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High school teachers' roles and needs in addressing students experiencing trauma

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High School Teachers' Roles and Needs in Addressing Students Experiencing Trauma

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Abstract

Childhood trauma is a hidden epidemic that can have profound impacts on children including significant educational impact. Teachers are responsible for the academic success of all of their students, so it is critical for teachers to be prepared to help a student who has been exposed to trauma to reintegrate back into the classroom. Almost all of the limited research available regarding a teacher's role in helping students experiencing trauma has been conducted within the elementary schools, so the current study aimed to further the literature by exploring the role of high school teachers in helping students who have experienced trauma. Participants were 166 teachers at four high schools in a combination urban/suburban region of Maryland. Results indicate that the surveyed teachers feel that helping students who have experienced trauma is an important part of their roles in the school, and they want to learn more information on how they can assist these students. Teachers endorsed a variety of strategies they would use to help these students, and they noted several areas in which they would like to receive information. Teachers also reported many barriers they experience to providing this assistance. Concluding findings from this student indicate that offering trauma-sensitive education and practices is not only an elementary school initiative, but a K-12 initiative.

Introduction

Students walk through the school doors every morning carrying with them a myriad of experiences that shape who they are and who they will become. Students are expected to walk into school ready and willing to learn, but for many students this is extremely difficult. For students who have experienced or are currently experiencing trauma, paying attention in class can become impossible when they cannot stop thinking about the traumatic experience and feeling the emotions associated with it.

Trauma is defined by the American Psychological Association (2018) as “an emotional response to a terrible event.” There are, however, many different operational definitions of trauma which suggests trauma is extremely subjective (Saunders & Adams, 2014); there are many situations and circumstances that are typically thought as traumatic (e.g., abuse, natural disasters, war, etc.), but an event is only considered to be traumatic if the individual perceives it to be. Hence, two individuals could experience the same situation and one may perceive it as traumatic while the other may not. Trauma is intolerable, and the common symptoms that occur after traumatic exposure are overwhelming and leave the individual feeling out of control. These post-traumatic stress symptoms can include but are not limited to: upsetting memories, nightmares, flashbacks, emotional distress, physical reactivity (e.g., headaches, nausea), difficulty sleeping, and difficulty concentrating. These are normal reactions for the body and mind after an abnormal event, but if these symptoms progress longer than one month an individual may be diagnosed with Post-Traumatic Stress Disorder (American Psychiatric Association, 2013).

Considering how the debilitating effects of trauma leave the individual feeling out of control, damaged, and unsafe, it is no wonder students who have been affected by trauma are having difficulty in school. When a student's basic need of feeling safe is unmet, it can have drastic effects on their school performance (Rossen & Hull, 2013). Thus, it is critical to examine how to help teachers become more aware of the impact of trauma so they may understand the benefits of creating warm, consistent classroom environments as well as present themselves as kind and caring individuals. Although sometimes difficult to detect, there are many students who have experienced trauma which suggests that it is extremely likely for teachers to engage with one such student.

Literature Review

To gain an understanding and background of childhood trauma and how it affects students in school, the following areas will be explored in the literature: prevalence and effects of childhood trauma, effectiveness of trauma-sensitive schools, trauma-sensitive interventions, the role of teachers, a high school study (Dods, 2015), and barriers for teachers. The current study and research questions will then be explained and discussed in detail.

Prevalence and Effects of Childhood Trauma

Childhood trauma is a hidden epidemic that can have profound impacts on children that include many immediate and long-term consequences. In a survey conducted by the National Survey of Children's Health in 2016, it was estimated that nearly half of children in the United States have been affected by one or more types of serious trauma; this translates to over thirty-two million children experiencing trauma across the nation. This may be an underestimate due to the high rate of unreported trauma

(Saunders & Adams, 2014). Trauma is a buried concern because usually the perpetrator and the victim are the only individuals who know about it. The perpetrator does not want to speak out due to a fear of legal trouble, and the victim does not want to speak out due to many concerns which can include getting in trouble, shame, guilt, fear, and stigmatization (Saunders & Adams, 2014). Young children may not understand what is happening to them, and some children may view the trauma as deserved (e.g., being beaten for breaking the rules). Culture and values also contribute to the underreported nature of trauma. For example, an individual may have religious-based ideology that may influence reporting sexual assault. Various community and family values may impact underreporting traumatic experiences.

Although much trauma goes unreported, there are several factors that lead to increased risk for experiencing trauma. Children of color and children living in high-poverty areas, foster care, or in juvenile detention centers are especially at risk for exposure to trauma (Crosby, 2015). Other risk factors include having a disability, social isolation from family, parent history of domestic violence, substance use in the home, community violence, and poor parent/child relationships (Trauma Survivors Network, 2018). Significant traumas can include a variety of negative experiences including child maltreatment (i.e., physical abuse, sexual abuse, emotional abuse, and neglect), assault, accidents, serious illness, domestic or community violence, natural disasters, war, terrorism, traumatic grief, and bullying (Gerson & Rappaport, 2013). Children can experience trauma by being the victim of a negative event or by witnessing one. Once a child experiences a traumatic event, symptoms such as mood change, behavior problems, arousal disturbances, concentration difficulties, regressive behaviors, impulse control and

social withdrawal may manifest immediately or after a period of time (Alisic, 2012; Gerson & Rappaport, 2013). Many of these symptoms may imitate those of disorders such as Attention Deficit Hyperactivity Disorder (ADHD), depression, anxiety, or bipolar disorder, so it is integral to understand the onset of the symptoms. Students who get help for their symptoms may be misdiagnosed and receive treatment that is specified for another disorder. This can be due to professionals failing to ask about traumatic exposure and therefore overlooking this possibility. If professionals do ask, the student may not want to talk about their trauma and choose not to disclose it (Dods, 2015).

Despite potential difficulties in becoming aware of a student's trauma, it is important that professionals make substantial attempts to be sure to correctly diagnose symptoms. For example, a symptom that traumatic exposure can manifest overtly in the classroom is difficulty concentrating. A systematic review of studies regarding the impact of traumatic exposure on school-related outcomes found that many studies reported impaired memory and attention as compared to the control group of individuals who did not experience trauma (Perfect, Turley, Carlson, Yohanna, & Saint Gilles, 2016). Teachers recognize students who frequently do not pay attention and may refer them to special education for concerns of ADHD. If the underlying trauma is not detected, the student may be prescribed medication they do not need (e.g., stimulants) when individual psychotherapy may be more appropriate. When medications are realized to be ineffective, the student will continue to have difficulty. If school staff, especially teachers who are dealing directly with the students and making the referrals, were more educated to recognize the signs and symptoms of trauma, students may get the help they need faster. It is especially critical for teachers to be informed of the effects of trauma so these

students receive academic, behavioral, and emotional support. Otherwise, these students may not receive the supports they need and instead be labeled as “troublemakers” or have their lack of performance attributed to being because they are “unmotivated.”

Exposure to childhood trauma increases risk for experiencing another trauma, smoking, severe obesity, physical inactivity, depressed mood, suicide attempts, alcoholism, and use of illicit drugs among many others (Felitti et al., 1998).

Approximately one third of children who experienced a traumatic event go on to develop post-traumatic stress disorder in which they experience enduring symptoms for a significant period of time after the event (Gerson & Rappaport, 2013). Overwhelming experiences leave a dramatic impact on the mind, brain, and body. The imprint of the past ultimately affects how children are able to function in the present (van der Kolk, 2014).

Trauma can also have seriously detrimental effects on a child’s academic performance. Traumatic experiences have been linked to a decrease in student grade point average, lower test scores, and lower grades (Crosby, 2015). Many students who go back to school soon after a traumatic event will have difficulty focusing on their teachers and schoolwork because they are distracted thinking about the event. Students may also have difficulty socializing with their peers and be more disengaged from school overall (Crosby, 2015). Trauma has also been found to have a negative impact on several areas of brain functioning including working memory, inhibition, memory, and the ability to plan (Frydman & Mayor, 2017). Trauma can impact achievement scores in school. In a study conducted by Coohey, Renny, Hua, Zhang, and Whitney (2011), it was found that children who have experienced chronic maltreatment had lower math and reading achievement scores. They also found that children who experienced more than one type

of maltreatment (e.g., physical abuse and neglect) performed worse on reading tests than children who solely experienced physical abuse. Furthermore, in a meta-analysis conducted by Larson, Chapman, Spetz, and Brindis (2017), eight out of ten studies found that trauma had a significant impact on children's academic functioning. Since children spend a significant amount of time in school, it is integral that teachers are prepared to help their students who have experienced trauma return to school and succeed in the classroom.

Effectiveness of Trauma-Sensitive Schools

Despite the widespread implementation of the trauma-sensitive schools initiative, there has been little research conducted regarding the effectiveness of the programs. One possible reason for this limited research could be due to the extensive variety of trauma-sensitive school programs that range in the services and intensity of services offered. In addition, the research conducted would have to be taken over a long period of time in order to see potential differences in student, teacher, and school functioning as a result of the programs. However, some programs have been evaluated and shown positive effects. A study conducted by Dorado, Martinez, McArthur, and Leibovitz (2016) evaluated the effectiveness of the Healthy Environments and Response to Trauma in Schools (HEARTS) program in San Francisco, California. This program uses multi-tiered levels of support to address trauma in schools. They found preliminary evidence to support the program's effectiveness including significant increases in teacher knowledge regarding the impact of trauma and understanding of trauma-sensitive teaching practices; improvements in students' learning capabilities, on-task behavior, and school attendance;

decreases in suspensions and physical aggression; and increases in adjustment to trauma for students who participated in HEARTS therapy (Dorado et al., 2016).

Another study evaluated the effectiveness of providing direct services to students who had been identified as having experienced significant trauma (Perry & Daniels, 2016). Once students had been identified, some attended workshops which encouraged students to advocate for themselves as well as had lessons on making friends, trusting others, and learning how to relax when experiencing heightened emotions. Ninety-five percent of students who completed this workshop reported an increased understanding of how to relax, 92% reported an increased understanding of how to trust others, and 91% reported an increased understanding of how to worry less. Students who had experienced more significant trauma were also referred to the Cognitive Behavioral Intervention for Trauma in the Schools (CBITS) program. These students received group therapy that addressed understanding trauma, coping skills, and managing stress. Flyers with session content were given out to families weekly, and families were also provided with psychoeducation about the impact of trauma. One school found positive changes in family-school communication, which the authors argue is central to the trauma-sensitive transformation (Perry & Daniels, 2016).

Phifer and Hull (2016) explore how trauma-sensitive practices can contribute to children being placed in the least restrictive environment. They considered a case study regarding a 12-year-old boy who had suddenly began exhibiting externalizing behaviors as well as declining school engagement. The school's initial response was to create a behavior plan which was found to be ineffective. Upon evaluation, it was found that he had been dealing with his mother's abusive boyfriend and financial instability which was

causing him significant distress. When viewed through a trauma-sensitive lens whereby the school was able to see the acute impact of stress on his behavior, more appropriate supports were put into place. Rather than suspension, the student was given a place to calm down when he escalated. He was also given a mentor as well as counseling services by the school psychologist that targeted his trauma. The student began to show improvements in behavior and school engagement and eventually functioned as well as he had prior to the adverse events. Phifer and Hull (2016) speculate that, had a trauma-sensitive lens not been used, this student would likely have qualified under Emotional Disability and considered to be in need of special education services.

Although more research is needed in evaluating the effectiveness of trauma-sensitive school programs, there is some preliminary evidence in support of these programs. There is currently no research that suggests these programs are ineffective or cause adverse effects which indicates that these programs can be beneficial in some way if implemented with fidelity. Each program is vastly different with which types of interventions are used, so it is important to further explore these interventions.

Trauma-Sensitive Interventions

The type of traumatic event and severity of the impact of the trauma ranges widely in terms of how it affects students. Therefore, interventions that help students would benefit from being highly individualized. Reinberg and Fefer (2017) suggest several different interventions at each level of the Response to Intervention (RTI) framework. In Tier One, also known as “the universal level,” all students within the school get these supports. Most commonly given at the universal level are screeners. Different types of screeners may be given that address different aspects of student

functioning to identify students who are at-risk for symptoms associated with trauma. Screeners may look at students' social-emotional functioning, behavior, strengths and weaknesses, etc. A Tier One support that teachers can engage in is through trauma-sensitive teaching practices (Reinberg & Fefer, 2017). These practices involve an awareness that revolves around how trauma can impact a student's academic, social, emotional, and behavioral functioning. The teacher essentially recognizes the "whole" student rather than the student as solely a learner. Trauma-sensitive teaching practices also include creating a safe, stable classroom environment, a consistent routine, and focus on emotional regulation and relationship building (Reinberg & Fefer, 2017). Teachers also emphasize positive reinforcement rather than punishment.

Students who are identified in Tier One as being at-risk often begin receiving supports in Tier Two which are more individualized. One such support that would be beneficial to students who have experienced trauma is group counseling. Maheshwari, Yadav, and Singh (2010) argue that group counseling is an effective way to help victims of disaster trauma. They explain how group counseling helps the individuals identify their needs and attain fulfillment despite their adverse reality. Group counseling helps victims to understand they are not alone and to understand their own as well as others' thought patterns. It also allows for support by others who have gone through similar situations or dealt with similar feelings, and it provides the opportunity to learn and practice coping skills (Maheshwari et al., 2010). Although this study took place outside of the school setting, group counseling is something that can be offered within the schools and can be facilitated by the school psychologist, school counselor, or other qualified professional.

Tier Three is for students who do not respond to interventions at the Tier One or Tier Two levels and thus need highly specialized supports. One such support that can be implemented both inside and outside of the school setting is cognitive behavioral therapy. One study used Cognitive Behavioral Interventions for Trauma in Schools (CBITS) for many students after Hurricane Katrina (Graham, J. Osofsky, H. Osofsky, & Hansel, 2017). Qualified clinicians saw individual students weekly for one-hour sessions for the duration of six months. The CBITS involved practices such as coping skills development, relaxation, psychoeducation, social skills training, and cognitive processing. The researchers found significant reduction in overall posttraumatic stress symptoms including anxiety, anger, depression, dissociation, overt dissociation, and fantasy dissociation (Graham et al., 2017). Although teachers are not expected to provide this level of services, there are still many ways teachers can be supportive in the classroom to students who have experienced trauma.

Role of Teachers

Teachers have a vital role in helping facilitate student's recovery from trauma. One study found that, in a sample of 765 teachers, 89% of them had worked with a student who had previously had a traumatic experience (Alisic, Bus, Dulack, Pennings, & Splinter, 2012). However, if in fact there are over thirty-four million children across the United States who have experienced a trauma as found by the National Survey of Children's Health (2016), every teacher must have had a student who had a traumatic experience at some point in their career. If only 89% of the teachers in the study conducted by Alisic et al. (2012) endorsed that they had worked with a student who had previously had a traumatic experience, it is likely that some teachers have had students

who have experienced trauma, but they did not realize it. Based upon the statistic that half the children in the United States have experienced trauma and not all teachers report having worked with a student with trauma, there is a research to practice gap. Despite this gap, it is important to note that 89% is still a large percentage which suggests this is common role for teachers. Teachers spend a substantial amount of time with their students throughout the week, which suggest that they will be one of the people in a child's life who have the most opportunity to recognize the signs of traumatic exposure (Alisic, 2012). Thus, it is critical to know how well-informed teachers are of the signs and symptoms of traumatic exposure because they have the potential to be a key component in getting children the help they need.

Teachers are responsible for the academic success of all of their students, so it is critical for teachers to be prepared to help a student who has been exposed to trauma to reintegrate back into the classroom. They have the potential to heal the minds of students through education. With education, students can reform positive neural connections to change their perspective on traumatic experiences (Willis & Nagel, 2013). Moreover, teachers can also facilitate routine in a traumatized student's disorganized mind, and they can promote healthy living habits and model functional behaviors and relationships (Willis & Nagel, 2013). If a student comes from an abusive, disorganized home, school may be the one place where there is consistency and a feeling of safety. Warm, inclusive classrooms where teachers cultivate a friendly community atmosphere can help facilitate feelings of safety in the classroom (Weist-Stevenson & Lee, 2016). Teachers may also introduce simple positive coping strategies that students can use when they are feeling stressed about the traumatic event. These strategies may include deep breathing

techniques and allowing students to take a mental break from class when they are feeling overwhelmed. These may be used to help students cope with the past trauma as well as future stressors (Wiest-Stevenson & Lee, 2016).

Almost all of the limited research available regarding a teacher's role in helping students experiencing trauma has been conducted within the elementary schools with a sparse few conducted in the middle schools. After a thorough review of the literature, only one study has been found that was conducted in the high school environment, so it remains largely unknown what the teachers' feel their roles are at this level of schooling. It is possible that much of the research has been done at the elementary level because teachers are with the same students for several hours per day, whereas secondary teachers can see multiple groups of students for as little as fifty minutes per day. Thus, elementary school teachers may have been seen as having more responsibility for identifying and helping their students who have experienced trauma. Although it is integral that elementary teachers are trauma-sensitive in order to help young students get help sooner than later, older students should not be left unnoticed once they are in the high school setting.

A High School Study: Dods (2015)

In a study conducted by Dods (2015), three young adults who had been through traumatic experiences were interviewed post-high school. While each person coped in a different way (e.g., avoidance of social places and anxiety-provoking situations, changes in appearance/peer groups/lifestyle, drug use, etc.), common themes about how their traumatic stress affected them in school were identified. First, each person needed to feel some sense of control in order to feel safe. One young adult asserted control over her

performance in school where she felt she could excel. This emphasizes that youth who have been traumatized do not all display overt signs; this student may have appeared to be doing well to her teachers because she was excelling academically. In addition to the positive academic changes, however, this student changed her appearance, friend groups, and started using drugs. It is important for teachers to be aware of how their students are functioning socially as well as academically and behaviorally. Students changing dramatically in any of these areas is a red flag. Although teachers may not be expected to know how their students socialize outside of class, more overt signs that are recognizable in class should be questioned. If a once outspoken student suddenly becomes withdrawn, or if a student dramatically changes her appearance, it is important for teachers to not let these changes go unnoticed.

This student was not the only one to use drugs and change her friend groups. The other two young adults in the study also used drugs to cope with the depression they felt after their traumatic experiences. The young adults identified using drugs as a socially acceptable coping mechanism. Two of the young adults identified drug use as an escape from the emotional distress they constantly felt, whereas one explained that drugs were a way for her to express her pain. Regardless of their reasons, drug use was a coping mechanism which all three recognized was having a negative impact on their ability to focus on school. Although drug use is more difficult to notice due to many students using drugs after school rather than in school, it is important for teachers to be aware that students may be using. This is a much larger concern in high school than elementary and middle school due to the greater access and more opportunities adolescents have to use drugs. Drug use also oftentimes leads to changes in peers. Adolescents who do drugs

typically seek out other adolescents who do drugs. In this study, each young adult had joined a new group of friends who engaged in drug use and generally more risk-taking behavior. Dods (2015) found a common theme regarding friend groups:

Natasha, Sarah, and Nick all described seeking peers who could understand their pain and distress and spoke about seeing their peers as one of the main reasons for attending school. There seemed to be an unspoken bond among certain groups of peers that did not require the disclosure of details of the trauma to fit in. (p. 127)

The role these young adults' peers played was positive in fostering connectedness with others and creating a web of support. However, the activities they engaged in impacted each student negatively in terms of their overall well-being, health, and academic engagement. These peers were serving the need for connectedness with others but severing the connection to school.

The most striking theme that emerged from each young adult's story was the unmet need to connect with teachers in the school building. The young adults were able to identify teachers whom they perceived as caring individuals, but they were uncertain of how to foster a connection with them that increased their feelings of support in school. They each expressed a desire for teachers to be the one who reached out to take the first step in that connection. One young adult disclosed that having a teacher say "hi" and use his name was one of the things he most looked forward to about school. Another individual indicated that having teachers smile at her or give her food made her feel cared for. These small gestures meant a lot to these individuals. Each young adult recognized the limited opportunities for teacher-student connection beyond the classroom, but knowing that a safe, supportive adult in the building cared and was reaching out to them

was what was most impactful. All the young adults desired for teachers to ask if they were okay and if they needed anything. They wanted teachers to notice and validate their distress. A desire for teachers to know them as a “person, not a student” also emerged. They wished for teachers to look past their behaviors whether they displayed themselves as a strong student or a delinquent and understand that they are more than what they appear to be.

Each young adult offered advice to teachers. The first young adult wanted teachers to never bother a student in front of the entire class. She had this experience, and it was humiliating for her. If teachers have something to discuss with a student, it should be expressed privately and nonjudgmentally. She also wished for teachers to be more flexible and lenient with students who had experienced trauma in terms of understanding their difficulty with meeting expectations. The student mentioned that teachers can do this by offering extra help to students who are struggling to grasp concepts, not making a big deal if a book or assignment was forgotten, and by giving extra encouragement. The second young adult advised teachers to pay attention to the social and behavioral aspects of all students rather than only the academics. If there is a dramatic change in any of these areas, a red flag should be raised and the teacher should investigate. She also wished for teachers to provide more instrumental support such as knowledge of resources. The last young adult wanted teachers to see students as individuals. He believed it was important for teachers to get down on their students’ levels and see where they are coming from. He wanted teachers to earn his respect rather than assume they had it. By doing this, he would feel more connected to his teachers and thus safer in the classroom environment.

Barriers for Teachers

Despite a teacher's potential to support students with their traumatic experiences, many teachers do not feel competent in their ability to help a child after traumatic exposure (Alisic, 2012; Alisic et al., 2008). In fact, many teachers feel it is not within their role to provide emotional care for their students; they believe academic instruction is the sole purpose of their job (Alisic, 2012, Alisic et al., 2008). Many teachers have also cited that it is emotionally taxing to work with their students who have experienced trauma (Alisic, 2012).

Due to extremely limited research on teachers' roles in providing help for students who experienced trauma at the high school level, barriers to providing this help are only speculative. Due to the greater number of teachers that high school students have and thus the greater number of students each teacher has, it is likely that high school teachers experience a greater sense of diffusion of responsibility. Diffusion of responsibility is the phenomenon where the greater the number of people are around, the less responsibility one feels for a situation (Sokolov, 2017). Conversely, the fewer people around one, the more responsibility one feels. If a high school teacher suspects a student of trauma, the teacher may assume it is already being addressed by a different teacher or other school professional. In elementary schools, each teacher sees their students for multiple hours per day compared to the high school teacher's 50 to 90 minutes per day, so the elementary school teacher likely feels more responsibility for their students. Moreover, the limited time each high school teacher has with their students makes for less time to recognize signs and symptoms of traumatic exposure.

Another possible barrier for high school teachers is that they are generally more removed from their students. Students are given more responsibilities and are often expected to speak for themselves if something is a problem. As adolescents, there is a more professional teacher/student relationship put into place compared to elementary school students' relationships with their teachers. High school teachers refer to their students as their "students" whereas elementary school teachers may refer to their students as their "children." In elementary school, there is more emphasis placed on connection and caring between teachers and students which is supported by substantial time to build these relationships. There is less of this in high school, so many teachers may be less attuned to their students' personal needs unless directly approached by the student.

High schools may have a "refer-out" policy that teachers have to follow. Although students may want to confide in them, teachers may be required by their school to refer the student immediately to someone with more training such as the school psychologist or an administrator who has more influence in what to do regarding legality. High school teachers may also be hesitant to get involved with students who have had a traumatic experience due to legal concerns. Teachers are required by law to report to Child Protective Services when they know or suspect a child is in danger in their home. This legal requirement can get muddy depending on what type of trauma it was as well as when and where the trauma happened. Teachers may be uncertain if they need to report what the student tells them, but they may also be hesitant to consult with another professional about it to respect the privacy of the student. Because of the risk that comes

with these issues, some teachers may not want to be the person to address trauma in the schools.

A final barrier that high school teachers may face to supporting students who have experienced trauma is that often their training and education does not prepare them to be able to recognize differences in their students' functioning. Secondary school training programs require majoring in the subject the future teacher wishes to teach while taking a couple supplemental courses related to teaching such as using reading and writing in the classroom. Conversely, elementary school teacher training programs require coursework in areas such as educational psychology, developmental psychology, biology, diversity, classroom management, behavior, and understanding the elementary school child as a learner. Simply put, elementary teachers major in elementary education while secondary teachers major in a subject and take a few courses related to teaching. Thus, high school teachers may feel especially unprepared to support their students who have experienced trauma which exacerbates their hesitancy to work with these students.

The Current Study

The current study was conducted with the intent to further the literature by exploring the role of high school teachers in helping students who have experienced trauma. This study collected information high school teachers want to know in order to feel better prepared to help students who have experienced trauma. The following are research questions this study collected data to answer:

1. How do high school teachers view the high school setting as being a place to address the needs of students who have experienced trauma?

2. What do high school teachers believe their role is in helping students who have experienced trauma?
3. How prepared do high school teachers feel they are to help students who have experienced trauma?
4. What would high school teachers like to know in order to feel better prepared to help students who have experienced trauma?
5. What are barriers that high school teachers face to providing support for students who have experienced trauma?

The ultimate goal of this study was to inform professional development targeted for high school teachers about how to recognize the signs and symptoms of students who have had a traumatic experience as well as how to help these students succeed.

Methods

Participants

Participants were teachers at four high schools in Anne Arundel County, which is a combination urban/suburban region of Maryland. Schools were selected through collaboration of the researcher, school psychologist, and principals of the high schools. It is important to note that Anne Arundel County Public Schools currently has a Trauma-Informed Schools initiative whereby all staff in the school attend at least one mandatory professional development regarding how to facilitate trauma-sensitive schools. An email was sent to School Psychologists at each high school with details about the study and a permission form for principals to sign to give consent for the survey to be distributed to their schools. The survey was distributed via email with a description of the study and a link containing the survey (see Appendix C) to 493 teachers. Participants were recruited

voluntarily through receiving the email and choosing to complete the survey (33.67% response rate). The survey was sent via the “Distribution List” which is an email that goes to all staff in the building. However, the email specified that the survey was for teachers only. No incentive was offered for completion of the survey. The survey was sent out twice with a wait time of two weeks between distributions to receive maximum participation. The survey was closed two weeks after the second distribution. A total of 166 participants from the four high schools were recruited in the four weeks the survey was open. The lowest number of responses to any given question was 147 due to some survey questions being omitted by the responders. Of the 166 participants, 35 were male and 131 were female. The number of years of teaching experience each participant had ranged from zero to 40 years, with a mean of 13.2 years. Participants’ ages ranged from 22 to 70 years, with a mean age of 42.1 years.

Teachers taught in a variety of departments within the high school with the top six most endorsed departments being: Special Education, English, Math, Social Studies, World/Classical Language, and Science. The survey was evenly distributed across grade levels including ninth grade (n=117), tenth grade (n=129) eleventh grade (n=131) and twelfth grade (n=127). These numbers reflect respondents teaching across multiple grade levels.

Materials

In order to develop the questionnaire that was distributed to Anne Arundel County high school teachers, interviews were conducted with four teachers from Harrisonburg High School in Harrisonburg, Virginia (see Appendix A for interview questions). The interviews were used to inform survey questions as well as to help generate answer

selections to the key research questions. Based on these interviews, the survey was developed on Qualtrics, an online survey software program (see Appendix B for survey questions).

The questionnaire has twenty items with multiple choice and fill-in-the-blank options. The first page of the online survey was a consent form which informed them of the survey topic, approximate time the survey would take to complete, and that their answers were anonymous and confidential. The consent also warned participants that it is possible they may experience feelings of discomfort while completing the survey due to the nature of the topic and informed them that they may stop taking the survey at any time. Demographics included age, gender, number of years as a teacher, subject(s) currently teaching, and grade level(s) currently teaching. Survey questions 8, 9, and 10 address the research question regarding how prepared high school teachers are to support students who have experienced trauma. Survey questions 11, 12, 13, and 14 address the research question regarding how high school teachers view the school setting as a place to address the needs of students who have experienced trauma. However, there was no response recorded for question 13 due to a fallacy in the Qualtrics survey format. Survey questions 17 and 18 address the research question regarding high school teachers' roles in supporting students who have experienced trauma. Survey question 19 addresses the research question regarding barriers high school teachers face to providing support to students who have experienced trauma. Survey questions 8, 9, and 10 address the research question regarding what high school teachers would like to know in order to feel better prepared to help students who have experienced trauma. This is inclusive of how the teachers would like to receive this information as well as how high of a priority

getting this information is for them. Because the goal of this study is to inform future professional developments tailored to high school teachers, it is important to take into account what way receiving this information would be the most beneficial. In addition, it is important to know whether receiving this information is a priority to high school teachers. This gives a sense of understanding about how passionate they are about this subject.

Procedure

The survey link was emailed to the secretaries to distribute to staff at four Anne Arundel County Public high schools after principal permission was gained from all schools. The email contained a standard message explaining the study and ensuring anonymity (see Appendix C). It also noted in the subject line that the survey was for “Teachers Only.” However, some other staff completed the survey despite the notation. Once participants clicked the survey, the first question was a consent form in which they have to click “I consent” in order to proceed with the survey. After consent was obtained, participants viewed the definition of trauma and had to click “I understand” to proceed with the survey. After, the survey questions began. Some questions gave specific directions to “select all that apply” rather than selecting one choice, and some questions had an option to fill in a blank space with the participants’ own answer. Upon completion of the survey, participants viewed a message that thanked them for their participation, reminded them of their confidentiality and anonymity, and directed them to email the experimenter if they had any questions, comments, or concerns.

Results

Participant responses were analyzed using descriptive statistics in the form of frequencies and percentages for multiple choice-style questions. Fill-in-the-blank options were analyzed qualitatively using a cut and sort technique to identify themes.

Research Question 1

In order to examine whether high school teachers view the high school setting as being a place to address the needs of students who have experienced trauma, participants were first asked, “Do you think that the school should provide support for students who have had a traumatic experience?” Response options included: yes; no; or depends on the severity of the needs of the students. 81.82% of participants indicated “yes,” 1.82% indicated “no,” and 16.36% indicated “depends on the severity of the need of the student.”

Participants were then asked, “It has been suggested that the school setting is one of the best places to help students who have experienced trauma. How strongly to you agree/disagree with this statement?” Response options included: strongly agree; moderately agree; moderately disagree; or strongly disagree. Fifty percent of participants indicated “moderately agree,” 42.68% of participants indicated “strongly agree,” 6.10% indicated “moderately disagree,” and 1.22% indicated “strongly disagree” (see Table 1). If participants selected “strongly agree” or “moderately agree,” they were supposed to be given a fill-in-the-blank question that said, “Please explain why you believe the school is a good place to help students who have experienced trauma.” If participants selected “strongly disagree” or “moderately disagree,” they were supposed to be given a fill-in-the-blank question that said, “Please explain why you believe the school is NOT a good place to help students who have experienced trauma.” However, due to a flaw in the

Qualtrics program, participants were not shown this question and therefore no responses were recorded.

Lastly, participants were asked, “What types of needs may students have that are beyond what could be addressed in school?” Response options included: severe manifestations of post-traumatic stress symptoms; students who need more specialized counseling/therapy; students who are not responding to supports in place; other; all needs should be addressed in the school building. Participants were instructed to select all options that applied. Of the 149 responses, 376 responses were selected which reflected that 78.52% participants indicated “severe manifestations of post-traumatic stress symptoms,” 77.85% indicated “students who are not responding to supports in place,” 75.83% indicated “students who need more specialized counseling/therapy,” 16.10% indicated “all needs should be addressed in the school building,” and 4.02% indicated “other” (see Table 2). Common themes endorsed in those that selected “other” included students in immediate crisis, and students with comorbid and/or undiagnosed mental illnesses.

Table 1
High School as a Place to Address Trauma

	n	%
Strongly Agree	70	42.68
Moderately Agree	82	50.00
Moderately Disagree	10	6.10
Strongly Disagree	2	1.22
Total	164	

Table 2
Needs Beyond What Can Be Addressed in School

	n	%
Severe manifestations of post-traumatic stress symptoms	117	78.52
Students who need more specialized counseling/therapy	113	75.83

Students who are not responding to supports in place	116	77.85
Other	6	4.02
All needs should be addressed in the school building	24	16.10
<u>Total Options Selected</u>	<u>376</u>	

Research Question 2

In order to examine what high school teachers believe their role is in helping students who have experienced trauma, participants were asked, “As a teacher, do you feel it is within your role to help your students who have had a traumatic experience?” Response options included: yes or no. Of the 147 participants who responded to this item, 77.55% indicated “yes” and 22.45% indicated “no.”

Participants were additionally asked, “What would you do in order to help a student who has experienced trauma?” Response options included: listen to their story; provide emotional support; provide for basic needs (e.g., snacks, drinks); provide a safe classroom environment; provide a consistent classroom routine; send the student to the school psychologist, school counselor, or school social worker; inform the student of local organizations that may be helpful; educate myself on problems the student is struggling with; lower academic expectations; extra time on assignments; and other. Participants were instructed to select all options that applied. Of the 150 responses, 1102 responses were selected which reflected that 98.00% of participants indicated “provide a safe classroom environment,” 98.00% indicated “send the student to the school psychologist, school counselor, or school social worker,” 94.66% of participants indicated “listen to their story,” 88.66% indicated “provide a consistent classroom routine,” 86.66% indicated “educate myself on problems the student is struggling with,” 85.33% indicated “provide emotional support,” 71.33% indicated “extra time on

assignments,” 66.66% indicated “provide for basic needs (e.g., snacks, drinks),” 38.66% indicated “inform the student of local organization that may be helpful,” 14.00% indicated “lower academic expectations,” and 10.66% indicated “other” (see Table 3).

Common themes endorsed in those that selected “other” included putting accommodations and supports in place to access curriculum, building relationships with the students, and collecting funds and/or supplies to assist the student. One teacher commented, “Not lower academic expectations, but rather expand their parameters or time frames. The lesson for them is not to learn to make excuses, but to succeed in spite of trauma. I firmly believe this is part of the secret to minimizing its impact in both the short and long run.” Another teacher noted, “I would love to do some of these, but I also have to keep a line between teacher and student to keep the relationship professional, and I cannot afford to spend money.”

Table 3

What Teachers Would do To Help a Student with Trauma

	n	%
Listen to their story	142	94.66
Provide emotional support	128	85.33
Provide for basic needs (e.g., snacks, drinks)	100	66.66
Provide a safe classroom environment	147	98.00
Provide a consistent classroom routine	133	88.66
Send the student to the school psychologist, school counselor, or school social worker	147	98.00
Inform the student of local organizations that may be helpful	58	38.66
Educate myself on problems the student is struggling with	103	86.66
Lower academic expectations	21	14.00
Extra time on assignments	107	71.33
Other	16	10.66
Total Options Selected	1102	

Research Question 3

In order to examine how prepared high school teachers feel they are to help students who have experienced trauma, participants were asked, “What previous training have you had regarding trauma in the school setting?” Response options included: undergraduate coursework; graduate coursework; professional development; online modules; other; or I have not had any training in this area. Participants were instructed to choose all options that applied. Of the 169 responses, 264 responses were selected which reflected that 57.39% indicated “professional development,” 23.66% of participants indicated “undergraduate coursework,” 23.07% indicated “online modules,” 21.89% indicated “I have not had any training in this area,” 20.11% indicated “graduate coursework,” and 10.05% indicated “other” (see Table 4). Common themes endorsed in those that selected “other” included outside classes and trainings, certifications, and personal experiences.

Participants were asked, “How prepared do you feel to help students who have had a traumatic experience?” Response options included: very prepared; somewhat prepared; somewhat unprepared; or very unprepared. Of the 164 responses, 51.22% indicated “somewhat prepared,” 24.39% indicated “somewhat unprepared,” 13.98% of participants indicated “very prepared,” and 13.41% indicated “very unprepared” (see Table 5).

Participants were additionally asked, “Have you had any direct experience with a student who experienced trauma that impacted his/her high school functioning (academically, socially, emotionally, and/or behaviorally)?” Of the 164 participants that responded to this item, 89.63% indicated “yes,” and 10.37% indicated “no.”

Table 4

Teachers' Previous Training Regarding Trauma in School

	n	%
Undergraduate Coursework	40	23.66
Graduate Coursework	34	20.11
Professional Development	97	57.39
Online Modules	39	23.07
Other	17	10.05
I have not had any training in this area.	37	21.89
Total Options Selected	264	

Table 5

How Prepared Teachers Feel to Help Students with Trauma

	n	%
Very Prepared	18	13.98
Somewhat Prepared	84	51.22
Somewhat Unprepared	40	24.39
Very Unprepared	22	13.41
Total	164	

Research Question 4

To examine what high school teachers would like to know in order to feel better prepared to help students who have experienced trauma, participants were asked, “What information would you like in order to help students who have had a traumatic experience?” Response options included: how to recognize signs/symptoms of traumatic exposure; coping skills to help students; how to talk to students who have experienced trauma; how to facilitate a safe classroom experience; how to deescalate a student; what to do if a student is suicidal; understand different types of trauma; what to do if a student engages in self-harm; knowledge of outside resources available; other; or I do not need any information. Participants were instructed to select all options that applied. Of the 148 responses, 689 responses were selected which reflected that 67.56% indicated “coping skills to help students,” 62.83% indicated, “how to talk to students who have experienced

trauma,” 62.16% indicated “how to recognize signs/symptoms of traumatic exposure,” 60.81% indicated “how to deescalate a student,” 52.02% indicated “knowledge of outside resources available,” 10.01% indicated “understand different types of trauma,” 42.56% indicated “what to do if a student engages in self-harm,” 31.08% indicated “how to facilitate a safe classroom experience,” 30.40% indicated “what to do if a student is suicidal,” 4.72% indicated “I do not need any information,” and 4.72% indicated “other” (see Table 6). Common themes endorsed in those that selected “other” included ways to support the students in the classroom, and what to do if a student is in distress but refuses to go to a student support staff member (e.g., school counselor). One teacher commented, “Really all of these – not for me, but for the whole staff. Any gaps in my awareness would be filled, [for] less experienced members it would mean having these [resources, procedures, and methods] available, and it would help foster a strong, confident, and open/accepting environment to helping students come forward, process, heal, and move forward and away from traumatic experiences.”

Teachers were additionally asked, “How high of a priority is it for you to learn about how to support students who have experienced trauma?” to address whether high school teachers view supporting students with trauma as important. Response options included: very high priority; high priority; moderately high priority; moderately low priority; low priority; or very low priority. Of the 147 responses, 36.05% indicated “high priority,” 28.57% indicated “moderately low priority,” 19.05% indicated “very high priority,” 12.24% indicated “moderately low priority,” 4.08% indicated “low priority,” and zero percent indicated “very low priority” (see Table 7).

Teachers were asked, “How would you like to learn more about support students who have experienced trauma?” to assess what modality teachers would prefer to receive information about supporting students who have experienced trauma. Response options included: attend professional development; complete online module; other; or I do not want to learn more about supporting students who have experienced trauma. Of the 147 responses, 48.98% indicated “attend professional development,” 40.82% indicated “complete online module,” 5.44% indicated “other,” and 4.76% indicated “I do not want to learn more about supporting students who have experienced trauma” (see Table 8). Common themes endorsed in those that selected “other” included “self-study” and mandatory professional developments built into the school day. One participant commented, “Counseling groups or clubs, in-class curricular activities might be a great way to introduce these things to students and teachers alike in a way that would emphasize common experiences, and common concerns. These would have to be different than, say, the material covered in [professional development] sessions, but could benefit the whole educational community and foster unity, the confidence to share or ask for help, and the sentiment that we are all here to help each other.”

Table 6
Information Teachers Want to Help Students with Trauma

	n	%
How to recognize signs/symptoms of traumatic exposure	92	62.16
Coping skills to help students	100	67.56
How to talk to students who have experienced trauma	93	62.83
How to facilitate a safe classroom experience	46	31.08
How to deescalate a student	90	60.81
What to do if a student is suicidal	45	30.40
Understand different types of trauma	69	46.62
What to do if a student engages in self-harm	63	42.56
Knowledge of outside resources available	77	52.02
Other	7	4.72

I do not need any information	7	4.72
Total Options Selected	689	

Table 7

Level of Priority to Learn How to Support Students with Trauma

	n	%
Very high priority	28	19.05
High priority	53	36.05
Moderately high priority	42	28.57
Moderately low priority	18	12.24
Low priority	6	4.08
Very low priority	0	0.00
Total	147	

Table 8

How Teachers Would Like to Learn about Students with Trauma

	n	%
Attend professional development	72	48.98
Complete online module	60	40.82
Other	8	5.44
I do not want to learn more about supporting students who have experienced trauma.	7	4.76
Total	147	

Research Question 5

In order to examine what barriers high school teachers face to providing support for students who have experienced trauma, participants were asked, “What are some barriers you experience to providing support to your students who have had a traumatic experience?” Respondents were instructed to select all options that applied. Response options included: it is emotionally taxing; too close to my own experience; lack of time; students already receiving support elsewhere; school policy to refer out/not supposed to deal with it; concerns regarding legality; parents unwilling to allow support from school or outside services; communication is difficult between high school staff members; my

own biases; I am afraid to make it worse; no place to talk privately; other; I do not experience any barriers; or it is not within my role to provide support for trauma. Of the 150 responses, 578 responses were selected which reflected that 19.2% of participants indicated “lack of time,” 16.78% indicated “concerns regarding legality,” 13.49% indicated “it is emotionally taxing,” 9.34% indicated “parents unwilling to allow support from school or outside services,” 7.09% indicated “no place to talk privately,” 6.92% indicated “I am afraid to make it worse,” 6.75% indicated “communication is difficult between high school staff members,” 6.57% indicated “school policy to refer out/not supposed to deal with it,” 3.63% indicated “students already receiving support elsewhere,” 2.94% indicated “too close to my own experience,” 2.25% indicated “too close to my own biases,” 2.25% indicated “other,” 1.73% indicated “It is not within my role to provide support for trauma,” and 1.04% indicated “I do not experience any barriers” (see Table 9). Common themes endorsed in those that selected “other” included lack of knowledge of student’s trauma, lack of resources/staff, lack of experience/knowledge, and confidentiality concerns. One participant noted, “It is difficult to give one-on-one support with thirty other kids who also want attention.” Another participant noted, “I can’t stop thinking about it.”

Table 9

Barriers to Providing Support to Students with Trauma

	n	%
It is emotional taxing	78	52.00
Too close to my own experience	17	11.33
Lack of time	111	74.00
Students already receiving support elsewhere	21	14.00
School policy to refer out/not supposed to deal with it	38	25.33
Concerns regarding legality	97	64.66
Parents unwilling to allow support from school or outside services	54	36.00
Communication is difficult between high school staff members	39	26.00

My own biases	13	3.66
I am afraid to make it worse	40	26.66
No place to talk privately	41	27.33
Other	13	8.66
I do not experience any barriers	6	4.00
It is not within my role to provide support for trauma	10	6.66
<hr/> Total Options Selected	<hr/> 578	

Discussion

The current study was conducted within four high schools in Anne Arundel County, Maryland. It is important to note that this school system provides trauma-sensitive training to the teachers. Therefore, data is likely reflective of this training and possibly a newfound awareness the teachers have for how trauma impacts students in school. This study aimed to fill the research gap regarding high school teachers' roles in supporting students who have experienced trauma. Specifically, this study aimed to gain knowledge in the following areas: whether high school teachers view the high school setting as a place to address the needs of students who have experienced trauma; what high school teachers believe their role is in helping students who have experienced trauma; how prepared high school teachers feel they are to help students who have experienced trauma; what high school teachers would like to know in order to feel better prepared to help students who have experienced trauma; and what barriers prevent high school teachers from providing support for students who have experienced trauma. While there was limited research available regarding a teacher's role in helping students experiencing trauma within the elementary and middle school settings, a thorough review of the literature provided only one study that was conducted within the high school

setting. Therefore, it remained largely unknown what the teachers' feel their roles are at this level of schooling.

Discussion of Results

The overwhelming majority of those surveyed (98.18%) indicated that they believe high schools should provide support to students who have experienced trauma, and most participants (92.68%) agreed with the statement, "The school setting is one of the best places to help students who have experienced trauma." However, participants recognized there are some limitations to what supports schools can provide. Many indicated that students displaying severe manifestations of post-traumatic stress symptoms, students who need more specialized counseling/therapy, and students who are not responding to supports put into place are needs that are beyond what a school building can address. Respondents also identified "students in immediate crisis, dissociation, etc." and "undiagnosed mental health issues or issues where medication is required by parents/students don't comply with the administration of it" as needs that are beyond what a school can address. Although a small portion of participants indicated that all student needs should be addressed, this data suggests that the vast majority of participants recognize that schools have limited resources and likely do not have the means to provide highly specialized and intensive supports and services that some students may require. Overall, the pattern of responses endorsed by the majority of respondents indicates they believe that all students who have experienced trauma should have supports put into place that are possible for the school to provide, but more intensive needs should be addressed outside of the school building.

The vast majority of participants (77.55%) indicated that they do feel it is within their role to help their students who have had a traumatic experience. This is contradictory to previous studies that found many teachers believed emotional care was not within their role (Alisic, 2012, Alisic et al., 2008). These findings suggest that the role of teachers is expanding past solely teaching academics to taking on a more versatile approach as emotional care providers. This supports the progressive “whole-child” viewpoint where all student needs (e.g., homelife, physical health, mental health, etc.) should be considered and addressed to a school’s greatest ability in order to help students access the curriculum and be successful. Students come to school with “invisible backpacks” filled with their life’s struggles which directly impact their ability to learn, especially if the students have experienced trauma. Data suggests that many high school teachers in Anne Arundel County want to provide supports to these students in order to help them succeed rather than expecting them to come into school prepared to immediately access the curriculum and learn without any emotional supports. This may be reflective of the teachers’ training in trauma-sensitive practices. The teachers who reported that it is not within their role may feel as though it is more than they can do rather than a refusal to try. It is possible that they are far more comfortable sending the student to a mental health professional if they did not get explicit training in this area in their schooling.

Participant responses indicated that they would support students who have experienced trauma in several ways. The most endorsed response options included: provide a safe classroom environment; listen to their story; send the student to the school psychologist, school counselor, or school social worker; provide a consistent classroom routine; and provide emotional support. Two of the most highly endorsed options were

providing a safe classroom experience and facilitating a consistent classroom routine which have been identified in the research as two valuable supports that teachers can put into place to help cultivate feelings of safety in the school building (Willis & Nagel, 2013, Weist-Stevenson & Lee, 2016). With the exception of the response option “other,” the least endorsed option was to lower academic expectations (1.91%). This indicates that the respondents believe that students who have experienced trauma should be held to the same academic expectations as students who have not experienced trauma. Data suggests that teachers will provide the supports they endorsed into order to help the students meet these expectations rather than provide no supports and have lower expectations. The teachers appear to believe that students must succeed despite the trauma in order to become stronger and move forward. Another teacher noted they would “Provide access to the classroom curriculum, a supportive environment, and accommodations to the curriculum as necessary.” Some other responses included, “Leniency with disengagement/distraction in class,” “Follow recommendations of professionals with expertise in this area,” “Provide an outlet through activities done in class,” and “Family/parent partnership.” Additionally, teachers of different disciplines likely have different interpretations are of certain trauma-sensitive classroom practices and whether they are practical to implement in their classrooms. For example, a chemistry teacher, physical education teacher, and English teacher may all have different ideas of a “safe classroom environment.” This idea is highly up to personal interpretation of whether it is a matter of physical safety or emotional safety, and teachers may have different ways of implementing that and philosophies of whether or not it is even applicable to apply to their classroom.

About half (51.22%) of respondents indicated they felt “somewhat prepared” to help students who have experienced trauma. However, there was a decent amount of variability in responses with about 24% indicating they felt “somewhat unprepared,” about 13% felt “very prepared,” and about 13% felt “very unprepared.” These results suggest that teachers could benefit from more training in order to feel more prepared to help these students. Teacher preparedness is likely correlated to how much training and experience they have had with students who have experienced trauma. The vast majority of participants indicated that they have had some form of training regarding trauma in schools with only 14.02% indicating they have received no training. Most participants have had training through professional development, undergraduate coursework, graduate coursework, and online modules. Other experiences teachers noted include: county meetings, reading articles, and personal/life experiences. Data suggests that teachers have had training in many different modalities, and most teachers who have had training have had it through professional development. This may likely be attributed to Anne Arundel County’s Trauma-Informed Schools initiative where more professional development opportunities have been offered to teachers regarding facilitating trauma-sensitive classrooms. Teachers were additionally asked whether they have had any direct experience with a student who experienced trauma that impacted his/her high school functioning, and the majority (89.63%) noted that they did have direct experience with a student who has experienced trauma. Interestingly, a previous study also found that 89% of their teachers had worked with a student who had experienced trauma (Alisic et al., 2012). It is important to note that these percentages reflect the number of teachers who were aware that they had a student who had experienced trauma in their class. However,

traumatic experiences often go unreported (Saunders & Adams, 2014). Therefore, it is likely that more teachers have worked with these students without the knowledge that the students had gone through a traumatic experience.

Results indicate that survey respondents want more information regarding how to help students who have experienced trauma. The most frequently endorsed responses included: coping skills to help students; how to talk to students who have experienced trauma; how to recognize signs/symptoms of traumatic exposure; how to deescalate a student; and knowledge of outside resources available. Additional responses included, “What to do if a student is in distress (crying or can’t function in class), but they refuse to go to a counselor” and “...understand if different responses are necessary based on the trauma.” One teacher commented, “Really all of these – not for me, but for the whole staff. Any gaps in my awareness would be filled, [for] less experienced members it would mean having these [resources, procedures, and methods] available, and it would help foster a strong, confident, and open/accepting environment to helping students come forward, process, heal, and move forward and away from traumatic experiences.” Based off of the number of responses on this item, it appears that many teachers endorsed multiple options as topics on which they would like more information. Although data indicates that most participants have had some form of training regarding trauma in schools, there is still a thirst for more knowledge. School psychologists and school counselors can help bridge this gap by being available to teachers to address any questions and concerns.

Additionally, participants were asked how high of a priority they feel it is to learn about supporting students who have experienced trauma. The majority of participants

(83.67%) indicated that it was a moderately high to very high priority to learn this information. This suggests that high school teachers of Anne Arundel County value this information and want to learn how to support their students, which shows that the trauma-sensitive schools movement is not only critical to elementary schools but that it is a K-12 initiative and should be treated as such. The level of interest in this specific school system may reflect the influence of training that these teachers have already received. Some traumatic experiences do not happen until students are in high school, and some high school students are still struggling from traumatic experiences they had earlier in their lives. Either way, it is vital for their needs to be addressed throughout all levels of schooling.

The overwhelming majority of participants indicated that they experienced barriers to supporting students who have experience trauma; only six respondents reported to face no barriers. The responses that were endorsed most frequently include: lack of time, concerns regarding legality, it is emotionally taxing, parents unwilling to allow support from school or outside services, and no place to talk privately. The number of responses indicates that many participants identified more than one barrier they face to helping students. As explored earlier, it does appear that there may be a diffusion of responsibility over who is supporting the students, as many respondents endorsed that students are already receiving supports elsewhere and/or that communication is difficult between high school staff members. Additionally, one respondent noted, "We are not told when students have a traumatic experience," and another said, "Uninformed that it exists and what it is." The first step for teachers to help these students is to know the existence of the problem. However, due to trauma being underreported, many teachers do not know

which students have experienced trauma unless the student discloses it or they are informed by the family or other staff. Although teachers cannot control whether students disclose traumatic experiences, high schools could benefit from modifying programs such as Handle with Care (Handle with Care Maryland, 2018). Handle with Care is a program where law enforcement will email the school with the student's name if they encounter a student who experienced a traumatic event. Although no details are provided, the purpose of the email is to promote an awareness that something happened to the student that may affect his or her mood and/or behaviors in school. Schools could create their own internal version of this where they send out the name of a student if they are known to have experienced a traumatic event that may still be affecting them in school. Overall, the pattern of responses endorsed by the participants indicates that there is a lack of resources, and they are concerned how to approach a student or whether to approach them at all. School psychologists and school counselors (i.e., student support staff) can be valuable resources to teachers to address their questions and concerns. They can make it known to teachers that they are there to consult with about these concerns. Additionally, student support staff may work to create a professional development targeting specific concerns that teachers have which have been documented in this study. Moreover, there could be a "Q&A" session during the presentation where teachers have the freedom to ask questions and make comments about trauma-related concerns. Student support staff are knowledgeable in this area and should serve as excellent staff members to facilitate such discussion. Within these discussions, they can address concerns regarding how to approach students with trauma, and they can identify resources both inside and outside of the school to make available to teachers. How students respond to trauma is highly

individualized, so giving teachers the space to ask questions and help each other brainstorm ideas would help foster a sense of comradery between teachers as well as hope for being able to help students in their classrooms. School psychologists and school counselors could prepare teachers to share these thoughts by asking them to bring an experience from their own classroom that they are prepared to share. Teachers sharing these emotional concerns could also help them model this practice if they ever chose to do an emotional evoking activity with their students. An additional concern that arose within this study is that teachers find it emotionally taxing to hear what students have gone through which is consistent with previous research (Alisic, 2012). One respondent wrote, "I can't stop thinking about it." A critical element to these professional developments is also to add a component of self-care. Because this is emotional taxing for teachers, there is a need to support them in their own wellness and stress management in order for them to be available to connect to students and to be sensitive to student needs. Figuratively speaking, teachers must put on their oxygen masks before they can help their students. School psychologists and school counselors can play a critical role in supporting the needs of teachers so they are prepared to foster this type of sensitivity and connection in their classrooms. Teachers needs to be supported in their own wellness and stress management in order for them to be available to connect to students and to be sensitive to student needs. Student support staff can play a vital role in supporting the needs of teachers so they are prepared to foster this type of sensitivity and connection in their classrooms. Teachers should be taught and encouraged to find ways to take care of themselves every day. Discussions within professional developments could include asking teachers how they take care of themselves (e.g., exercising, engaging in a hobby,

spending time outside), and they could be challenged to hold each other accountable to do so.

Limitations

Several limitations have been noted in this study. Firstly, there were some flaws in the survey. It was found that several non-teaching staff (e.g., administrators, counselors) took the survey despite the statement “teachers only.” In retrospect, an exclusionary criterion question could have been added at the beginning of the survey that directed all non-teaching staff to stop taking the survey. Additionally, due to a flaw in the Qualtrics program, participants were not directed to the question, “Why do you feel the school is/isn’t a good place to address trauma?” Therefore, this question was not able to be addressed in this research study. Furthermore, not all questions were denoted as mandatory, so participants could have skipped questions on purpose or by accident. Another limitation of this study is that the respondents were from four out of the twelve high schools in Anne Arundel County, therefore it is not representative of the entire county. Moreover, Anne Arundel County has a Trauma-Informed Schools initiative, so staff may have more of an awareness and more experience with the topics presented in the survey. Therefore, the generalizability of this study to other counties across the nation is questionable.

Concluding Findings

In conclusion, results from this survey indicate that the majority of teachers surveyed in Anne Arundel County feel that they have a role in supporting the students in their classrooms that have experienced trauma. Unlike conclusions found in previous research, this study shows that there is a growing role-shift in teachers from being solely

academic instructors to also being emotional care providers (Alisic, 2012, Alisic et al., 2012). Consistent with previous research, the majority of teachers surveyed indicated that they had experience with a student who had been through trauma (Alisic et al., 2012). Regarding how prepared teachers felt to help these students, there was decent variability in responses which suggests many teachers feel that they have more to learn in order to feel better prepared. They also indicated many strategies they would like to learn more about, such as coping skills and talking to students with trauma. However, teachers endorsed many strategies they were already prepared to use in order to assist students who have experienced trauma. These findings indicate that, although teachers would like to learn more, they already have some strategies and tools they are prepared to use in the classroom to help these students. Moreover, results suggest that learning this information is a moderate to high priority for many teachers in Anne Arundel County. Teachers also endorsed many barriers that prevented them from helping students who have experienced trauma, such as not knowing how to talk to them. Perhaps the first step is to foster a relationship with these students and show them they are cared for. As found in Dods (2015), all young adults in the study had an unmet need to connect with teachers in the school building. They were uncertain of how to foster a connection with teachers, and they each expressed a desire for teachers to be the one who reached out to take the first step in that connection. This may be the first, most important, and simplest step to take in supporting students who have experienced trauma. One such way to do this is through compassionate teaching (Jennings, 2019).

Compassion is defined as a feeling of deep sympathy or sorrow for another who is stricken by misfortune, accompanied by a strong desire to alleviate the suffering

(Dictionary.com, 2019). Teachers can bring compassion into the classroom through the GRACE model (Jennings, 2019). The “G” stands for gather which encourages teachers to gather “mindful attention” to the entire situation rather than what a situation appears to be without any other context. This is more of a whole-child viewpoint whereby a teacher looks past how a student presents and is aware of the plethora of other factors that could potentially be impacting performance rather than making assumptions about behavior (e.g., a student is sitting with his head on his desk, and a teacher assumes he does not care about the class). “R” represents recall. To facilitate compassionate teaching, teachers must recall why they entered this profession to begin with and remember their ultimate career goals. This is meant to be a grounding technique to foster inner strength by encouraging teachers to remember what inspired their passion to teach. This aides them to persist, have patience, and demonstrate understanding even when the job becomes difficult and student behaviors become overwhelming. The next step is for teachers to attune themselves to their students, which is represented by the letter “A.” Teachers must understand their own thoughts, behaviors, and feelings along with their students’ thoughts, behaviors, and feelings. This will help bring mindful awareness to the teachers about themselves and their emotional responses and then allow them to understand how their students may have similar or different types of emotional responses. The “C” stands for consider. Teachers must understand a student as fully as they can in order to select a strategy or resource that will truly be helpful to the student. If teachers acts too quickly and haphazardly select a solution, they may end up treating the wrong problem which will ultimately be ineffective. The “E” stands for three things: engaging, enacting, and ending. Teachers must engage with their students in order to learn about them. This

engagement should go beyond understanding academic strengths and weaknesses; teachers should get to know the students as individuals and learn about their hopes, dreams, and aspirations. Teachers must then enact compassion by implementing the appropriate solution to alleviate student suffering based on everything they learned about their students from the previous four steps. Sometimes the appropriate solution isn't to "fix" problems but rather be a source of comfort and support to the students. Lastly, teachers must successfully and appropriately end interactions. For example, teachers with graduating seniors may not see them again. Teachers must accept that they do not have the control to completely fix or resolve the pain and suffering of their students; however, they must acknowledge that they made a difference and impact in a student's life while they were in that teacher's class. Positively framed endings will help foster teachers' inner strength and encourage them to continue passionate teaching. School psychologists and school counselors can familiarize themselves with this philosophy and present it to teachers as well as other staff in order to promote a step-by-step way to began creating trauma-sensitive classrooms.

It is crucial to understand the biggest takeaway from this study: offering trauma-sensitive education and practices is not only an elementary school initiative, but a K-12 initiative. The impact of trauma does not go away once students enter high school, and sometimes traumatic events happen during high school. It is within teachers' job descriptions to help their students succeed, and addressing trauma in the high school is a key component for many students' success. Many students who have experienced trauma will need a continuum of support, and trauma-sensitive classroom practices is a level of support that cannot be offered anywhere else. Therefore, it is critical for teachers to be

sensitive to these needs for all students to be successful academically, socially, emotionally, and behaviorally.

Future Research Suggestions

Future research may consider implementing a revised version of this survey in different counties across the United States in a variety of communities (i.e., rural, urban, suburban) to gauge interest, importance, and perspective of high school teachers' roles and needs in helping students who have experienced trauma. Using data from these surveys, professional developments could be created and implemented in many different counties and districts. The combination of data from previous research on elementary and middle school initiatives combined with the data from the current study can help schools to create K-12 trauma-sensitive programs so that trauma is addressed throughout students' schooling experience to help these students not only succeed academically, but also socially, emotionally, and behaviorally.

Appendix A

Initial High School Teacher Questionnaire

1. How do you see the school setting as being a place to address the needs of students who have experienced trauma?
2. What types of needs may students have that are beyond what could be addressed in school?
3. What do you believe is your role in helping students who have experienced trauma?
4. How would you help?
5. How well prepared do you feel to help students who have experienced trauma?
6. What would you like to know in order to feel better prepared?
7. What are some barriers you face to providing support for these students?

Appendix B

Anne Arundel High School Teacher Questionnaire

1. CONSENT:

Identification of Investigators & Purpose of Study

You are being asked to participate in a research study conducted by Katherine Flemister from James Madison University. The purpose of this study is to identify high school teachers' roles and needs in addressing students who have experienced trauma. This study will contribute to the researcher's completion of her Education Specialist degree.

Research Procedures

This study consists of an online survey that will be administered to individual participants using Qualtrics (an online survey tool). Participants will be asked to provide answers to a series of questions related to high school students who have experienced trauma.

Time Required

Participation in this study will require 5-10 minutes of your time.

Risks

The investigator does not perceive more than minimal risks from your involvement in this study, but due to the nature of the topic, it is possible that participants may experience discomfort whilst taking the survey. As the participant, you may stop any time you wish.

Benefits

Potential benefits from participation in this study include helping to identify whether teachers feel the high school is an appropriate setting to address the needs of students who have experienced trauma, what high school teachers believe their roles are in helping students who have experienced trauma, how prepared high school teachers feel they are to help these students, what high school teachers would like to know to feel better prepared to help, and what barriers high school teachers face to providing these students with support. The ultimate goal of this study is to inform professional development targeted for high school teachers about how to recognize the signs and symptoms of students who have had a traumatic experience as well as how to help support these students so they may be successful in school.

Confidentiality

The results of this research will be presented at the graduate psychology research symposium at James Madison University and to the AACPS Office of Psychological Services. While individual responses are anonymously obtained and recorded online through the Qualtrics software, data is kept in the strictest confidence. No identifiable information will be collected from the participant and no identifiable responses will be presented in the final form of this study. All data will be stored in a secure location only accessible to the researcher. The researcher retains the right to use and publish non-identifiable data. At the end of the study, all records will be destroyed. Final aggregate results will be made available to participants upon request.

Participation & Withdrawal

Your participation is entirely voluntary. You are free to choose not to participate. Should you choose to participate, you can withdraw at any time without

consequences of any kind. However, once your responses have been submitted and anonymously recorded you will not be able to withdraw from the study.

Questions about the Study

If you have questions or concerns during the time of your participation in this study, or after its completion or you would like to receive a copy of the final aggregate results of this study, please contact:

Katherine Flemister
Graduate Student
James Madison University
flemiske@dukes.jmu.edu
kippsvdx@jmu

Debi Kipps-Vaughan
School Psychology
James Madison University
540-568-4557

Questions about Your Rights as a Research Subject

Dr. Taimi Castle
Chair, Institutional Review Board
James Madison University
(540) 568-5929
castletl@jmu.edu

Giving of Consent

I have been given the opportunity to ask questions about this study. I have read this consent and I understand what is being requested of me as a participant in this study. I certify that I am at least 18 years of age.

This study has been approved by the IRB, protocol # 19-0285.

- a. I consent.
 - b. I do not consent.
2. Trauma is defined by the American Psychological Association (2018) as “an emotional response to a terrible event.”
- a. I understand.
3. What is your gender?
- a. Male
 - b. Female
 - c. Other
4. What is your age?
- a. _____
5. How many years have you been a teacher?

- a. _____
6. In what department do you currently teach?
 - a. _____
7. What grade level do you currently teach? Please check all that apply.
 - a. 9th
 - b. 10th
 - c. 11th
 - d. 12th
8. What previous training have you had regarding trauma in the school setting?
Please check all that apply.
 - a. Undergraduate coursework
 - b. Graduate coursework
 - c. Professional development
 - d. Online modules
 - e. _____
 - f. I have not had any training in this area.
9. How prepared do you feel to help students who have had a traumatic experience?
 - a. Very prepared
 - b. Somewhat prepared
 - c. Somewhat unprepared
 - d. Very unprepared
10. Have you had any direct experience with a student who experienced trauma that impacted his/her high school functioning (academically, socially, emotionally, and/or behaviorally)?
 - a. Yes
 - b. No
11. Do you think that the school should provide support for students who have had a traumatic experience?
 - a. Yes
 - b. No
 - c. Depends on the severity of the needs of the student

12. It has been suggested that the school setting is one of the best places to help students who have experienced trauma. How strongly to you agree/disagree with this statement?
- Strongly agree
 - Moderately agree
 - Neither agree nor disagree
 - Moderately disagree
 - Strongly disagree
13. [Follow-up] Please provide some reasons you feel the school setting is/is not a good place to help students who have had a traumatic experience.
- _____
14. What types of needs may students have that are beyond what could be addressed in school? Please check all that apply.
- Severe manifestations of post-traumatic stress symptoms
 - Students who need more specialized counseling/therapy
 - Students who are not responding to supports in place
 - _____
 - All needs should be addressed in the school building
15. As a teacher, do you feel it is within your role to help your students who have had a traumatic experience?
- Yes
 - No
16. What would you do in order to help a student who has experienced trauma? Please check all that apply.
- Listen to their story
 - Provide caring, loving emotional support
 - Provide for basic needs (snacks, drinks)
 - Provide a safe classroom environment
 - Provide a consistent classroom routine
 - Send the student to the school counselor
 - Learn about local organizations to tell the student about

- h. Educate myself on problems the student is struggling with
- i. Lower academic expectations
- j. Extra time on assignments
- k. _____

17. What are some barriers you experience to providing support to your students who have had a traumatic experience? Check all that apply.

- a. Lack of competence/experience
- b. It is emotionally taxing
- c. Too close to my own experience
- d. Lack of time
- e. Students are already receiving support elsewhere
- f. School policy to refer-out/not supposed to deal with it
- g. Concerns regarding legality
- h. Parents unwilling to allow support from school or outside services
- i. Communication is difficult between high school staff members
- j. My own biases
- k. I am afraid to make it worse
- l. No place to talk privately
- m. _____
- n. I do not experience any barriers
- o. It is not within my role to provide support for trauma

18. What information would you like in order to help students who have had a traumatic experience? Please check all that apply.

- a. How to recognize signs/symptoms of traumatic exposure
- b. What to do if a student wants to talk about their trauma
- c. Coping skills to help students
- d. How to talk to students who have had a traumatic experience
- e. How to facilitate a safe classroom experience
- f. How to deescalate a student
- g. What to do if a student is suicidal
- h. How to talk to students about their trauma

- i. Understand specific types of trauma (i.e., abuse, natural disaster, war, death, etc.)
 - j. What do to if a student engages in self-harm
 - k. Knowledge of outside resources (organizations and people) available
 - l. _____
 - m. I do not need any information
19. How high of a priority is it for you to learn about how to support students who have experienced trauma?
- a. Very high priority
 - b. High priority
 - c. Moderately high priority
 - d. Moderately low priority
 - e. Low priority
 - f. Very low priority
20. How would you like to learn more about support students who have experienced trauma?
- a. Attend professional development
 - b. Complete online modules
 - c. _____
 - d. I do not want to learn more about supporting students who have experienced trauma.

After survey: Participants will see a screen that says, “Thank you for participating in this survey. Your responses have been recorded. If you have any questions, comments, or concerns, please contact Katherine Flemister at flemiske@dukes.jmu.edu.”

Appendix C
Email Message

Hello,

My name is Katherine Flemister, and I am a James Madison University school psychology intern at Anne Arundel County Public Schools. Thank you for your interest in completing my survey regarding students who have experienced trauma. Please click on the link below to begin the survey. It should take about 10-15 minutes to complete. If you have any questions, concerns, or comments, please feel free to email me at flemiske@dukes.jmu.edu. Thank you for your time!

Katherine Flemister

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