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Literature Review: Trauma-Informed Classrooms for Middle School Students

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Literature Review: Trauma-Informed Classrooms for Middle School Students

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Introduction

Childhood trauma is one of the most critical public health concerns today. A growing number of K-12 students have encountered traumas in their life, and educators see the strong and relevant correlation between trauma, low academic achievement, and behavioral issues. Our middle school learners face many behavioral, social, and mental challenges as young adolescents. Middle school educators are responsible for helping students understand their challenges and develop appropriate coping skills that can help them build resilience, handle diversity, and attain academic excellence. Young teenagers face a wide array of complex mental and physical health issues that are often traumatic (Verbitsky-Savitz et al., 2016). These complex psychological and physical challenges outside the classroom affect the ability of teens to perform well in school. According to Verbitsky-Savitz et al. (2016), even adolescents who have never experienced mental or physical health challenges must cope with other stressors.

Moreover, student stressors have drastically increased in the current digital age. Yet it is more critical than ever before to provide middle-level students and their educators with coping resources for stress reduction and enable them to handle depression, anxiety, and other mental conditions (Chafouleas et al. (2016). Teachers who want to impact all their students positively need to be trauma informed. Addressing the students' cognitive, psychological, and physical health is the best way to achieve a "whole child" and address the unique developmental challenges facing young adolescents in middle-level education (Hall, 2020). Due to the complexity of trauma among middle school students and its adverse effects that surpass the student's ordinary coping skills, schools and other education stakeholders should address the issue comprehensively.

Trauma and Middle School Education

Trauma

The National Child Traumatic Stress Network defines child trauma as stress that “occurs when a child experiences an intense event that threatens or causes harm to his or her emotional and physical well-being” (NCTSN, 2018). Trauma stressors include but are not limited to domestic and non-domestic abuse (physical, sexual, and neglect), parental separation, mental illness, incarceration of parent, bullying, exposure to community violence, natural disaster, loss of an important family member and/or drug and alcohol addiction in the family. Adverse Childhood Experiences (ACES) is the repeated exposure to traumatic stressors.

Trauma impacts a child’s brain architecture and function (limbic system and prefrontal cortex), undermining the building blocks that facilitate successful academic and behavioral performance. Positive and negative brain development occurs during early childhood through age 25. A child who lives in a constant state of trauma is physiologically unable to learn because the part of the brain that learns, the prefrontal cortex, has been bumped offline by the limbic system. The traumatic experiences in childhood can diminish concentration, memory, and the organizational and language abilities children need to succeed in school leading to problems with academic performance, inappropriate behavior in the classroom, and difficulty forming relationships (NCTSN, 2017).

About one-half to two-thirds of middle-school children experience trauma in the United States (McInerney & McKlindon, 2014). Trauma-informed classrooms implement trauma-sensitive strategies in classrooms to ensure the effects of trauma on the social and emotional lives of students are addressed. The needs and interests of learners rather than those of

educators, policymakers, and parents are considered with utmost importance in trauma-informed classrooms. Thus, overlooking the specific students' needs has detrimental effects on the student's growth and their academic performance.

Childhood traumatic experiences are widespread in contemporary living and educational environments. According to the U.S. Department of Health and Human Services, two out of every three children experience a traumatic experience before they turn 16 years (Edwards et al., 2014). Globally, the extent to which children face traumatic experiences varies from one country to another based on income levels, cultural backgrounds, and the overall economic hardships within the community. According to Hall (2020), teens living in urban environments are highly exposed to violence, thus increasing their susceptibility to traumatic experiences. Edwards et al. (2014) reinforced those findings by indicating that children and adolescents in urban environments experience higher stress levels due to higher exposure to violence than those in rural environments. According to a study conducted within the Philadelphia metropolitan area in the U.S., 89% of suburban and 96% of urban middle school students stated that they knew someone murdered, robbed, or sexually/physically assaulted (Hall (2020)).

The statistics show that the student's environment significantly determines their exposure to a traumatic experience. Further, 57% of suburban and 88% of urban middle students had witnessed a robbery, an assault, or a murder. In comparison, 40% of suburban and 67% of urban middle students had experienced one form of violence.

In some populations, members of the LGBTQ community are victims of bullying and violence. Bullying and victimization can lead to adverse consequences for academic, emotional, and psychological health. Edwards et al. (2014) found a high correlation between victimization

and poor academic performance among middle-level students. Further, the LGBTQ community members and their children may be predisposed to advanced experiences of traumatic experiences in middle schools. Although the nature of traumatic experiences experienced by middle school students varies from one country to another, their effects—including low academic performance, reduced educational aspirations, and high levels of class absenteeism—demand the attention of all pertinent stakeholders.

Ethnicity, poverty levels, and other social determinants of health affect a person's level of exposure to violence or abuse. Roughly 61 percent of youth in the U.S. report suffering from some form of violence or abuse every year (Kataoka et al., 2018). Youths from ethnic minority communities are at a higher risk than majority populations due to being disproportionately affected by discrimination in criminal justice, access to education, and other social determinants of health. According to a survey conducted on 28,000 6th grade students from schools serving primarily Latino students, over 94 percent of the participants reported exposure to violence, as 40 percent of them reported involvement in one or multiple incidents involving a gun or knife (Kataoka et al., 2018). Despite being highly exposed to traumatic stress, youths from ethnic minority backgrounds are less likely to receive any form of medical, mental health, or resource support from specialists and relevant agencies. Thus, schools play an important role in alleviating the effects of traumatic stress among youths in middle education.

Traumatic experiences result in negative mental health conditions and other post-traumatic stress disorders. Medical specialists have identified some of the key post-traumatic stress disorders such as anxiety, behavior change, depression, decreased Intelligence Quotient (I.Q.), deficits in attention, and memory loss (Edwards et al., 2014).

Advanced research has established some education-related effects of traumatic stress among students (Kataoka et al., 2018). The identified education-related effects include decreased high school graduation rates, decreased attention, reduced reading ability, and deficits in abstract reasoning. Moreover, high levels of exposure to traumatic events can reduce long-term memory and alter verbal communication among affected persons (Edwards et al., 2014). Additionally, contemporary research has established that cumulative adverse traumatic stress can cause high student absenteeism, suspensions, and advanced chronic health conditions (Kataoka et al., 2018). Consequently, cumulative exposure to adverse traumatic stress may lead to low morale toward studies and work, culminating in low job productivity for the affected persons in adulthood.

With the growing evidence from research documenting the short-term and lifelong effects of traumatic stress on the development and progress of students, the demand to establish trauma-informed student-serving schools has increased. Trauma-informed approaches in childcare integrate processes that adhere to the principles of safety, trust, child support, partnerships, empowerment, and respect for culture in handling children. Chafouleas et al. (2016) integrated the trauma-informed approaches in childcare with school systems and established the trauma-informed schools' concept. The trauma-informed schools' concept embraces a multi-tiered system of support for students under the trauma-informed principles of safety, trust, peer support, partnerships/alliance, focus on student and educator empowerment, and respect for cultural sensitivity (Kataoka et al., 2018). The concept transcends the school environment to span the whole district.

Additionally, the concept focuses on cultivating early detection of trauma-related mental health problems among students, preventing, and responding to traumatic stress for its total

elimination (Edwards et al., 2014). Moreover, a trauma-informed school approaches all school practices are approached with a "trauma perspective" that understands how traumatic stress can disrupt the students' social, emotional, and cognitive development (Kataoka et al., 2018). By integrating the micro and macro-level aspects of violence and traumatic stress, trauma-informed schools have promised a reduction in students' mental health, educational, behavioral, and other post-traumatic stress disorders.

Research Question

What support framework is available for promoting trauma-informed practices among middle school children?

Focus of the Paper

This paper uses available empirical evidence related to trauma-informed care and synthesizes it to develop possible implications for special education. According to Thomas et al. (2019), children affected by trauma face challenges relating to their educators and other students. In my personal experience working with students with disabilities in my general education classroom, several have suffered traumatic events. These students tend to have limited coping and self-regulation skills. As a result, their internalizing and externalizing behaviors often interfere with the student's success in school. This literature review analyzes middle school students' psychological and emotional abilities and mental health, and access to staff support when faced with stressful situations. Moreover, the study focuses on two broad themes surrounding trauma: Childhood trauma (adverse childhood experiences) and strategies for effectively handling trauma among middle school students. This literature review will strive to

indicate workable strategies applicable to middle school teachers in assisting children affected by trauma to cope effectively.

The Philosophy of Middle School Education

Different researchers have studied various attributes, characteristics, and the general philosophy of middle schools. In the 19th century, school systems focused on the 8-4 system (8 years in elementary school and four years at the high school level). At the onset of the 20th century, there was a system change after recognizing that early adolescents between the ages of 10 and 14 had unique developmental needs that required individualized attention. With the introduction of junior high school, policymakers in the education system focused on creating a platform to prepare learners for high school as they transition from the elementary level. Early promoters of the middle school concept, such as Paul George and William Alexander, who were progressive educators, anchored their push to establish junior high schools on early adolescents' special and unique needs. The Association for Middle-Level Education published its 2012 position report indicating four crucial attributes for effective middle schools (Schaefer et al., 2016). Middle schools should focus on being developmentally responsive, creating higher students' expectations and empowerment, and promoting the equitable provision of students' educational rights. Thus, middle-level students' behavioral, emotional, and physical development play significant roles in influencing their curriculum, interaction with their educators, and coping with the general school life.

Progressivism was pivotal to the birth of middle schools in the 20th century. Progressivism gives a solid background to intermediate education and acts as a framework for implementing trauma-informed strategies. According to progressivism, the basis of middle

school education focuses on the educational needs of a young adolescent and society's nature (Edwards et al., 2014). The philosophy of progressivism reinforces the assertion that schools should provide for the development needs of students. Therefore, progressivism demands the consideration of the learner's mental, physical, psychological, and social development (Schaefer et al., 2016). The promoters of progressivism in middle school education require that middle schools promote active learning by ensuring that students acquire new skills through experience, partnerships with other students, and practical problem-solving (Edwards et al., 2014). According to the idea of progressivism in middle education, middle school students should engender shared decision-making in a democratic educational approach.

Other studies have explored the philosophy of middle school education, adding that such institutions should embrace learner-centered ideologies, democratic education, and active learning (Edwards et al., 2014; Schaefer et al., 2016). The learner-centered ideology matches the middle school philosophy. It emphasizes that educators, education agencies, principals, and parents ensure that middle schools respond to the developmental needs and the unique growth and academic challenges facing young adolescents. In a learner-centered approach, proponents of middle school education explained that schools should create whole human beings who become valued members of society (Schaefer et al., 2016). Under the learner-centered approach, educators should focus on students' extraordinary and unique needs and utilize their skills and available information to enhance their capabilities (Edwards et al., 2014). According to the student-centered ideology, the needs and interests of learners rather than those of educators, policymakers, and parents are paramount (Tosun & Simsek, 2018). Thus, educators and school staff play a facilitative role in middle education.

In addition to the theoretical study of the philosophy of middle school education, many contemporary researchers have further studied the practical operation of middle school education. Generally, available literature tends to favor issues such as the active construction of knowledge and the development of well-rounded individuals (Tosun & Simsek, 2018). The literature also promotes approaches such as using multiple resources to make decisions, promoting social equality, and developing the basics needed to succeed. Other notable factors include helping students create their destiny and making students understand that the prevailing factors or the environment should not determine their choices.

Trauma and Advanced Childhood Experiences (ACEs)

Adverse childhood experiences (ACEs) comprise the types of child abuse and neglect that expose children to toxic stress. According to initial studies conducted in Southern California in the late 1990s, ACEs can result in poor performance among school children and an increased risk of alcohol and drug abuse (Tosun & Simsek, 2018). Subsequent studies in 2013 and 2014 found an association between ACEs and lack of parental care for children with inadequate welfare in childhood (Bramlett & Radcliff, 2014). The study revealed that children without parental care are approximately three times more likely to face an advanced childhood experience than children living with two biological parents and two times more likely than children with one biological parent. Toxic stress is a form of trauma resulting from a traumatic experience. It has prolonged effects on adolescents because it triggers frequent and robust activation of the body's stress response system. Accordingly, there are approximately 10 ACEs identified that are known to cause toxic stress. These include experiences such as divorce, substance abuse, physical and emotional neglect, mental diseases, and physical, psychological, and emotional abuse. In the

academic or school context, trauma is any event experienced by a student that can be physically or emotionally harmful.

Researchers have studied how traumatic experiences during early childhood affect children's mental and physical health of children later in their life. Further, approximately 25% of children worldwide have experienced a traumatic event, while 75% were involved in criminal acts that landed them in correctional facilities (Verbitsky-Savitz et al. (2016). Moreover, De Young et al. (2011) assert that adverse childhood experiences and other forms of daily life stressors can further complicate the ability of learners to adhere to an institution's behavioral and educational requirements. Symptoms of trauma can manifest immediately after a traumatic experience, while in some cases, the symptoms manifest later in the person's life. Common post-traumatic disorders include anxiety, behavior disorders, and alcohol, drug, and substance abuse.

The Aim of Trauma-informed Classrooms

Trauma-informed classrooms employ the most practical strategies to promote a physically and psychologically safe learning environment for middle school students. Maynard et al. (2019) defined psychological safety as a student's sense of safety emanating from their feeling that they can manage stressors or get assistance from a person who can help them manage their stressors effectively. The focus of trauma-informed classrooms is to consider the understanding of the impacts of ACEs on students within the classroom setting and promote a physically and emotionally safe environment that will enhance the continuous growth of the students. Within the institutional context, trauma-informed approaches involve realizing the adverse effects of trauma, determining the potential paths to trauma recovery, and recognizing the signs, symptoms,

and side effects of trauma (Maynard et al., 2019). Further, trauma-informed approaches involve using knowledge integration to develop policies and procedures that can help the entire institution or the dedicated department to handle trauma among individuals within the institution (Hall, 2020). Effective trauma-informed approaches are complex and tailored to address middle school students' specific characteristics and conditions..

More importantly, trauma-informed approaches have certain fundamental principles. According to Dohlen et al. (2019), a trauma-informed approach includes safety, trustworthiness, gender sensitivity, cultural recognition, transparency, partnerships, and adherence to transparency. The authors established that there is a connection between a school's background, "whole school," "whole community," and a "whole child." Further, the study established two key factors that affect the implementation of trauma-informed classrooms: school-student demographics and the climate-school culture. The school-student demographics include the state legislation on the required student qualifications, the residency requirements of enrolled students, and the continuous performance requirements demanded by the school to demonstrate student growth. Regarding the climate-school condition, the study identified students' access to resources, health and physical education, student leadership experiences, coaching, and mentorship from carefully selected experts in critical fields (Dohlen et al., 2019).

Several barriers can impede the effective implementation of trauma-informed approaches in learning institutions. According to Avery et al. (2021), one significant challenge of trauma-informed strategies is the institution's lack of effective and supportive mental health services. According to this study, trauma-informed programs should support health services such as psychotherapy, counseling, and psychiatry. Tosun & Simsek (2018) further identified a broad

spectrum of barriers: Lack of supportive technology, inadequate physical space for the program's implementation, and unhandled speech or language barriers, which hinder effective communication between students and educators. Some of the effective trauma-informed classroom programs have researched and identified their institution's unique obstacles and invested in customized solutions, for example, partnerships, purchase of additional space for reservation, and room redesigning to address the space barriers in their institutions.

Risk Factors of Trauma in Middle-School Children

Various factors can cause traumatic stress. In the context of middle school students, factors can either be from within the school environment (internal) or outside the school environment (external). Avery et al. (2021) explained that traumatic stressors could come from the school environment. They suggest that incidents such as bullying, school shootings, weather changes, loss of loved ones, or exposure to day-to-day events such as poverty, divorce, or neglect can engender traumatic experiences. Further, Chafouleas et al. (2016) explained that school personnel are uniquely well-suited to identify, respond, and even affect students' stress symptoms. The teachers' unique position as a guide in students' lives, continuous interactions, and sustained relationships throughout their school life also exposes them to a high likelihood of suffering from toxic stress symptoms.

School policies guide middle-level educators to set learning goals for their students, assess their academic and behavioral achievement, and act as a compass for their preferred career paths. The success or failure of the teachers' guidance may lead to student stress. According to Chafouleas et al. (2016), the school personnel have the power and ability to change the course of students' lives. Through educator-student interaction, educators teach students to regulate their

emotions and behaviors. Based on prevailing regulations and school policy, educators can partner with the parents and guardians of the students to address some of the traumatic stressors within and outside the school. The efforts of an educator or a guide can allow students to grow and develop their academic competencies. Thus, trauma-informed schools play a significant role in building resilience by equipping educators and other school personnel to be more responsive to their learners' behavioral and emotional needs.

Tenets and Characteristics of Trauma-Informed Schools

Researchers have delved into trauma-informed schools and tried to explain the main characteristics of such systems. According to Chafouleas et al. (2016), a trauma-informed approach focuses on adhering to the "4Rs" that comprise realizing, recognizing, responding, and resisting. Under realization, the study explains that a trauma-informed approach should recognize the impacts of trauma and identify the available and applicable pathways to recovery. Recognizing entails identifying the signs and symptoms of trauma (Herrenkohl et al., 2019). Under responding and resisting, the system should develop knowledge-based strategies to tackle students' trauma and resist re-traumatization among the recovered students. According to Tosun & Simsek (2018), a trauma-informed system should involve all the institution's personnel in recognizing and responding to potentially harmful behaviors or relationships among students and educators. Tosun and Simsek (2018) further explain that a trauma-informed school system should involve the provision of trauma awareness and skills as a crucial component of the institution's culture and tradition. Chafouleas et al. (2016) supported this assertion and explained that trauma-informed schools should ensure that the schools' culture and goals reduce the effects of students' and educators' traumatic stressors to the lowest or negligible levels. The literature

stresses the importance of community partnerships and collaborations as crucial in developing and implementing trauma-informed systems. According to Tosun & Simsek (2018), schools should foster reliable alliances between all education stakeholders such as community agencies, leaders, law enforcers, family members, caregivers, and other school staff members to promote safe, welcoming, and predictable stress handling mechanisms. These practices should increase the school's resilience in handling trauma signs and symptoms among students and educators.

Besides the written policies that guide trauma-informed schools, several undocumented practices characterize these types of schools. For instance, such schools recognize the relationship between trauma-informed critical areas and social, psychological, disciplinary, and professional student support (Herrenkohl et al., 2019). Such school systems acknowledge the impact of mental health on the students' cognitive, social and academic development within and outside the classroom setting. More importantly, Tosun & Simsek (2018) emphasized the importance of such institutions in tailoring their educational experiences to support and promote the students' mental health. Chafouleas et al. (2016) established a relationship between the responsiveness of a school's academic programs to stress and the overall students' performance. Thus, the available literature articulates the need for trauma-informed schools to continuously nurture the relationship between students' mental health and academic achievement while maintaining the institution's primary focus on promoting education.

Creating, Supporting, and Sustaining Trauma-Informed Schools

Researchers and educational agencies have developed different frameworks for developing trauma-informed systems. The National Child Traumatic Stress Network [NCTSN] (2017) suggested a tiered approach that adheres to building positive relationships and open

communication and embraces collective commitment as safe in promoting a supportive institutional culture. The NCTSN's proposed three-tier approach comprises creating a safe environment, early interventions, and identifying students at risk and in need of intensive support. Under the first tier, NCTSN proposes strategies to promote a positive school environment, provide psychological first aid, and prevent bullying. The second-tier strategies include screening students, threat assessment, and peer support for students. Within the third tier, NCTSN proposes strategies such as providing trauma-specific treatment. The framework proposes different possible community and school partnerships that can be brought together at the three tiers to promote inter-agency collaboration. For instance, the framework proposes that intensive support can be promoted through partnerships with the school community, community mental health organizations, and families (NCTSN, 2017). Further, the framework proposes that early interventions can be done through partnerships with counselors, teachers, and advocacy groups. The NCTSN framework gives a simplified way of creating, supporting, and sustaining trauma-informed schools.

The Substance Abuse and Mental Health Services Administration [SAMHSA] (2014) has also proposed its concept of trauma-informed schools. According to SAMHSA, six key principles form the basis of a trauma-informed approach: Safety, trust, transparency, partnerships, empowerment, and adherence to cultural and gender issues. Dohlen et al. (2019) propose similar principles of trustworthiness, gender sensitivity, cultural recognition, transparency, and adherence to community alliances. Moreover, SAMHSA proposes ten implementation domains for trauma-informed schools. The domains include leadership and governance, financial support, a supporting physical environment, multi-sectoral partnerships,

workforce training, continuous monitoring and quality control, screening and assessment, and continuous evaluation (SAMHSA, 2014). The ten implementation domains are foregrounded on the six key principles already expounded.

SAMHSA proposes that the governance and leadership domain in a trauma-informed framework should answer the following questions: (i) How does the school leadership communicate its support for the trauma-informed strategy? (ii) How do the school's mission statement and policies commit to offering trauma-informed solutions? And (iii) How does the school governance structure support trauma-informed services? Under physical environment, the SAMHSA framework questions the safety of the physical environment, the available working space for staff and students, and the available gender-related physical space enjoyed by the students and educators. Cross-sector collaboration evaluates the presence of collaborative partners in the trauma-informed approach and the incorporation of community providers and referral agencies in implementing trauma-informed approaches (SAMHSA, 2014). Moreover, the SAMHSA approach proposes a domain of training and workforce development, which evaluates how the school ensures that all support staff receive the requisite training and skill upgrade to implement trauma-informed strategies effectively.

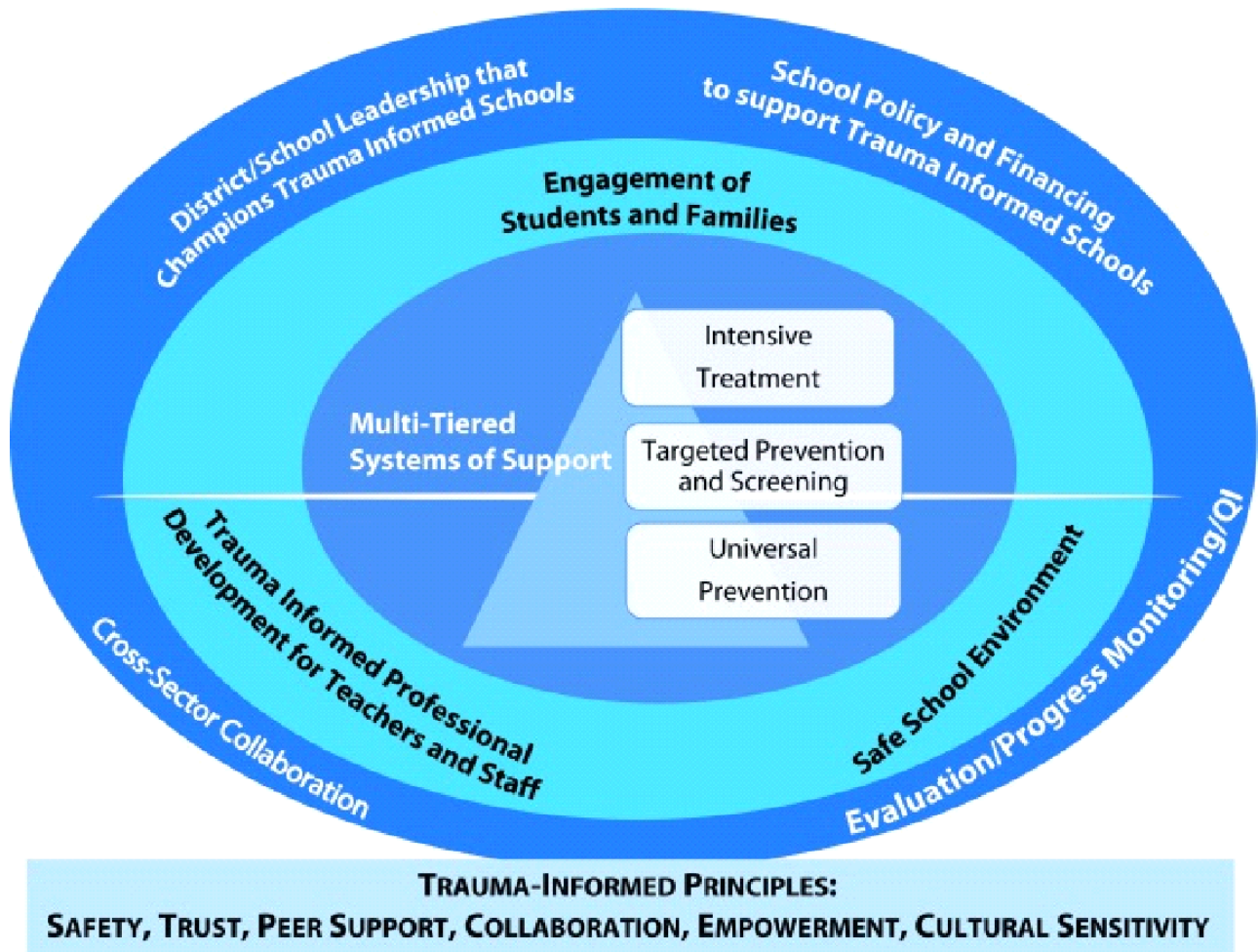
Applying the SAMHSA Trauma-Informed Domains and Principles for Special Education

School administrations, educators, and education stakeholders play an essential role in alleviating the effects of traumatic stress on students. Educational institutions provide platforms for prevention, early intervention, and medical treatment for students exposed to traumatic stress. The SAMHSA Trauma-Informed School System Framework follows the national policy recommendations of emphasizing evidence-based interventions in providing mental health

services, progress monitoring, and quality improvement of services addressing traumatic stress among students. The multi-tiered system focuses on universal prevention (Tier 1), targeted prevention and screening (Tier 2), and treatment (Tier 3), as shown in figure 1.

Figure 1

Trauma-informed Principles



Source: (Kataoka et al., 2018).

The outer circle represents the macro-level characteristics of a trauma-informed school. Under Tier 1 of the SAMHSA Trauma-Informed School System Framework, schools should establish an effective macro-level environment that supports eradicating traumatic stress among students. Research on implementing the SAMHSA Trauma-Informed School System Framework has found that the school's leadership plays a vital role in implementing trauma-informed programs in middle-level schools. The school's administration dictates the specific policies, procedures, and resources needed to sustain such programs (Kataoka et al., 2018). The national policy requires the leadership of trauma-informed schools to apply evidence-based interventions in formulating policies and procedures for implementing trauma-informed programs (SAMHSA, 2014). Under the SAMHSA Trauma-Informed School System Framework, schools act as a public health model "hub" that helps other stakeholders in public health to identify, prevent, and intervene for students with traumatic stress (Kataoka et al., 2018). Moreover, the approach requires schools to anchor their interventions on cross-sector collaborations with other relevant institutions such as primary care, criminal justice, and child welfare systems (SAMHSA, 2014). Under Tier 1 of the SAMHSA Trauma-Informed School System Framework, schools should play the role of establishing an effective macro-level environment that supports the eradication of traumatic stress among students.

The Tier 2 of the Trauma-Informed School System Framework depicts practices within the school environment that cultivate a positive school climate for reduced effects of traumatic stress among students. Under this phase, schools should promote a safe school environment and foster a strong engagement between students, educators, and families. Schools should ensure that the school environment does not encourage student bullying and harassment and promote

improved academic performance, class attendance, and stable mental health (SAMHSA, 2014). Some of the practical contributors to a safer school environment include establishing teacher training programs on responding to students who have experienced trauma. Therefore, schools should provide short and long-term training and skills improvement to all educators and school staff as a means to empower them to handle traumatic stress's social, emotional, and academic effects (Chafouleas et al., 2016). Schools should improve the capacity of teachers to cope and handle any post-traumatic stress symptoms they may develop due to dealing with students' accounts of their traumatic accounts.

Tier 2 of the Trauma-Informed School System Framework insists on the role of schools in promoting a positive internal working environment that upholds the students' and educators' mental well-being. The training of teachers should entail teaching them the importance of monitoring stress levels and applying effective coping strategies (Chafouleas et al., 2016). Further, teachers should also learn how to implement their self-care strategies to shield them from the adverse effects of being exposed to students' traumatic accounts (Kataoka et al., 2018).

Practical Cases on the Use of Trauma-Informed School System Framework

With enhanced awareness, resources, and evidence-based support, most schools have integrated fractions of the components of the comprehensive model. The Los Angeles Unified School District (LAUSD) is one of the urban school districts that have applied the framework. The school district serves over 650,000 students in the entire K-12 grades. Approximately 80% of the students served by the district live in poverty, and over 75% of them are Latino, while 8% are African American (Kataoka et al., 2018). Within Tier 1 of the Trauma-Informed School System Framework, the district has used its School of Mental Health department to offer several

universal prevention programs, such as the Resilience Classroom Curriculum (Chafouleas et al., 2016). The Resilience Classroom Curriculum provides a group-based flexible format of 45-55 minutes modules taught by school social workers on emotional regulation, student-teacher communication, problem-solving, and stress management among students (Kataoka et al., 2018). Under Tier 2, LAUSD used targeted group prevention programs such as the Cognitive Behavioral Intervention for Trauma in Schools [CBITS] (Kataoka et al., 2018). CBITS is a program designed to reduce the symptoms of post-traumatic stress disorder among students from the 5th grade to the 12th grade who have previously experienced traumatic life events. The CBITS approach uses various cognitive-behavioral techniques such as relaxation and cognitive restructuring to handle students' traumatic stress experiences. Under Tier 3, LAUSD applied some proven intensive mental health treatment approaches, including the Focused Cognitive Behavioral Therapy [TF-CBT]. TF-CBT approach is an evidence-based treatment model used to help children and adolescents overcome the adverse effects of traumatic experiences (Kataoka et al., 2018). The treatment process also involves family therapy, which has proven effective in treating multiple and single traumatic experiences among young patients. The Trauma-Informed School System Framework has effectively provided LAUSD schools with a practical approach to dealing with students' traumatic stress. However, the framework has not realized total success because some schools are underprivileged and lack the requisite resources to support such programs (Kataoka et al., 2018). Moreover, some of the targeted schools have competing demands for the available limited funds and workforce, which has limited their ability to transform into fully trauma-informed institutions.

Another practical case of successful application of the Trauma-Informed School System Framework is the Harmony Elementary School in Los Angeles. The school resides in a primarily Latino neighborhood with numerous reports of gang violence, poverty, education-related racial discrimination, and poor community infrastructure (Kataoka et al., 2018). The school prioritized trauma-informed services by training educators to recognize students with traumatic stress symptoms. Further, the school applied a community organizing approach by training teachers to hold one-on-one discussions with parents about the mental well-being of their children. In addition, the school upheld trust and transparency (two fundamental principles of the Trauma-Informed School System Framework) between the students, their families, and educators. The bilingual staff made critical conversations possible between students, parents, and educators. The school management also trained educators to listen to students' and parents' ordeals and identify recurrent themes before engaging mental health specialists to offer therapy and treatment to the affected students (Hunter et al., 2021). Safety was a frequent concern in the neighborhood. To resolve the safety concern, the school management organized neighborhood walks to record the safety conditions, peoples' opinions, and the available resources surrounding the school (Avery et al., 2021). From the neighborhood walks inventory, Harmony Elementary School approached the city council and police department leaders to listen to the students' and parents' stories on their concerns about violence in their community. By engaging the city council and security departments, the school satisfied the Trauma-Informed School System Framework's principle of collaborating and partnering with relevant stakeholders. Harmony Elementary School attained higher-than-usual levels of parents' involvement in handling their children's traumatic stress symptoms (Kataoka et al., 2018). Generally, the school managed to act

as a model trauma-informed school in the U.S. through its higher-than-average levels of success in handling students' traumatic stress.

Application of the Trauma-Informed School Practices Tri-Phasic Model

The Trauma-Informed School Practices Tri-Phasic Model (TISP) is a framework used to effectively develop teachers' competencies to implement and operate a trauma-informed school. The goal is to assist educational systems in structuring their culture and practices according to trauma-informed school competencies (Berardi & Morton, 2019). By structuring their culture and procedures accordingly, schools that apply TISP upgrade their ability to deal with students' traumatic stress and achieve academic excellence. The first phase of the TISP approach is safety and stabilization. This phase emphasizes the understanding that people who have experienced trauma tend to feel discriminated against based on the traumatic experience and their bodies. Safety and stabilization are attained by giving the right help to the affected persons to regain external and internal control of the traumatic stress situation (Berardi & Morton, 2019). Trauma-informed schools apply safety and stabilization by training their staff to offer self-soothing and self-care skills to affected students to increase their emotional and behavioral stabilization. The safety and stabilization phase focuses on helping the student gradually shift from the dangerous zone to a safer zone (Berardi & Morton, 2019). The overriding goal of this phase is to ensure that the affected students slowly start to rely on their safety both in the school environment and within themselves to cope with the traumatic accounts.

The second phase of the TISP is Trauma Memory Processing. In this phase, the affected students work through trauma history and get over the traumatic experience's painful memories. To successfully go through this phase, students go through a comprehensive therapeutic process

with a compassionate companion who understands their accounts (Dohlen et al., 2019). In this phase, a mental health specialist should apply the relevant Cognitive Behavioral Therapy technique that effectively resolves the student's specific traumatic experience. Some of the commonly used Cognitive Behavioral Therapy techniques include the Eye Movement Desensitization and Reprocessing approach or the Time-Limited Trauma Therapy approach (Berardi & Morton, 2019). All these Cognitive Behavioral Therapy techniques help the affected students in trauma memory processing. The third phase of TISP is Reconnection. Effective reconnection may help the assisted students to help others with similar histories of traumatic experiences (Berardi & Morton, 2019). Under reconnection, the affected students redefine themselves within the contexts of their immediate family and meaningful life activities.

The Trauma-Informed School Practice (TISP) Guiding Principles

Two core values inform each phase of the TISP. The first principle is the framework's attachment focus. Studies and evidence in neurobiology that support the development and implementation of the TISP model provide a solid and practical basis for the support or aof brain development (Berardi & Morton, 2019). The integration of neurobiology and developmental theories is the foundation of TISP. The theories provide a rationale for supporting and mentoring persons with traumatic stress symptoms to enable them to heal and resume their daily duties. Therefore, trauma-informed schools should train their educators on handling traumatic stress based on neurobiology studies and developmental theories (Dohlen et al., 2019). The second TISP's guiding principle is its community-driven nature (Berardi & Morton, 2019). The approach understands that the community is a place of welcomeness and inclusion. Thus, the method is consistent with the ethics of care. As per the ethics of care, schools care about the well-being of

their students and educators. The TISP approach advocates for total stakeholder participation in creating a trauma-informed environment within the institution's environment (Berardi & Morton, 2019). Also, the approach demands multicultural inclusion of all contextual identities, such as the students' or educators' sexual orientation, gender, race, religion, socioeconomic status, physical appearance, and physical abilities.

Action Guide for Implementing Trauma-Informed School Practices

Establishing trauma-informed schools involve school policies, procedures, and culture changes. It entails a continuous implementation and monitoring process to ensure that all students experience psychological, educational, and social growth. The National Center on Safe Supportive Learning Environment's action guide is widely used to implement school trauma-sensitive programs. According to the National Center on Safe Supportive Learning Environment (2018), schools should follow a six-phased guide when transforming from ordinary to trauma-informed institutions. The six phases provide an actionable framework to guide the school management, educators, education district, students, and families to adopt a trauma-informed approach.

The first phase of the action guide is developing an action plan. The action plan communicates the institution's commitment to trauma sensitivity, which helps it allocate the necessary resources, train its staff, and assess the school's preparedness to embrace the changes. After completing the action plan, the school leaders should communicate the school's commitment to adopting a trauma-informed approach (National Center on Safe Supportive Learning Environment, 2018). The action plan is communicated by school leaders by introducing the topic during staff meetings, using the action guide to provide a vision for the

trauma-informed program, and modeling trauma sensitivity with the students, parents, and educators (Berardi & Morton, 2019). The third transformation phase involves allocating sufficient financial and human resources to support the change process (National Center on Safe Supportive Learning Environment, 2018). The institutional administration should ensure that the school employees access the diverse resources needed to cover the program's work. In addition, schools should use the necessary technology to conduct staff surveys and assessments to ensure that what they are doing is working. The fourth phase entails educating the school staff on trauma, its causes, and its effects. Staff training on trauma and trauma sensitivity aims to build awareness and understanding of trauma and increase the staff's acceptance of the change process (Berardi & Morton, 2019). The focus of the fifth phase is to create a trauma-sensitive workgroup (National Center on Safe Supportive Learning Environment, 2018). According to the agency, a trauma-sensitive workgroup should comprise school counselors, social workers, teachers, and other support staff in the school environment. The final phase of the action guide includes the implementation of the trauma-sensitive framework and addressing all the gaps that arise in the implementation process. Dohlen (2019) proposed that trauma-sensitive programs should be anchored on trustworthiness, gender sensitivity, cultural recognition, transparency, and adherence to intersectoral alliances. Therefore, the workgroup assessment guide should reflect the principles of trust, accountability, respect for culture, building sustainable alliances, and adherence to gender balance rules. The workgroup holds internal meetings and assesses the school's effectiveness in implementing the trauma-informed program. Assessment of school progress is collected and measured utilizing a workgroup question and assessment guide.

Schools use measurable parameters to determine the effectiveness of a school's trauma-informed approach. The identified effects of traumatic stress are the measurement parameters. Primarily, traumatic stress has resulted in decreased high school graduation rates, decreased attention, reduced reading ability, and deficits in abstract reasoning. Moreover, high levels of exposure to traumatic stress can reduce long-term memory and alter verbal communication among the affected students (Edwards et al., 2014). An effective trauma-informed approach should positively reduce the educational, social, behavioral, and mental health effects of traumatic stress. The trauma-sensitive workgroup should measure the rates of decrease (or increase) of student absenteeism, suspensions, and prevalence of chronic conditions among students.

Suggestions for Effective Implementation of Trauma-Informed Strategies

Establishing Strong Alliances

The trauma-informed schools' concept embraces a multi-tiered system of support for students and educators under the trauma-informed principles of safety, trust, peer support, and partnerships/alliance. The concept goes beyond the school environment to include the inputs of other health and education players. Strong partnerships are paramount to establishing an effective trauma-informed program (Hunter et al., 2021). Collaborations between schools and other relevant stakeholders help make trauma-informed approaches practical and sustainable. According to Berardi and Morton (2019), in the first part of establishing a trauma-informed school, the schools' management should collaborate with other stakeholders to create a District Strategic Planning team. Berardi and Morton (2019) explain that a District Strategic Planning Team should comprise trauma-informed participants and a diverse group of educators. A

definitive list of a District Strategic Planning Team should include a data analyst, school principals, school resource officers, a trauma-informed licensed mental health provider, representatives from the special education departments, guidance and counseling, and transportation services. The District Strategic Planning Team should focus on increasing trauma-informed school practices and reducing the barriers to effective implementation of trauma-informed programs (Berardi & Morton, 2019). Other potential stakeholders in trauma-informed programs include mental health institutions and practitioners, agencies tasked with handling drug and substance abuse, security agencies, and criminal justice agencies.

Promoting Teachers' Training and Skills Improvement

Trauma-informed schools should provide short- and long-term training and skills improvement to all educators (teachers and teacher assistants) to empower them and increase their ability to handle the social, emotional, and academic effects of traumatic stress (Chafouleas et al., 2016). Some of the practical contributors to a safer school environment include establishing teacher training programs for responding to students who have experienced trauma (Chafouleas et al., 2016). Also, schools should improve the teachers' capacity to cope and handle any post-traumatic stress conditions acquired from dealing with students' accounts of their traumatic experiences. Additionally, teacher training should involve learning the importance of monitoring their stress levels and applying effective coping strategies (Chafouleas et al., 2016). Teachers should also learn how to implement self-care strategies to shield them from the adverse effects of being exposed to students' traumatic accounts. Also, trauma-informed schools should apply a community organizing approach by training teachers to hold one-on-one discussions with parents about the mental well-being of their children. While undertaking community

organization, schools should uphold transparency and cultural sensitivity between students, their families, and educators.

Conclusion and Recommendations

Recommendations for Future Research

Because trauma-informed care is a broad topic, systemic improvements are needed. Different subject researchers in public health, psychology, mental health, and education have added their input to the issue, intending to strengthen trauma-sensitive institutions. Future research should find the connection between social justice and trauma-informed practices. Researchers should explore how trauma-informed practices impact marginalized communities by looking at the different forms of social justice, including educational, health, criminal justice, and employment marginalization. Moreover, future researchers should explore the challenges in defining, replicating, and measuring trauma-informed practices. For instance, there is no available evidence on the applicable approaches to balancing risk and resilience in trauma-informed frameworks. Also, there is no available evidence on how trauma-informed programs can be decontextualized or depoliticized for effective implementation. Effective measurement of trauma-informed strategies provides crucial guidance to schools, policymakers, and education-related agencies in evaluating the approach's effectiveness and establishing ways of improving such programs.

Limitations of the Study

This review of literature relied on a relatively limited number of databases to identify potentially eligible studies. Additionally, the systematic review of available data and literature

was difficult because many studies did not provide adequate summaries, the tests' settings, the expected roles of tests applied, and the study design characteristics. A meta-analysis of the identified studies was not; what the researcher did was synthesize findings and interpret them based on their understanding. Moreover, other researchers omitted critical information such as the participants' demographics, making it hard to classify the study in a particular context.

Implications for Current Practice

The study's findings contribute to the available literature on informed-trauma approaches by evaluating the practice's effectiveness, shortfalls, and principles. The study provides detailed assessments of practical cases of schools and school districts that successfully implemented trauma-informed strategies. These findings could be useful for special education teachers in middle schools. The empirical case examples provide a rich source of information for schools and other education-related institutions on implementing trauma-informed strategies. Moreover, the study assesses different approaches to implementing trauma-informed schools effectively. The assessment results can guide schools when transforming from ordinary to trauma-sensitive institutions.

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