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Trauma Informed Teaching Practices for Students who have Experienced Developmental Trauma

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Chapter 1: Introduction

Developmental trauma is increasing in American society. “Children who experience traumatic events during early childhood are left with lifelong negative consequences” (Ko et al., 2008, p. 397). These traumatic events include experiencing neglect, physical or sexual abuse, abandonment, community violence, and ongoing domestic violence (Courtois, 2004). A majority of these traumatic events occur with the child’s caregiver. This causes inadequate formation of secure attachment and disruption in the child’s development, often without treatment. Consequently, the child experiences adversity in aspects of their adult life.

While extensive research on the effects of complex developmental trauma exists few resources that offer effective intervention strategies and solutions are available. Trauma informed teaching is a possible solution, and it continues to gain approval as it is applied across various educational settings. Trauma informed teaching creates an environment where children feel physically, socially, and emotionally safe (Thomas et al., 2019). In turn, educators are able to provide nurturing, strong, and stable relationships which are key components in beginning the healing and recovery process.

Historical Background

The term developmental trauma was first coined in 2005 (Schmid et al., 2013). However, the formal study of trauma has existed since the late 19th century. The focus and participants of modern psychology have changed over time. Studies began with war veterans, railroad cart operators, and women as the main foci (Courtois, 2004). Later, studies addressed the needs of children and the population as a whole. A majority of studies relating to developmental trauma have occurred within the last 3 decades (Courtois, 2004).

Practices to assist people who have experienced trauma evolved over the centuries and the definition and understanding of trauma has changed over that time. Understanding that children are greatly affected by developmental trauma has increased (Reinbergs & Fefer, 2018). With that knowledge, the needs for research on developmental and on implementing effective therapies has been identified. Children spend a majority of their time in educational environments where the effects of developmental trauma are displayed. Strategies that can be implemented in an educational environment where children are allowed to learn and heal are integral. The ongoing development of these strategies is referred to as trauma informed teaching. The first research related to trauma informed teaching appeared in 1990. The number and the scope of studies regarding trauma informed teaching has continued to increase since that advent.

Statement of the Problem

The effects of developmental trauma on the social and emotional development of students include their academic and social performance in school. “Developmental trauma is the exposure to multiple traumatic events during childhood which result in developmental challenges” (Ko et al., 2008, p. 399). These developmental challenges manifest behaviorally and cognitively. The incidence of trauma experiences in children continues to increase. While a plethora of studies indicate the presence of trauma experiences in children, fewer studies offer effective strategies for working with children who have experienced trauma.

Trauma informed teaching (Crosby, 2015) was identified as an effective strategy for working with students who have experienced developmental trauma. Trauma informed teaching requires educators to understand, recognize, and respond to the effects that developmental trauma has on students. For this paper I examined the effects of trauma informed teaching

practices on students aged 6 to 12 in school settings. The specific focus of the review is identifying classroom and school-based strategies for assisting students who have been affected by childhood trauma.

Rationale

In this section, I identify the possible applied outcomes for this paper. The findings from this paper may have implications for students, educational practices, teachers, and administrators. Children who have experienced unaddressed developmental trauma often have difficulties making their way through the educational system. Difficulty self-regulating and a lack of impulse control can lead to emotional outbursts and physically unsafe behaviors. This leads to disciplinary action at school which results in loss of academic instruction and social interactions.

Addressing developmental trauma through trauma informed teaching allows the child to experience success in the educational environment. Implementing the use of trauma informed teaching creates an environment in which the child can feel safe and cared for and in turn continue to receive academic and social emotional instruction. Trauma informed teaching assists students in developing their self-regulation skills and impulse control. The child is given a safe and caring environment to build confidence, relationships, and to heal. Trauma informed teaching practices are beneficial to not only children who are identified as having developmental trauma but also to children in the classroom who may have unidentified experiences.

Trauma informed teaching forces changes to current educational practices. A majority of trauma informed teaching practices can be embedded into existing educational practices with minimal modification. Specific practices such as greeting each student by name, speaking with

the student about a topic unrelated to academics, and providing at least four positive interactions for every one negative interaction can be implemented within a variety of educational settings. Other practices such as de-escalation techniques, identifying triggers, and therapeutic rapport may require extra time and training. The addition of these practices may affect the implementation of existing educational practices however, the outcome will be positive (Brunzell et al., 2016).

Teachers care for their students and want them to succeed. Often teachers will find themselves frustrated and possibly avoidant of working with a specific student or group of students. The teacher may feel that they are out of options when it comes to implementing strategies to work with the student and that the student is unreachable. In the scenario that the teacher is trained in implementing trauma informed practices, they will be better able to address the student's unmet needs. Instead of the teacher feeling as though they do not know how to help the student, they will be able to utilize their knowledge of trauma informed teaching.

Administrators may also be affected by the implementation of trauma informed teaching practices. If implemented correctly, there is a great expectation that behavior incidences will decrease. In most situations the administrator is the one who addresses major behavior incidences. The decrease in these incidences will allow for the administrator to spend increased time building and strengthening relationships with students. In the event that a major behavior incidence occurs the administrator can feel confident in their ability to assist the student in restorative practices. Administrators would also be expected to assist teachers in learning and implementing trauma informed practices. In addition to the classroom, trauma informed practices can also be adopted to the general and greater school climate.

The implementation of trauma informed teaching in the school setting would positively impact students, educational practices, teachers, and administrators. Some people may pose that schools should only focus on academic instruction. However, it needs to be noted that teachers cannot teach effectively if their students are unable to focus on learning. Students who have experienced unaddressed developmental trauma are unable to focus on learning. Providing children, teachers, and administrators with educational practices that are trauma informed will create increased success for all parties.

Glossary

In this section, I define the two principal constructs investigated in this paper. The glossary is organized causally. First, developmental trauma as a cause for maladaptive behavior, for academic difficulties, and social and emotional adjustment issues is addressed. Second, trauma informed teaching as educational practice designed to ameliorate the consequences of developmental trauma is defined.

Developmental Trauma. Developmental trauma refers to children who have experienced one or more traumatic events from infancy to childhood. The experienced traumas are categorized as abuse, neglect, or household dysfunction. Abuse can take the form of sexual, emotional, or physical. As with abuse, neglect can also take on the form of physical or emotional neglect. Household dysfunction includes the presence of mental illness, substance abuse, family incarceration, domestic violence, and divorce. When the stress produced by these traumatic events is not addressed by the child's caregiver it is referred to as developmental trauma. Experiencing developmental trauma leads to complex emotional, cognitive, and physical issues.

Trauma Informed Teaching. Trauma informed teaching refers to the everyday practices and overall mindset that educational staff implement within their classroom environment. Educators place an emphasis on the idea that relationships with students need to be addressed before education. A substantial amount of time is spent creating caring and supportive relationships in which students feel safe and that their needs are met. Educators support the safe classroom by creating predictable and consistent classroom routines and expectations.

Trauma informed teaching requires educators to view children through a "trauma lens" in which they ask what has happened to this child, not what is wrong with this child. Shifting the focus from blame and negative behaviors to identifying the root cause of the behaviors allows for the child's unmet needs to be identified. Social-emotional learning is explicitly taught as well as embedded into daily routines and lessons. An emphasis is placed on the importance of social emotional learning. The educator may also identify and assign additional resources that are not offered in the classroom, for the child. Trauma informed teaching means that educators have an awareness and sensitivity to the way in which their students' presentation and service needs can be understood in the context of their trauma history.

Chapter 2: Review of Literature

This literature review examines classroom and school-based strategies for assisting students who have been affected by childhood trauma or by traumatic events that occurred within an individual's development. In Chapter 1, the research questions and the significance of the study were addressed. In Chapter 2, studies examining both the effects of childhood trauma and trauma informed instruction are presented and analyzed. In Chapter 3, the findings from the analysis will be presented, and the implications of the research will be addressed.

Scope of the Review

The Academic Premier database, the ERIC database, the PubMed database, and the St. Cloud State University virtual library were searched computationally. The descriptors included developmental trauma and trauma informed teaching. Searches were delimited to articles published between 1998-2019. From the results of the search, 14 articles were purposefully selected.

The presentation of the information is organized topically. Studies addressing developmental trauma precede studies of trauma informed instruction.

Presentation of Studies: Developmental Trauma

This section reviews developmental trauma. The definition, causes, impacts, and specific examples are presented. The discussion of developmental trauma is organized around three themes: the definition of developmental trauma, the causes of developmental trauma, and the short term and long-term effects of developmental trauma.

Definitional Issues

Developmental trauma refers to complex traumas that are experienced by a child during

their developmental stages. “Complex trauma refers to a type of trauma that occurs repeatedly and cumulatively, usually over a period of time and within specific relationships and contexts" (Courtois, 2004, p. 86). Manifold forms of trauma are extant. “The expanded understanding now extends to all forms of domestic violence, and attachment trauma occurring in the context of family and other intimate relationships" (Courtois, 2004, p. 86). Courtois analyzed research that was completed on the effects of child abuse trauma. The results found that individuals who have been diagnosed with post-traumatic stress disorder (PTSD) experience similar effects as children who have experienced child abuse or other forms of developmental trauma. Other behavioral and mental health sequelae include depression, anxiety, self-hatred, dissociation, substance abuse, self-destructive and risk-taking behaviors, revictimization, problems with interpersonal and intimate relationships, medical and somatic concerns, and despair. These symptoms were not inclusionary criteria when PTSD was introduced in the DSM-III. Courtois (2004) argued that the symptomatology differs from PTSD to such a degree that the conditions and concomitant treatments while similar are not identical. Courtois (2004) also suggested that complex childhood trauma should be added to the Diagnostic and Statistical Manual of Mental Disorders (DSM) added as a distinct condition.

Other researchers recommend including Developmental Trauma as a category in future editions of the DSM. According to Van der Kolk (2005), “The results of the Diagnostic and Statistical Manual of Mental disorders, fourth edition (DSM-IV), Field Trial suggested that trauma has its most pervasive impact during the first decade of life and becomes more circumscribed with age” (p. 405). The finding demonstrates the importance of the timing of the experience of traumatic events. The presence of a traumatic event has the ability to largely

disrupt the current and future developmental stages of the child.

The Centers for Disease Control and Prevention (n.d.) referred to specific childhood trauma experiences as Adverse Childhood Experiences (ACEs). The Kaiser Health Plan conducted a survey about the prevalence and effects of ACEs. The questions included three categories of abuse: psychological abuse, physical abuse and sexual abuse. The Kaiser survey defined specific instances of childhood trauma as: "Abuse, which can be emotional, physical, or sexual; neglect, either physical or emotional; domestic violence; substance misuse by a member of the household; divorce or separation of parents or caregivers; mental illness of a member of the household; having a member of the household go to prison" (Felitti et al., 1998, p. 123). The ACE study further clarified the definition of childhood and developmental trauma with specific survey questions. The survey questions asked are the specific examples and forms of developmental trauma that a child can be exposed to and effected by.

Walkley and Cox (2013) identified and describes specific examples and instances of developmental trauma. The effects of childhood traumatic and toxic stress were also investigated. ACEs include "Physical abuse, domestic and community violence, motor vehicle accidents, chronic painful medical procedures, and natural disasters are all potentially traumatic experiences" (Walkley & Cox, 2013, p. 123). Such distress is characterized by its unpredictability and the feeling of horror and helplessness that it elicits. Rather than simply a function of specific events, ACEs can almost manifest as a function of recurrent behaviors or situations. Toxic stress occurs when a child experiences frequent, strong, and prolonged adversity. For example, when a child is raised by a parent who is severely depressed or battling a substance addiction, developmental trajectories may be altered, and maladaptive behaviors may

result.

Definitional Issues: Incidence and Prevalence

Developmental trauma has greater prevalence of developmental trauma than originally hypothesized. Copeland et al. (2018) reported that childhood trauma occurs with greater frequency than estimated and that the effects may pervade the lifespan. The conclusions were derived from a survey of more than 1,400 participants. Survey data were augmented with behavioral observations collected longitudinally. The follow-up surveys showed "Exposure to traumatic events is a common experience of childhood, with more than 60% of children exposed by age 16 years and more than 30% exposed to multiple events" (Copeland et al., 2018, p. 577).

Crosby (2015) described the array of populations affected by developmental trauma. Certain groups of children are more at risk to experience developmental trauma than others. "Some youth populations, such as youths of color, of lower socioeconomic status, and those in the foster care or juvenile justice systems, are at even greater risk" (p. 223). In addition, "Youths are put at greater risk of developing unhealthy and maladaptive behaviors when elements of their ecosystem are compromised. These behaviors have been linked to micro factors such as poor family structure and macro factors, such as oppression, discrimination, and experiences of poverty" (Crosby, 2015, p. 224). Children who have experienced more adverse situations are at an increased risk of experiencing and being affected by developmental trauma.

Specific subgroups of children are a greater risk of experiencing ACEs. The groups at greater risk include children from certain racial and ethnic minorities, children whose parents attained lower levels of education, and children of recent emigres (Slopen et al., 2016). The results of the study show that "exposure to adverse childhood experiences was more common

among black and Hispanic children than white children: mean scores for black, Hispanic, and white children were 1.27, 1.26. and .90, respectively" (Slopen et al., 2016, p. #). Further, children from lower socioeconomic status families were at twice the risk as children from upper socioeconomic status families (Slopen et al., 2016).

Definitional Issues: Symptomatology

Schmid et al. (2013) outlined the diagnostic criteria and symptoms associated with developmental trauma. In the first cluster of symptoms, the child exhibits affective and physiological dysregulation. This includes an inability to modulate extreme affect states such as anger and fear, a disturbance in the ability to regulate bodily functions like eating and sleeping, and an impaired capacity to describe emotions. The next cluster encompasses the child's attentional and behavioral dysregulation. The cluster includes the child's inability to properly perceive threats, an impaired capacity for self-protection such as extreme risk-taking, maladaptive attempts to self-sooth, habitual self-harm, and an inability to sustain goal-oriented behavior. The third cluster of symptoms is the category of self and relational deregulation. Sequelae include an impaired sense of personal identity and involvement in relationships. Examples of self and relational deregulation include persistent negative sense of self, extreme distrust of adults, reactive physical and verbal aggression, inability to regulate empathy, and excessive attempts at intimacy.

The symptoms of developmental trauma may cause distress in one or more of the following areas: academics, familial relations, peer groups and relationships, legal consequences, and health effects. The symptoms must persist for at least 6 months. McLaughlin et al. (2012) linked ACEs with the onset of psychiatric disorders in youths. Developmental trauma has the

capacity to greatly affect a variety of developmental and functional areas of the developing child.

Developmental trauma and cumulative childhood trauma exposures are highly correlated with poor adult outcomes. Unaddressed developmental trauma in childhood leads to increased negative adult outcomes. Copeland et al. (2018) analyzed the long-term effects of childhood trauma. The results show "cumulative childhood trauma exposure to age 16 was associated with higher rates of adult psychiatric disorders (odds ratio for any disorder, 1.2; 95% CI, 1.0-1.4) and poorer functional outcomes, including key outcomes that indicate a significantly disrupted transition to adulthood" (Copeland et al., 2018, p. 1). Other adult consequences include criminal behavior, financial difficulties, lower educational attainment, and impaired social functioning." The effects of developmental trauma impact the child not only in childhood but also in adulthood.

Trauma Informed Teaching

In this section, clinical and research literature on trauma informed teaching and its concomitant practices is reviewed. Trauma informed teaching refers to the everyday practices and overall mindset that educational staff implement within their classroom environment. Educators place an emphasis on the idea that relationships with students need to be addressed before education (Brunzell et al., 2016). A substantial amount of time is spent creating caring and supportive relationships in which students feel safe and that their needs are met. Educators establish and maintain safe classroom spaces by creating predictable and consistent classroom routines and expectations. In this review the term trauma informed teaching is transposable with the terms trauma informed practices (TIPs) and trauma-informed care.

Three themes organize the section. First, trauma informed teaching is defined. Second,

specific strategies and practices that encompass trauma informed teaching are presented and analyzed. Finally, the effectiveness and importance of trauma informed teaching strategies are presented. Eight articles that represent the scope of the literature are presented. The publication years for the articles were purposefully delimited to 2005-2019.

Trauma Informed Teaching: Definitional Issues

Developmental trauma may cause an array of symptoms including difficulty self-regulating, negative thinking, difficulty trusting adults, and inappropriate interactions. “They often haven’t learned to express emotions healthily and instead show their distress through aggression, avoidance, shutting down, or other off-putting behaviors. These actions can feel antagonistic to teachers who don’t understand the root cause of the student’s behavior, which can lead to misunderstanding, ineffective interventions, and missed learning time” (Minahan, 2019, p. 30). Students present with behaviors that are consistent with those who have experienced developmental trauma are often placed in special education under the label of emotional behavioral disorders or emotional disturbances. “For students to meet criteria and receive special education services in Minnesota under the disability category of Emotional Behavior Disorders (EBD), students must demonstrate behavioral consistency by having an established pattern of one or more of the following emotional or behavioral responses: Withdrawal or anxiety, depression, problems with mood, or feelings of self-worth; disordered thought processes with unusual behavior patterns and atypical communication styles; aggression, hyperactivity, or impulsivity” (Minnesota Department of Education, 2020, para. 1). Trauma informed teaching practices as referenced in this literature review are effective strategies to be implemented with students who are both identified and unidentified as receiving special education services.

Trauma informed teaching is an effective method to support children as they navigate the school system in the role of student. “Although not all children who experience a potentially traumatic event develop traumatic stress symptoms, many children develop a variety of psychological concerns that interfere with their educational performance” (Reinbergs & Fefer 2018, p. 250). The authors proposed a multi-tiered system of support (MTSS) for classrooms that assists educators in providing academic and behavioral strategies for students with various needs.

Assessment is included in an MTSS framework. At the Tier 1 level. universal screening measures are implemented in order to accurately identify students who may need more intensive support. “These screeners may serve as a good front-line identification system for all children who may benefit from more specific Tier 2 assessment and intervention, including those who have experienced trauma” (Reinbergs & Fefer, 2018). A broadly implemented behavioral/social-emotional domains screener assesses all children and to avoid potentially overly invasive measures.

The Tier 1 intervention entails implementation of universal social-emotional learning (SEL) curricula and school-wide Positive Behavior Intervention and Supports (PBIS). “Tier 1 components of these programs include explicit instruction around social, emotional, and behavioral expectations and serve as examples of commonly used school-wide universal interventions that promote resilience, consistency, adaptive coping, positive behavior, and well-being for all students, including those who have been exposed to trauma” (Reinbergs & Fefer, 2018). Specific examples of trauma informed teaching practices at the Tier 1 level include a focus on relationship building, emotional regulation instruction instead of punishments, and providing emotional safety and consistency.

In order for educators to effectively provide trauma informed teaching practices, in any Tier, they must be properly informed on the effects of developmental trauma. Thomas et al. (2019) reviewed methods used in trauma-informed school practices. The analysis organized the content into three categories: Building knowledge–understanding the nature and impact of trauma; Shifting perspective and building emotionally healthy school cultures; Self-care for educators.

During the building knowledge phase, teachers learn about the effects of developmental trauma. Data from "…brain science, neurobiology, and mental health to help educators understand trauma's impact on students' social, physical, and psychological well-being, as well as how it may present in their school behaviors" (Thomas et al., 2019, p. 426) are addressed. Information in these categories may not be part of the preservice curriculum for teachers. School districts that chose to implement trauma informed teaching practices should first provide educators with an understanding of the nature of trauma and its impact. A crucial topic is "…the acting out cycle and its relation to the fight, flight, and freeze response when a student perceives a threat to his or her safety" (Thomas et al., 2019, p. 426). When educators understand the trauma response, a mindset shift may occur, and teachers may be better able to assist their students.

Thomas et al. (2019) also addressed shifting perspectives and building emotionally healthy school cultures. A major shift in perspective is described as viewing the child through a trauma lens by wondering "what has happened to you" instead of "what is wrong with you." Such an emphasis shifts "…educator perspectives from viewing students' undesirable behaviors (e.g., avoidance, aggression, disengagement) as inherently bad or oppositional toward viewing

each student as having been affected in some way by their experiences" (Thomas et al., 2019, p. 428). Viewing the child through a trauma informed lens places importance on understanding the child as a whole and recognizing that all children require an emotionally healthy school culture in order to succeed. This includes intentionally building and sustaining meaningful relationships among staff and students. “While some specific Tier 2 and Tier 3 school trauma interventions address trauma symptoms explicitly, the literature places greater importance on creating and maintaining a school environment where everyone is treated with compassion and understanding and is empowered and validated in who they are as students and educators” (Thomas et al., 2019, p. 428). Educators and students at all three tiers of the MTSS benefit from educators receiving trauma informed education.

Seemingly small changes in the classroom environment may yield large changes for students who have experienced developmental trauma. Minahan (2019) described specific trauma informed practices that educators can adopt in their everyday interactions with all students. One strategy is to avoid authoritative directions and replace them with directions that give the student the ability to make a choice. Giving the student a choice allows for them to feel a sense of control. In addition, teachers need to “convey respect and transparency by providing the reason behind each direction” (Minahan, 2019, p. 32). For example, the teacher might say “I don’t want you to trip on your sweatshirt and get hurt, can you please hang it in your locker or place it on your chair?” Once the teacher has given the direction, it may also be helpful to allow the student time to process the request. If a teacher allows extended time for a student to follow a set of directions, power struggles may be avoided (Minahan, 2019). An example of this is the teacher verbally giving a verbal direction such as “it is time to get started on our math work,

please find a good place to pause your choice time activity." The teacher may then utilize a visual countdown timer or monitor the students, allowing them time to process the verbal request, and then make the choice to follow the direction. Employing thoughtful interactions throughout the school day is a trauma informed teaching strategy that can be utilized at all three levels of the multi-tiered system of support model.

Trauma informed teaching practices promote predictability and consistency. Establishing and implementing classroom expectations that promote an environment in which everyone feels safe is one means of promoting predictability and consistency. An additional strategy is to provide a clear and visual classroom or individualized schedule. "Not knowing what is coming next can put anyone on high alert, especially traumatized students" (Minahan, 2019, p. 32). Providing students with any changes to the normal routine in advance can also be helpful in alleviating a feeling of loss of control. An example of providing predictability and consistency would be for the teacher to say: "I will check in on you in 10 minutes, raise your hand when your timer goes off." Instead of saying, "I'll be back to check on you," a phrase which is unclear and can create further feelings of anxiety. "The student can better tolerate uncomfortable feelings when they know help and a positive interaction are coming. Telling the student what will happen and when and always following through establishes the teacher as a consistent, reliable adult" (Minahan, 2019, p. 33).

Many students who have experienced developmental trauma struggle with an inaccurate self-image and low self-confidence (Minahan, 2019). A trauma informed teaching strategy that addresses this is to plan fully ensure that all students have opportunities to experience positive self-thoughts throughout the school day. This is achieved by countering the negative thoughts

with positive moments that elicit feelings of self-worth and confidence. Educators can provide these opportunities for positive situations. The teacher can assist the student in identifying hobbies or specific classes in which they are successful and then ensure that the student has opportunities to display their knowledge. For example, a teacher may find that a student enjoys cooking. The teacher then plans lessons in which cooking is the central theme such as a math lesson in which the student creates a budget for needed ingredients. The teacher might pair a student who enjoys reading with a classroom of younger students for a weekly class read aloud. There is a plethora of possibilities for creating situations in which students can feel positive feelings about themselves. Students must experience successes every day and have these experiences reinforced to create a positive self-image in both current and future contexts (Minahan, 2019).

Supporting students utilizing the Tier 2 and Tier 3 level of the multi-tiered system of support requires increased methods. The succeeding steps for children who have screened positive for social, emotional, or behavioral concerns are more targeted assessments to better understand the concerns. In addition to the administration of the commonly used Behavioral Rating Scale for Children, Third Edition (BASC-3) and the Achenbach System of Empirically Based Assessment (ASEBA), the administration of trauma specific assessments are recommended situations in which traumatic exposure has been confirmed. An example of a trauma specific assessment is the Trauma Symptoms Checklist for Children (TSCC). Educators are not necessarily involved in the completion of these assessments however it is important that they understand the protocol and role they play in advocating for their students. “While a child’s difficulties at school can be unrelated to trauma, trauma can be a contributing factor, or trauma

can account for most of the observed difficulties. Adopting a “trauma lens” can ensure that trauma is considered as a hypothesis when appropriate but should not be used to overshadow other important etiologies for a child’s presentation or lead to an over emphasis on trauma as an explanatory variable when other factors more salient” (Reinbergs & Fefer, 2018).

Interventions for addressing trauma in schools at Tier 2 and Tier 3 of the MTSS model can be implemented in various settings, including specific classroom environments and medical settings. Cognitive Behavioral Therapy (CBT) and adaptations of Dialectical Behavior Therapy (DBT) are evidence-based interventions used in trauma informed teaching. Reinbergs and Fefer (2018) reported, “The Cognitive Behavioral Intervention for Trauma in Schools (CBITS) is a group cognitive-behavioral therapy designed to be delivered in schools. A randomized control trial found very large effect sizes (1.08 standard deviations) in the reduction of PTSD scores and large reductions in parent-reported psychological dysfunction (.77 standard deviations)” (p. 256).

Assessments and interventions that typically align with the Tier 2 and Tier 3 level of MTSS occur at the level of school wide trauma informed care. According to Reinbergs and Fefer (2018), these trauma informed teaching practices that can be implemented by all educators in their classrooms. However, educators must have a general understanding of their existence. Common understanding allows for productive collaboration among educators, social workers, school psychologists, therapists, and medical personnel. Schools become both acceptable sites of trauma treatment and sites that reduce barriers to trauma care (Reinbergs & Fefer, 2018).

Training Trauma Informed Teachers and Implementing in Classrooms

The successful implementation of trauma informed teaching practices in classrooms relies on support from administration and the belief that trauma informed teaching is a school-

wide approach. Adopting a “trauma lens” is a school wide effort and involves multiple stakeholders (Reinbergs & Fefer, 2018). Educators and administrators alike benefit from attending professional development sessions that provide training on trauma informed teaching practices.

In addition to providing trauma-specific training for educators, schools who implement therapeutic teaching models also include supplemental support for educators. “Staff in high-needs schools may be especially susceptible to secondary traumatic stress. Secondary traumatic stress is the emotional distress that results from hearing trauma narratives and working with clients who have experienced first-hand trauma” (National Child Traumatic Stress Network, 2011). Methods for preventing secondary trauma in educators include providing debriefing opportunities, identifying personal triggers, and promoting self-care strategies including accessing employee assistance programs.

Venet (2019) analyzed methods in which educators can prevent burnout, specifically when working with children who have experienced trauma. The importance of clarifying what role the teacher plays in educating children who have experienced trauma is an emphasis. “Role clarity is the process of defining the scope and goals of our relationships with students, and then maintaining boundaries that allow us to focus on that scope” (Venet, 2019, pp.1-6). The educator's role is to provide trauma informed teaching practices within the classroom and to recognize when students should be referred for external support systems. In addition to determining the role of the educator, it is also crucial that the educator creates, communicates, and models clear boundaries with their students. “One of the ways to buffer ourselves from the impact of vicarious trauma is to maintain health boundaries with those we are helping” (Venet,

2019, pp. 1-6). Providing boundaries and role clarity within the role of ‘trauma informed educator’ permits for a decreased chance that the educator will experience emotional distress.

Banks and Meyer (2017) critiqued the literature on the importance and efficacy of Trauma Informed Practices (TIPs). Trauma Informed Practices were operationally defined as specific interventions that fortify one’s ability to learn strategies for living with trauma. Trauma Informed Practices are implemented in trauma informed teaching. Schools must incorporate trauma informed practices, and teachers must advocate for students who have experienced developmental trauma (Banks & Meyer, 2017).

Chapter 3: Conclusions and Recommendations

This review examined the effects that developmental trauma has on children and identified the importance and specific nature of trauma informed teaching practices. In Chapter 1, trauma informed teaching and developmental trauma were defined. The focus for the review was delineated and the research questions were proposed. In Chapter 2, research on developmental trauma and trauma informed teaching practices was reviewed. In this chapter, the findings are presented, and the implications of the findings are addressed.

Principal Findings

In the United States**,** an increasing number of children have experienced developmental trauma. According to the Centers for Disease Control and Prevention (n.d.), "Up to two-thirds of U.S. children have experienced at least one type of serious childhood trauma, such as abuse, neglect, natural disaster, or experiencing or witnessing violence" (p. 30). Children who have experienced developmental trauma have greater needs than their peers who have not experienced such events. Children who have experienced developmental trauma often face difficulties once they have entered into the educational system as students. Walkey and Cox (2013) reported "Easily overstimulated children have difficulty with emotional self-regulation and struggle to put feelings into words. Anger, often accompanied by physical aggression, may be their most readily expressed emotion" (p. 123). Educators are not often offered explicit training on strategies that can be implemented to support their students present with "difficult" or unsafe classroom behaviors.

Trauma informed teaching practices are methods that educators, entire schools, and school districts can implement to better assist students who have experienced trauma. "Trauma-

informed teaching approaches have particular relevance for flexible learning settings and can help meet the complex needs of students who have experienced violence, abuse, or neglect" (Brunzell et al., 2016, p. 218). Trauma informed teaching practices can be implemented in schools through a multi-tiered system of supports. The core principle of trauma informed teaching is relationship building. "Children with insecure attachment patterns have trouble relying on others to them and are unable to regulate their emotional states by themselves" (Van der Kolk, 2005, p. 403). The formation of a relationship among a student and their teacher that has role clarity and clear boundaries allows that student to repair a disrupted attachment style and to view the teacher as a safe adult. For students to be able develop positive relationships, support and constructive interchanges are necessary (Brunzell et al., 2016). Once the student feels they are in a safe environment with supportive adults, they are then able to develop the skills they need to regulate their emotions.

Additional specific trauma informed teaching strategies include promoting predictability and consistency in classroom expectations and routines, recognizing and highlighting students' areas of strength, employing a sense of control through directive requests and choices, and viewing the student through a "trauma lens." Viewing the student through a "trauma lens" promotes the idea of asking "What has happened to you?" instead of, "What is wrong with you?" This shift in perspective allows educators to focus on promoting a healing environment instead of blaming the student for negative behaviors. School wide trauma informed approaches entail the implementation of school wide Positive Behavior Interventions and Supports and the implementation of specific Social Emotional Learning curricula. "Trauma informed teaching recognizes the frequency and classroom impacts of childhood trauma, focuses on relationship

building and emotional regulation instruction instead of punishment, and emotional safety and consistency, and tries to support the 'whole student' in the classroom" (Reinbergs & Fefer, 2018, p. 254).

Trauma informed teaching practices are most effective when educators collaborate with provided school mental health support professionals including social workers, psychologists, and therapists. In addition to collaboration among professionals in the school system, support from administration is a necessary component in implementing successful trauma informed teaching practices. "In schools, trauma-informed education, also referred to as trauma-informed practices, requires administrative buy-in and support, trauma-sensitive classroom practices, positive and restorative responses to behavior, policy and procedure changes, teacher and staff professional development, and strong cross-system collaboration among school staff and mental health professionals" (Thomas et al., 2019, p. 423).

Implications and Recommendations for Future Research

The universal implementation of trauma informed teaching practices would allow for students to maintain placements in the least restrictive educational environments. Further research needs to be conducted on the efficacy of specific trauma informed teaching practices. Although a myriad of studies highlight the prevalence and the short and long term effects of developmental trauma, fewer research results offer evaluated responses to counteract the effects of developmental trauma. Research should be conducted to validate the efficacy of specific trauma informed teaching strategies. For example, the long-term academic success rates of students who have received a trauma informed education compared to the long-term academic success rates of students who had experienced developmental trauma and have not received a

trauma informed education. In addition, the rates of students being referred for special education services could be compared for populations of students who receive a trauma informed education to students who do not receive a trauma informed education.

Further research that demonstrates the efficacy of trauma informed teaching practices may positively impact the future of educational practices. As rates of developmental trauma increase, educators often encounter situations in which they have limited expertise and minimal knowledge of an effective response. Research on the efficacy of trauma informed teaching practices would delineate specific approaches that can be implemented when educating students who have experienced developmental trauma. Providing educators with concrete and proven effective strategies.

Additional recommendations for future research include studying the effects that trauma informed teaching strategies have on the rates of retention and on the degree to which such strategies improve teaching environments and the overall morale of educators. Providing educators with training that has proven efficacy, for educating students who present with "difficult behaviors" or overwhelming emotional needs, may reduce stress and frustration levels among educators. Future research into the topic of trauma informed teaching practices has the potential to benefit students, students' families, educators, and the greater school community.

Summary

Trauma informed teaching practices are a possible approach to supporting students who have experienced developmental trauma. Trauma informed teaching practices start by first educating educators about the effect of developmental trauma on a students' social, emotional, physical, and psychological well-being and how these effects present in school behaviors.

Trauma informed teaching practices can be implemented into a variety of educational settings as there is a focus placed on intentional positive interactions, relationship building, and the implementation of restorative practices. Educators are provided training in the implementation and understanding of de-escalation techniques, identifying trauma response triggers, and an overall mindset shift to the perspective of a trauma lens. The implementation of trauma informed teaching practices has the potential to meet the needs of students who have otherwise not experienced success in the educational setting.

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