Klover Research Journal of Education
Volume 1, Issue 1 October 2023
ISSN: Pending….

MITIGATING BEHAVIORAL CHALLENGES IN THE CLASSROOM THROUGH TRAUMA-TRANSFORMATIONAL PRACTICES

[1]Emily Anne Johnson and [2]Samuel Robert Davis
[1]Vice President, Prevent Child Abuse New Jersey, 103 Church St., Suite 210, New Brunswick**,**
[2]Director, Grow NJ Kids Northeast TA Center, 103 Church St., Suite 210, New Brunswick,

Abstract: This paper examines the challenges faced by educators in managing the socio-emotional and behavioral needs of students with adverse childhood experiences (ACEs) in large classrooms. The paper argues that trauma-informed education (TIE) is a promising approach to addressing these challenges. TIE is a holistic approach to education that recognizes the impact of trauma on learning and behavior. It provides educators with the skills and knowledge they need to create safe and supportive learning environments for all students.
Keywords: Adverse childhood experiences (ACEs),Trauma-informed education (TIE),Large classrooms Socio-emotional needs,Behavioral needs

Introduction

Today, the role of an educator involves much more than teaching the ABCs and 123s or reading, writing, and arithmetic. With a higher prevalence of students in the classroom with adverse childhood experiences (ACEs), educators are not only tasked with the responsibility of managing the fundamental learning needs of their students, they must also tend to their students' socio-emotional and behavioral needs. Nationwide, the COVID-19 pandemic has had a direct impact on the mental and socio-emotional wellbeing of students - and as of late - addressing the student learning loss caused by school shutdowns and the temporary transition to virtual learning is a high-priority.

It seems that the effects of the pandemic have placed such strain on state and local budgets that funding cuts, layoffs, and school closures could be inescapable for some districts. Obviously, the inevitable solution to those issues would be to increase the number of students in the classroom, but how could this be effective in schools where classroom sizes are already large? According to the National Center for Education Statistics (2018), as it relates to public, combined grade schools in New Jersey, teachers managing self-contained classrooms had an average of **12.4** students, while teachers in departmentalized instruction managed an average of **21.4** students at a time. It is evident that teaching classes with large numbers of students can be taxing, but the stress is compounded for both educators and students when students present with ACEs that manifest as behavioral problems in the classroom.

Research indicates that prior to the COVID-19 pandemic, **320,000** of New Jersey's **800,000** children reported having an ACE, while an estimated **160,000** had multiple ACEs (Center for Health Care Strategies, 2021). Unfortunately, the effects of trauma and toxic stress bleed into various areas of child development and their effects are detrimental to the developmental process. For example, children who experience trauma – whether it be *acute*, *chronic*, or *complex* – are more likely to have poor health and educational outcomes (Brown et al., 2020). Statistics from the 2022 National Kids Count Report show that more than **10%** of children living in New Jersey are

struggling with mental health issues, and **38,000** more kids are experiencing anxiety and depression than six years ago (Advocates for Children of New Jersey, 2022). While mental health problems in children were steadily increasing prior to the pandemic, anxiety rates have risen significantly with the shutdown and reopening of schools. In a survey conducted by the National Association of Elementary School Principals (NAESP) (2020), nearly **70%** of elementary and middle school administrators reported not having enough school-based mental health professionals to address the mental health needs of their students. This issue is all too familiar in Newark, New Jersey's largest school district, which reported having a **540:1** ratio for students to counselor (Wall, 2021). With such an astounding ratio, it would be practically impossible to provide students the adequate, one-on-one support they need to overcome their challenges, and it further demonstrates the role educators and school administrators play in buffering their students from the detriments of trauma.

What is Trauma?

Trauma is prevalent in our society and can affect all people, regardless of socioeconomic status, race, gender, or age. Children are especially vulnerable to the lifelong affects and negative outcomes associated with childhood trauma. Children that are exposed to trauma are at an elevated risk to experience adverse outcomes that ultimately influence their overall health and wellbeing. Often the trauma students exhibit is labeled by teachers as "challenging behaviors". These behaviors can disrupt a classroom's flow and make it difficult for teachers to appropriately support and manage classrooms. Teachers may label children as "problem children", which often may lead to premature and/or incorrect diagnoses, unnecessary expulsions, and teacher burnout. Intervention is necessary to support these children, their families, and their teachers. Implementing trauma-informed practices is a promising approach to improving upon current teaching strategies and addressing systemic issues such as expulsion and teacher burnout.

Trauma can be emotional or physical; it can be a one-time or a sustained event. Examples of trauma include a parent's death, witnessing a severe car accident or repeated exposure to community violence or parental substance abuse. Exposure to trauma can invoke intense feelings of terror, helplessness, and powerlessness (American Psychological Association, 2012). Researchers have long documented the long-lasting and devastating impact of trauma on children, primarily because trauma affects young children's developing brains and bodies (De Bellis & Zisk 2014). It is a common misconception that children are immune to trauma's effects; some have argued a child will not remember the experience or that he is too young to be affected by it (Pipe et al., 2004). The ACE Study debunked this myth and fundamentally changed how we think about children affected by trauma (Felitti et al., 1998), and shines a spotlight on the effects of trauma on children.

Kaiser Permanente and the Centers for Disease Control (CDC) initially conducted the ACE Study between 1995 and 1997 with more than **17,000** adults (Felitt et al., 1998). The researchers examined the relationship of adverse childhood experiences with health and other wellbeing outcomes later in life by tallying the number of specific incidents, to which participants were exposed, and assigning one point for each: verbal, sexual, and physical abuse; emotional and physical neglect; having a parent who is an alcoholic or addicted to drugs, having a parent with a mental illness; witnessing a mother who experienced abuse; losing a parent, experiencing abandonment, divorce, or having a family member in jail (Felitt et al., 1998). Researchers of the ACE Study found that nearly two-thirds of the adult participants reported experiencing one ACE as a child (Felitt et al., 1998). Results of the ACE Study provide strong evidence of a clear relationship between early childhood trauma and poor health and life outcomes; specifically, the higher the ACE score, the greater the chance of adverse health outcomes (Sciaraffa

et al., 2018). For example, adults who reported an ACE score of four or more as a child are nearly **4 times** as likely to develop lung disease, more than four times as likely to experience depression, and **12 times** as likely to attempt suicide (Stevens, 2017). Educators can use information from the ACE Study and other research to implement trauma-informed care approaches to help minimize the negative outcomes associated with trauma.

The Effects of Trauma on Learning and Making Connections

The effects of traumatic experiences like *child abuse and neglect, family violence, sudden loss of a loved one*, and *removal from a parent*, just to name a few, inhibit children's abilities to establish healthy connections, and these inhibitions often influence challenging behaviors and cognitive developmental disruptions that affect how children learn. This happens because "the neurological development of the brain becomes distorted such that the 'survival' mechanisms of the brain and body are more dominant than the 'learning' mechanisms, resulting in wide-ranging impairments in arousal, cognitive, emotional and social functioning" (McLean, 2016, para. 11).

Consequently, the distortions and disruptions caused by acute, chronic, and complex trauma have such an impact on neurological development that they hamper children's ability to learn and hinder them from meeting the academic expectations and behavioral standards to which they are held (Paredes, 2021).

Fortunately, distortions and disruptions in cognitive functioning and impairments in neurological development can be ameliorated by two common brain development phenomena known as *neuroplasticity* and *resilience*. Regardless of the type of traumatic event experienced, a child's brain can grow, adapt, and change in response to that event (Ackerman, 2021). This is neuroplasticity, and it is critical for learning and memory. Neuroplasticity is what allows people to redirect their automatic responses to stressful events, and when a person can recondition their brain to couple positive associations with negative experiences, they become less reactive and more resilient (Suttie, 2013). Resilience is the ability to recover or bounce back from adverse or challenging situations (Center for Child Counseling, 2022). Interestingly, while some people experience more adversities throughout their lifespans than others, the number of adverse experiences one has does not decrease their ability to build resilience - they may just need more supportive connections to do so. Opportunities to build resilience are plentiful in classrooms where students' trauma is exhibited in challenging ways; but sadly, they are missed when educators' and administrators' responses to students' outward manifestations of toxic stress and trauma (e.g., disruptive behavior, lack of participation, low grades, etc.) are managed with interventions that focus more on disciplining the student than helping them make the connection(s) they are consciously - and sometimes unconsciously - seeking.

Punitive Discipline Disrupts Connection

Newsflash! The use of punitive interventions is not effective for building connections with students with ACEs. In fact, such interventions exacerbate classroom dysfunction and perpetuate the toxic stress cycle. According to Ablon and Pollastri (2018), when punitive discipline is not effective, students with toxic stress experience increased stress, which further suppresses skills development and leads to the intensification of challenging behaviors. This, in turn, restarts the punitive discipline process, but this time with greater disciplinary consequences. According to the U.S. Department of Health and Human Services and U.S. Department of Education (2014), the use of punitive discipline strategies like suspension and expulsion with young children makes them **ten times** more likely to drop out of high school, causes them to foster negative feelings about school, and heightens their chances of incarceration. It also increases the likelihood of repeated suspensions as they advance in grade level.

According to Farmer, Burns, Phillips, Angold, & Costello (2003), schools are the most common place for students to receive behavioral health support, and the provision of such services in the school-setting aids in decreasing racial and ethnic disparities associated with access to care (Kataoka, Stein, Nadeem, & Wong, 2007). Suffice it to say, racial and socioeconomic disparities have been correlated with higher rates of out-of-school suspension (OSS) occurring in Black and low-income student populations, as it appears that their discipline is more punitive than that of their White, middle-class peers (Baroni, Day, Somers, Crosby, & Pennefather, 2016; Fenning & Rose, 2007; Mendez, Knopf, & Ferron, 2002; Rausch & Skiba, 2004). Additionally, Verdugo (2002) found that Black students are suspended more often for disrespectful conduct - and even more difficult to fathom - they receive more OSSs for "appearing threatening", (p. 155).

Okonofua & Eberhardt (2015) conducted a study using hypothetical vignettes to explore teachers views of Black and White students' behavior. Outcomes showed that even when displaying the same behavior as White students, Black students' portrayal of the behavior was attributed to them having a more deeply rooted, ongoing issue that warranted suspension. Clearly, the zero tolerance policies adopted by most schools are prohibitive, as they bypass opportunities to connect with and support students who need it most. As Verdugo (2022) explained, "OSS is often a reaction to underlying symptoms of a variety of concerns and does not get to the causes of the inappropriate student behavior, which may be caused by trauma or by being placed in out-of-home care" (p. 157).

The truth is, when it comes to reducing minor behavioral incidents in the school-setting, classroom management strategies are not as effective when educators do not have the knowledge, skills or tools needed to build affective relationships with their students (Kennedy & Haydon, 2021). Educators play an essential role in cultivating supportive connections with their students. Immerfall and Ramirez (2019) noted that having a consistent, secure, and caring connection to an adult is one of the most critical protective factors for promoting healing and building resilience in children. In essence, educators are more than trained professionals who facilitate learning, they catalyze the hope and healing students need to overcome adversity and strive towards personal growth and academic achievement. Therefore, training educators on how to implement trauma-transformational practices in the school environment is pivotal.

Equipping them with the knowledge and tools needed to connect with their students and enhancing their ability to recognize and buffer the negative effects of trauma and toxic stress will result in students healing and flourishing in their pursuits of socio-emotional grounding, behavioral stability, and academic success.

Trauma-Informed Alternatives to Punitive Discipline

A trauma sensitive school is defined as an environment "in which all students feel safe, welcomed, and supported and where addressing trauma's impact on learning on a school-wide basis is at the center of its educational mission. It is a place where an on-going, inquiry-based process allows for necessary teamwork, coordination, creativity and sharing of responsibility for all students, and where continuous learning is for educators as well as students" (Trauma Sensitive Schools, 2016). Therefore, the option to offer behavioral health supports in the school-setting is one that should be widely considered and integrated as a regular practice.

For example, comfort rooms are a staple of trauma-sensitive environments, as they are designed to be a supportive, therapeutic space where individuals can go to calm and self-regulate. The Clara B. Ford Academy created The Monarch Room (MR), which models the comfort room concept, and is a trauma-informed alternative to the implementation of traditional school discipline practices - like suspension - that is proven effective for addressing the socio-emotional and behavioral health needs of students. MONARCH stands for Multifaceted approach

Offering New beginnings, Aimed at Recovery, Change, and Hope. MR is a supportive - not a disciplinary - intervention geared towards keeping students in school by providing them with the resources needed for emotional regulation (Baroni, Day, Somers, Crosby, & Pennefather, 2016). The MR can be accessed during school hours and is run by professionals trained to provide nurturing and supportive counseling services to students. When students display reactive vs. responsive behavior in the classroom or are having difficulty focusing or self-regulating, they can choose to or are asked by school personnel to go to the MR where they can connect with supportive staff and engage in positive interventions to help them reset and prepare to re-enter the classroom (The Monarch Room, 2022).

The MR utilizes a professional development curriculum that is broken down into several modules. The modules focus on strengthening staff's knowledge of brain development in children with a history of trauma; building relational skills; adapting attachment theory to the classroom setting; creating a culture of compassion; learning strategies and interventions that can be implemented in the classroom to decrease the effects of trauma and foster a greater interest in learning; managing challenging behavior in students who experienced trauma, and self-care for educators (The Monarch Room, 2022).

The Child Wellness Institute

The Child Wellness Institute (ChildWIN®), a subsidiary of Prevent Child Abuse New Jersey, located in New Brunswick, New Jersey, was established in 2018 and is a conduit for increasing opportunities for children to grow and thrive into healthy, successful adults. ChildWIN® promotes resilience and socio-emotional intelligence within children and families by offering interactive, evidence-informed trainings and workshops to families and professionals. Through its coaching and in-person/virtual trainings and workshops, ChildWIN® provides the knowledge and tools parents and professionals need to transform their homes, schools, and therapeutic environments into settings that are healing-centered and filled with connections that foster children's growth, resilience, and wellbeing. ChildWIN® provides services to school districts throughout New Jersey's 21 counties and is equipped to provide virtual training to other states.

ChildWIN® focuses on the entire educational setting which typically includes administrators, teachers, support staff, children, and their families. It is a research-based training and education provider that seeks to infuse knowledge about how to reduce and/or prevent the effects of trauma and toxic stress from disrupting children's ability to learn and perform in the academic setting (ChildWIN.org, 2022). ChildWIN® engages school administrators, educators, children, and their families with the end goal of strengthening their knowledge about the detrimental effects of toxic stress and trauma, teaching effective interventions for working with students with ACEs, building students' resilience, and educating parents and caregivers on how they can help their children thrive developmentally, personally, and academically. In addition to teaching the effects of trauma and how ACEs impede learning, ChildWIN® functions on the tenet that building meaningful connections between students and educators improves socio-emotional, behavioral, and academic outcomes for students (ChildWIN.org, 2022). Furthermore, ChildWIN® provides participants with the knowledge and skills needed to transform the learning environment into one that becomes calm, nurturing, and healing-centered through the education professional's conveyance of empathy, attentiveness, and quality interactions with their students. All of which is imparted through the Healing Hearts (HH) Training Series.

Healing Hearts

Like the MR, HH utilizes a curriculum-based training and education program designed to mitigate the negative outcomes associated with trauma and helps to prevent ACEs. HH supplements the creation of safe spaces by educating school personnel on the effects of trauma, its impact on brain development and cognitive functioning, and teaching them how to build healthy, supportive connections with students to promote positive behavioral and academic outcomes. The training series is built on an integrative framework of *Attachment Theory, Social and Emotional Learning Theory, and Change Management Theory*, and it endeavors to initiate change that flows throughout each level of a school's organizational structure (ChildWIN.org, 2022).

HH is a five-part training series that is customized to meet the needs of the participating school district. The guiding principle of HH is that if prevention and intervention can start early, we can support educators to help build resilience in their students, engage their parents in the process, and reduce the severity and consequences of trauma and ACEs. The training series offers the following workshops: 1) *Trauma 101*; 2) *TraumaInformed Care Principles*; 3) *Building Resilience*; 4) *Self-Care*; and 5) *Advanced Strategies*, which is broken down into two parts – *Part 1. Educator Self-Awareness/Brain States* and *Part 2. Co-Regulation*. HH also provides additional wellness components such as, *parent workshops*, *classroom materials including calm-down kits (*floor decals to promote reset areas for students to recalibrate), *school-administrator sessions, data collection and evaluation, socio-emotional learning materials, a Peaceful Practices demonstration*, *custom application trainings* and *peer reflection groups*. The interactive workshops require a 6-to-9-month commitment, which is time well spent for education professionals seeking to learn effective traumatransformational practices to heal hearts, foster connections, and mitigate behavioral challenges in the classroom.

Introducing HH to a New Jersey School District

Research has long indicated that poverty and low socioeconomic status are correlated with behavioral problems in children and adolescents (Kaiser, Li, Pollmann-Schult, & Song, 2017); and the fact that poverty has an adverse impact on school readiness and academic performance and achievement is universally documented. "A body of research suggests that there is a 'tipping point,' somewhere between **50** to **60 percent** of a school's students living in poverty, where performance for all students there drastically declines" (Katz, 2020, para. 2). It appears that trauma, low-income, and lack of funding are a triad that lends to poor academic outcomes and contributes to inequitable education and the unequal distribution of resources (e.g., qualified/experienced education professionals, learning materials/tools, and behavioral health supports, etc.) to schools with high rates of poverty and students affected by trauma.

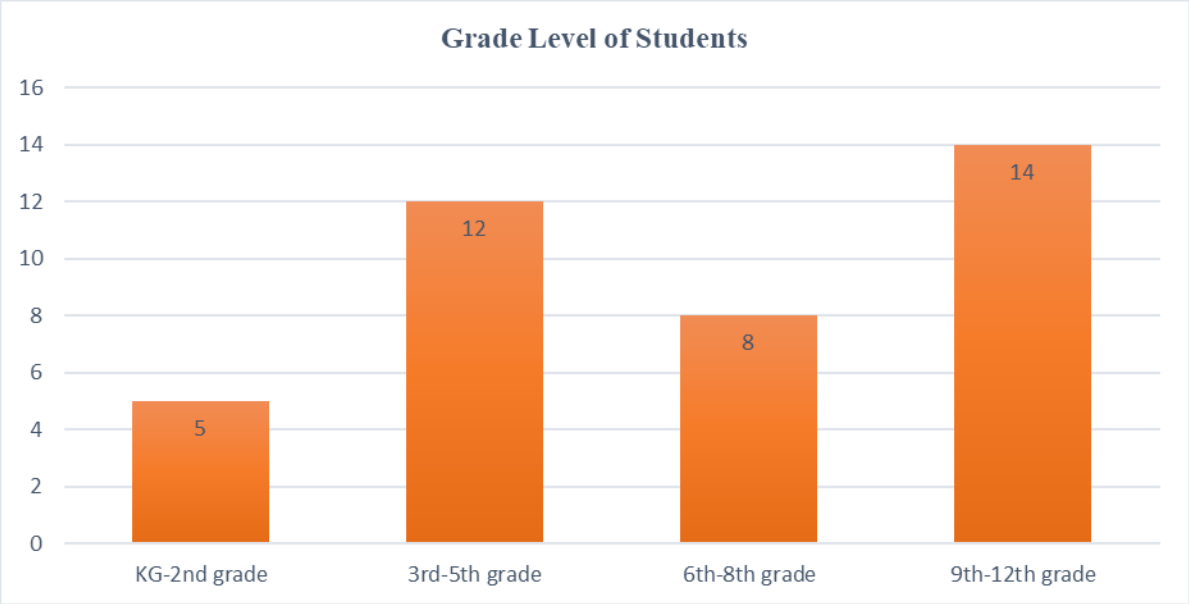
Ratings obtained from GreatSchools.org (2022) showed that the average number of students per teacher in the participating district was **12:1** - *the student teacher ratio noted on Niche.com (2022) was* **16:1** - while the ratio for students to counselor was **369:1**. Approximately **67%** of students in the district resided in low-income households; and as it pertains to student progress within the district, statistics indicated that **94%** of students were making less academic progress than students in other school districts within the state (GreatSchools.org, 2022).

Participants

This analysis focused on one urban district whose superintendent contacted ChildWIN® for HH training. The district was comprised of **20** schools, which included **13** elementary schools, **4** middle schools, and **3** high schools.

Unfortunately, many schools in the district were faced with navigating the challenges of concentrated poverty and the affects it has on behavior and academic outcomes without the skills or training needed to be successful. In August 2021, a group of 39 school administrators from the district engaged in the HH Series: Trauma 101 Workshop facilitated by ChildWIN®. Administrators presented from various schools within the district and data identifying the grade levels of their students was collected. **Table 1** highlights the frequency of administrators who worked with students in kindergarten through 12th grade. As the table indicates, most of the administrators who participated in the workshop worked with 9th - 12th graders (**35%**), while the second highest number of participants worked with 3rd – 5th graders (**31%**). Administrators supervising schools teaching kindergarten - 2nd grade and 6th - 8th grade made up **13%** and **21%** of the participants, respectively.

Table 1. Grade Level of Students



Measures

ChildWIN® administered an adapted version of the ARTIC (Baker & Traumatic Stress Institute, 2016), which consists of three versions: the ARTIC – 45, the ARTIC – 35, and the ARTIC – 10. The ARTIC – 10 Education Scale was adapted and administered as a pre-training survey for the Trauma 101 Workshop. A generic 90-day follow-up survey was given to explore if any changes in practice and attitude about trauma-informed care (TIC) occurred. ARTIC stands for Attitudes Related to Trauma-Informed Care, and it is credited as being the first psychometrically valid tool used to measure TIC (Baker, Brown, Wilcox, Overstreet, & Arora, 2016). The measure is based on the postulation that professionals' attitudes fuel their behaviors and how professionals behave from moment-to-moment is key for successfully implementing TIC. The survey items were presented as statements of opinion intended to garner participants' perspectives related to TIC. Participants were asked to respond to the following statements:

1. *The education level of the children I work most closely with are in…*
2. *Rate your confidence level in recognizing and responding to children who have experienced trauma.*
3. *Rate your knowledge about preventing and handling challenging behaviors of children.*
4. *Rate the children in your classroom in terms of their ability to identify their own feelings.*
5. *When a student behaves one day and struggles the next day…*
6. *Real life consequences are as important as caring relationships for students to learn to function in the real world.*
7. *Ways of managing feelings alone are not enough to prevent burnout. Teachers should learn to toughen up and not care too deeply about their work.*
8. *There is a clearly defined process for addressing/working with trauma-impacted children.*
9. *Staff is provided with the necessary training and support to work with trauma-impacted children.*
10. *Families are provided with the resources and supports necessary to handle their children's stress.*
11. *Services provided value diversity and are inclusive in nature for both staff and children.*
12. *Self-regulation strategies such as mindfulness, breathing, and yoga are regularly offered to children.*

13. Staff self-care is encouraged and supported with resources and peer collaboration.

Table 2 shows the frequency of the participants' ratings for statements 2-13 on the survey (**responses to question # 1 are located above in* **Table 1**). In highlighting some of the responses to the survey, it was important to note that of the 39 administrators who participated in Trauma 101, **21 (54%)** reported having average confidence in their ability to recognize and respond to students who have experienced trauma, while **20 (51%)** reported having an average knowledge of how to prevent and manage challenging behaviors in their students. Interestingly, **32 (82%)** participants expressed that the students in their classroom are only somewhat able to identify their own feelings.

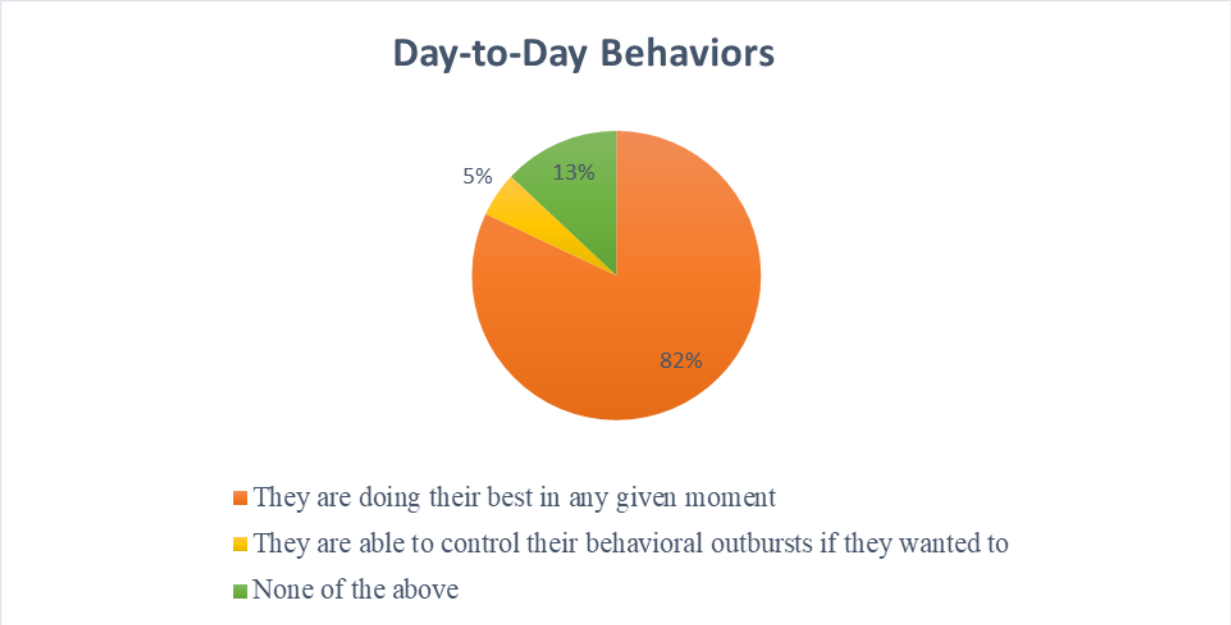
Table 2. Survey Ratings *N=39*

Statement	Response Rating				
2. Rate your confidence level in recognizing and responding to children who have experienced trauma.	Very confident 6	Average confidence 21	Some confidence 11	No confidence at all 1	
3. Rate your knowledge about preventing and handling challenging behaviors of children.	Some knowledge 6	Average knowledge 20	A lot of knowledge 13		
4. Rate the children in your classroom in terms of their ability to identify their own feelings.	Very able to 2	More able to 4	Somewhat able to 32	Not able at all 1	
5. When a student behaves one day and struggles the next day…	They are doing their best at any given moment 32	They are able to control their behavioral outbursts if they wanted to 2	None of above 5		
6. Real life consequences are as important as caring relationships for students to learn to function in the real world.	Strongly Agree 7	Agree 17	Neutral 6	Disagree 6	Strongly Disagree 3
7. Ways of managing feelings alone are not enough to prevent burnout. Teachers should learn to toughen up and not care too deeply about their work.	Strongly Agree 0	Agree 2	Neutral 2	Disagree 7	Strongly Disagree 28
8. There is a clearly defined process for addressing/working with trauma-impacted children.	Strongly Agree 2	Agree 7	Neutral 13	Disagree 14	Strongly Disagree 3

9. Staff is provided with the necessary training and support to work with trauma-impacted children.	Strongly Agree 0	Agree 9	Neutral 9	Disagree 15	Strongly Disagree 6
10. Families are provided with the resources and supports necessary to handle their children's stress.	Strongly Disagree 5	Disagree 16	Neutral 8	Agree 10	Strongly Agree 0
11. Services provided value diversity and are inclusive in nature for both staff and children.	Strongly Agree 0	Agree 12	Neutral 15	Disagree 10	Strongly Disagree 2
12. Self-regulation strategies such as mindfulness, breathing, and yoga are regularly offered to children.	Strongly Agree 1	Agree 14	Neutral 9	Disagree 12	Strongly Disagree 3
13. Staff self-care is encouraged and supported with resources and peer collaboration.	Strongly Agree 3	Agree 17	Neutral 13	Disagree 5	Strongly Disagree 1

According to **Table 3** more than **80%** of participants felt their students were doing the best they could with managing their day-to-day behaviors - which from a TIC perspective, is a favorable response. Approximately **13%** felt the students were neither doing their best in any given moment nor were they able to control their behavioral outbursts if they wanted to. **Five percent** of participants felt that students can control their behaviors.

Table 3. Day-to-Day Behaviors



Responses to the statement, "Managing feelings alone are not enough to prevent burnout. Teachers should learn to toughen up and not care too deeply about their work.", were also trauma-informed as **35** participants disagreed and strongly disagreed with the statement. While several favorable responses to the statements pointed toward the administrators having positive attitudes about TIC, their responses to some statements indicated several areas that could be enhanced by engaging in introductory and advanced trauma trainings and workshops like Trauma 101 and others offered through the HH Training Series.

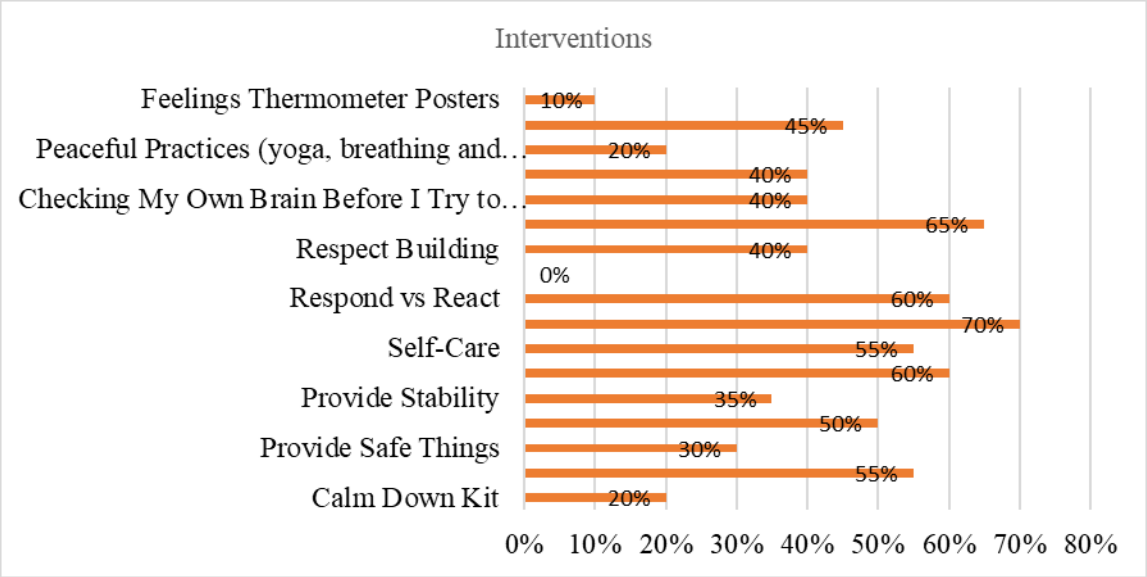
It was noted that **14** participants disagreed that their schools had a clearly defined process for addressing/working with trauma-impacted children, while **3** participants strongly disagreed. Furthermore, **15** participants disagreed that staff is provided with the necessary training and support to work with trauma-impacted children, while **6** strongly disagreed. **Nine** participants responded neutral. **Twenty-one** participants disagreed and strongly disagreed that families are provided with the resources and supports necessary to handle their children's stress, **8** responded neutral. As it relates the administrators attitudes about their schools providing services that are diverse and inclusive for teachers and students, **12** agreed, **15** were neutral, **10** disagreed, and **2** strongly disagreed, demonstrating that this was certainly an area that the district could benefit from strengthening. Only **14** participants agreed that self-regulation strategies such as mindfulness, breathing, and yoga were regularly offered to children in need of support in their schools; **15** participants disagreed and strongly disagreed, while **9** were neutral, thus indicating that self-regulation and co-regulation training would be beneficial.

The 90-Day Follow-Up

A 90-day follow-up was conducted with the district administrators to explore how their attitudes regarding TIC changed after participating in Trauma 101, determine if the workshop influenced how they built connections with their students, and see if they employed trauma-informed interventions in response to their students' displays of challenging behaviors. According to **Table 4**, **70%** of administrators began employing strategies to help recognize their students' triggers and identify their students' feelings, **60%** initiated respond vs. react interventions, and **65%** utilized redirection techniques. Moreover, **40%** of participants acquired the skills needed

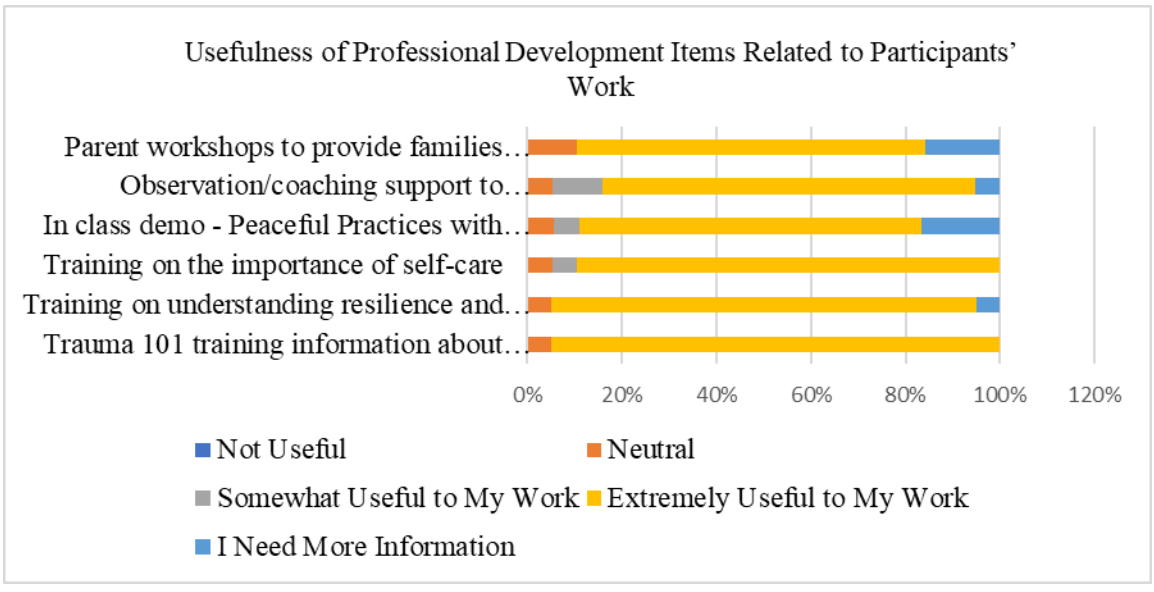
to be mindful and check their own brains before trying to calm a student; **55%** became more proactive in practicing self-care.

Table 4. Trauma-Informed Interventions Used After Participating in Trauma 101



The responses in **Table 5** depict the administrators' attitudes regarding how useful various professional development trainings would be to their work.

Table 5. Usefulness of Professional Development Items Related to Participants' Work



Overall, **95%** of the district administrators who participated in Trauma 101 indicated that learning about the brain and how trauma influences their students' displays of challenging behaviors would be extremely useful to their work. Approximately **90%** reported that learning about resilience and how to foster it, and participating in more training on the concept of self-care, would be an asset for helping them strengthen their work with their students, faculty, and staff. Almost **79%** reported that they would like additional support via observation and coaching to implement the new strategies that they learned. About **74%** of participants said hosting parent workshops to

provide families with an overview of trauma would be extremely useful. Qualitative feedback from one administrator noted that they would like to, *"Learn more about how to consistently support students, staff and families while practicing self-care."* Another expressed that they would like to learn more about, *"Strategies to use at the school level to support students, staff and families. Resources for students, staff, and families, and support for our students, staff and families beyond talk.*"

Discussion

The outcomes of this assessment demonstrate that trauma training can have a positive influence on administrators' perceptions of students who display challenging behaviors in the classroom by increasing their knowledge of how to effectively engage students with histories of trauma, teaching them how to support the teachers who work directly with the students, and helping them build the practical skills needed to help students manage their emotions and behaviors - beyond the practice of punitive discipline. Administrators and teachers promote students' success when they can help students identify their triggers and talk about their feelings, when they respond in ways that establish a healthy educator-student relationship, and when they proactively tend to their own emotional needs. The participants' responses to the pre-training survey, showed that **32** of the **39** administrators were only somewhat able to rate the children in their classroom in terms of their ability to identify their own feelings. However, at the 90-day follow-up, **70%** of them began employing strategies to help students recognize their triggers and identify their students' feelings, and **60%** noted that their responsiveness to negative behaviors increased while their reactiveness decreased.

Another element that is critical to promoting success in students with ACEs is family engagement. According to Dearing, Kreider, Simpkins, and Weiss (2006), family engagement occurs less frequently in families living below the poverty line or with older children, and for parents who did not obtain a high school diploma. As it was previously mentioned, **67%** of students in the participating district resided in low-income households. Pretraining survey results showed that more than **50%** of the administrators agreed and strongly disagreed that families are provided with the resources and supports necessary to manage their children's stress. Although the district was not participating in HH Parent Workshops at the time of this evaluation, **74%** said offering parent workshops on trauma would be extremely useful. When implemented in other districts, HH Parent Workshops enhanced parent-educator partnerships by increasing parents' knowledge of the effects of trauma and teaching them how they can collaborate with educators to help their children achieve behavioral and academic success.

Further analysis of the pre-training survey demonstrated that **44%** of administrators disagreed and strongly disagreed that their schools had a clearly defined process for addressing/working with trauma-impacted children, which explains why such a high percentage of administrators felt trauma training was extremely useful to their work in the 90-day follow up. Helping administrators develop socio-emotional learning competencies promotes balance in interactions between administrators and teachers, administrators and students, teachers and students, and students and their peers. Furthermore, when administrators are able to enhance their ability to communicate, listen, evaluate the whole picture before making decisions, and maintain optimistic and motivational attitudes, they can support and coach teachers and students to do the same. This leads to the organic establishment of a trauma-informed, safe, and supportive learning and work environment.

Limitations and Recommendations for Future Research

A major limitation of this evaluation was that it neglected to employ a post-training survey and relied heavily on reports of improvement noted in the 90-day follow-up. A post-training survey asking the same questions as the

pre-training survey should have been administered as another mechanism to explore change in the administrators' attitudes towards trauma-informed care. This would have provided opportunities for a more robust analysis of the training's impact on how their perceptions fueled their behaviors and changed how they engage students with ACEs.

Future research should emulate this evaluation but utilize the pre/post-survey data collection method. A longitudinal study should be conducted that implements the entire HH Training Series, and explores long-term outcomes related to behavioral and academic improvement (e.g., decreases in challenging behaviors, increases in attendance, improvement in grades, grade-level advancement and graduation rates, reduced OSSs, and changes in teaching practices, etc.). Brief in vivo coaching should be added to the HH Training Series to promote educator development by modeling trauma-informed strategies for working with students who are actively dysregulated and supporting teachers who are learning how to monitor their own emotional thermometers to avoid burnout and better assist their students.

Conclusion

As Willis, Grainger, Menzies, Dwyer, Simon, & Thiele (2021) noted, academic performance and the mental and emotional wellbeing of students can no longer be compartmentalized. In the paradigm shift from traditional teaching to trauma-informed teaching, it is important to acknowledge that education professionals are now being held accountable for managing the emotional wellbeing of their students - in addition to - helping them achieve their academic goals. It is well understood that children with histories of trauma have a higher risk of experiencing adverse outcomes that can affect them throughout their adulthoods. While research has shown that trauma impedes learning, it has also demonstrated that teaching effective interventions for working with students with ACEs and building their resilience can help them thrive developmentally and excel academically.

Education professionals play a critical, multi-faceted role in the growth, development, and academic success of their students. Their roles expand beyond sharing knowledge and instructing, as students also look up to them as mentors, role models, and even parent figures. Their awareness and knowledge of the effects of trauma and how they can best support students are key to mitigating challenging behaviors in the classroom and guiding them to personal and academic success. As reflected above, the first training in the series - Trauma 101 - was incredibly impactful and led to immediate positive actions in the schools and classroom. Further data continues to demonstrate that Healing Hearts offered through ChildWIN® is an essential training series for helping education professionals learn how to engage and support students with ACEs through the establishment of healing-centered student-teacher connections that promote resilience and reduce impediments to learning.

References

Ablon, J. S., & Pollastri, A. R. (2018). *The discipline fix: Changing behavior using the collaborative problem-solving approach*.

New York, NY: W. W. Norton & Company.

Ackerman, C. E. (2021). *What is neuroplasticity? A psychologist explains*. Retrieved from positivepsychology.com.

Advocates for Children of New Jersey. (2022). *National kids count report*. Retrieved from acnj.org.

American Psychological Association. (2012). *Resilience guide for parents and teachers*. https://www.apa.org/topics/resilience-guide-parents.

Baker, C. N., Brown, S. M., Wilcox, D., Overstreet, S., & Arora, P. (2016). Development and psychometric evaluation of the attitudes related to trauma-informed care (ARTIC) scale. School of Mental Health, 8, 61-76. doi: 10.1007/s12310-015-9161-0

Baroni, B., Day, A., Somes, C., Crosby, S., & Pennefather, M. (2016). Use of the monarch room as an alternative to suspension in addressing school discipline issues among court-involved youth. *Urban Education, 55*(1), 153-173. doi.org/10.1177/0042085916651321

Brown, E. C., Freedle, A., Hurless, N. L., Miller, R. D., Martin, C., & Paul, Z. A. (2020). Preparing teacher candidates for trauma-informed practices. *Urban Education, 00*(0), 1-24. doi: 10.1177/0042085920974084

Center for Child Counseling. (2022). *Resilience: A powerful weapon in the fight against ACES*. Retrieved from centerforchildcounseling.org.

Center for Health Care Strategies. (2021). *Taking action to address adverse childhood experiences in New Jersey: A statewide action plan*. Retrieved from chcs.org.

ChildWIN.org (2022). *ChildWIN training brochure*. Available at https://childwin.org/wpcontent/uploads/2020/08/Training-Menu-2020-Final.pdf

Dearing, E., Kreider, H., Simpkins, S., & Weiss, H. B. (2006). Family involvement in school and low-income children's literacy performance: Longitudinal associations between and within families. *Journal of Educational Psychology*, *98*, 653-664.

Farmer, E. M., Burns, B. J., Phillips, S. D., Angold, A., & Costello, E. J. (2003). Pathways into and through mental health services for children and adolescents. *Psychiatr Serv, 54*(1), 60-66. doi: 10.1176/appi.ps.54.1.60

Felitti, M. D., Vincent, J., Anda, M. D., Robert, F., Nordenberg, M. D., Williamson, M. S., David, F., Spitz, M. S., Alison, M., & Edwards, B. A. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: the Adverse Childhood Experiences (ACE) Study. *American Journal of Preventive Medicine*.

Fenning P. A., & Rose J. (2007). Overrepresentation of African American students in exclusionary discipline: The role of school policy. *Urban Education, 42*, 536-559.

De Bellis, M. D., & Zisk, A. (2014). The biological effects of childhood trauma. *Child and adolescent psychiatric clinics of North America, 23*(2), 185–vii. https://doi.org/10.1016/j.chc.2014.01.002

GreatSchools.org. (2022). *Public school district*. Retrieved from https://www.greatschools.org/new-jersey/publicschool-district/#schools.

Immerfall, S. J., & Ramirez, M. R. (2019). Link for schools: A system to prevent trauma and its adverse impacts. *NASN Sch Nurse*, *34*(1), 21-24. doi: 10.1177/1942602X18785010

Okonofua, J. A., & Eberhardt, J.L. (2015). Two strikes: Race and the disciplining of young students. *Psychol Sci 26*, 617–624.

Kaiser, T., Li, J., Pollmann-Schult, M., & Song, A. Y. (2017). Poverty and child behavioral problems: The mediating role of parenting and parental well-being. *International Journal of Environmental Research and Public Health*, *14*(9), 981. https://doi.org/10.3390/ijerph14090981

Katz, N. (2020). *State education funding: The poverty equation*. Retrieved from https://www.future-ed.org/stateeduation-funding-concentration-matters/

Kataoka, S., Stein, B. D., Nadeem, E., & Wong, M. (2007). Who gets care? Mental health service use following a school-based suicide prevention program. Journal of the American Academy of Child and Adolescent Psychiatry, 46(10), 1341-1348. https://doi.org/10.1097/chi.0b013e31813761fd

Kennedy, A. M., & Haydon, T. (2021). Forming and sustaining high-quality-student-teacher relationships to reduce minor behavioral incidents. *Intervention in School and Clinic*, *56*(3), 141-147. doi: 10.1177/1053451220942197

McLean, S. (2016). The effect of trauma on the brain development of children: Evidence-based principles for supporting the recovery of children in care. Retrieved from https://aifs.gov.au/cfca/publications/effecttrauma-brain-development-children

Mendez L., Knopf H., Ferron J. (2002). School demographic variables and out-of-school suspension rates: A quantitative and qualitative analysis of a large, ethnically diverse school district. *Psychology in the Schools*, *39*, 259-277.

Monarch Room. (2022). *What is the monarch room?* Available at https://monarchroom-traumainformededucation.com

National Association of Elementary School Principals. (2020). *NAESP releases results of midyear national principal survey on covid-19 in schools*. Retrieved from naesp.org.

National Center for Education Statistics. (2018). *National teacher and principal survey*. Retrieved from nces.ed.gov.

Niche.com. (2022). NJ Public school district. Retrieved from https://www.niche.com/k12/d/public-schooldistrict-nj/

Paredes, Y. (2021). Side-lining trauma sensitive practices in schools and next steps. *Journal of Cases in Educational Leadership, 24*(4), 74-83. doi: 10.1177/55545892/009587

Pipe, M., Sayfan, L., Cord, I. M., Melinder, A., & Goodman, G. S. (2004). *Memory for traumatic experiences in early childhood*. *24*, 101–132. https://doi.org/10.1016/j.dr.2003.09.003

Stevens, J. E. (2017). *Nearly 35 million U.S. children have experienced one or more types of childhood trauma.* Retrieved from https://acestoohigh.com/2013/05/13/nearly-35-million-u-s-children-have-experienced-one-ormore-types-of-childhood-trauma/

Suttie, J. (2013). *Building resilience*. Retrieved from greatergood.berkely.edu. The Monarch Room. (2022). Monarch. Available at https://www.monarchroom-traumainformededucation.com/resources.html Trauma Sensitive Schools. (2016). Frequently asked questions. Retrieved from https://traumasensitiveschools.org/frequently-asked-questions/

U.S. Department of Health and Human Services and U.S. Department of Education. (2014). *Policy Statement on Expulsion and Suspension Policies in Early Childhood Settings.* Retrieved from https://www2.ed.gov/policy/gen/guid/school-discipline/policy-statement-ece-expulsionssuspensions.pdf.

Verdugo R. R. (2002). Race-ethnicity, social class, and zero-tolerance policies: The cultural and structural wars. *Education and Urban Society*, *35*, 50-75.

Wall, P. (2021, August 23). How schools are racing to respond to a mental health crisis. *NJ Spotlight News*. Retrieved from http://www.njspotlightnews.org

Willis, A., Grainger, P., Menzies, S., Dwyer, R., Simon, S., & Thiele, C. (2021). The role of teachers in mitigating student stress to progress learning. *Australian Journal of Education*, *65*(2), 122-138. doi: 10.1177/0004944120982756