enough to be an effective teacher. Teachers need to utilized trauma informed strategies in their classrooms to better educate students with trauma effectively. Nine studies looked at various strategies that can be used in a trauma informed classroom.

Anderson, Blitz, and Saastamonien (2015) looked at 16 classroom teachers receiving professional development that included information on neurohormonal impact of trauma and toxic stress on children's behavior and learning, positive behavioral strategies, stress reduction and relaxation techniques, and cognitive behavioral strategies for classroom intervention. Sixty-three percent of participants learned the most about relaxation techniques, especially deep breathing methods. Participants were aware and had an understanding that student behavior is often related to stress and trauma but did not know how adult behavior in the school could contribute to the stress. Schools and classrooms looking to be trauma informed need to be aware of trauma and how it affects students as well as ways teachers can help their students overcome their trauma and stress.

About one in four children experience potentially traumatic events before their third birthday. By age 9, 13% of children will have experienced four or more traumatic events (Cummings, Addante, Swindell, & Meadan, 2017). This study interviewed 14 community-based service providers across a state in the Midwest to explore information that could help teachers with students who have experienced trauma.

Themes were: (a) Realizing the Existence and Impact of Trauma among Young Children, (b) Recognizing Reactions to Trauma, (c) Responding to Trauma: Promotive Approaches and Strategies, and (d) Resisting Re-Traumatization: Environmental Consideration. External influences were mentioned by 11 participants (79%). External influences were described as events that occur within the home, community, or other systems. All participants discussed emotional and behavioral indicators of trauma. Common behavioral patterns included aggression, clinginess, demandingness, violent, attention-seeking, low self-control, and

hypervigilance. Ten participants (71%) stated it is hard to say this is what a child looks like that has been abused or neglected. Participants explained the importance of investigating the purpose of and reasons behind these behaviors and emotions, rather than making assumptions. Participants identified promotive approaches that teachers might use while interacting with children and their families, including being attuned, showing positive regard, and collaborating with parents and other professionals. Participants suggested that teachers support positive social and emotional and communicative responses and engage in proper reactions to children.

The findings reflect ways that teachers might demonstrate the trauma-informed assumptions set forth by the Substance Abuse and Mental Health Services Administration realizing the impact of trauma, recognizing the signs of trauma, responding by integrating knowledge about trauma, and actively resisting re-traumatization to create supportive classroom environments for children who experienced trauma.

Shirk (2008) evaluated Cognitive-Behavioral Therapy (CBT) for adolescent depression that was delivered in health clinics and counseling centers in four high schools. The outcomes were benchmarked from prior efficacy trials. The participants were 50 adolescents diagnosed with depressive disorders with high rates of comorbidity, traumatic experiences, and prior suicide attempts that were treated by eight doctoral-level psychologists. They followed a manual-guided, 12-session, individual CBT protocol. Post-treatment response to school-based CBT was comparable to results obtained in prior efficacy trials. Symptom reduction in this school-based study was similar to prior efficacy trials. Examining predictors of symptom change and treatment response showed that life stress, trauma history, and depressive symptom severity were negatively associated with outcomes. The results suggest that school-based CBT can be an

effective treatment for adolescent depression across gender, age, and ethnic groups as well as for adolescents with varied patterns of comorbidity.

Fortuna (2017) looked to develop and analyze an integrated treatment for adolescents with PTSD and substance use. It is a therapy development and open pilot trial study of a manualized therapy for adolescents with post-traumatic stress, depression, and substance use that uses a combination of cognitive therapy (CT) and mindfulness.

Mindfulness-Based Cognitive Therapy for Adolescent PTSD and substance use disorders (SUDs) (MBCT-Dual) was developed for adolescents with co-occurring post-traumatic stress and substance abuse problems. The study uses cognitive restructuring (CR) as a primary approach. MBCT-Dual is a manualized, individual 12-week, CBT adapted from a CBT for PTSD therapy for adolescents.

Sixty-two percent were study completers as defined by retention for at least 6 weeks of treatment of the 37 adolescent participants. There were statistically significant improvements in PTSD symptoms t (22) = 3.95, $p < .001$, improvement in severity of impairment t (22) = 2.13, $p < .05$, and trauma-related cognitions, t (22) = 4.22, $p < .001$, reflecting medium to large effect sizes. There was also significant improvement in depression symptoms t (22) = 3.11, $p < .01$. PTSD symptom severity was strongly correlated with trauma-associated cognitions at baseline, r (37) = .74, $p < .001$, and at end of treatment, r (23) = .64, $p < .001$.

There was a reduction in participant's use of cannabis. Preliminary results suggest feasibility, safety, and potential clinical effectiveness of an integrated therapy for adolescents with PTSD, depression, and substance use.

Sibinga, Webb, Gharzarian, and Ellen (2015) studied a mindfulness-based stress reduction (MBSR) program in urban youth in Baltimore who have experienced significant and unremitting negative stressors, including those associated with community violence, multigenerational poverty, failing educational systems, substance use, limited avenues for success, health risks, and trauma. Mindfulness instruction improves psychological functioning in a variety of adult populations. Research on mindfulness for youth has been conducted in limited amounts but yielded similar results. The participants were 300 students' grades 5-8 at two Baltimore City Public Schools who were randomly assigned by grade to receive adapted MBSR or health education (Healthy Topics [HT]) programs. Self-report survey data were collected at baseline and post-program.

Data comparing MBSR and HT classes analyzed by using regression modeling. After the program, MBSR students had significantly lower levels of somatization, depression, negative affect, negative coping, rumination, self-hostility, and posttraumatic symptom severity ($p < .05$) than HT. These findings supported the hypothesis that mindfulness instruction improves psychological functioning and may reduce the negative effects of stress and reduce trauma-associated symptoms among vulnerable urban middle school students.

Pradhan, Berman, and Magyari (2009) studied adult survivors of childhood sexual abuse. Twenty-seven adults participated in a pilot study in 2007-2008 comprising an 8-week mindfulness meditation-based stress reduction (MBSR) program and daily home practice of mindfulness skills, continued for a total of 24 weeks. Assessments of depressive symptoms, post-traumatic stress disorder (PTSD), anxiety, and mindfulness, were conducted at baseline, 4, 8, and 24 weeks.

Depressive symptoms were measured by the Beck Depression Inventory Second Edition (BDI-II). The 21-item scale addresses affective, behavioral, biological, cognitive, and motivational symptoms of depression. The summary score ranges from 0–63, with those in the range of 0–13 indicating minimal depression, 14–19 mild, 20–28 moderate, and 29–63 severe. Mindfulness was measured by the Mindfulness Attention Awareness scale (MAAS). The range of the MAAS score is 1–6, with higher scores indicating greater mindfulness. The mean MAAS baseline was 3.0 (0.2). By 4 weeks, the mean score improved to 3.5 (0.2). By the end of the 8-week intervention, the mean mindfulness score was significantly improved to 4.0 (0.2), a 33% increase from baseline. By 24 weeks, the mean MAAS score of 3.8 (0.2) reflected little change from 8 weeks. The effect size for mindfulness was 1.2 at 8 weeks and 1.0 at 24 weeks.

At 8 weeks, depressive symptoms were reduced by 65%. Statistically significant improvements were observed in all outcomes post-MBSR, with effect sizes above 1.0.

The outcomes of this study would suggest that using mindfulness for students who have experienced sexual abuse would be beneficial in reducing depression. Mindfulness may be applicable to students who have experienced other traumas then sexual abuse and see similar results. Studies using students who have experienced different traumas that are replicated would ensure the effect of mindfulness in the school setting.

Children who experience adverse life events or traumas are at risk of developing emotional and behavioral problems (Beltran et al., 2016). They may display variable internalizing and externalizing symptoms, including stress, depression and aggression. Yoga may be able to regulate body-brain pathways that cause stress following traumatic experiences, reducing the internalizing and externalizing behaviors.

The study examined changes in functioning following meetings of a yoga-based psychotherapy group (YBPG) for boys with a history of interpersonal trauma exposure.

This study occurred at an urban-based mental health center that focused on the treatment of children who were exposed to interpersonal trauma in their communities and within their families. The participants in the study were 10 boys, ages 8-12 years old, who primarily were African-Americans (70%) and had a history of trauma. The YBPG lasted for 12 weeks. It was yoga-based, group therapy integrated with mental health treatment.

Behavioral and Emotional Rating Scale 2 (BERS-2) and patient satisfaction surveys were collected. The pre- and post-YBPG, paired t test; Wilcoxon's signed rank test; and effect sizes were calculated to assess change in interpersonal functioning following the YBPG, as reported by the parents and children. The BERS-2 scores showed statistically significant mean improvements on the parents' ratings of participants:' (1) Interpersonal Strength, Intrapersonal Strength, and Family Involvement scores, with mean improvements on those subscales being 1.4 (p = .007), 1.9 (p = .012), and 1.4 (p =.045) points, respectively; and (2) Strength Index scores, with a mean improvement of 8.7 (p = .004). The effect size was in the large range. The attendance rate for the YBPG was among the highest for group therapies at the center.

Razza, Linsner, Brgen-Cico, Carlson, and Reid (2020) studied the feasibility and effectiveness of an 8-week mindful yoga program for preschoolers living in communities with high levels of trauma. The question was whether participation in the intervention was associated with gains in children's self-regulation of attention and behavior. Another objective that was related was to examine the acceptability and need for trauma-informed professional development for teaching staff.

Five classrooms (n =89 children) were randomly assigned to the intervention and control conditions. The results revealed significant increases in children's behavioral and attention regulation during the time that they participated in the intervention. An unexpected potentially influential finding was the high prevalence of post-traumatic stress among staff; the majority of staff experienced were above the threshold for civilian PTSD. The conclusions were mindful yoga may be a promising strategy to promote behavioral regulation and attention regulation among economically disadvantaged preschoolers. Staff may also benefit from trauma-informed practices given their high rate of exposure to traumatic events and above-average levels of PTSD.

The Minguillon, Lopez-Gordo, Renado-Criado, Sanchez-Carrion, and Pelayo study from 2017, assessed of the effect of blue lighting in post-stress relaxation, in comparison with white lighting, by means of bio-signals and standardized procedures. The 12 participants were stressed and then performed a relaxation session within a chromotherapy room with blue (test group) or white (control group) lighting. It was concluded that the blue lighting accelerates the relaxation process after stress in comparison with conventional white lighting. The relaxation time decreased by approximately three-fold (1.1 vs. 3.5 minutes). This supports the relationship between color of light and stress, and the observations reported in previous works.

Summary of Chapter 2

I located 12 articles that researched about trauma among students, including students who qualify for Special Education under EBD and possible supports that staff can offer. The articles were reviewed in Chapter 2. Table 1 summarizes the findings for those articles.

Table 1

Summary of the Effects of Trauma and Corresponding Classroom Strategies

AUTHORS	STUDY DESIGN	PARTICIPANTS	PROCEDURE	FINDINGS
Razza, Linsner, Bergen-Cico, Carlson, & Reid (2020)	Quantitative	89 children from five classrooms of preschoolers	8-week mindful yoga program	Increase in children's behavioral and attention regulation.
Jones, Nurius, Song, & Fleming (2018)	Quantitative	14,001 adults ages 18 and over from Washington State.	2011 Behavior Risk Factor Surveillance System which was a random digit-dialed telephone survey through Washington State Health Department which included adverse experiences and supports.	ACEs in childhood were positively associated with mental health impairment. Indirect effects associated with low income as an adult.
Fortuna, Porche, & Padilla (2017)	Quantitative	37 Adolescents	Participates completed cognitive therapy and mindfulness to determine their effects on PTSD, stress, depression and substance use.	Significant improvements in PTSD and depression symptoms after treatment.
Minguillon, Lopez-Gordo, Renedo-Criado, Sanchez-Carrion, Pelayo & (2017)	Quantitative	Twelve adults aged 18-37.	Participates were stressed and then performed relaxation sessions with either blue or white lighting.	Participants who performed relaxation sessions in blue lighting took three times less time to become relaxed compared to white lighting.
Cummings, Addante, Swindell, & Meadan (2017)	Quantitative	Fourteen community-based service providers across a state in the Midwest.	Participants completed a questionnaire and a semi-structured interview.	Found that teachers might not readily connect children's behaviors and emotions to trauma.

Table 1 Continued

AUTHORS	STUDY DESIGN	PARTICIPANTS	PROCEDURE	FINDINGS
Beltran, Brown-Elhillali, Held, Ryce, Ofonedu, Hoover,… & Belcher (2016)	Quantitative	Ten boys ages 8-12 with history of early childhood trauma	12-week yoga-based psychotherapy group.	Found yoga-based therapy as an effective intervention for boys exposed to trauma in urban settings.
Porche, Costello, & Rosen-Reynoso (2016)	Quantitative	65,680 children ages 6-17 in the US.	Analyzed a sample from the 2011-2012 National Survey of Children's Health to look at adverse family experiences.	53.4% of parents reported their child had at least one adverse experience. The average number of experiences was 2.09. Higher adversity scores were associated with poor school engagement.
Sibinga, Webb, Ghazarian, & Ellen (2015)	Quantitative	Three hundred 5th-12th grade students from two Baltimore schools	Randomly received MBSR to measure effects on depression.	Reduction in depressive symptoms.
Anderson, Blitz, & Saastamoinen (2015)	Quantitative	Sixteen classroom staff	Staff attended professional development workshops and completed a survey after.	Learned most about relaxation techniques.
Pradhan, Berman, & Magyari, (2009)	Quantitative	Twenty-seven adults age 21 or older that were child abuse survivors.	Participants were asked to participate in MBSR class for 24 weeks with assessment reviews every 8 weeks.	Reduction in depressive symptoms, PTSD and anxiety post MBSR with effect sizes above 1.0 through 24 weeks.
Shirk, Kaplinski, & Gudmundsen (2008)	Quantitative	Fifty adolescents diagnosed with depressive disorders.	Twelve sessions using cognitive based therapy.	CBT decreased depressive symptoms.

Table 1 Continued

AUTHORS	STUDY DESIGN	PARTICIPANTS	PROCEDURE	FINDINGS
Anda, Felitti, Bremner, Walker, Whitfield, Perry,… & Giles (2006)	Quantitative	Used the 17,337 adult HMO members from original ACE study.	The study used the number of ACEs as a measure of cumulative stress and a hypothesized relationship of the ACE score to 18 selected outcomes.	As the Ace score increased, the mean number of outcomes increased.

Chapter 3: Conclusions and Recommendations

This paper identified multiple strategies in a classroom that are attenuate the effects trauma experiences on students. Chapter 1 introduced trauma and Adverse Childhood Experiences (ACEs) and additionally gave background on how prevalent they are among students. Chapter 2 discussed a review of literature of 12 studies that focused on trauma and different strategies such as mindfulness. In Chapter 3 the findings will be discussed as well as recommendations and implications for practice within the school setting and possible continued future research.

Conclusions

In Chapter 2, literature was reviewed on childhood trauma and trauma informed classroom techniques with an emphasis on mindfulness strategies. The studies indicated that trauma is more prevalent and can impact and influence a child significantly. It is the individual's experience of the event, rather than the event itself that is traumatizing. The event often changes how they view the world. As the number of traumatic experiences increases for an individual, the risk of depression and PTSD increases concomitant. The studies also indicate that mindfulness as an intervention strategy is a successful tool that a teacher can use within a classroom setting to help students with manage their trauma and reduce its effect on them. The studies also identified the need for modeling and teaching coping skills to regulate emotions. Establishing supportive relationships and creating a safe environment with consistency and structure are keys to a trauma informed classroom. Empathize and validate student's feelings and struggles. Additionally, understanding that trauma exists among students and incorporating mindfulness are also big pieces to a trauma informed classroom.

Recommendations for Future Research

Most studies of ACEs and the concomitant effects have limited sample sizes. Increasing the number of participants and replicating the studies is needed to increase the confidence in the effectiveness of the various mindfulness techniques. Another limitation is the amount of studies that focus on high school students and trauma. With the elevated levels of suicide and attempted suicides at the age of adolescence, research of trauma and corresponding classroom strategies would be more beneficial if focused on the adolescent time frame. Although, some studies did focus on adolescents, there were numerous studies that looked at younger school aged children. As trauma and mindfulness continue to become more commonly talked about in education, more studies and research will be conducted.

Implications for Current Practice

The research within the studies I evaluated showed that educators must understand trauma and its effects on students. Special education teachers are likely to work with numerous students who have experienced a trauma or multiple traumas in their lives. Teachers need to be able to recognize trauma and develop strategies within their classrooms for these students to help overcome the adversity that the trauma creates. This could be accomplished within teacher prep programs, new teacher trainings or as part of continued professional development.

Summary

I have been a special education teacher for 4 years and a special education paraprofessional for 3 years before teaching. I have been very fortunate to work with people that recognize that trauma is prevalent in schools and are working towards helping those students. Educators have taught me that we need to teach certain skills, in order to be successful learning

other skills. Essentially learning to be a student or person in society that can regulate themselves. School is a place where we teach skills to be successful in society. If trauma is negatively impacting a student's ability to learn these skills, then it becomes our job to teach the skills such as mindfulness to help with trauma. With the amount of time we spent with these students, there is ample opportunity to be the support and help lead the change in them managing their trauma. Remember, it is the kids who need the most love will ask for it in the most unloving ways.

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