

5-2017

Analysis of Implementing Trauma Informed Programs in Grade Schools

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Recommended Citation

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Analysis of Implementing Trauma Informed Programs in Grade Schools

by

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MSW Clinical Research Paper

Presented to the Faculty of the
School of Social Work

St. Catherine University and the University of St. Thomas
St. Paul, Minnesota

in Partial fulfillment of the Requirements for the Degree of

Master of Social Work

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The Clinical Research Project is a graduation requirement for MSW students at St. Catherine University - University of St. Thomas School of Social Work in St. Paul, Minnesota and is conducted within a nine-month time frame to demonstrate facility with basic social research methods. Students must independently conceptualize a research problem, formulate a research design that is approved by a research committee and the university Institutional Review Board, implement the project, and publicly present the findings of the study. This project is neither a Master's thesis nor a dissertation.

Abstract

The prevalence of trauma experienced among children is a vast topic of study, in particular how these traumatic events can have detrimental consequences for a person as they age and impact their lifespan. More recently, policies have been introduced nationwide as it relates to trauma and education settings as a method of intervention and way to address trauma among students and the influence trauma can create as it relates to a child's behaviors in school and academic success. The implementation of trauma informed programming into a school's structure has been one response to these policy changes. This study conducts a qualitative analysis through the interviews of school social work professionals to address the benefits and challenges to implementing a trauma informed program while also taking a Systems Theory framework of how a trauma informed program impacts the school community at the student, parent/teacher, and administrative level. This case study identifies the necessity of trauma education provided to all system levels to foster program success. Also crucial themes discussed related to the benefits and challenges of trauma informed programming are building relationships as a way of resiliency and support, dispelling the stigma of labeling children with trauma, and discovering ways to increase funding for this type of program. Consistency of programs as required by state education policies and district policies are also discussed.

Keywords: Childhood Trauma, Trauma Informed Programs, Benefits, Challenges, Grade Schools

Acknowledgements

To my parents Lynn and Brian, sister Hannah, and partner Matt. Their support and encouragement throughout this process meant more than words can express.

To my chair Dr. Chovanec, thank you for your knowledge and encouragement along the way. Also I want to thank my committee members Heather and Kathy for providing your insight into the world of school social work.

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Introduction

Ben is a 7 year old boy going to school in Minnesota at a public school in the metro area. He recently transferred from an elementary school per parents request due to his behaviors involving refusal of attending school, aggression to staff and students while at school, and isolation from activities and fellow peers. The anxious and stressful behavior that Ben exhibited transferred from his previous school setting to another but the key difference in this case study is how each school worked with Ben and his family to create an environment where he could succeed. The method his original school took was a hands-off approach with both the child and family that neglected to address the behaviors or where they stemmed from. Transferring to a school that had knowledge of trauma informed practices and was a discussion among all professionals within the school helped create a more supportive environment. Ben's behaviors began to decrease, and once the behaviors were reduced he was able to find success in relationships with his teacher and peers, and eventually with academics. What the second school managed to do was focus on the behaviors and where they were stemming from before addressing his academic needs; meeting the child where he is at. (H. Alden, personal communication, March, 2016).

Child Protective Services in the United States in 2011 reported a received 3.4 million referrals representing around 6.2 million children that include events of neglect, physical abuse, and sexual abuse; 19% of those reports were confirmed. (Hamblen & Barnett, 2016) This staggering statistic provides a small snapshot of the prevalence of child abuse and trauma in the United States. Understanding the scope of the children impacted by witnessing or experiencing trauma invites the question of how trauma among children can be prevented, what the costs are to society, and what actions can be taken within the community to help provide support.

Research has shown that in the prevention of a traumatic event or after the event has occurred, parenting plays a pivotal role as a barrier or support for the possible outcome of negative behaviors exhibited by the child. (Gewirtz, 2008) The ACE's study has long been researching how early childhood experiences, specifically negative, have impacted the lifespan health and wellness of those individuals as they age. The Centers for Disease Control and Prevention (2016) reports that "the original ACE Study was conducted at Kaiser Permanente from 1995 to 1997 with two waves of data collection with over 17,000 Health Maintenance Organization members from Southern California receiving physical exams completed confidential surveys regarding their childhood experiences and current health status and behaviors" The CDC has continued the study assessing the medical status of the study participants. (CDC, 2016) The ACE Pyramid diagram helps to provide a visual of how the events of adverse childhood experiences at the base of the pyramid first disrupts the neurodevelopment of the child in effect creating social, emotional and cognitive impairment. The result of this disruption in neurodevelopment early in life increased an individual's risk of early onset of disease, societal problems, and earlier death in adults. (CDC-Kaiser, 2016) The onset of early health problems brings to question the medical and financial resources necessary to support the large population of adults that have been exposed to traumatic or adverse experiences. One method to reduce this concerning increase in health related problems is to provide early intervention to children that have experienced traumatic events offering evidence-based strategies of support and coping.

Trauma informed practice as a means to address adverse experiences among society have been gaining immense traction, particularly in the field of social work and other practices. In Minnesota "over 3,000 'front door' human service professionals in the child welfare, juvenile

justice, education, and law enforcement systems have been trained in trauma informed practice.” (Gewirtz, 2008) As Gewirtz (2008) touches on, trauma informed programs have in recent years been implemented among school-districts and notably within certain Minnesota school-districts. Reviewing current literature on trauma informed programs in schools have yielded inconsistent reports of programming and effectiveness. The purpose of this study is to research the benefits and challenges of implementing a trauma informed program in grade schools asking the question of what the barriers and benefits are to establishing a trauma informed program. This research question will be addressed through a qualitative study designed to interview licensed school social workers that have professional stance on children and trauma.

Literature Review

The literature surrounding the discussion of trauma informed programming and schools settings provided insight and direction to better understand the necessity and implications of establishing this type of program. The significant themes discussed in the review of literature include how child trauma is defined, how trauma informed schools are defined, how trauma experienced as a child can manifest into adulthood, absence of trauma informed school professionals, current trauma informed programming, and gaps discovered in the literature.

Childhood Trauma Defined

Childhood trauma is a common and pervasive problem, affecting approximately two-thirds of Americans (Centers for Disease Control and Prevention [CDC], 2016) The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-V) provides the following criteria for a diagnosis of post-traumatic stress disorder (PTSD): directly experiencing a traumatic event, witnessing in person a traumatic event as it happens to another person, learning that a traumatic event occurred to a close family member or close friend that was violent or accidental, or experiencing repeated or extreme exposure to aversive details of traumatic events (American Psychiatric Association, 2013, p. 271) The criteria for a PTSD diagnosis is more generalized not taking into consideration factors age and brain development.

According to the CDC-Kaiser ACE Study (2016) childhood trauma or “adverse childhood experiences” is defined as: emotional, physical, and sexual abuse; household challenges including violence, substance abuse, incarceration, mental illness, separation/divorce; and emotional and physical neglect. Children are a very vulnerable population. Their safety and well-being are so dependent on the care and support they receive from their caregivers.

Trauma Informed Schools Defined

The discussion of trauma informed schools among the literature has a strong variance of how it is labeled and defined giving the research a sense of ambiguity. The different labels of trauma informed programming vary from ‘trauma sensitive’, ‘compassionate schools’, ‘safe or supportive schools’, but all hold the same general principles and theoretical framework. Trauma informed schools are defined by the Treatment and Services Adaption Center (2015) as “schools that require a layered approach to create an environment with clear behavior expectations for everyone, open communication, and sensitivity to the feelings and emotions of others.” Trauma informed schools which includes the faculty and staff have the ability to identify and respond to children impacted by traumatic stress and not only provide tools to help them cope but to create a safe and supportive environment for them to grow. (Treatment and Services Adaption Center, 2015).

The idea of creating a school environment that provides the clear expectations, open communications with sensitivity to the emotions and feelings of others was further defined by the Wisconsin Dept. Public Institution by incorporating five principles created by Fallot and Harris (2009) and integrated in the St. Paul, MN district that include *Safety*, *Trustworthiness*, *Choice*, *Collaboration*, and *Empowerment*. To better clarify these five principles are applied as a universal protocol and are defined as the following: *Safety* is described as the very literal concept of ensuring the physical and emotional safety of the students; *Trustworthiness* is addresses the clarity and consistency that is provided by the staff incorporating definitions of clear boundaries between students and staff; *Choice* refers to students being afforded the opportunity to take back a sense of control and independence; *Collaboration* speaks to the importance of students having the opportunity to advocate for their needs and when appropriate preferences on activities; and

most importantly *Empowerment* by applying a strengths-based lens that focuses on building student's skills and through having student's build resiliency particularly students that have experienced or are experiencing trauma.

Lasting Effects of Trauma during Childhood

Neurological Implications A substantial body of research has shown that individuals who have experienced trauma in their childhood or adverse experiences have a higher likelihood of enduring lifelong health consequences. (Anda et al., 2004; Corso, Edwards, Fang, & Mercy, 2008; Dube, Anda, Felitti, Edwards, & Williams, 2002) Correlations have been shown that the stress induced by adverse experiences have a negative impact on a brain's neurological development. As the brain matures and develops, events and exposure to adverse experiences create damage in brain structures and functioning resulting in poor decision-making, difficulty creating social and personal relationships, and lead to health concerns. (Anda, 2007; Frederick & Goddard, 2008) Healthy brain development can be disrupted or impaired by prolonged, pathologic stress response with significant and lifelong implications for learning, behavior, health, and adult functioning. (Shonkoff & Garner, 2012) Toxic stress as defined by the National Scientific Council on the Developing Child (2017) states that "prolonged activation of the stress response systems in the absence of protective relationships such as development of brain architecture and other organ systems, and increase the risk for stress-related disease and cognitive impairment, well into the adult years". Toxic stress as it relates to trauma can create serious deficits in a person's health later in life.

Social Implications Discussion around attachment theory in relation to child's ability to remain resilient in the face of adverse experiences was discovered in the literature. A study conducted by Black-Hughes and Stacy (2013) focused on how siblings growing up in the same

environment can differ in resiliency. Their conclusions found that among the 43 sets of siblings, one sibling was considered non-resilient due to incarceration while the other never being incarcerated was considered resilient. The significance found through comparative analysis was that the resilient sibling reported to have a stronger attachment in all relationships during childhood and into adulthood. Although the levels of significance were not found to be applicable to the outside population, the data showed that if an individual's attachment to mothers decreased, substance abuse increased. These findings are supported by the Center for Disease Control and Prevention: Adverse Childhood Experiences Study (2016) stating the importance of safe, nurturing and stable relationships to prevent the negative outcomes including behaviors like smoking, alcoholism, and drug abuse.

The previous discussion of toxic stress and the negative impact on a child's neurological development can also have a concerning impact on a child's ability to develop and maintain healthy relationships. Dr. Bruce Perry (2002) speaks to the importance of relationships as it relates to a person's survival and success stating, "It is not as independent and solitary individuals that we succeed; it through our interdependent relationships – our families, clans, communities and societies – that we survive and thrive. We need each other." When a child is being deprived of a safe and nurturing environment or is consistently being exposed to toxic stress, the ability to form positive and stable relationships greatly decreases creating challenges that become evident in a school setting as children are building relationships with other students as well as faculty. Referring to the 5 principles discussed by Falot and Harris (2009), trustworthiness discusses the relationship between students and staff by being able to provide clear and consistent support and trust with an understanding that relationships are pivotal in a child's success and also key in implementing trauma informed principles into a school setting.

Absence of Trauma Education among Teachers

Understanding the importance of relationships and resiliency factors among children helps to enhance the role of educators and the influence they can have on children they encounter. Educators are assigned multiple roles within a school. They are responsible for the academic education of the child, serve as a model for appropriate and healthy behavior, and are instrumental in recognizing inconsistencies in behavior or appearances that could help mental health professionals address the needs of the school's population. Literature addressing trauma sensitive schools have shown an increase in educators becoming more aware of the barriers adverse experience create for children trying to access academics. An intervention used to increase school's sensitivity or Positive Behavior Intervention Support (PBIS) has been addressed by partnering with families to strengthen the relationship between child and parent addressing that core theory of attachment. (Anderson-Ketchmar & Alvarez, 2010) Similar to the ecological model, *Tier 1* addresses the school as a whole focusing on a safe and supportive climate through policies, modeling by staff of emotional regulation and caring behavior, and providing behavior management skills in the classroom. *Tier 2* is described as supplemental support targeted towards groups of students who need additional focused support either in Individual Education Plans for in class intervention, parent education, or small group interventions. *Tier 3* consists of high-intensity individual work with students who have identified chronic emotional or learning problems that with teacher and environment interventions, individual interventions, wrap-around services that include multi-disciplinary teams, or intensive case management. (Wisconsin Department of Public Instruction, 2016) This research enhances the credibility of importance in relationships from previous literature.

Understanding the barriers that children face when accessing academics, it is also important to note that educators are experiencing barriers in providing support to their students. A research study conducted by Alisic (2012) in the Netherlands took a random sample of 765 teachers through a qualitative method addressed a common theme that teachers had a difficult time understanding where their role as a teacher ends and where their responsibility of providing interventions for children experiencing traumatic exposure began. Other barriers found in the literature included: finding a balance of looking after the child along with the rest of the class, knowing when a mental health provider is necessary, knowing what to discuss in relation to the child's trauma and the class, and how to avoid the child taking these problems home. (Alisic, et al, 2012) Without consistent trauma-informed training and the school having a comprehensive system of how trauma is addressed, these barriers both student and educator experience cannot be remedied.

Trauma Informed Programming

Influence of Policy The current policy that addresses school-based mental health education in the state of Minnesota is part of the 120B.21 Mental Health Education Statute. The statute explains, "School districts and charter schools are encouraged to provide mental health instruction for students in grades 6 through 12 aligned with local health standards and integrated into existing programs, curriculum, or the general school environment of a district or charter school." (Revisor of Statutes, 2015) The Revisor of Statutes (2015) goes on to explain that the commissioner is encouraged to provide the mental health components of the National Health Education Standards to plan and implement the curriculum for those specific grades. Both the school districts/charter schools and commissioners are encouraged to provide mental health instruction for students although not required. The statute also does not provide a specific way to

integrate those instructions whether it is in existing programs, the general environment, or school's curriculum allowing schools to either not participate in this policy or implement ineffective instructions that may not reach all students. There is a very real disconnect on how the policies have been written and how it can be applied with in a school to provide effective interventions.

Aside from the Minnesota state-wide Mental Health Education Statute, gains have been made as it relates to the culture or climate the school adopts to support students. The Safe and Supportive Schools Act, Minnesota's bullying prevention policy was signed into law by Governor Mark Dayton on April 9, 2014. (Minnesota Board of Education, 2015) This law requires that Minnesota districts take specific steps to ensure a safe and supportive school environment for all students by creating policy on bully prevention, safe and supportive schools programing and parent, family and community engagement. (Minnesota Board of Education, 2015) Of particular interest as it relates to this study is the policy requirements for the safe and supportive school programming and the discussion of a school's climate as defined as "the quality and character of school life." (Minnesota Board of Education, 2015) Another body of research stemming from the National School Climate Center (2016) explain that too much of disciplinary policy and practice is punitive, unhelpful and 'feeds' the high school to prison pipeline. The Minnesota's Safe and Supportive School's Act is a step closer to addressing the impact that schools can have on student's that have experienced trauma.

Trauma Informed Curriculum In response to the Safe and Supportive Act in Minnesota, different programs and curriculum are being implemented in districts that help foster language surrounding bullying preventions and social emotional learning that are crucial in creating a trauma informed climate. Social emotional learning is defined as,

“the process through which children and adults acquire and effectively apply the knowledge, attitudes, and skills necessary to understand and manage emotions, set and achieve positive goals, feel and show empathy for others, establish and maintain positive relationships, and make responsible decisions.” (CASEL, 2017)

The use of social emotional learning is helping to shape school cultures to promote and provide interventions that adhere to the Safe and Supportive Act. An example of what trauma informed curriculum can look like include the use of AMAZE which is literary-based program that helps children develop critical thinking skills, respect differences, and supports social emotional learning. (Michael, 2017) Providing teachers and students the tools and language to discuss trauma or adverse experiences will hope to increase the use of trauma informed programming among school districts.

Gaps in Literature

A concerning gap was found in the literature around trauma informed programs. Consultation with University of St. Thomas Social Work Librarian provided a more extensive search into the literature through the multiple databases including ProQuest, Social Sciences Databases, American Psychological Association, PsychINFO, EBSCOhost, ERIC, and Education databases. Among these searched databases, 42 articles appropriately address this topic while only 6 articles spoke to any type of program adoption in these schools. This shows a lack of concrete trauma informed programs in school districts but rather an overwhelming amount of research on the importance of implementing this specific and necessary program. The literature vastly supports the need for such a program in schools but research of current schools that have implemented such programs were severely lacking.

Summary

In summary, the literature attending to trauma informed practices and programs as it relates to education is broad. The research shows that the prevalence of childhood traumas are more common than what people think. Efforts have been made within Minnesota school-districts to build a trauma informed learning environment. This case study strives to provide an analysis of trauma informed programs to gather an understanding of where there have been challenges and benefits in the implementation process to educate and promote the increase of these programs.

Conceptual Framework

The Ecological Model's theoretical framework best synthesizes an approach to the integration of trauma informed programs in grade schools considering the benefits and challenges that can influence how an individual student's needs are being met by the school system or trauma informed programs. Bronfenbrenner's ecological model studies how an individual is influenced and impacted by their environment which can manifest adaptive or maladaptive behaviors in that person. The environmental systems in constant interaction include the *micro system*, *mezzo system*, and the *macro system*. (Bronfenbrenner, 1981)

Bronfenbrenner (1981) defines the *micro system* as "a pattern of activities, roles, and interpersonal relations experienced by the developing person in a given setting with particular physical and material characteristics." In a school setting the *micro system* would focus on how a trauma informed program is impacting student to student relationships as well as student to faculty relationships. The culture of the school, meaning how behaviors or issues are addressed and discussed by staff, can have a large impact on conversation surrounding trauma and creating a trauma informed culture in a child's most intimate interactions is crucial.

The *mezzo-system* is defined as "the interrelations among two or more settings in which the developing person actively participates (such as, for a child, the relations among home, school, and neighborhood peer group; for an adult, among family, work, and social life.) (Bronfenbrenner, 1981) In the school setting the *mezzo system* considers the impact of programming among faculty and colleagues. How faculty can encourage knowledge on the subject of trauma and discuss possible barriers or flaws in programming hindering outreach and connection to students.

Lastly Bronfenbrenner (1981) defines the *macro-system* as “consistencies, in the form and content of lower-order system (micro and mezzo) that exist or could exist, at the level of the subculture or the culture as a whole, along with any belief systems or ideologies underlying such consistencies.” In the school context the *macro system* considers administrative and district-wide policies that may be impacting programming. Trauma informed programs seek to provide trauma sensitive interventions that both faculty and mental health professionals can provide to students who have experienced adverse or traumatic events. An article by states that when we view trauma through an ecological lenses we see that helping children and families cope with trauma will take resources larger than the school system alone. Evaluating trauma informed programs in grade schools using an ecological framework helps to synthesize how the *micro, mezzo, and macro-systems* can benefit the implementation of the program and create challenges in that process.

Goodness of Fit

It is important for mental health services to integrate evidence-based prevention and intervention programs into schools to address the mental wellness and health of the students looking beyond the school environment for resources and solutions. Another aspect of the ecological model to consider as it relates to this study is the concept of “*goodness of fit*”. The concept of *goodness of fit* occurs when an individual is successful in their environment (*micro, mezzo, and macro system*) and supports the individual’s physical and emotional well-being. (Germain & Gitterman, 1987) Implementing trauma informed programming into school systems hopes to provide a supportive environment for students experiencing trauma.

This study will gather data about trauma informed programs from the perspective of a school social worker whose profession often times adopts an ecological lens to navigate the

different environmental systems of a student. The ecological model's conceptual framework provides the interview questions a grounding lens to better address the concept of the benefits and challenges of trauma informed programming.

Methods

Research Design

The research design that was used for this study involved a basic qualitative design which sought to interview 8 professional school social workers with experience working with mental health and trauma work with children in their school or district. The interview was semi-structured allowing the ability to have participants elaborate, or investigate other topics that may arise. The rationale behind a qualitative study and conduction interview with school professionals was to gather data and experience directly from the source. The teachers, social workers, and administration are the professionals that are reacting and providing guidance to the children that have experienced trauma. Hearing the impact trauma informed programs have on their work and environment is important to best understand the benefits and challenges that come with it.

Sample

To gather participants, the researcher used a snowball method of sample. The sample sought to interview 8 school social workers. The sample criteria included having an LGSW or LICSW and having a minimum of 5 years of experience working in a school that practices trauma informed principles. The purpose of interviewing these specific professions was to best understand how trauma can be addressed on a micro, mezzo, and macro level within the school system. The participants were invited to participate in the research study to better understand the benefits and challenges of implementing trauma informed programs in schools.

Protection of Human Subjects

The subjects were administered the St. Catherine University IRB Consent Form via email previous to the interview to be made aware of the procedures, the elimination of both risks and benefits, and the purpose of the study. The participants were alerted that the records of this study will be kept confidential and that this report will not include information that will make it possible to identify the subject. The types of records that were created were audio recordings of the interviews, a transcription of the interviews, both protected on a password protected device. The clinical research chair had access to the transcription and all names were de-coded to ensure confidentiality. Both audio recordings were destroyed by May 16th at the end of the course.

Data Collection

The protocol of the data collection followed a semi-structured interviewing method asking a series of demographic criteria followed by open-ended questions:

- 1) 2-3 potential participants were generated from each committee member and provided to the researcher.
- 2) The researcher sent a scripted email to the potential participants informing them of the research project, how their information was provided to the researcher, and the details of the interviewing process if they were to accept. A consent form and interview questions were attached to the initial email for the participant to review prior to the meeting.
- 3) If no response was received in one week from potential participants a follow-up email was then sent.
- 4) The participants interested contacted the researcher to set up a 45-60 minute interview.

5) The interview was set up in the potential participant's work setting or a neutral site, i.e., library meeting room.

Instrument

The instrument process was an audio recording of the semi-structured interview. Each interview lasted approximately 45-60 minutes with the participants using short-hand notes of themes or additional questions as the interview proceeds. The demographic variables specific to the research participants included gender, ethnicity, and age. Demographics were gathered as it relates to the different schools including school population, student ethnicity, gender, and the percentage of students who are enrolled in free or reduced lunch to address average income. The interview questions addressed topics of key elements of a trauma informed school program, their perspectives on unique elements, major benefits and major challenges of a trauma informed school program at student-school level, school-parent level, and school-community level. Members of the research committee reviewed the open-ended interview questions to help reduce the risk of biases.

Data Analysis Plan

The data analysis plan post-interview reviewed the audio recording of the interviews and transcribed the material to be coded. Names and any identifiers were then changed in the transcription to ensure confidentiality of the subject. The method of analysis is derived from Berg (2004) use of *data reduction*; focusing and simplifying the transcriptions into manageable data, *data display*; organization of themes onto an Xcel spreadsheet to group data, and *conclusions and verifications*; drawing tentative conclusions using both the literature and data collected and verifying the conclusions by reviewing the path of analysis for possible mistakes.

Researcher Bias

A consideration of bias was addressed as it relates to this study. The researcher had personal experience having worked with children for several years in multiple settings including child care, nursery shelters, and education. Having a background working with children that have been exposed to trauma has both strengths and limitations for this study. Strengths include personal knowledge and first-hand experience to how children are impacted if their traumas are not addressed. Another strength has been the ability to witness how a trauma informed school can positively influence the staff that are encountering this population daily and most importantly influence the children. Limitations to researcher bias include experiencing one style of trauma informed programming reducing knowledge of other types of programs. Another limitation is the data analysis was completed and reviewed by myself without another researcher to reduce biases.

Findings

Sample

Recruitment Process The goal of the research was to interview and gain the perspectives of 8 total school social workers that had a minimum of 5 years' experience working in a school that practices trauma informed principles. The committee members helped to provide a list of possible participants. An initial email containing a script describing the research and their role in that research was sent to 8 school social workers within the same school district. The schools of the social workers varied from elementary, middle, and high school populations. Of the 8 school social workers, one responded from the initial email while a second responded to a follow-up email sent one week post initial email resulting in a total of response rate of 25%. An effort to reach out to a broader pool of potential participants was made through a social media page for Minnesota school social workers with 3 responses. Due to time constraints of the project, interviews were not able to be schedule within the time frame.

Sample Demographics The two school social workers that consented to the participation of the study were both from the same school district that is currently implementing trauma informed principles in their schools. The participants met the sample criteria included having an LGSW or LICSW and surpassed the minimum of 5 years of experience both being tenured professionals with a wealth of knowledge and experience working with children who have experienced trauma as well as practicing trauma informed principles. Both of the participants identified as female and placed themselves in age: 36-45. Participant A identified Latina and Participant B identified Caucasian. Participant A is a school social worker at an elementary school with a student population of around 300 students. The student ethnicity has a 36.1% of Latino/Latina students, 42.2% Black students, 7.3% Asian/Pacific Islander students, 1.1%

American Indian/Alaskan Native, and 11.3% Caucasian students. Gender percentage is relatively even. The school has a Free/Reduced Lunch rate of 96%.

Participant B is the current school social worker at an elementary school with a total population that fluctuates at around 500 students. The student ethnicity includes 6% Latino/Latina students, 29% Black students, 16% Asian/Pacific Islander students, 47% Caucasian students, and 3% American Indian/Alaskan Native. Gender was also evenly dispersed among the student population. 46% of the student population was on the Free/Reduced Lunch Program.

Emergent Themes

The interview consisted of two parts, first to address the participant and student demographics, and second a section of open-ended questions that focused on key elements of trauma informed program, major benefits of implementing a trauma informed program, and also considering the major challenges of implementing that program. With each question, the participant was asked to consider how the three systems *micro-system* (students), *mezzo-system* (faculty and parents), and *macro-system* (administration and community). Both interviews were transcribed, any possible identifying characteristics were eliminated, and the transcriptions were coded into emergent themes. The themes uncovered from the qualitative data include trauma education, relationship building, labeling trauma, and funding. Also considering the small sample size, both participants identifying the same idea were then considered a theme. Direct quotes taken from the research participants will be identified with italicized lettering and continue through the study.

Trauma Education The research participants both identified the importance of trauma education on all three levels of the school system as a way to benefit the student population but more specifically targeting that education to teachers, administration, and parents to gain support and buy-in that trauma informed programs can benefit the student population and in-turn a student's ability to learn. When the interview question "what would you recommend in addressing the challenges you identified?" both participants identified providing education at all three system levels as a way to reduce barriers. Participant A discussed the importance of this stating,

I think number one is education. So like you know one thing that we really want to do is get at the administrators and the principals and just educate them about what trauma informed practices are and why they're reporting and dispel some of those myths. And I think like education is really an answer for most of them and the community and the parents. (Case #1, page 10).

Both participants spoke to the importance of trauma informed programming being introduced to the district through grass root efforts, but also shared that for this program to be successful there has to be buy-in from teachers and parents through administration. Participant B shared this perspective also stating, *If it's [trauma focused teaching] optional for staff, it doesn't happen.* (Case #2, page 9) That statement speaks to the importance and also challenges school social workers are faced with when trying to implement trauma informed principles yet they are not receiving proper support.

As an effort to implement trauma informed programming, the research participants' district employed 9 part-time trauma school social workers. The specific role of those school social workers is to proactively address trauma among students and educate faculty and

administration about trauma informed schools. This position is in place at 9 schools that were selected by the Special Education Supervisor and lead social worker. The schools include elementary, middle and high schools. An important finding discussed by Participant A discussed a pattern that has emerged since the implementation of these positions. If a school prior to gaining this position has administrative support and a strong understanding of mental health, in particular social-emotional learning, the schools with the trauma school social workers was found to have greater success. Where some schools found it to be beneficial, other schools did not. What the district also found was if those tiers of support were not in place and the school was lacking that trauma informed education, the position was not being utilized to address specific needs related to trauma.

Education was also discussed to be important when reaching out to parents as a way to help them better understand their child and the behaviors they are may be exhibiting as a result of possible trauma. Both participants spoke to the barriers of educating parents about trauma and how trauma informed programming is being implemented. An identified challenge by Participant A to educating parents was the absence of a formalized way to present this topic to parents. Participant A shared that school social workers have shared their discomfort of educating parents on trauma with concern of how they will react. The importance of presenting trauma to parents in a way that isn't shame-based and criticizing helps to reduce the stigma attached to the topic hopefully allowing a more open dialogue among parents and faculty. The hope is with increase dialogue parents would be more willing to reach out or collaborate with the school to help their child.

Building Relationships Another identified theme from the data that both Participant's discussed was the need to build relationships in order to best address trauma among students.

The particular interview question that led to this response asked the participants to consider the unique elements of a trauma informed program at the student, school-parent level, and school-community level. Participant A emphasized the importance of the relationship between student and teacher noting,

Simply asking and doing what we can is knowing about their family who their siblings are and just that human connection is building relationships. And if you take the time to do that then hopefully we'll see improvement in the long run in terms of behavior. (Case #1, page 2).

Participant B also described that it often feels like they are often *two steps behind a problem* with a student after they have been referred to social work as a result of a behavior. (Case #2, page 1). Participant B noted that students can recognize when their educator is showing empathy and that they want to build those relationships. If that connection is there with the student it can have an impact on how both the student and teacher respond if a behavior does occur.

The importance of connecting and building relationships is also important between the teacher and parent as with the student. Both participants discussed the negative perceptions that parents can have about the school as a system stemming from the parent's own trauma history and being stigmatized. If a positive connection can be formed between the teacher and parent by the teacher being supportive and welcoming as opposed to placing blame, the teacher can better support the student and reduce the behavior instead of working behind.

While benefits were recognized as it related to building relationships, a challenge was also stated. Participant A shared that teachers will often express that they do not have the time to sit down with each student and process their trauma. With the education for teachers on trauma

and how they can impact the students, the intention is that having a relationship built with the student and parent will reduce the behaviors and provide greater ideas for intervention that encourage students to remain in class and regain their ability to learn.

Labeling Trauma Another theme identified as it relates to the challenges of implementing trauma principles is the concern that students will be labeled as traumatized and with a trauma informed focus there is a concern that would result in a higher diagnosis of trauma with children of color. The discussion of labeling and creating stigma around trauma was shared by both participant and identified as one of the major challenges of implementing trauma informed school programs, particularly at the school-community level. Participant B shared this theme stating,

Honestly a couple of the frequent phrases are surprising. Often we hear, you're trying to diagnose students of color and so dispelling that this has been a challenge when you don't necessarily have a platform to speak to everyone. So coming back to the idea of universal precautions [is important]. (Case #2, page 5)

The participants discussed that these concerns are most frequently being shared by administration and some school social workers which adds another layer of challenges. Participant A shared in the school where they worked, to dispel the idea of labeling trauma informed principles were presented as a universal philosophy as opposed to identifying specific students. Both participants discussed the challenge in the ability to identify students impacted by trauma. It is an ethical dilemma for school social workers to screen students for trauma because a school social worker does not have the ability to treat students or the capacity if identified.

Teachers were also discussed in terms of their concern for students to be labeled or diagnosed. Participant B shared a pattern that had emerged within their school among teachers. They described that teachers can go through the education of understanding trauma and learn how it impacts a student but then cap their potential academically seeing their trauma as an excuse rather than something to overcome. Moving a teacher's perceptions past sympathy into empathy and building student's resiliency is a crucial piece of trauma informed principles.

Funding With the implementation of a new program considerations of how it will be funded is often in the forefront of discussion. As mentioned previously, the introduction of trauma informed principles in this particular district has begun through a grass roots effort. The interview question that prompted this discussion asked the participants the challenges of implementing a trauma informed program on the school-community level confirmed by Participant B noting, *There's a perception that it means that there has to be money specifically. And what's wonderful is that you know we have people internally trained and it is not a specific curriculum you're not going out and buying something.* (Case #2, page 6). Both participants discussed how greater support from the district and administration could help to increase funding for the trauma school social work positions. Currently funding for those positions come from the same funding source as regular school social work positions making it hard to justify one position over the other with the high demand of caseloads at each school. The participants discussed the desire to expand this program but with a lack of funding and greater backing from higher authority, the district will continue to use the 9 trauma social workers throughout the district.

Discussion

Sample

The sample size that was obtained within the constraints of this study was fewer than what the researcher had intended. The hope was to gather the perspectives on trauma informed programming among 8 school social workers but with the lower response rate and limitation of time, the sample consisted of 2 school social workers. Speculation as to why there was a lower response rate could include a high case load of students as well as a challenging time of year with school social workers preparing for spring break. The 2 research participants were both LICSW licensed and had worked in a labeled trauma informed school for a minimum of 5 years while also working within the school district an average of 10 years. Both participants identified as women and also identified with different ethnicities. The sample did not strongly represent the study population with a low representative of male gender, other ethnicities, and age. Both participants were in agreement of continuing the trauma informed programming in the district and in favor of the trauma social work position.

The demographics of the schools did offer an insight into how trauma is discussed among the students, parents, faculty and administration. Participant A worked in a school with a higher percentage of students enrolled in the Free or Reduced Lunch program suggesting families experiencing lower income and greater likelihood of students living in poverty. The student population of the Participant A also had a stronger diversity than Participant B student demographics. Participant A voiced stronger advocacy for implementing a trauma lens into schools and discussing the effectiveness of the trauma social work position within the school setting but also the push back they experienced from administration. This correlates with

administration's concern that having a focus on trauma and implementing a trauma informed program can lead to labeling students and increasing stigma.

Significant Findings

Trauma Education Of the four themes that emerged from the analysis of the interview transcriptions, trauma education was a strongly identified theme that also aligned with the literature discussed previously. Education and knowledge of how trauma impacts the growth and academia of children provides and understanding of the importance of policy and funding to the education system and Minnesota districts. Education provided to teachers also helps to influence how teacher interact universally with students and parents to better build relationships that encourage collaboration and reduce shame or blame of both the student and parent.

Consistent with the literature Participant A spoke to the importance of having the tiers of support in place in order for trauma informed practices to work effectively. As described by the Wisconsin Department of Public Instruction (2016) *Tier 1* addresses the school as a whole focusing on a safe and supportive climate through policies, *Tier 2* is described as supplemental support targeted towards groups of students who need additional focused support, and *Tier 3* consists of high-intensity individual work with students who have identified chronic emotional or learning problems that with teacher and environment interventions, individual interventions, and wrap-around services. These tiers embody the structure of a safe and supportive environment where administration and faculty are proactively focused on incorporating social emotional learning and trauma informed interventions in their schools' culture.

Voiced in both the literature and interview with research participants, was the concern that teachers were expressing as it pertained to their role in intervention with the students.

Barriers found in the literature included: finding a balance of looking after the child along with the rest of the class, knowing when a mental health provider is necessary, knowing what to discuss in relation to the child's trauma and the class, and how to avoid the child taking these problems home. (Alisic, et. al, 2012) Being able to break down some of these common barriers with trauma education and on a more basic level and define the role of social work as it relates to the use of trauma informed practice in the school setting. Often school social workers are used as a default to manage the children in the school with challenging behaviors. The intent of trauma informed programming is to enable administration and faculty the knowledge and skills to intervene with a child previous to social work intervention to allow a student the opportunity to remain in the classroom accessing the education they would otherwise be missing if sent to meet with a social worker or principal. The challenge is how to provide those in-class interventions without also disrupting the learning of other students which is discussed in the next theme of the research; importance of building relationships.

Building Relationships A concern voiced by teachers in the Alisic et al. (2012) study discussed the challenges of balancing the needs of one or a couple students in a classroom that require more intervention and services compared to the rest of the class. Both the literature and research participants advocated for the necessity of teachers and other faculty building relationships with each student and providing them the opportunity of a safe and trusting adult if there is not one outside of school. This idea is reiterated by Dr. Bruce Perry (2002) that it is through our relationships with family, our community and society that we find success as individuals. If a positive relationship is absent within a child's family structure teachers and faculty have the opportunity to demonstrate and offer that experience to a child.

Participant A spoke to the simplicity of this intervention sharing that building a human connection with each student by getting to know who the people are in their families and important people in their life. Having that knowledge allows the teachers an insight into their support system while giving the child a sense that someone in their life is invested in understanding them. Participant B also spoke to the importance of relationships in regards to necessity of having a connection with the parents of the children. Participant B shared that when intervening with a child who is experiencing trauma or adverse events at home they often felt that they were *two steps behind* the problem. Having a foundation built between teacher and parent increases the willingness for parents to share what their family is experiencing at home without fear of judgment or repercussions. With our knowledge as social workers in a school system, we understand the importance of having a systems perspective and knowing that we often have to shift roles between students and parents or guardians. Promoting this knowledge of systems among educators can help to reduce the challenges addressed by both the literature and research participants.

Labeling Trauma

A challenge that was identified in discussion with the research participants in regards to the implementation of trauma informed programming, was the concern of children being labeled with a negative stigma attached. In particular there was a concern about children of color given a label of trauma. Throughout the review of literature, there was a lack of discussion surrounding social work or other school faculties concern about the stigma of trauma labels with the implementation of a trauma informed program. A speculation as to why there is an absence of fear about labeling children could be that these conversations are more present among social

work practice as ethical concerns are regarding practice are frequently being discussed among colleagues and could therefore be less present in the literature.

With the more encompassing definition of trauma as provided by the ACE's Study conducted by the CDC-Kaiser (2016) with the inclusion of adverse events such as violence, substance abuse, incarceration, mental illness, separation/divorce; and emotional and physical neglect, the impact of trauma reaches beyond color. Participant A spoke strongly about the need for trauma informed practice and interventions to be seen as a universal precaution rather than this type of perspective to be applicable to a certain population of students. To reduce the thought of placing shame or blame and help to dispel the myths around students of trauma or thoughts that these programs are meant to diagnose students, education about stigma around trauma would be beneficial for both faculty and administration including social worker, but also parents. Opening up a dialogue of how trauma can impact a student's overall health and academics as well as the impact it can have on the school community as a whole would hope to create supportive language around the topic.

Funding The research participants of this study were able to identify both benefits and challenges as it relates to funding of a trauma informed program in the school district. One challenge as it relates the Safe and Supportive Act in terms of funding, is that if a district makes the choice to adopt this policy (there is a choice for Minnesota school districts to implement or not) how will the changes made in a district be funded? The Minnesota Department of Education (2016) responds to this question commenting that technical assistance will be provided to the schools and communities that request the help. The Minnesota Department of Education does not elaborate on what technical assistance would consist of but an article by Blasé (2009) defines technical assistance that it provides an increased access to resources to assist districts with policy

planning and program implementation in special education. Findings from the Minnesota Department of Education and Blasé (2009) definition of technical assistance do not speak to the monetary value that is being allocated for this policy change but rather the support and increase of resources to help with the implementation of a trauma informed program. While this lack of monetary support speaks to the challenges surrounding this program, creativity has prevailed with the research respondent's school district to make a trauma informed program a possibility.

Both research participants spoke to the efforts of their district to support a policy program that aligns with the Safe and Supportive Act despite the lack of funding. Participant B spoke to the funding of the part-time trauma social workers being funded from the same payment source as the full-time district school social workers so there was not an increased need for funding. Participant B also described how the training of these trauma social work positions were done internally to reduce cost with training material and curriculum that they are not required to go out and purchase. In an effort to implement this policy the district found creative and efficient ways to provide the services and support of trauma informed principles within their school and it's community.

Researcher Reaction

Reflecting on the two interviews conducted, the researcher found that the majority of time spent in both interviews strongly focused on identifying the challenges that school social workers have addressed among their school community or noticed as a barrier. It was also apparent during the interviews how important providing education to all level of the system is to making trauma informed principles a part of the school's culture and dialogue. While the district is providing training resources for the trauma social work positions in schools, the researchers discussed that providing the trauma education to teachers, parents, and administration can be a

challenge because there is a lack of guidance of how to education all parts of the system. Without education to those levels in the system, funding will be impacted as well as an acceptance of the overall program. Despite the challenges that were discussed throughout this study, both participants held a strong belief that the implementation of a trauma informed program was necessary to provide students, teachers, parents, and administration a greater level of support as it relates to the social and emotional well-being of their communities which also aligned with the beliefs of the researcher.

Limitations / Recommendations for Future Research

A large limitation to this research was the small sample size of research participants. The study began at a delayed rate creating a challenge to find research participants within the time constraints. Another factor not considered by the researcher was the effect that the district's spring break would have on the response rate increasing the difficulty of coordinating schedules coupled with the high case load that school social workers commonly face.

For future study of trauma informed school programs the researcher would recommend to be thoughtful of schedules of potential research participants. It may have been beneficial to use an incentive such as a gift card to encourage participation in the time that was allotted to complete the study. It may also be beneficial to provide an anonymous online survey as a way to increase the sample size and eliminate the challenge of coordinating schedules. To gain a larger perspective and investigate the impact of the programs at all systems, the use of a purposive sample to expand the study to teachers, parents, and administrators would be beneficial to understand how they would perceive the benefits and challenges implementing this type of program in their schools.

Implications for Social Work

The implications as it relates to social work, in particular school social work, are two-fold. This study discussed that the benefits to approaching negative behaviors or a child and addressing it with a systems framework will have a greater impact on the school community as a whole. The research also identifies key barriers to the continued implementation of the program. The first challenge for social work to address is how to provide comprehensive education to all three systems levels; parents, teachers, and administration to encourage support and buy-in for the continuation of trauma informed programs and use of trauma social workers. Also without the school having the education and strong focus on social emotional learning prior to a trauma informed program the results will not be as beneficial or accomplish an outreach and reduction in trauma among students. It is also the role of social work to provide an equity lens to the implementation of this program helping to dispel ideas of stigma and instead promote trauma informed principles as a form of universal precaution to benefit students and the school as a whole.

The use of education is a large component to help facilitate relationship building among teachers and students and equally important among teachers and parents. Laying the ground work of support and communication with a family increases the opportunity for social worker to intervene and provide support and help link to resources. Another barrier that ties into the importance of education is expanding the funding to support a trauma informed program and the trauma school social work positions designed with that particular focus in mind. The field of social worker has the ability to use advocacy for change and bring awareness to the policies that impact the children and families in a school's community and with the hope of furthering of research. It is also through education that an increase in funding can be accessed with discussion

in the community and other stakeholders the benefits to implementing a trauma informed program helping to increase student resiliency, promote greater academic success, and showing the long-term benefits in both the health and well-being of a child and their system of support.

Conclusion

The purpose of the study considering trauma informed programming in schools was to identify what the challenges and also benefits are from a systems perspective to provide greater understanding as it relates to the role of social workers and direction for future research. A noted strength of this research study was the sample of research participants. By focusing on school social workers, the research was able to address the perspectives of the professionals closest to the issue. The study hoped to address a gap in the literature to discover the type of trauma informed programs that have been successful and is implemented within the school district. The research found that there is not a specific curriculum but rather a universal lens that is applied to these schools that is gained through specific training required by the district. The success of the program required the faculty and administration to have a solid understanding of mental health and incorporate social and emotional learning into the behavioral interventions and dialogue with students. Having those core tenants in place and tier levels of support in place was found to be essential.

The research identified main themes that spoke to both the challenges and benefits in implementing a trauma informed program. The challenges addressed in this study were shown to have a greater impact on a macro level, discussions on funding and policy, and also impacting the mezzo level in providing education to teacher, parents and administration. Through the four identified themes of providing trauma education to teachers, parents, and administration; building relationships among between teachers, students and parents; decreasing the stigma and concern of being labeled; and increasing funding, both participants were strong advocates of increased education as a way to positively impact all four of the identified themes. The experience of interviewing these two highly experienced and knowledgeable participants

strongly indicates the major benefits and challenges of implementing a trauma informed program. It is through their identified themes that the researcher recommends that providing the necessary trauma education firstly to stakeholders and administration to encourage action towards supporting this type of programming is highly important. Lastly providing trauma education to teachers and parents who are instrumental in building and fostering the relationships and experiences of the children. Participant A spoke to the importance of education in response how to address the challenges moving forward expressing,

I think number one is education. One thing that we really want to do is get at the administrators and the principals and just educate them about what trauma informed practices are and why it's important and dispel some of those myths. And I feel that education is really an answer for most of them, for the community, and for the parents.

(Case #1, page 9).

References

- Alisic, E. (2012). Teachers' perspectives on providing support to children after trauma: A qualitative study. *School Psychology Quarterly*, 27(1), 51-59.
- Alisic, E., Bus, M., Dulack, W., Pennings, L., & Splinter, J. (2012). Teachers' experiences supporting children after traumatic exposure. *Journal of Traumatic Stress*, 25(1), 98-101. doi://dx.doi.org/10.1002/jts.20709
- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Washington, DC: American Psychiatric Publishing.
- Anda, R. F., Fleisher, V I., Felitti, V J., Edwards, V J., Whitfield, C. L., Dube, S. R., & Williamson, D. F. (2004). Childhood abuse, household dysfunction, and indicators of impaired worker performance in adulthood. *The Permanente Journal*, 8, 30-38.
- Anderson-Ketchmark, C., & Alvarez, M. E. (2010). The school social work skill set and positive behavior support: A good match. *Children & Schools*, 32(1), 61-63.
- Berg, B. (2004). *Qualitative research methods for the social sciences* (5th ed.). Boston, MA: Pearson Education, Inc.
- Blase, K. (2009). *Technical assistance to promote service and system change. Roadmap to effective intervention practices #4*. Tampa, Florida: University of South Florida, Technical Assistance Center on Social Emotional Intervention for Young Children. Retrieved from <http://challengingbehavior.fmhi.usf.edu/do/resources/documents/roadmap>
- Bronfenbrenner, U. (1981). *The ecology of human development: Experiments by nature and design*. Cambridge, MA: Harvard University Press.

- CASEL. (2017). *What is SEL?* Retrieved from <http://www.casel.org/what-is-sel/>
- Centers for Disease Control and Prevention. (2016). *Division of violence prevention: About the CDC-Kaiser ACE study.* <https://www.cdc.gov/violenceprevention/acestudy/about.html>
- Corso, P. S., Edwards, V J., Fang, X., & Mercy, J. A. (2008). Health related quality of life among adults who experienced maltreatment during childhood. *American Journal of Public Health*, 98, 1094-1100.
- Crosby, S. D. (2015). An Ecological Perspective on Emerging Trauma-Informed Teaching Practices. *Children & Schools*, 37(4), 223-230. doi:10.1093/cs/cdv027
- Dube, S. R., Anda, R. E, Felitti, V J., Edwards, V J., & Williams, D. F. (2002). Exposure to abuse, neglect, and household dysfunction among adults who witnessed intimate partner violence as children: Implications for health and social services. *Violence and Victims*, 17, 3-17.
- Fallot, R. D. & Harris, M. (2009). Creating cultures of trauma-informed care (CCTIC): A self-assessment and planning protocol. *Community Connections*. Retrieved from <https://www.healthcare.uiowa.edu/icmh/documents/CCTICSelf-AssessmentandPlanningProtocol0709.pdf>
- Michael, N. (2017). *AMAZE program overview*. Retrieved from http://www.amazeworks.org/curriculum/product_overview.html
- Minnesota Board of Education. (2015). Safe and supportive schools act overview training – presenter instructions [PowerPoint slides]. Retrieved from

<file:///D:/Student%20Data/Downloads/Safe%20and%20Supportive%20Schools%20Act%20Overview%20PowerPoint%20Presenter%20Notes.pdf>

Minnesota Department of Education. (2016). *Frequently asked questions: Safe and supportive minnesota schools act*. Retrieved from <http://education.state.mn.us/MDE/dse/safe/act/>

National School Climate Center. (2016). *School discipline profiles*. Retrieved from <http://www.schoolclimate.org/about/school-discipline-profiles.php>

National Scientific Counsel on the Developing Child. (2017). *Key concepts: Toxic stress*. Retrieved from <http://developingchild.harvard.edu/science/key-concepts/toxic-stress/>

Perry, B. (2002). Childhood experience and the expression of genetic potential: What childhood neglect tells us about nature and nurture. *Brain and Mind*, 3, p. 79-100. Retrieved from <http://s3.amazonaws.com/academia.edu.documents/33013470/mindbrain.pdf>

Plumb, J. L., Bush, K. A. & Kersevich, S.E. (2016). Trauma sensitive schools: An evidence-based approach. *School of Social Work Journal*, 40(2), 37.

Shonkoff, J.P. & Garner, A.S. (2012). The lifelong effects of early childhood adversity and toxic stress. *Pediatrics* 129(1), 232– 246. Retrieved from <http://pediatrics.aappublications.org/content/129/1/e232.full>

The Office of the Revisor of Statutes. (2015). *2015 Minnesota statutes: 120B.21 mental health education*. Retrieved from <https://www.revisor.mn.gov/rules/?id=3500.0550>

Treatment and Services Adaption Center. (2015). *What is a trauma-informed school*. Retrieved from <http://traumaawareschools.org/traumaInSchools>

Wisconsin Department of Public Instruction. (2016). *Using positive behavioral interventions and supports (PBIS) to help schools become more trauma-sensitive*. Retrieved from

<https://dpi.wi.gov/sites/default/files/imce/sspw/pdf/mhtraumausingpbis.pdf>

Wolpov, R., Johnson, M. M., Hertel, R., & Kincaid, S. O. (2016). *The heart of learning and teaching: Compassion, resiliency, and academic success*. Retrieved from

<http://www.k12.wa.us/compassionateschools/pubdocs/TheHeartofLearningandTeaching.pdf>

Appendix A: Consent Form

ST CATHERINE UNIVERSITY Informed Consent for a Research Study

Study Title: Analysis of Implementing Trauma-Informed Programs in Grade Schools

Researcher(s): Lilli A. Gray

You are invited to participate in a research study. This study is called Analysis of Implementing Trauma-Informed Programs in Grade Schools. The study is being done by Lilli Gray, a Masters' candidate at St. Catherine University/University of St. Thomas School of Social Work in St. Paul, MN. The faculty advisor for this study is Michael G. Chovanec, MSW, PhD, LICSW, LMFT, who teaches at the school.

The purpose of this study is to research the benefits and challenges of implementing a trauma informed program in grade schools, the definition of which can vary from 'trauma sensitive', 'compassionate schools', 'safe or supportive schools', but all hold the same general principles and theoretical framework. This study is important because this research can provide a conscious effort to recognize the strengths and challenges that the education system experience to address childhood trauma. Approximately 8 people are expected to participate in this research. Below, you will find answers to the most commonly asked questions about participating in a research study. Please read this entire document and ask questions you have before you agree to be in the study.

Why have I been asked to be in this study?

You have been selected to participate in this study because you have a LICSW and have a minimum of 5 years of experience working with mental health and trauma work with children in schools districts.

If I decide to participate, what will I be asked to do?

If you meet the criteria and agree to be in this study, you will be asked to do these things:

- You will receive a follow-up email to establish a meeting for the interview also providing the interview questions for the participant to view before meeting.
- You will participate in an interview that will be held at your work setting or an alternate location that is secure and confidential, i.e., library meeting room
- An audiotape will be used to record the interview.
- You may email myself if you have questions or additional comments after the interview is conducted.

In total, this study will take approximately 45-60 minutes over 1 session.

What if I decide I don't want to be in this study?

Participation in this study is completely voluntary. If you decide you do not want to participate in this study, please feel free to say so, and do not sign this form. If you decide to participate in this study, but later change your mind and want to withdraw, simply notify me and you will be removed immediately. There will be no negative or positive impact on your relationship with your employer. Your decision of whether or not to participate will have no negative or positive impact on your relationship with St. Catherine University/University of St. Thomas School of Social Work, nor with any of the students or faculty involved in the research.

What are the risks (dangers or harms) to me if I am in this study?

There are minimal risks anticipated. The interviews will be conducted in a private space in a public location, e.g. a conference room in a public library to reduce risk. A possible risk is you may share information that may be perceived as negative by school administration. To reduce this risk and maintain your confidentiality, you will be given the option of interviewing off of the school grounds. You will also be given the choice not to answer specific questions. The data will also be de-identified to reduce these risks.

What are the benefits (good things) that may happen if I am in this study?

There are no direct benefits to you for participating in this research. An indirect benefit of providing information this research to society is that it could be used by other school social workers working with trauma impacted school children.

Will I receive any compensation for participating in this study?

You will not be compensated for participating in this study.

What will you do with the information you get from me and how will you protect my privacy?

The information that you provide in this study will be audio recorded and later transcribed for decoding. Your name and any identifying information will be removed from the data. Each participant's information will be kept separate to ensure confidentiality. I will keep the research results in a password protected device and only I and the research advisor will have access to the records while I work on this project. I will finish analyzing the data by May 19th 2017. I will then destroy all original reports and

identifying information that can be linked back to you. My faculty advisor will have access to the transcription and all names will be de-coded and to ensure confidentiality. The audio recording will be destroyed by May 19th as the course ends

Any information that you provide will be kept confidential, which means that you will not be identified or identifiable in the any written reports or publications. If it becomes useful to disclose any of your information, I will seek your permission and tell you the persons or agencies to whom the information will be furnished, the nature of the information to be furnished, and the purpose of the disclosure; you will have the right to grant or deny permission for this to happen. If you do not grant permission, the information will remain confidential and will not be released.

How can I get more information?

If you have any questions, you can ask them before you sign this form. You can also feel free to contact me at (715) 764-2300 or email me at gray4344@stthomas.edu. If you have any additional questions later and would like to talk to the faculty advisor, please contact Michael G. Chovanec at (651) 690-8722 or email at mgchovanec@stkate.edu. If you have other questions or concerns regarding the study and would like to talk to someone other than the researcher(s), you may also contact Dr. John Schmitt, Chair of the St. Catherine University Institutional Review Board, at (651) 690-7739 or jsschmitt@stkate.edu.

You may keep a copy of this form for your records.

Statement of Consent:

I consent to participate in the study and agree to be audiotaped.

My signature indicates that I have read this information and my questions have been answered. I also know that even after signing this form, I may withdraw from the study by informing the researcher(s).

Signature of Participant Date

Signature of Researcher Date

Appendix B: Interview Questions

Analysis of Implementing Trauma-Informed Programs in Grade Schools

Directions: Please review the demographic questions and open ended questions prior to the meeting and bring to the interview.

Section I: Demographics

1. Male Female Other _____

2. Participant Ethnicity

- White
- Hispanic or Latino
- Black or African American
- Native American or American Indian
- Asian / Pacific Islander
- Other _____

3. Age: 25-35

36-45

46-55

56-65

66-75

4. School Population Size _____

5. Student Ethnicity %

- White
- Hispanic or Latino
- Black or African American
- Native American or American Indian

Asian / Pacific Islander

Other _____

6. Student Gender %

Male Female Other

7. Free/Reduced Lunch % _____

Section II: Open Ended Questions

1. What do you see as the key element of a trauma informed school program?

2. What are the unique elements of a trauma informed school program at:

Student-school level:

School-parent level:

School-community level:

3. What are the major benefits of implementing trauma informed school programs at:

Student-school level:

School-parent level:

School-community level:

4. What are the major challenges of implementing trauma informed school programs at:

Student-school level:

School-parent level:

School-community level:

5. What would you recommend in addressing the challenges you identified above?

6. Is there anything that you think would be helpful to me in my study?

Thank you for your participation in my study!

Appendix C: Recruiting Script

Email script for initial participants:

Hello, my name is Lilli Gray. I am a graduate student at St. Catherine University/University of St. Thomas in the School of Social Work MSW program. I was provided with your name and email through Kathy Lombardi/Heather Alden who are members of my research committee. I am conducting research on trauma informed programming in grade school within the metro area, and I am inviting you to participate because your role as a school social worker and experience working with mental health and trauma work with children.

Participation in this research includes a 45-60 minute in-person audio taped interview. If you are interested in the study I will follow up with the consent form and the research questions for you to review prior to deciding to participate or not. The consent form will be signed just prior to participating in the study.

If you have any questions or would like to participate in the research, I can be reached at (715)764-2300 or gray4344@stthomas.edu.

Appendix D: Follow-up Script

Follow-up email script for initial participants:

Hello, my name is Lilli Gray and I am a graduate student at St. Catherine University/University of St. Thomas in the School of Social Work MSW program. I have sent a previous email explaining that I was provided with your name and email through Kathy Lombardi/Heather Alden who are members of my research committee. I am conducting research on trauma informed programming in grade school within the metro area, and I am inviting you to participate because your role as a school social worker and experience working with mental health and trauma work with children.

Please let me know if you are interested in participating or if you are unable to dedicate you time. Again participation in this research includes a 45-60 minute in-person audio taped interview. If you are interested in the study, I will follow up with the consent form and the research questions for you to review prior to deciding to participate or not. The consent form will be signed just prior to participating in the study.

If you have any questions or would like to participate in the research, I can be reached at (715) 764-2300 or gray4344@stthomas.edu.