

Mental Health in the Classroom:
How Schools and Teachers can Promote Trauma Informed Classrooms

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Abstract

The purpose of this study is to look at some different variables regarding student mental health in the classroom and how trauma can affect the classroom community or students academic performance. This study seeks to answers the question “How can schools and teachers promote a trauma informed classroom?” The goal is to establish tangible approaches in which teachers and schools can establish an environment that makes trauma affected students feel safe, emotionally connected, and accepted.

Keywords: trauma-informed, mental health disorder, adolescents

Nearly 35 million or almost 50% of children in the United States have experienced at least one (or more) type of serious childhood trauma, according to the National Survey of Children's Health (NSCH) (2019, p. 1). Mental health disorders occur for a variety of reasons. A few common examples are physical abuse, alcoholism or drug use, socio economic standing, race, and family dynamics (Resilient Educator, 2020, p. 1). Trauma can also include more traumatic circumstances including sexual assault, the sudden loss of a loved one, witnessing violence to a loved one or self, or causing death or severe harm to another (Resilient Educator, 2020, p. 1). The sad reality is that as children are exposed to prolonged exposure to chronic stress, it can damage the centers of the brain that are responsible for learning (Resilient Educator, 2020, p. 1). Much of the time, we see a lot of mental health disorders increase and people not getting help until it is too late. Mental health can wreak havoc on our relationships, health, led to reductions in educational completion and in struggling to function in society. On a school and classroom level, these types of trauma negatively impact children and young adult behavior in the classroom and school. Behaviors such as inability to concentrate, lower GPA's, lower test scores, absenteeism, lack engagement and involvement in the class and dropping out of school are just a few (NCTSN, 2008, p. 4). Because most mental health disorders and traumas begin in childhood, and children and young adults spend an average of 30-35 hours a week in a classroom, we can see the significance in the roles of teachers and schools in their support for students undergoing traumatic experiences or homelife.

The problem lies in the need for schools and teachers to provide a trauma informed approach in the classroom to students who face exposure. It has been suggested that "becoming a trauma-informed educator means becoming more acutely aware of how trauma alters the lens through which its victims see their world, and building practices that honor that reality"

(Resilient Educator, 2020, p. 1). Blitz (2016) has described what happens to adolescents when they are met with prolonged stress or what she referred to as toxic stress (TTS) (p. 522). Students met with prolonged stress or toxic stress results in stunting of growth socially, emotionally, academically, and cognitively (Blitz, 2016, p. 521). Blitz has suggested the crucial nature of incorporating trauma informed practices within the classroom. She suggests that a classroom and its teachers and aides are in the “optimal position to teach coping skills, help rebuild resilience, model emotional processing and problem solving, and establish psychological safety by instituting consistent expectations and familiar routines” (Blitz, 2016, p. 522). The problem we often find stems from the lack of preparedness on the part of the school and teachers which oftentimes lead to a form of secondary stress for students. Weare (2011) recognizes this lack of preparedness on the part of schools and teachers and has stated that in order for interventions to be sustainable, teachers need to become trauma informed in order to embed it into school life and to achieve success academically (p. 37).

The work is important because in the classroom, teachers are met with the incredible responsibility of educating our society's leaders and contributors. Research have suggested that children who are experiencing any form of trauma will show signs such as difficulty self-regulating emotions, can appear skittish, impulsive, aggressive, and fearful of new or different situations and people (NCTSW, 2008, p. 4). The National Child Traumatic Stress Network (2008) have also suggested that teachers may also notice physiological symptoms of trauma such as appetite issues, weight changes, exhaustion, frequent illness, or poor hygiene (p. 4). When these changes are sudden, it's especially telling that a student may be experiencing traumatic life events. When a classroom is met with behavioral issues driven by trauma, it teaches our students to focus less on learning and more on discipline, classroom management and leads to

frustrations. If a school and its teachers do not know how to approach a classroom with a trauma informed lens, then the classroom will continue to be a stage for struggling students and frustrated faculty. This issue is why it is imperative for schools and teachers to teach informed practices in teaching students with trauma exposure. This study is urgent because without trauma informed classrooms, we lack the type of classroom that promotes learning and understanding of our students and the differences that they have to offer our classroom. This study can also give tangible solutions to teachers who are interested in designing a classroom that will enhance engagement, better behavior, and a safe place for our students.

I believe that this study is important because I was a student who experienced trauma at a young age and it was detrimental to my education. When I was three years old my Mom married a man who secretly carried into the marriage an addiction to gambling, drugs, drinking and cheating. During the marriage, I recall two specific nights. The first was drug dealers coming to our house late at night and banging on the door and me being awakened from the noise. As I walked out to see what the commotion was, my mom pulled me onto the floor and we army crawled to the phone as my Mom instructed me to hold my ears as the men screamed the unforgivable death threats. The drug dealers calling led to my stepfather staying out all night and sometimes for days, leaving us without a vehicle or food. I remember grabbing my screaming baby brother at the age of five in order to hide as my stepfather grabbed my mom by the neck and slammed her into the wall. I recall the relief a week later when my mom pulled me out of bed with my brother, sister and suitcases in tow and told me to run as fast as we could down the street to a police car and my grandparents. My Mom was brave and got us out of one trauma, just to turn around at ten years old and be met by my biological father coming into my life and taking my mom to court to assume full custody of me. I was in and out of court and

therapy from the age of ten until thirteen years old. All of this said, my mother was a loving, compassionate and sacrificial mom and always protected and supported us to her best abilities, but these types of traumas led to a life of anxiety and fear.

From a school point of view, I was never a great student. I had a strong pull to retract and become a wallflower. I didn't seek friends because I didn't want to explain the rundown house that I lived in or why I didn't have a father or why the stepfather I had was always drinking. I frequently became the object of mockery because of my thrift store and hand me down clothes or my kitchen haircuts and standing in line for free lunch. I remember my Kindergarten teacher asking why I didn't want to play with other kids, my fourth-grade teacher telling my mom that I was aloof, and my fifth-grade teacher telling the entire class that she sure was glad my name was nickel (Nicole), because I wasn't worth a dime. I struggled in school wishing that I were smart like other kids, but instead I continued to regress instead because of the many problems that would meet me at home. School was not my safe place and I felt misunderstood, depressed, and like I didn't fit into the classroom. My life's experience led me to question how teachers and classrooms could serve students like me, which led to the question as to the importance of a trauma informed classroom.

REVIEW OF THE LITERATURE

The average student will spend 30-35 hours a week in a classroom with their peers and teachers. Often, educators do not understand what happens in the homes of their students when they are not in the classroom. What educators do see is behavioral issues, or a student's lack of engagement in the classroom. Most teachers will spend their days, weeks and years managing their students instead of engaging with their students learning. Classroom management often is the result of untreated and undiagnosed mental health issues that stem from trauma of some sort

(Glazzard, 2019, p. 1). It has been determined by researcher Glazzard (2019) that 50% of mental health disorders begin at the age of 14 years old (p. 4). The fact that most adult mental health issues often begin at 14 years old signifies the importance of a school recognizing the cries for help that occur early on and the importance of providing support for those students instead of sending the child out to find external support (Glazzard, 2019, p. 4). Further research about the possible trauma related experiences have determined that traumatic experiences such as death, abuse, alcoholism, illness, poverty, war, man made disasters, and many more traumatic experiences have had mental health implications (Glazzard, 2019, p. 1). We have seen that classroom implications of trauma result in lack of engagement in curriculum or achievement, lower GPA's, lower test scores, poor absenteeism, lack of involvement and dropping out of school (Frieze, 2015). Much of the time, we see a lot of mental health disorders increase and people not getting help until it is too late. Mental health issues and post-traumatic stress have been known to wreak havoc on relationships, health, which has led to reductions in educational completion and struggling to function in society (Frieze, 2015). The fact that students spend a majority of their time within the classroom has led researchers to believe that it is the schools responsibility, or rather opportunity to promote mental health in students beginning at a young age (Frieze, 2015, p. 1). While the notion of mental health of students and developing a trauma informed classroom is a relatively new concept and shows many conflicting answers as to how to go about it, we are still led to ask the question: how can schools and teachers promote a trauma informed classroom?

In this literature review, I review scholarship that will answer the question as to why it is important to develop a trauma informed classroom, how it might be promoted, and challenges in conflicting opinions as to how trauma informed practices might be adopted.

How Trauma Has Presented Itself Within the Classroom

When children are met with traumatic circumstances, changes in their behaviors are often the first sign. Jennings (2019) argues that teachers often classify problem students into two categories. The first category (or coping mechanism) is a student who has undergone trauma and will have resorted to bullying, cyberbullying, and find themselves in a revolving door of conflict with their teachers and peers. The other category is a student retreating into a state of social isolation brought on by a traumatic experience. Often times, a teacher will react to poor behavior by asking the question “what is wrong with this child?” Jennings (2019) suggests that the question all educators should be asking is “what happened to them that made them adapt in this way?” (p. 26).

Helping students coming from a place of trauma can be challenging and requires thoughtful planning and patience. Research has asserted that helping students who have undergone trauma can be particularly challenging because students oftentimes have difficulty trusting peers and authority figures. These students can be “overly defensive, anticipating adult criticism, or defiant, as a way to assert control” (Soneson, 2020, p. 3). These behavioral effects and lack of trust have been further linked to the idea that children who have undergone trauma have a difficult time developing relationships and the ability to regulate their own emotions, which results in conflict with authority and peers (Soneson, 2020). This conflict can result in being a perpetrator or the victim of bullying or through retracting into isolation (Soneson, 2020). It is often said that if a child “acts out”, they are seeking attention. The attention they seek may not result in positive reinforcement, but because trauma affected children lack the ability to regulate emotion, they constantly set themselves up for failure in the classroom. This is where

we see the importance a school has in setting the tone for mental health and providing intervention to these youth.

Studies that Determine the Best and Worst Means of Trauma Informed Education

Soneson (2020) has stated that “schools are well placed to identify Mental Health Disorders or MHD in students due to their proximity to students and families, the high number of contact hours, and the fact that a majority of MHD begins during schooling years” (p.1). School based trauma programs have shown a level of potential to improved testing and improved MHD students (p.1). The journal produced thirty-three individual studies on school aged children between the ages of three and eighteen who may have been exposed or at risk for Mental Health Disorders or MHD. Of the 33 studies, thirteen of the studies suggested that universal screening is complex and expensive. They also found that obtaining consent, persuading teachers to release student time to complete assessments, collecting and analyzing data, and integrating programs into school culture were extensive and had to be carried out as a permanent and long-term change. This was found to be true especially with students of low socioeconomic status and those students may be at a larger risk for mental health disorders (Soneson, 2018). It is argued that in most cases, funding, student, parent, and teacher engagement became an obstacle. These studies lead researchers to believe that the answer may not be in assessments and complex universal screenings, but likely more to funding school-based peer groups, trauma informed curriculum and beginning the process when a student is young.

Because researchers have identified the flaws with universal testing and assessments, many other researchers have asserted that the key to administering intervention must begin in early childhood. Green (2013) surveyed 4,445 adolescent-parent pairs in 227 schools in which principals and mental health coordinators completed surveys about school resources-policies for

addressing student emotional problems. These surveys conduct a study for twelve months with students ages 13-17 diagnosis on mental health issues and were given treatment through the use of school intervention programs. The study analyzes school measures as far as the ratio of services to students, the type of mental health services, student body characteristics and the socio-economic classification of a school (Green 2013). Using these resources, they began to analyze the students receiving treatment in the classroom. The findings indicated that students with mild/moderate mental health issues who received early prevention were far more likely to use the services than those with more serious mental health issues (Green, 2013, p. 508)

The prevention and promotion of mental health issues and trauma affected students can be tangibly addressed according to Weare (2011), who conducted a study on 52 students suffering from some form of trauma inflicted mental health issue and provided interventions to determine whether or not they would help students. Interventions included teaching skills, focusing on positive mental health, balancing universal and targeted approaches; starting early with the youngest children and continuing with older ones. Operating for a lengthy period of time and embedding work within a multi-modal/whole-school approach which included such features as changes to the curriculum. This includes teaching skills, and linking with academic learning, improving school ethos, teacher education, liaison with parents, parenting education, community involvement and coordinated work with outside agencies (Weare, 2011, p. 1). The findings of this research found that 50 of the 52 reviews showed that the interventions had at the very least a small positive affect and were considered effective, while the 2 remaining reviews were Inconclusive (p. 1). This long-term study shows that while assessments and complex universal screenings may not be accessible or effective, creating trauma informed curriculum and fostering relationships amongst schools peers, teachers, parents, and communities early on are

effective with students suffering from trauma.

Steps in Creating a Trauma Informed Classroom

So the question remains, how do we take all of the data and the need for a trauma informed classroom and put it into motion? Unfortunately, with mental health being a relatively new concept and having a trauma informed classroom an even newer idea, we are left with young data and studies that do not give us long term information on how it may improve the life of students or classroom. There are, however, many promising approaches that research suggests may help with creating a trauma informed classroom.

Jennings (2019) has argued that a classroom that offers safety, emotional support, and acceptance will develop naturally into a trauma informed classroom. She/he asserted that “the atmosphere of a learning environment makes all the difference to whether a student feels stressed, motivated, happy, or sad” (p. 12). Humans have a deep desire to develop relationships with one another and when a child undergoes trauma, it “adversely disrupts the development of attachment bonds that children need to develop their full potential (p.12). This leaves children and youth incapable or fearful of human connection and feeds their distrust in authoritative figures. In a way, children resort to a fight or flight response to being in a traumatic environment and that follows into the classroom. The good news is that teachers have a great opportunity to create an environment that fosters a relationship with their students. There are a few different rules of thumb to consider when developing a trauma informed classroom.

The first step in developing a trauma informed classroom is by making their students feel safe. The people in these students’ lives should be people who are attuned to the needs of their children, but often, these are the very people that violate the children through abuse, neglect, and violence (Dombo, 2019). Dombo (2019) has suggested the idea that safety can be given through

nonverbal experiences, in personal connections and using power and control in a positive way.

Safety, according to Dombo (2019) is felt by a teacher remaining calm, focused, and present. It is suggested that teachers must remain attuned to both the children's actions as well as verbal and nonverbal communications and learn when it is necessary to respect a child's boundaries and when it is necessary to step in. To a child, power and control are key in making a child feel safe by having control over themselves as much as is developmentally appropriate. When a teacher utilizes power in order to demean or punish a child, the child will not feel safe (Dombo 2019).

Once physical safety is established, emotional support is necessary to help with communication. According to O'Connor (2017), who conducted 29 studies amongst children ages 5-18, in which they used either a universal or targeted approach to treating mental health issues within the classroom. Early into the research it was found that a universal approach referred to as Social and Emotional Aspects of Learning or SEAL could not be determined due to lack of data collection or consistency (p. 3). What was determined by O'Connor (2017) was a vast number of whole school universal targeted SEL approaches that did have varying positive results (p. 3). Data on the study suggested that Interventions and education in subjects such as teaching life skills, teaching how to manage stress, education on mental health, and meditation are a few examples of how SEL was integrated into school curriculum (O'Connor, 2017, p. 6-10). The findings of the review showed that their school-based approach to mental health promotion provided students with help in "coping skills, help-seeking skills, social skills, emotional regulation and reduction of symptoms associated with low level depression and

anxiety” (O’Connor, 2017, p. 13). The necessity for emotional support through this study reveals a relevance according to the article to educate schools and teachers on SEL approaches so that students can get the help that they deserve (O’Connor, 2017, p. 13).

Acceptance, according to Blitz (2016), is important in the classroom because it will prevent the development of dysfunctions, and abuse. It is asserted that often times when peers and teachers look at other students from a social lens, they will base the students success based on those obstacles or trauma, instead of the student that they have the potential to become. Rather, the author points out the importance of teachers building a relationship with individual students regardless of their culture and home life to direct them to their strengths, ethnic heritage, and the oppression leading students to where they are (Blitz, 2016, p. 521). Cultural differences can cause prolonged levels of toxic stress and secondary stress that results in the lack of proper coping mechanisms that carry into adulthood. O’Connor (2017) supports Blitz stance on the importance of schools establishing a curriculum based on aiding students with anxiety, mindfulness, coping skills and anti-stigma lessons on mental health disorders (p. 3-4). If poor behavior becomes an issue; we find that the key is to promote understanding and recovery instead of punishment.

METHODOLOGY

As someone who has experienced childhood trauma firsthand, I can honestly state that what I went through eventually shaped who I am. I have found that my understanding of anxiety, grief and fear have led me to have an immense amount of compassion for those undergoing trauma. There is also a sense of fight that I have for children undergoing trauma of

any kind. My methodology for researching trauma in the classroom and in finding tangible solutions were guided by my theoretical framework as well as connecting with a community partner.

Theoretical Framework

For this study I aligned by research to an activity theory framework, in that learning is put into the context of human activity. This framework holds the idea that if people are given a goal or objective, that learning will come about. When looking at my study with an activity lens, the main objective or goal was in proving the necessity for a trauma informed classroom and to find solutions or tangible activities that might be put into action within classrooms and schools. I also understood the importance in keeping a neutral perspective so that I could understand what was working and possible, but also what research was not clear on. A heavy amount of my research went in utilizing Mendeley, ERIC, articles, and in building a conversation with a community partner.

Community Partner Interview

On October 19, 2020, I had the privilege of interviewing a dear client and friend, Charlotte Neilson. Charlotte is a fourth-grade teacher at an Elementary School in the Riverside Unified School District. Charlotte has taught for 17 years and has served as a grade level leader for the past 12 years. Charlotte's degrees include a BA in Liberal Studies, a MA in Multi-Cultural Education, a MA in Early Literacy, and a Reading Specialist Credential. She is also trained as a GATE educator and participated in a two-year leadership program through ROCE.

Charlotte's school climate is largely low income, multi-family households, and primarily Spanish speakers. The free lunch program serves 93% of the school's population, and they have

82%, ELL students. Many of the student's parents work more than one job, and as a result, many of their students go home to an empty house and are caregivers to their younger siblings. Drug usage is also widespread in the district, and in turn, students often become dealers within the school. When I asked how these factors affect the classroom, Charlotte explained that classroom behavior is affected negatively due to episodic events students carry with them from home. She explained that the trauma bleeds into every aspect of their school experience, from academics to the ability to form relationships among peers.

When asked about how her school creates a trauma-informed environment, Charlotte shared my research's real heart and the reason I chose her as a community partner. Charlotte believes that the foundation of a trauma informed classroom is based on positive reinforcement and in building relationships so that students feel valued and heard. The Elementary School, according to Charlotte, provides different outlets/programs for students to attend to address trauma and issues at home. At Charlotte's school, the students practice a daily 10-minute mindful practice at the start of each day. This program is run by two of her school counselors once a week for 50 minutes. The two-site counselors also provide individual and group sessions for students upon a parent, teacher, and student request. Charlotte also excitedly talked about a group program called Kid Grit. Kid Grit is a district offered program facilitated by teachers from the school site that the students attend. The program helps students deal with trauma and provides a safe space for them to share issues they may be struggling with at school or at home. Charlotte is one of the site teachers who meet weekly for a minimum of one hour with students

to offer meditation, life skills, coping skills, and space to share how they are feeling simply.

When asked why she believes schools and teachers are responsible for helping students dealing with trauma, Charlotte rephrased my question by saying that it is not just a responsibility. it is an opportunity. Charlotte believes that schools and teachers possess a valuable opportunity to offer a different "ear" to share and offer a safe space where there is no judgment, which builds trust and allows for honest sharing and reflection.

Discussion of Findings

As my research suggests, trauma can have a negative effect on students for a variety of reasons. We often see that students undergoing trauma resort to various coping skills such as bullying, retracting, and misbehaving. This occurs because unlike most adults, children often do not know how to express their emotions or explain that trauma is impacting them. In most cases, we see a child's cry for help through their behavior (NCTSN, 2008, p. 8). According to Blitz (2016), "A trauma-informed school realizes the prevalence of trauma in children; recognizes the physiological and relational impact of trauma on students and school personnel; responds by translating this knowledge into practice as part of school-wide supports; and reduces re-traumatization by adopting practices that promote healing and growth rather than punishment and exclusion" (p. 4).

It was discussed in the literature review that safety must be prioritized if teachers desire to gain the trust of students dealing with trauma. Dumbo (2019) supported the idea that if children feel safe and connected to the adults around them, then they are able to learn more and to regulate their behaviors and emotions (p. 4). Key research findings indicated the importance in teachers using low to moderate tone and voices when speaking, focusing on individual

students with eye contact when they are speaking and establishing clear boundaries and rules so that students understand what is expected of them (Dombo, 2019, p. 5; NCTSN, 2008, p. 5).

Charlotte Neilson supports these safety solutions in that she explained the importance of positive reinforcement and utilization of a behavior chart. She also expressed that the first thing that she does with a new class is in making class rules together because she believes that every one of her students desires to be heard and valued. This, in turn, decreases the negative Behavior.

Another finding in my research was the importance of offering emotional support to struggling students and research suggests that it can only be accomplished in the building of relationships. According to Dombo (2019), “The school environment offers a major opportunity for children to develop positive experiences through new social interactions with adults and peers that are in contrast to their own negative models of relationships. Classroom connections for maltreated students are developed through consistent adult responses, helping them to understand the rules that create predictable responses” (p. 3). In my interview with community partner Charlotte Neilson, she spoke to the importance for educators to look at creating valuable relationships with her students. This resonates with my study that if students are heard and appreciated, they will feel safe and more apt to succeed. I also believe that Charlotte was an excellent resource in her work with Kid Grit. Because my research is an activity-based framework, Kid Grit gave me some tangible ideas on creating a trauma-informed classroom and school. She gave valuable ideas such as utilizing quiet times in which students are able to be mindful and reflect on their feelings. Charlotte also placed an importance in her classroom composing a set of rules at the beginning of the school year with the hope that the students would gain consistency in discipline, a voice, and a sense of power over their environment. Jennings (2019) research has supported the idea of building relationships in the classroom in saying that

teacher-student and student-peer relationships are different than those with family, but “can serve a similar function by helping trauma-exposed kids develop new models of relationships and new models of the self in relation to others” (p. 1). In providing a classroom with safety and an opportunity for relationships and emotional support, students facing trauma find acceptance.

Research has indicated that acceptance is another form of trauma informed practice that will help with students facing trauma. It is never the intention of a teacher to build a negative stigma in the classroom. Unfortunately, when poor classroom behavior occurs a teacher can unintentionally create a negative relationship between peers that leads to miscommunication and lack of respect between students (Jennings, 2019, p. 3). Findings suggest that working to reduce the status extremes in their classrooms by providing many alternatives for obtaining status will aid in peers and teachers showing a level of importance and acceptance to others (Jennings, 2019, p. 3). These strategies include “developing close relationships with students to identify and build upon their strengths and the strengths of their families and communities, and using students’ culture, ethnic heritage, and experiences of oppression as foundations for teaching and learning” (Blitz, 2016, p. 521).

One notable finding in my research was the lack of knowledge in how making these changes will help students facing trauma long term and teachers lack training. Jennings (2019) has determined through research findings that teachers and school personnel highlighted the need for additional tools, strategies, and training in order to support students’ learning (p. 4). Jennings (2019) explained that “School-based mental health support was noted as an important resource, not only for direct student support, but also to help teachers better understand student behavior and improve engagement in learning” (p. 4). The implication is that teachers heavily rely on social services because they do not confidently understand how to help their students and

improve the classroom (Jennings, 2019, p. 4). Blitz (2016) supported Jennings on the assertion that teachers do not always understand how to effectively address student's challenging behavior and that the first step in developing a culturally responsive trauma informed model is to give teachers and personnel the training needed to do so (p. 530). Findings also suggested that even though long-term effectivity of trauma informed practices was unknown, creating trauma informed curriculum and fostering relationships amongst schools peers, teachers, parents, and communities early on are effective with students suffering from trauma (Weare, 2011, p. 1).

CONCLUSION

Mental health for k-12th grade occurs for a variety of reasons. A few examples are physical abuse, alcoholism or drug use, socioeconomic standing, race, and family dynamics. On a school and classroom level, these types of trauma negatively impact children and young adult behavior in the classroom and at school. Behaviors such as an inability to concentrate, lower GPA's, lower test scores, absenteeism, lack of engagement and involvement in school or dropping out of school are just a few (NCTSN, 2008, p. 4). Because most mental health disorders and traumas begin in childhood, and children and young adults spend an average of 30-35 hours a week in a classroom, we see the significance in the roles of teachers and schools in their support for students undergoing traumatic experiences or homelife. Using an activity based theoretical framework and through the literature reviewed, it is evident that we are continuing to learn how we can positively support our students in the long term. The studies do however highlight short term ways in which a classroom can support those students affected by trauma. Research has suggested that an initiative must be met with intervention in order for a school and classroom to be successful short term. Evidence suggests that if teachers provide safety, emotional support and acceptance, schools will be taking steps forward towards a trauma

informed classroom. The findings of the review showed that their school-based approach to mental health promotion provided students with help in “coping skills, help-seeking skills, social skills, emotional regulation and reduction of symptoms associated with low level depression and anxiety” (O’Connor, 2017, p. 13). As a person who has undergone trauma in adolescent years and as a future educator, I see the necessity and value in providing a space for those students undergoing trauma at home. I stand firmly in taking the opportunity to give each and every student the best opportunity to learn and find solace within my classroom.

Implications and Recommendations

The question remains as to where do we go from here? In my research, I gathered valuable information as to why it is important to have a trauma informed classroom. I have learned the importance of implementing safety protocols, enhanced emotional support and helping students and teachers accept that everyone comes from a diverse background and that some students need aid in feeling accepted within a classroom. I also learned about some tangible ideas through my community partner into how these aspects might realistically look within a classroom. On the other hand, my research has also led me to more questions. The most concerning question is how we find the funding and resources to provide school’s and teachers with the training they need to provide a truly trauma-informed classroom. The other pressing question that I am left with is how we support our teachers in this process so that we do not create secondary trauma within our teachers. These questions lead me to believe that my research only touched the uncharted territory of creating a trauma informed classroom.

References

- Blitz, L. V., Anderson, E. M., & Saastamoinen, M. (2016). Assessing Perceptions of Culture and Trauma in an Elementary School: Informing a Model for Culturally Responsive Trauma-Informed Schools. *The Urban Review*, 48(4), 520–542. <https://doi.org/10.1007/s11256-016-0366-9>
- Brunzell, T., Stokes, H., & Waters, L. (2019). Shifting Teacher Practice in Trauma-Affected Classrooms: Practice Pedagogy Strategies Within a Trauma-Informed Positive Education Model. *School Mental Health*, 11(3), 600–614. <https://doi.org/10.1007/s12310-018-09308-8>
- Child Trauma Tool Kit for Educators. *The National Child Traumatic Stress Network*. (2019). <https://wmich.edu/sites/default/files/attachments/u57/2013/child-trauma-toolkit.pdf>.
- Dombo, E. A., & Sabatino, C. A. (2019). Trauma Care in Schools: Creating Safe Environments for Students with Adverse Childhood Experiences. *American Educator*, 43(2), 18–21.
- Glazzard, J. (2019). A whole-school approach to supporting children and young people’s mental health. *Journal of Public Mental Health*, 18(4), 256–265. <https://doi.org/10.1108/jpmh-10-2018-0074>
- Green, J. G., McLaughlin, K. A., Alegria, M., Costello, E. J., Gruber, M. J., Hoagwood, K., ... Kessler, R. C. (2013). School Mental Health Resources and Adolescent Mental Health Service Use. *Journal of the American Academy of Child & Adolescent Psychiatry*, 52(5), 501–510. <https://doi.org/10.1016/j.jaac.2013.03.002>
- Frieze, S. (2015). How Trauma Affects Student Learning and Behaviour. *BU Journal of Graduate Studies in Education*, 7(2), 27–34.

- Jennings, P. A. (2019). Teaching in a Trauma-Sensitive Classroom: What Educators Can Do to Support Students. *American Educator*, 43(2), 12–17.
- O'Connor, C. A., Dyson, J., Cowdell, F., & Watson, R. (2017). Do universal school-based mental health promotion programmes improve the mental health and emotional wellbeing of young people? A literature reviews. *Journal of Clinical Nursing*, 27(3-4).
<https://doi.org/10.1111/jocn.14078>
- Seligman, M. E. P., Ernst, R. M., Gillham, J., Reivich, K., & Linkins, M. (2009). Positive education: positive psychology and classroom interventions. *Oxford Review of Education*, 35(3), 293–311. <https://doi.org/10.1080/03054980902934563>
- Soneson, E., Howarth, E., Ford, T., Humphrey, A., Jones, P. B., Coon, J. T., ... Anderson, J. K. (2020). Feasibility of School-Based Identification of Children and Adolescents Experiencing, or At-risk of Developing, Mental Health Difficulties: A Systematic Review. *Prevention Science*, 21(5), 581–603. <https://doi.org/10.1007/s11121-020-01095-6>
- Weare, K., & Nind, M. (2011). Mental health promotion and problem prevention in schools: What does the evidence say? *Health Promotion International*, 26(suppl 1), i29–i69.
<https://doi.org/10.1093/heapro/dar075>

APPENDICES

Community Partner Questions and Interview

1. Can you give me a background about yourself? What is your role at your school and with your department? How many years of teaching and experience? Degrees and training.

She is a fourth-grade teacher at [REDACTED] Unified School District. She has been teaching for 17 years and have been a grade level leader at this site for 12 years. Of these 17 years She has taught first grade 12 years, second grade 3 years, and fourth grade 2 years. Her degrees include a BA in Liberal Studies, a MA in Multi-Cultural Education, a MA in Early Literacy, and a Reading Specialist Credential. She is a trained GATE educator and participated in a 2-year leadership program through ROCE.

2. Tell me about the climate of your classroom and school. Low Socioeconomic, abuse in homes, drug/alcohol use in home, and anything else you are comfortable sharing with about your student population.

The school climate is largely low income, multi-family households, and primarily Spanish speakers. The free lunch program is 93% of our school population. They have 82% ELL students. Many of our parents work more than one job, as a result of this our students come home to an empty house and are the care givers to younger siblings. Drug usage is common in DHS, including students dealing at school.

3. How do you and your school create a trauma informed environment where your students can feel safe (tell me about that group that you started)? What do you believe is the role of a school in aiding students with trauma?

The school and district provide different outlets/programs for students to attend to address trauma and issues at home. At the school they practice daily a 10-minute mindful practice at the start of each day. This program is continued by our two school counselors once a week for 50 minutes. The 2 site counselors also provide individual and group sessions for students upon parent, teacher, and student request. Kid Grit is a group program offered by our district for students to assist with trauma and provides a safe space for them to share issues they may be struggling with at school or at home. Kid Grit is facilitated by teachers from the school site the students are attending. It meets, at

minimum, weekly for one hour. During the allotted time we practice mindful thinking, meditation, life skills, coping skills, and provide space for time to simply share how they are feeling.

"I believe schools possess valuable opportunities to aid students who are facing challenges at home or at school. The role of teachers and counselors provide us opportunities to create relationships with students that can be useful in aiding in traumatic situations and emotional challenges. We are a different "ear" to share to as well as offer a safe space where there is no judgment, which builds trust and allows for honest sharing and reflection".

4. Does working with students coming from various different traumatic experiences affect behavior or the environment of the class? How do you administer discipline to students?

Behavior in the classroom is affected negatively due to episodic events students carry with them from home. It bleeds into every aspect of their school experience, from academic to the ability to form relationships among peers.

Her discipline plan is based on positive reinforcement and creating relationships. In areas where a student requires additional attention, she will use a behavior chart we develop together. Every student wants to be heard and valued. As soon as this occurs negative behaviors tend to decrease.

4. Do you see any gaps or weaknesses in how your school or school's in general deal with trauma?

Charlotte's school's largest challenge is the amount of student's they have with behavior challenges. They recently go another behavior specialist, and this has made a difference in how student's needs are addressed.