A SELF-CONTAINED SPECIAL EDUCATION

PROGRAM'S IMPACT ON SUPPORTING TRAUMA: A CASE STUDY

By

MICHELLE WARREN

Bachelor of Arts in Psychology
Oklahoma State University
Stillwater, Oklahoma
2001

Master of Science in Applied Behavioral Studies
Oklahoma State University
Stillwater, Oklahoma
2002

Specialist in Education
Oklahoma State University
Stillwater, Oklahoma
2005

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Dissertation Approved:

Dr. Katherine Curry

Dissertation Adviser

Dr. Edward Harris

Dr. Shawna Richardson

Dr. Gary Duhon

Name: MICHELLE WARREN

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Abstract: The purpose of this qualitative study is to explore teacher perceptions regarding the influence of specialized training and Emotional Behavior Disorder (EBD) programming to support students with special needs who have also experienced trauma. This study used purposeful sampling to select two elementary schools housing the EBD program targeted in this study. The study participants included administrators, special education teachers, and support staff who worked within the EBD program. Data were collected through interviews of four administrators, three special education teachers, and six support staff, observations, documents, and photographs. Identification of Trauma Informed Schools, as defined by the National Child Traumatic Stress Network (2017), as the theoretical framework provided a lens through which to analyze the data collected at the two sites. The Trauma Informed Schools framework establishes the "4 R's": recognizing the impact of trauma, recognizing the signs and symptoms of trauma, responding by integrating knowledge of trauma in all facets of the system, and resisting retraumatizing individuals through trauma informed practices. The framework also creates a multi-tiered framework to best support trauma informed practices. Findings confirmed that teachers and staff perceived the training relevant to the EBD program as vital to addressing the needs of the students they support through understanding trauma and through providing a systematic, multi-tiered approach to address student needs. The context of the state at the time of this study significantly impact the needs of the students in Oklahoma through high poverty, high rates of adverse childhood experiences in school aged children, and limited access to mental health services. Additional research could apply the framework of Trauma Informed Schools to the entirety of the school district in this study, considering the impact on various demographic groups.

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CHAPTER I

INTRODUCTION TO STUDY

Over the last several years, an interest in the impact of trauma on students and the

need to understand the influence it can have on education has exploded (Blodgett & Dorado,

2016; McInerney & McKlindon, 2014; NTCS, 2014). This interest is founded on the

identification that children are experiencing traumatic events at alarming rates.

According to the National Child Traumatic Stress Network, "child traumatic stress

occurs when children and adolescents are exposed to traumatic events or traumatic situations

that overwhelm their ability to cope" (NTCS, 2014). Felitti and colleagues (1998) established

a list of ten adverse childhood experiences (ACE) that are considered traumatic. These

experiences include: exposure to abuse (psychological, physical or sexual) and to household

dysfunction such as substance abuse, mental illness, mother treated violently, and criminal

behavior in the household. Research supports that nearly three in four children with chronic

emotional, mental or behavioral problems have experienced one more of these adverse

childhood experiences (Bethell, Davis, Gombojav, Stumbo, & Powers, 2017).

Thirty-two percent of Oklahoma's children have experienced multiple adverse

childhood experiences, exceeding the national average of twenty-two percent. (Grimwood,

2019, Mar 28). The 2016 Child Maltreatment study found that in Oklahoma, the Total

Maltreatment Percentage was 125.1% as compared to other states (U.S. Department of Health

and Human Services, 2016). This percentage indicates that a significant number of students

attending schools in the targeted state have experienced some type of neglect or abuse.

The high incidence of trauma among children in Oklahoma can be explained partially through some startling statistics. Oklahoma has the largest incarceration rate of the nation, 1,079 per 100,000 people (Wagner & Sawyer, 2018). In 2015-16, 12% of children in this state had a parent who had at one point been incarcerated (U.S. Department of Health and Human Services, 2016). The situation for children in Oklahoma is of further concern when considering that more than 21.5 percent of children are living in households with income below the poverty line and 8.1 percent of the children are uninsured (US Census Bureau, 2018). In 2017, 27% of children in families in Oklahoma received public assistance, exceeding the national average of 25% (Kids Count Data, 2017.). Approximately 22% of children in Oklahoma in the year 2015 had experienced food insecurity (Kids Count Data, 2017.).

This level of possible trauma requires that educators be prepared to address the needs of these students in their schools. One possibility to address these needs could include trauma informed services, which have been implemented in fields including the medical profession and judicial system. This service model is infiltrating the education system. "At the heart of these approaches is the belief that students' actions are a direct result of their experiences" (McInerney & McKlindon, 2014, p. 2). For example, policies such as zero tolerance practices, disproportionate suspension and expulsion rates based on race, alongside the high academic goals for schools are creating a need for different considerations and philosophies to address students who have been exposed to trauma (Blodgett & Dorado, 2016). Revisions of the Individuals with Disabilities Education Act (IDEA, 2004) and the Every Student

Succeeds Act (ESSA, 2015) have placed a greater emphasis on meeting the needs of the student through social emotional and mental health supports, increasing the likelihood of academic progress.

Special Education Needs in the State

To combat the shortage of special education teachers, the state department has created an alternative certification program allowing for individuals with bachelor's degrees in areas other than education to work as special education teachers while they attend training provided by the OSDE and local school districts and complete additional coursework in special education to complete their certification. This results in teachers with various levels of training and experience working with some of the most challenging students in the education system. Oklahoma has also led the nation in cuts per pupil spending for the past five years (Fine, 2019, July 2), while the trauma rates and intense needs of the students in the state continue to increase. School districts are continuing to do more with less, creating a challenging situation of adequately addressing the needs of students with special needs.

Special Education law mandates that students with disabilities receive services in the least restrictive environment (IDEA 2004); this philosophy has led to repeated challenges from advocates questioning the effectiveness of isolated programing (McLeskey, Landers, Williamson, Hoppey, 2012). McLeskey and colleagues (2012) sought to examine the changes in least restrictive environment for students receiving special education over two decades. Their findings show that from 1990 to 2007, there were significant changes toward more inclusive practices, resulting in more students with special education services being educated in a general education setting (McLeskey et al., 2012). Students with Emotional Behavioral

Disorders (EBD) showed a significant change in service delivery, decreasing placement in specialized classrooms or schools by 27% and pull out placement by 37% while placement in general education setting for these students increased by 105% between 1990 and 2007 (McLeskey et al., 2012). While there is a growing interest in the impact of trauma and how to best support the needs of students who have experienced trauma in school, there continues to be a lack of strong evidence to adequately define good interventions and address a systematic response to trauma in schools (Blodgett & Dorado, 2016).

Statement of the Problem

Schools are expected to teach and support the needs of all students (ESSA, 2015). In the recent years, greater attention has been drawn to meeting the needs of students who have been impacted by trauma. Bell, Limberg, and Robinson (2013) emphasize this expectation by stating, "educators have an opportunity and a responsibility to be an advocate for children who have experienced trauma" (p. 140).

According to McConnico, Boynton-Jarrett, Bailey, and Nandi (2016), "the traditional systems of education have not been structured to address the unique needs of children who have experienced trauma" (p. 37), creating a responsibility for teachers that they may not be prepared to handle. Additionally, most general classroom teachers lack training to address specific needs of students with disabilities (McLeskey et al., 2012). Specifically, the changes in special education services toward a more inclusive model over the past three decades (McLeskey, et al., 2012) has resulted in more students with behavioral, emotional, and academic needs in the general education setting without supports to adequately support their education. With an increasing number of students who have experienced trauma entering classrooms (Bethell, Davis, Gombojav, Stumbo, & Powers, 2017), teachers may

not be able to distinguish the needs of their students and may not be able to provide the support that these students need. Specifically, educators are often expected to meet the needs of students without understanding specific strategies designed for students who have experienced trauma or strategies for students with special needs. When a student has experienced both, the situation can become even more complex.

Because of the incidence of high levels of trauma, strides forward are being made to meet the needs of student who have experienced trauma. Educators are beginning to understand that meeting the needs of a student who have experienced trauma requires specific strategies to address that student's needs (Blodgett & Dorado, 2016). As a result, trauma sensitive strategies and frameworks to address the needs of those students have been introduced. Trauma sensitive classroom frameworks take these needs into account and provide policies and supports to meet the needs of the students (McConnico et al., 2016). This framework is important because schools that are not actively addressing trauma continue to have students who demonstrate behavioral and emotional difficulties, absenteeism, and poor academic achievement (Blodgett & Dorado; 2016; Crozier & Barth, 2005).

In spite of progress made with students who have experienced trauma, little is known regarding how to meet the needs of students with special needs who have also experienced trauma. When teachers lack training for working with students who have experienced trauma and have special needs, the behavior of those students can be misunderstood and misinterpreted resulting in poor academic outcomes (McConnico et al., 2016). To address the needs of students with special needs who have also experienced trauma, Cook and Browning Wright (2009) established a model of programming to adequately support special

education students who require services to address emotional, behavioral, and social skills which follows the trauma sensitive model of creating a safe, trusting, and consistent environment.

The explanation for this anomaly could be that teachers of special needs students are not able to distinguish between the impact of trauma and disruptive classroom behaviors resulting from special needs. Additionally, for students who have also experienced trauma, their needs may not be fully addressed through traditional support approaches for students with special needs. According to research, many educators receive little to no training regarding trauma and are, therefore, unprepared to meet the needs of these students resulting in poor outcomes such as increased dropout rates for those students who have experienced trauma (Alisic, et al., 2012; Porche, Fortuna, Lin, Algeria, 2011). Often times, teachers, parents and other caregivers are focused on behavioral symptoms rather than the underlying possibility of trauma, resulting in traditional diagnostic mental health labels and medications that may mask the effects of trauma or impede in the actual treatment of the trauma (Foltz et al., 2013). Lack of appropriate programming and support for special education students with Emotional Behavior Disorders also disrupts the learning environment of the school (Cook & Browning Wright, 2009). Therefore, a better understanding of teacher perceptions of the influence of specialized training and programming, designed to meet the needs of special education students who have also experienced trauma, is needed to support their academic success.

Purpose of the Study

The purpose of this qualitative case study is to explore, through the lens of Trauma Informed Schools, teacher perceptions regarding the influence of specialized training and

Emotional Behavior Disorder (EBD) programming to support students with special needs who have also experienced trauma.

Research Questions

1. What are teacher perceptions regarding the influence of the EBD program on their ability to support the needs of special education students who have also experienced trauma?

   a. What are the perceptions of teacher who participate in the EBD program regarding their ability to recognize the signs and symptoms of the effects of trauma among their special education students?

   b. How do these teachers of special education students integrate their knowledge of trauma, that they have gained through the EBD program, into their teaching and classroom management practices?

   c. What are teacher perceptions regarding their ability to resist re-traumatization by identifying and decreasing triggers in the learning environment?

   d. What are teacher perceptions regarding additional training or information needed to successfully meet the needs of these students?

2. What professional development or preparation do selected educators perceive to be necessary to build their capacity to address impacts of trauma?

Epistemological Perspective

Constructivism is the epistemological perspective for this research. Creswell (2014) defines social constructivists as those who "believe that individuals seek understanding of the world view in which they live and work" (p. 8). In this study, teachers and administrators

gained knowledge through their interactions with students, families, and co-workers. They also bring perspectives from trainings they participated in as a staff and through teacher preparation programs and outside professional development opportunities.

Theoretical Framework

This study will be conducted through the lens of Trauma Informed Schools. The National Child Traumatic Stress Network (NCTS) (2017) defines a trauma informed system as "one in which all parties recognize and respond to the impact of traumatic stress on those who have contact with the system" (p. 2).   Trauma Informed Schools follow the "4 Rs" (NCTS), 2017. p. 4)

1. Recognizing the widespread impact of trauma and pathways to recovery

2. Recognizing traumas signs and symptoms

3. Responding by integrating knowledge about trauma into all facets of the system

4. Resisting re-traumatization of trauma-impacted individuals by decreasing the occurrence of unnecessary triggers (i.e. trauma and loss reminders) and by implementing trauma-informed policies, procedures, and practices.

Evaluation through the Trauma Informed Schools Framework will establish how consistent strategies and supports specifically addressing trauma exposure provide proactive and targeted supports to students and staff to address student needs. McConnico, Boynton-Jarrett, Bailey, Nandi (2016) used this theory to create the Supportive Trauma Interventions for Educators (STRIVE) Project to address social-emotional learning in an early childhood setting. Stevens (2012) studied the impact of a trauma informed approach on school

discipline, resulting in an 85% reduction in suspensions from school and a reduction in written referrals by 53%.

Procedures

This qualitative study will use a case study approach to explore teacher perceptions of the impact of specialized training to assist in their support of special education students who have also experienced trauma. A case study is defined as "an in-depth description and analysis of a bounded system" (Merriam & Tisdell, 2016, p. 37). Purposeful sampling (Patton, 2015) was used in selection of the schools, as both house the targeted special education program targeting students with significant social and emotional difficulties.

Context for the Study

According to Bethell and colleagues (2017), close to three in four children who demonstrate "chronic conditions involving emotional, mental or behavioral problems have ACEs" (p. 4). Documentation from the district supports this statistic; more than 75% of the students participating in the program have experienced one of more adverse childhood experiences (ACE). Furthermore, the behaviors of the students in these programs could be viewed as traumatic for the other students in the school.

The EBD program is based on a multi-tiered systems model to address both student skill deficits in social, emotional, and behavioral regulation along with academic instruction. The staff working within the program receive specialized training from experts who developed the program along with ongoing training and support from the district staff. The students within this program are all identified as eligible for special education services and demonstrate significant social, emotional, and behavioral challenges in the school setting. The design of the

program is to provide instruction and practice in social, emotional, and behavioral regulation

the goal of students returning to the general education setting. On average, students are in

participate in this program for six months to one school year before returning to the general

education setting.

Data Collection

Data collection in this study will be aligned with Merriam and Tisdell's (2016) belief

that "the data collection techniques used, as well as the specific information considered to be

data in a study, are determined by the researcher's theoretical orientation, by the problem and

purpose of the study, and by the sample selected" (p. 105). The data to be generated from this

study will include semi-structured interviews, observations, documents and field notes.

Interviews will be used to gather additional information and insight from the groups of

educators focused on in this study, specifically administrators, special education teachers, and

support staff who work with the EDB program. The participants selected for interview will

selected using purposeful sampling (Patton, 2015) to ensure that participant selection includes

those who are working directly with the targeted program. Observations will allow for

opportunities to collect data about daily practice and educator behaviors to gain insight as to

how their practices support students in this special education program who have been exposed

to trauma. Documents specific to educators participating in interviews, as well as those

relevant to the school sites and school district will be collected to establish a pattern of culture

and support relevant to trauma exposed students.

Data Analysis

Merriam & Tisdell (2016) encourage data collection and data analysis to be a

"simultaneous process" (p. 195). The data in this study will be organized, coded, and read reflexively to identify categories or themes. To ensure adherence to the guidance provided by Mirriam and Tisdell (2016) in regards to establishing category, the data will be continually analyzed until all similar items can be sorted into just one category to establish mutually exclusivity. The naming of the categories will be taken into careful consideration, using Trauma Informed Schools as a guide and ensuring that the names have understanding to readers outside the study. Lastly, to ensure conceptual congruence, the purpose of the study will be continually referenced while sorting and ensuring the categories all fit together in answering the research questions.

Significance of the Study

Significance to Practice

Educators are faced with educating all students who enter their buildings. Unfortunately, several of their students have experienced significant adverse events in their lifetime that have been traumatic to them in some capacity. The effects of this trauma exposure can have negative impact of the student's behavioral and educational outcomes. This study hopes to provide greater insight into the implication of adequate programming and support to meet the needs of students with externalizing behaviors with a trauma sensitive focus. This study also hopes to address perceptions of particular training that teacher and administrators may have received that greatly impacted their ability to support trauma exposed students. For district and building level training, this may provide suggestions of training to provide to their building staff addressing behavioral supports through with a trauma informed focus. For teacher preparation programs, this study may provide information and suggestion for programing changes to support teacher preparation for dealing with students with trauma

exposure and special education programming options.

Significance to Research

There is a growing body of research regarding the impact of trauma on education and lifelong mental and physical health. Based on this research, a significant push for trauma informed services has been established. However, there is a limited amount of research on teacher perceptions about their preparedness to provide support to these students. This study should provide some insight into teacher perceptions and their perceptions of particular training programs that prepared them to address trauma in the schools.

Significance to Theory

Trauma Informed systems for education and other client-based services are a highly targeted area in education. Examining the implications of a trauma informed special education program would better inform programming and supports for those students who demonstrate the most significant needs. The school setting is a large component of any student's environmental influence and for those students who have been exposed to trauma, it can play a significant role in either moving past the trauma or re-traumatization (Carello & Butler, 2015; O'Neill, Guenette, & Kitchenham, 2010). The use of this theory will further inform the understanding of the impact of Trauma Informed Schools within special education programming. This understanding will assist in further programming for specialized populations of students.

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Definition of Terms

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Adverse Childhood Experience (ACE)- Experiences in childhood that could be considered traumatic, such as exposure to abuse (psychological, physical or sexual) and to

household dysfunction such as substance abuse, mental illness, mother treated violently, and criminal behavior in the household (Feletti, et al., 1998).

*Trauma- "*A response to a negative external or series of events which surpasses the child's ordinary coping skills". (McInerney, McKlindon, 2014, p. 1)

*"Trauma Informed" Approaches- "*Evidence supported, trauma-informed models have been developed in other fields and can be implemented in schools" (McInerney, McKlindon, 2014, p. 1). These approaches encourage consideration of what the child has experienced and how that experience may impact their behavior rather than questioning what is wrong with the child. Sensitivity to the student's experiences with trauma can assist the educators in preventing re-traumatization and engaging the student in learning.

Summary and Organization of the Study

This study is organized in five chapters. Chapter 1 introduces the study including the major components of statement of the problem, purpose of the study, and the identification of the research questions. Case study methodology is used to better understand how educators are supporting trauma exposed students in their school setting. The theoretical framework informing this study is Trauma Informed Schools.

Chapter II provides a review of the literature that will provide a better understanding of the research topic. The following topics are addressed: trauma, early childhood experiences, misdiagnoses and comorbidity, lifelong impact, educational impact, and educational services and supports. The literature review ends with an explanation of why some schools are effective at meeting the needs of trauma exposed students and other are ineffective.

Chapter III provides an explanation of the research methods and procedures of the

study including participant selection, data collection, and data analysis techniques. Ethical

considerations and bias are addressed in detail. The chapter is brought to conclusion with

considerations of trustworthiness and limitations of the study.

Chapter IV presents the data from the study and provides description of the selected

school sites and participants. Data collected from the study is presented in detail.

Chapter V provides an analysis of the data through the lens of trauma informed schools

theory, conclusions, and interpretations. Implications of the student include the significance

of the student to practice and research. The chapter concludes with recommendations for

future research.

CHAPTER II

LITERATURE REVIEW

This chapter represents a review of the literature on trauma and the impact on education. Topics discussed in this literature review include: (1) defining trauma, early childhood exposure, misdiagnosis and comorbidity, and lifelong impact of trauma, (2) the educational impact of trauma, (3) educators' preparedness to support trauma exposed students and (4) the educational services and supports to address trauma. The goals of this review are: (1) to establish the impact of trauma, (2) to document the lack of preparation for educators to address these needs, (3) to provide evidence to support effective educational programing to address trauma exposed students in the schools, (4) to document the need for the study.

Trauma

Research supports that between half to two thirds of school age children experience trauma. (McInerney & McKlindon, 2014). Schools, therefore are likely dealing with a great deal of trauma exposure with the students who enter their doors. The American Psychological Association (APA) defines a traumatic event as one that "threatens injury, death, or the physical integrity of self or others and also causes horror, terror, or helplessness at the time it occurs" (American Psychological Association, 2008, p. 2). These events may include abuse and neglect, natural disasters, exposure to violence or the death of a loved one (American Psychological Association, 2008). Reactions to traumatic stress can include behavioral changes, self-regulation difficulties, academic challenges, and intense emotions (NCTS, 2013).

The relationship between childhood trauma exposure and adult health was noted by the Adverse Childhood Experiences (ACE) Study (Felitti, Anda, Nordenberg, Williamson, Spitz, Edwards, Koss, & Marks, 1998). The ACE survey questioned exposure to abuse, such as psychological, physical or sexual and to household dysfunction such as substance abuse, mental illness, mother treated violently, and criminal behavior in the household (Felitti et al., 1998). A Health Appraisal questionnaire was also used targeting 10 risk factors that contribute to the leading causes of morbidity and mortality in the United States. Over 9000 participants responded to the survey. "More than half of the respondents experienced ≥1 category of adverse childhood exposure; 5.2% reports ≥ 4 exposures" (Felitti et al., 1998, p. 249). Persons who had experienced four or more categories of childhood exposure compared to those who had experienced none, had a 4 to 12-fold increased health risk for alcoholism, drug abuse, depression, and suicide attempt; and a 2 to 4-fold increase in smoking, poor self-rated health, ≥ 50 sexual intercourse partners, and sexually transmitted disease; and a 1.4 to 1.6-fold increase in physical inactivity and severe obesity (Felitti et al., 1998, p. 245). This study suggests that exposure to adverse childhood experiences or trauma can have lifelong impact on health, life style choices, and increase chance for risky behaviors.

The results of the ACE study indicate that adverse childhood experiences can have a significant impact our overall health (Felitti et al., 1998). The National Survey of Children's Health found that in 2016, 34 million children ages 0-17 in the United States had experienced at least one ACE, and more than 20 percent reported experiencing two or more (Bethell, Davis, Gombojav, Stumbo, & Powers, 2017). Although exposure to ACEs is common across income groups, 58 percent of children with ACES are found to live in homes that fall below the federal poverty level (Bethell et al, 2017). Furthermore, there is a disproportionate

representation among black children at 17.4 percent of all children with ACEs in the United States (Bethell et al, 2017).

Trauma exposure can impact student's interaction with teachers and peers. Research supports that children who have been exposed to violence can have difficulty reading social cues and can be socially withdrawn or can bully peers (McInerney & McKlindon, 2014). They may also have difficulty trusting adults if the adults in their life have failed to keep them safe, impacting the relationships with teachers and staff (McInerney & McKlindon, 2014).

Early Childhood Exposure

De Young and associates (2011) establish that "Infants, toddlers and preschoolers are at particularly high risk of being exposed to potentially traumatic events" (p. 231). According to the 2016 Child Maltreatment Report, 676,000 children were victims of child abuse and neglect in 2016. This rate has increased by 3.0 from 2012. (U.S. Department of Health and Human Services, 2016). The 2016 Child Maltreatment Report supports that more than 28.5% of the victims of abuse and neglect were reported to be under the age of three; the highest rate for those children under the age of one with established victimization rates of 24.8 per 1,000 children (U.S. Department of Health and Human Services, 2016).

Trauma can lead to changes in brain functioning allowing for the state of fear to become a "persisting trait of anxiety" (Perry, Beauchaine, & Hinshaw, 2008, p. 107). "A traumatized child is often, at baseline, in a state of low-level fear- responding by using either a hyper-arousal or a dissociative adaptation" (Perry, Pollard, Blakley, Baker, & Vigilante, 1995, p. 278). Existing research supports that infants, toddlers and preschoolers typically present with the traditional Post Traumatic Stress Disorder (PTSD) symptoms of re-experiencing,

avoidance, and hyper- arousal, as we see in older children and adults. (De Young, Kenardy, &

Cobham, 2011).

Research does not currently support that children will out-grow PTSD symptoms.

If left untreated, the exposure to trauma in early childhood may have a more chronic

impact. (DeYoung et al., 2011; Conradi, Wherry, & Kisiel, 2011). Furthermore, Perry

and colleagues (2008) stated that "traumatic results in altered measures of brain function

and in brain-mediated functioning in children" (p. 108).

Research supports that children can begin to manifest trauma symptoms through delays

or differences in speech and motor functioning, and social, behavioral, and emotional

functioning as early as 7 months of age (De Young et al., 2011; Perry, 2009) While they may

not develop the capacity to verbally express narratives to describe their trauma until after

eighteen months of age. (De Young et al., 2011). While the child may not develop the capacity

to report autobiographical memories through verbal expression or description of more

internalizing symptoms until the age of eighteen months, "very young children can develop

and retain memories of traumatic events and are functionally able to present with the

emotional and behavioral manifestations of trauma" (De Young et al., 2011, p. 241).

Misdiagnosis and Comorbidity

Foltz et al (2013) explored the possibility of misdiagnosed children. They surveyed

youth in residential treatment settings and their exposure to Adverse Childhood Experiences

(ACE). The results found that 56% of the youth that participated in the survey had experienced

four or more ACEs (Foltz et al., 2013). This is in contrast to the original ACE study which

found that only 12.5% of the population surveyed reported this level of impact (Felitti, et al.,

1998). The findings also state that 48% of the youth surveyed had two Axis I diagnoses from

the Diagnostic and Statistical Manual (DSM), 34% had three diagnoses and 6% had four or more Axis I diagnoses (Foltz et al., 2013). 58% of the youth in this study were prescribed antipsychotic medications, assumed to sedate dysregulated behavior. Misdiagnosis "may lead to speculations about genetic liability or 'chemical imbalance' which may distract us from pursuing healing relationships" (Foltz et al, 2013, p. 16). Symptoms of trauma may mimic behavior patterns of a number of other disorders (Foltz et al., 2013).

Kerns, Newschaffer, and Berkowitz (2015) examined the relationship between autism spectrum disorders (ASD) and trauma. Research "suggest that youth with intellectual and developmental disabilities are 1.5 to 3 times more likely to be maltreated than their peers" (Kerns et al., 2015, p. 3476). The authors believe "that poor emotional regulation increases the risk of developing traumatic stress which in turn, exacerbate already impaired emotional regulation" (Kerns et al., 2015, p. 3477). Children with ASD may also struggle to limit the thoughts or memories of traumatic stimuli due to difficulties changing attention and focus. They may also have limited ability to be flexible to adversity, trauma or unexpected events due to their rigid cognitive patterns and rule governed behavior. Children with ASD have been found to be exposed to maltreatment similarly to youth in general population, approximately 9%. Over 30% of children with ASD served in community health clinics reported some sort of maltreatment. (Kerns et al., 2015)

Lifelong Impact

Bethell and his/her colleagues (2017) established the impact of children exposed to trauma and the lifelong impact based on an analysis of data obtained from the 2016 National Survey of Children's Health. The data showed that children exposed to ACEs experience social and emotional challenges and school engagement difficulties that can have lifelong

impact (Bethell et al., 2017). Close to three in four children who demonstrate "chronic conditions involving emotional, mental or behavioral problems have ACEs" (Bethell et al., 2017, p. 4). Furthermore, children with more than two ACEs were found to reside with families where caregivers were required to reduce their work hours or stop working all together to address and support the child's health (Bethell et at., 2017).

Research supports that childhood trauma exposure has a strong relationship with physical and psychological difficulties in adulthood (Felitti et al., 1998; Ogle, Rubin, Stiegler, 2013). A study completed by Ogle, Rubin, and Stiegler (2013) explored the effects of trauma exposure when experienced during different developmental periods of life. This study established that exposure to trauma during childhood decreased happiness, ability to cope, and social supports while increasing the likelihood of PTSD symptoms and exposure to additional traumatic experiences (Ogle et al., 2013). People who reported 4 or more categories of ACE's had a greater likelihood of disease, such as diabetes, severe obesity, or emphysema. Suicide attempts also increased 12-fold for adults reporting 4 or more ACE's (Felitti et al., 1998).

Educational Impact of Trauma

Children who have experienced trauma have the potential to be affected long-term, both academically and in their mental health (Bell et al., 2013). Bethel and colleagues (2017) found that children ages 3-5 who had experienced two or more ACEs were over four time more likely to demonstrate social and emotional challenges that could impact learning. Symptoms of childhood trauma may be present through physical, behavioral, mental, and cognitive symptoms (Bethell et al, 2017). Often, educators may be the first adults to recognize the symptoms of trauma in a child. Studies have found that children receiving trauma treatment within the schools were 91% more likely to complete the treatment than those being treated in

an outpatient mental health clinic (Bell et al., 2013).

There is an agreement among professionals that leaves a lasting impact on the brain (Bethell et al, 2017; O'Neill, Guenette, & Kichenham, 2010; Perry et al. 2008; Perry, 2009). Trauma impacts the assimilation and learning, may result in failure in memory tasks and deficits in verbal declarative memory (O'Neill et al., 2010). Children with a trauma history may demonstrate "less creativity and flexibility in problem solving, significant delays in receptive and expressive language and lower IQ scores" (O'Neill et al., 2010, p. 192). Trauma exposure can adversely impact executive functioning, or the brain's ability in working memory and processing and integrating new information (Bell et al., 2013).

The school environment is a social environment, which can lead to challenges for students who have experienced trauma. These students may have difficulty relating to others impacting their ability to develop and sustain social relationships. (Bell et al., 2013) This may limit their social learning experiences. In the classroom, teachers and counselors may observe complex trauma symptoms beyond learning disabilities, including fear, hyperactivity, and aggression, somatic problems in younger children and depression and self-harming behavior in adolescents (O'Neill et al., 2010, p. 193).

Close to three in four children with chronic emotional mental or behavioral challenges have ACEs (Bethell et al, 2017). Unfortunately, these behaviors and difficulties can also be attributed to other disorders, such as ADHD resulting in misdiagnosis and ineffective treatment of the underlying issues (Foltz et al., 2013). Exposure to trauma can increase the propensity of a student to drop out of school (Porche, Fortuna, Lin, & Alegria, 2011). Porche and colleagues (2011) found that 19.7% of the population of their study who

had dropped out of school reported a childhood trauma; additionally, the existence of a

DSM-IV diagnosis also increased the likelihood that a student would drop out of school

(Porche et al., 2011).

Educator Preparedness for Supporting Students

Trauma

Teacher perceptions of supporting students after trauma was examined by Alisic &

colleagues (2012). The results of the study indicate that teachers struggle with their role and

determining at what point a more targeted professional should be consulted (Alisic, Bus,

Dulack, Pennings, & Splinter, 2012). Teachers reported difficulty with establishing a balance

with conflicting demands such as: individual student needs versus the group needs, focus on

trauma versus focus on normal live, and providing extra attention without creating a social

outcast position for the student (Alisic et al., 2012). Most teachers endorsed the need for

additional training specific to trauma and felt a lack of confidence in this area and noted

further guidance on how to talk about the event with student and other stakeholders (Alisic et

al., 2012). The teachers also communicated difficulty with finding a balance between

commitments to the child but maintaining distance to avoid strong emotional involvement,

finding the emotional stress difficult to leave at school so as not to impact home life (Alisic et

al., 2012).

Often times there are barriers to incorporating a trauma sensitive approach in the

schools. Examples of barriers might include: "1) a tendency to see trauma as a home problem

rather than a school problem, 2) misplacing blame on students or parents, 3) a lack of skills

and resources for handling trauma" (Gil & Briere, 2014, p. 49). Identification,

acknowledgement, and addressing barriers by obtaining information and input from staff and various stakeholders is necessary to address trauma exposed students (Gil & Briere, 2014).

Pre-service training

Teacher training programs are expected to be professional training programs to prepare teachers to enter the current classroom setting and be prepared to meet the needs of their students. In order to do this successfully, these programs must prepare teachers for the multitude of roles they must fill within a given school day. New teachers are expected to have some level of mastery and understanding of the following: classroom management techniques, how to communicate with parents and fellow teachers, how to effectively present curriculum and provide instruction to students, how to differentiate and addressing the needs of the various levels of students within the classroom, how to effectively use data to guide instruction and how to collaborate with colleagues, just to name a few. A study completed by Ergol, Baydik, and Demir (2013) "found that pre and in-service teachers perceived themselves as less competent in assessment, classroom management, professional legislations, positive learning environment, and collaboration with families and members of other professions" (2013, p. 520). The changes in educational philosophies with initiatives such as Response to Intervention, inclusion of special education students, and high stakes testing is necessitating change in teacher training programs (Parker, McHatton, & Allen. 2012).

A significant challenge to effective instructional time is the need to deal with behavior challenges within the classroom and school setting. Behaviors incidents often require the teacher to pause the lesson to address the behavior challenges, at times requiring administrators and other school staff to assist (Uysal, Burcak, Tepetas, & Akman, 2014). Teachers must be

prepared to teach and manage the behavior expectations within their classroom, as well as address the negative behaviors that will impact student learning. To provide sufficient instruction, teachers must have the capacity to run their classroom and establish behavior expectations that will allow them the dedicated time on task required to meet required standards (Uysal et al., 2014).

The research supports that classroom management is a necessary tool to effectively provide instruction, yet teacher training programs are not sufficiently preparing pre-service teachers in this area. Many programs have minimal modules or dedicated instructional content to this topic (O'Neill & Stephensen, 2011; Eisenman, Edwards, & Cushman, 2015; Kennedy & Thomas, 2012). Further examination of the required content in this area indicated a focus on theoretical models rather than evidence-based practices that could be implemented in a classroom setting (O'Neill & Stephensen, 2011). As a result of the limited preparation, Uysal, et al. found that preservice teachers are entering the classroom with the philosophy of reacting to behavior rather than with the tools and techniques to be proactive in meeting the needs of the students in their classroom and establishing positive behavior routines.

A great deal of teachers' time is spent communicating with families. This may be through reports from the students to their families, email and phone communication, participating in school events, encouraging reinforcement of skills at home, holding parent teacher conferences, and discussing those challenging situations that may occur throughout the year. Bartels & Eskow (2010) note that teacher preparation programs are not teaching the necessary skills to prepare teachers to systematically engage with families. Findings of their student indicate that direct instruction in this area resulted in reports of increased skills

positive changes in attitude regarding collaboration between families and school. (Bartels &

Eskow, 2010).

The changes in educational philosophy require shift in practice in the schools. With

the high stakes testing brought in my No Child Left Behind (NCLB, 2002) and the

requirements of the revision of the Individuals with Disabilities Education Act (IDEA, 2004),

there are many more students with disabilities and greater instructional needs participating in

general education classrooms. This shift has forced the use of collaboration and techniques

such as co-teaching to provide services and supports to these students within general

education (Parker, McHatton, & Allen, 2012). A study completed by Parker and colleagues

(2012) found that greater level of scaffolding and support is likely needed to assist in the

understanding of co-teaching, and to expose them to the issues of truly implementing a co-

teaching model such as those that surround planning and scheduling. Additionally, the study

brought to light the need to use the field experiences of pre-service teachers more effectively

to ensure they have access and exposure to collaborative and co-teaching models to assist

with their understanding. (Parker, et al., 2012). The requirement of the classroom today

necessitates good classroom management skills in addition to strong instructional skills to

adequately meet the needs of the students and the current educational field.

Educational Services and Supports

According to Bell & colleagues, educators can address traumatized students in several

ways including: 1) identifying symptoms of trauma and referring to school based mental health

personnel, 2) participating in a school-based team focused on trauma treatment, or 3) providing

support to students through therapy (Bell, et al., 2013). If schools have established that a large

number of students exposed to trauma within their school, they may wish to provide

intervention by either targeting individual children or providing school wide prevention and coping strategies through classroom curriculum (Bell, et al., 2013).

Relationships

Students who have experienced trauma need require supportive school-based relationships. (Dods, 2012; Blitz, Anderson, Saastamoinen, 2016; O'Neill et al; 2010). A safe and consistent environment is important (O'Neill et al., 2010). Dods (2012) interviewed students consistently presented an unmet need in attempt to have a caring connection with teachers. These students endorsed four themes that should be present in the relationship.

1. *Leader of Interaction:* Teacher need to be the driver of the relationship. The students all wanted teachers to "intuit their need for connection, initiate and conversation, and to invite students to connect with them" (Dods, 2012. p. 82).

2. *Quality of the Interaction*: Students felt relationships needed to be based on authentic caring. This is represented by: "listening to students, showing an understanding attitude towards their difficulties, and validating their distress" (Dods, 2012. p. 83).

3. *Active Interaction:* Teachers should be attuned to students to present support. The students noted teachers should: "observe overt and covert behavioral cues, and be responsive and adaptive to their needs" (Dods, 2012. p. 83).

4. *Perspective of the Interaction*: relationships should be individualized. Students wish to be "approached as a person and on their level, and want relationships to sustain over time" (Dods, 2012. p. 84).

To note, these requests of the students fall within the expected behavior of a teacher.

Social Emotional Learning

Exposure to trauma can further impact a student's social emotional skills. According to the National Child Traumatic Stress Network, traumatic stress occurs when a child has been exposed to trauma(s) that exceed their ability to cope (NTCS, 2013). The Collaborative for Academic, Social, and Emotional Learning states that "social and Emotional Learning (SEL) is 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" (Collaborative for Academic, Social, and Emotional Learning, n.d.).

These skills are vitally important to the functionality of the school community in collaborative learning opportunities, social opportunities, and the capacity to build and understand relationships with peers and adults. However, many students lack the competencies in the area of social emotional skills thereby limiting their connection to school and negatively impacting their academic performance, behavior, and potentially health (Durlack, Weissberg, Dymnicki, Taylor, & Schellinger, 2011). Research further supports that these skills can support and predict future academic success and success in the workplace. Additionally, students who develop and demonstrate social emotional skills have a lower risk of behavior and conduct problems along with lowering the risk of engagement in violence and drug abuse (Belfield, Bowden, Klapp, Levin, Shand, & Zander, 2015).

SEL interventions impact in the school setting results in a substantial effect size, ranging between 0.2 and 0.6 (Durlack et al., 2011). SEL instruction and interventions was

found to provide benefit to student outcomes in areas such as attitudes, increasing positive social behavior, diminishing conduct problems, limiting emotional distress, and academic performance such as reducing failing grades and improving class attendance (Durlack et al, 2011; McBride, Chung, & Roberson, 2016). SEL cost effective in regards to the benefit to students (Belfield et al., 2015). Students with exposure to trauma may benefit from interventions, such as social emotional learning instruction, to increase skills such as self-awareness and self-regulation (Belfield et al., 2015).

Trauma Informed Education Practices

Trauma informed education practices are attempts to address the needs of students exposed to trauma in the school setting (Blodgett & Dorado, 2016; Carello & Butler, 2015, Cole, 2005). Core elements of trauma informed practices include: school wide infrastructure and culture, social emotional learning, attempts to support mental health in schools, professional development and practice of trauma techniques, and school policies reflective of trauma supportive practices (Blodgett & Dorado, 2016; Carello & Butler, 2015; Cole 2005). Instructors should teach, model, and practice self-care techniques in the classroom (Carello & Butler, 2015). Staff training should focus on three core areas: strengthening relationships between children and adults, conveying the vital role staff can play as caring adults for students exposed to trauma, and helping traumatized children modulate their emotions and increase their social and academic competence (Cole, 2005). Teachers must be aware and prepared for classroom situations to trigger or re-traumatize students. Knowing the signs and symptoms of trauma, re-traumatization, and vicarious traumatization can be important (Carello & Butler, 2015; O'Neill et al., 2010).

Trauma sensitive discipline policies must manage the problem behavior with a level of

safety and security for the trauma exposed student (Blodgett & Dorado, 2016; Cole, 2005). There must be a level of accountability for the student's behavior, however the educators must keep in mind the origins of the behavior and the limits on the traumatized student's level of self-control, impairment and inability to verbalize why they have acted out. Rules may need to be more explicitly taught to the students exposed to trauma, where other students may learn them through observation. Addressing the behavioral need should assist in minimizing the disruption of education through establishing more proactive supports (Cole, 2005).

Mental Health

While teachers may provide basic support to students, some students may need more directed therapeutic approaches to address their needs. This may come through mental health services in the schools. Schools typically employ several school-based mental health professionals, such as school psychologists, school guidance counselors, and/or school social workers. Schools may also contract or collaborate with outside agencies to provide mental health services. The research supports empirical evidence for cognitive behavioral therapy, social skills training, and teacher consultation (Sanchez, Cornacchio, Poznanski, Golik, Chou, & Comer, 2018). Both Trauma Focused Cognitive Behavior Therapy and Abuse Focused Cognitive Behavioral Therapy have been empirically supported for use with children who have traumatic experiences. Both meet criteria for evidence-based practices by the Kauffman Best Practices Project (Chadwick Center for Children and Families, 2004). Connections to outside agencies may be appropriate for students with more intense needs or to support their families. For the families, mental health supports may be provided through referrals to mental health agencies, building relationships with caregivers and parents, a relationship with the mental

health provider and the educators working with the children (Cole, 2005).

<p align="center">**Current Supports for Educators**</p>

Context of the State

Oklahoma demonstrates significant concerns in regard to trauma exposure. The ACEs study completed by Feletti et al (1998) included the following events to be considered as an adverse childhood experience: physical, sexual or emotional abuse, physical neglect, emotional neglect, intimate partner violence, violence against the mother, substance abuse in the home, mental illness in the home, parental separation or divorce, or an incarcerated household member. The statistics for this state indicate that there is a significant concern in the exposure to these traumatic experiences, resulting in 26.5% of children having experienced at least one adverse childhood experience (Data Resource Center for Child & Adolescent Heath, 2018). The U.S. Department of Health and Human Services (2016) reports that the Total Maltreatment Percentage for this state was 125.1%, far exceeding the national average and supporting that physical, emotional, and sexual abuse and a significant factor for this state. The State of Mental Health in America 2018, rates Oklahoma as 36th overall when considering the prevalence of mental illness and the access to care, 25th in regard to prevalence, and 41st in regard to access to care including insurance, treatment, special education, and workforce availability (Mental Health America, 2017). This same report ranks the targeted state as 10th in the nation in regard to adult dependence on alcohol and illicit drug usage (Mental Health America, 2017). Continuing with the adverse childhood experiences, according to Suneson (2018) Oklahoma ranks fifth in the highest divorce rates when compared to other states. Lastly, the incarceration rate in this state currently has the highest incarceration rate of all

states (Wagner & Sawyer, 2018).   According to the U.S. Department of Health and Human Services (2016), 12% of children during the years 2015-16 had one parent who had been incarcerated at one point in time.

The education system in Oklahoma is also of concern. Since 2008, this state has led the nation in per student spending cuts despite an increase in student population (Center on Budget and Policy Priorities, 2017). As recently as 2018, the school board had approved more than 2,000 emergency certifications and this has been the pattern for several years due to difficulties finding teachers to fill positions (US News, n.d.). Nationwide, retirement and attrition rates of teachers alongside increased nationwide student population rates has created a shortage of teachers that could not be sustained by the number of graduates of traditional preparation programs (U.S. Department of Education, 2004). Additionally, Oklahoma has provided opportunity for alternative certification for general education and specialty areas such as special education. Studies exploring teacher preparedness found that perceptions of traditionally trained first year teachers reported themselves to be more confident than those in emergency programs, who reported concerns in classroom management, effective teaching strategies, and identification of student needs (Justice, Greiner, & Anderson 2003). Additionally, those who participated in emergency training programs have been found to be less effective than those who participated in traditional or alternative certification programs (Qu & Becker, 2003). The change in preparation of teachers and staff alongside the increased need of students in relation to the exposure to trauma in addition to the decreases in funding is creating a significant concern for education in this state.

State Level Supports for Trauma

Supports to address trauma informed care in this Midwestern state are significantly

increasing. The State Department of Education is actively working to educate about the impact of trauma and best practice to support trauma impacted students. A bill was signed into law in November of 2018 to create a three-year task force on Trauma Informed Care with the goal to study and provide recommendations to the legislature for the best practices for support for those who have experienced or who are at risk of experiencing trauma, with a specific focus on those who have experienced adverse childhood experiences (ACEs). This legislation is the first of its kind in Oklahoma and brings together representation from various departments such as mental health, health care, human services, university, education, and other agencies who advocate for children.

District Level Supports for Trauma

Currently, there is no consistent ongoing training related to specifically to trauma in the targeted school district. However, data obtained from the school district indicates that more than 75% students participating in the EBD program targeted within this study have experienced adverse childhood experiences. Therefore, training provided surrounding that program and supporting supports the staff in this area.

The EBD Program focused on in this study is based on the TIERS Model for students with EBD created by Clayton Cook and Diana Browning Wright (2009). This team reviewed research from a variety of settings, such as residential treatment facilities and school settings (both public and nonpublic) to establish their educational model **T**iers of **I**ntensive **E**ducationally **R**esponsive **S**ervices (TIERS) for students with Emotional and Behavioral Disorders. The design of the model is based on the concept of response to intervention, layering on services and supports as interventions are provided and the data indicates the student requires additional supports to meet a target or goal.

To appropriately implement the TIERS model, the format may not be able to be achieved in a general education setting. The format requires that the class size is reduced to six to twelve students with a staff to student ratio of 1:5 allowing for services that are individualized to each student through both small group and individualized service delivery (Clayton & Browning Wright, 2009). The model also requires a great deal of adult input to ensure the increase of services to students within the classrooms. The collaboration and involvement of adults ensure effective coordination of services and intervention for students along with monitoring and feedback of those services through multiple sources. The expectation is that students will receive more individualized attention, targeted teaching interactions, consistency in progress and behavior monitoring, appropriate scaffolding for prompting of replacement behaviors and coping strategies. To meet the class size, staff requirements, and individualization of the instruction and support to students the implementation of this model for the EBD Program operates through special education services.

The TIERS model provides supports to students through three Tiers: Intensified Tier 1 Supports for All, Intensified Tier 2 Supports for Some, and Intensified Tier 3 Supports for a Few (Clayton & Browning Wright, 2009).

Intensified Tier 1 provides supports for all students participating in this program. These supports are intended to provide explicit teaching of skills the student requires to be ready to re-integrate into the general education setting or to make appropriate progress in the restrictive special education classroom setting. The supports at this level include:

- PROMPT classroom management (See Appendix A)

- Token economy

- Explicit instruction in social skills, social emotional learning, and mindfulness

- School-home communication

- Self-governance meetings

  - Occur once or twice a week where students are provided instruction, modeling, and practice opportunities to:

  - Listen and help solve personal problems

  - Solve classroom problems

  - Give and receive compliments

  - Plan activities, events, and provide input in the classroom.

Intensified Tier 2 provides supports for students who are not meeting goals at Tier 1. The additional supports provided at this level include:

- Behavior contracting and goal setting

- Mentor based programming

- Self-Monitoring protocol

- Daily school home communication

- Targeted small group social skills training.

Intensified Tier 3 again, layers on support to students who are not meeting intervention goals of the previous two Tiers. The additional supports provided at this level include:

- Cognitive behavioral therapy

- Targeted behavior intervention plan guided by a functional behavior

assessment

- Consideration of Wraparound services. Coordination of services

    between home and school agencies.

The research for the TIERS model supports that 50 to 60 percent of students will respond well to supports at Intensified Tier 1, 15 to 25 percent of students will likely require supports at Intensified Tier 2, and approximately 10 to 25 percent of students in this setting will require supports at Intensified Tier 3 (Clayton & Browning Wright, 2009). Furthermore, the research of this program indicates that approximately 15 to 20 percent of students participating in a TIERS model program will make improvement in social skills and behavior problems at a level that will allow for re-integration into a general education setting within six months (Clayton & Browning Wright, 2009).

Training for staff working within in the EBD Program included 2 full days prior to implementation of year 1 of the TIERS program by one of the founders of the TIERS program, and then a follow up site visit along with a full day of training mid-year. In year 2, the staff was provided one full day of training along with site visits and review of fidelity of implementation. Each school site team of teachers and administrators affiliated with the program meets weekly to review student data and program progress with the District Behavioral Programming Specialist. The support staff associated with the program meet with the District Behavioral Programming Specialist monthly to review program policies and expectations, and specific questions or concerns related to individual students or program implementation. Additionally, all staff affiliated with the programs participates in restraint and de-escalation training yearly.

Trauma Informed Schools Theory

Trauma Informed services is defined as "one in which all parties recognize and respond to the impact of traumatic stress on those who have contact with the system infuse and sustain trauma awareness, knowledge, and skills into their organizational cultures, practices, and policies" (NCTS, 2017. p. 2). Trauma Informed Schools follow the "4 Rs": 1) Realizing the widespread impact of trauma and pathways to recovery, 2) Recognizing traumas signs and symptoms, 3) Responding by integrating knowledge about trauma into all facets of the system, 4) Resisting re-traumatization of trauma-impacted individuals by decreasing the occurrence of unnecessary triggers and by implementing trauma-informed policies, procedures, and practices" (NCTS, 2017. p. 4). To follow this model, schools must create a system of awareness, understanding, and skills to support these students. Schools must create a system that aligns trauma informed beliefs with practices that address relationship and resiliency building while focusing on educational outcomes.

System Framework

NCTS established a multi-tiered system to implement a model of Trauma Informed Schools. Each tier addresses strategies and supports that are necessary to create and sustain a trauma informed school.

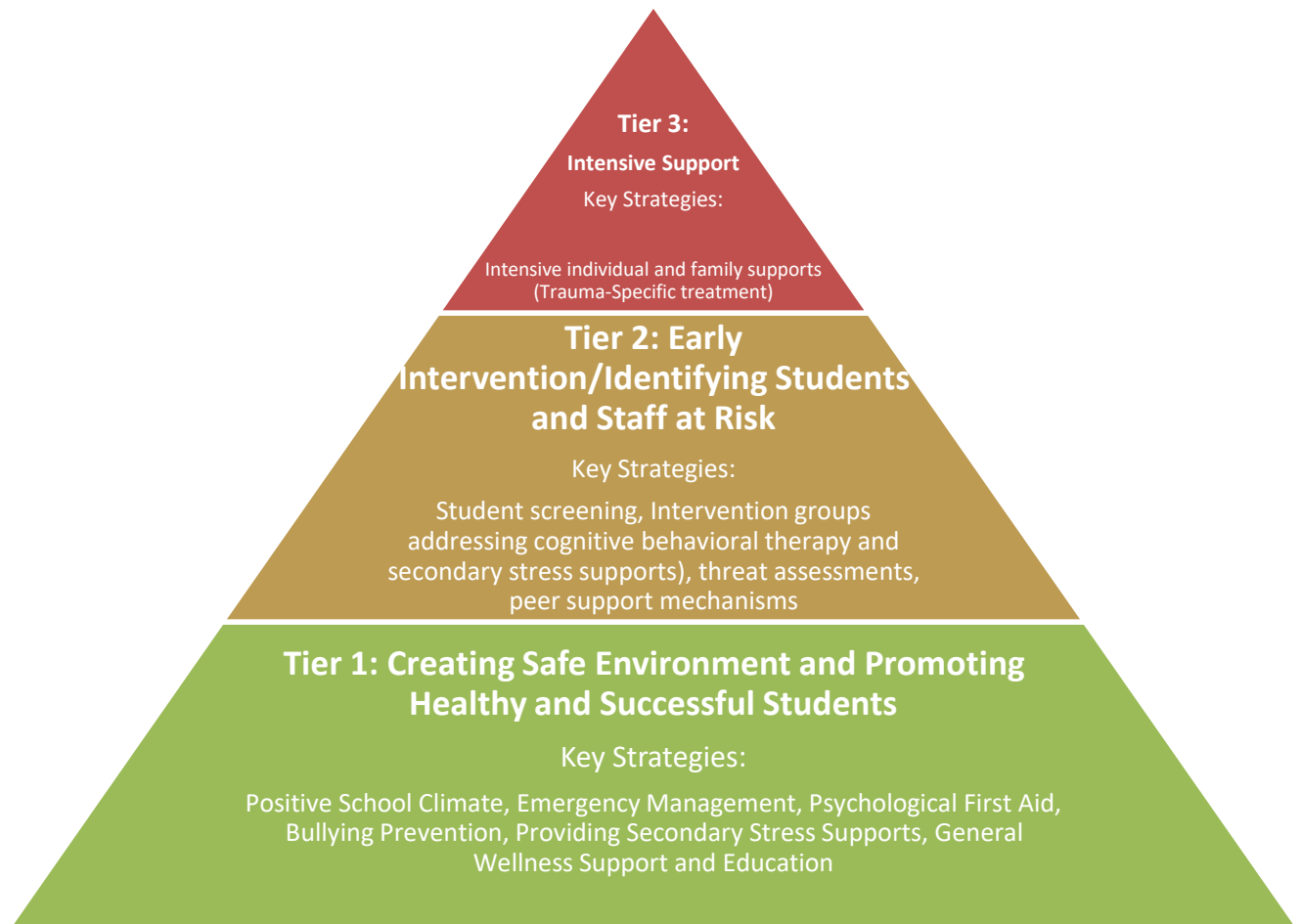*Figure 1: Tiered Supports for Trauma Informed Framework*

Figure 1. Adapted from: National Child Traumatic Stress Network, Schools Committee. 2017. Creating, Supporting, and Sustaining trauma informed schools: A system framework.

Within the framework, NCTS (2017) has outlined ten core areas of focus:

1. *Identifying and Assessing Traumatic Stress-* school systems recognize the value of identifying students who may be more vulnerable to traumatic events and the importance of establishing a system to provide support for these students. Risk factors that should be considered include: changes in developmental progression (health/physical, behavioral, emotional/social, and cognitive) in addition to concerns about academic performance (attendance or changes in school engagement).

Supports to address this core tenant should be addressed in all three tiers within the framework.

2. *Addressing and Treating Traumatic Stress*- school systems must ensure that adequate supports are available for all stakeholders who may have experienced direct or indirect exposure to trauma. These supports should include a strong referral system as well as access to prevention and intervention strategies and resources. This may require connections within the community to ensure adequate supports are able to be provided. This core tenant should be addressed within all three tiers.

3. *Trauma Education Awareness*- school systems must develop or provide access to appropriate professional development for all educators, administrators, community partners and other professionals who support their students. This core tenant should be addressed within Tier 1 and Tier 2 within the framework. Education about trauma awareness assists in the establishment of policies and procedures to ensure best practice.

4. *Partnerships with Students and Families*- school systems operating from a trauma informed lens have the opportunity to empower students and families in the creation of trauma informed practice within their school community. Providing opportunity for student and family engagement, building relationships and partnerships to support families within the school system. This core tenant should be addressed at all three tiers either through education and practice or through assisting with community and professional partnerships to address the needs of students and families.

5. *Creating a Trauma-Informed Learning Environment*- school systems create safe

environments for students, families, and staff by promoting health connections, social emotional skills, and self-regulation skills. School wide programs are established to teach, model, and maintain health social emotional skills. Specific activities to address this core tenant should be addressed at all three tiers within the framework.

6. *Cultural Responsiveness-* school systems acknowledge and recognize cultural differences in experience, interpretations and response to traumatic events. The school system creates a culturally sensitive and appropriate response to supporting all students who may have experienced trauma. Policy regarding disciplinary practices should be established with a culturally responsive lens. Specific components of this tenant should be found within all three tiers of the framework.

7. *Emergency Management and Crisis Response-* school procedures for addressing an emergency situation (before, during, and after the event) should be clearly stated and communicated. Appropriate training, education, and community connections should be provided within the system, with special attentiveness to how school policies support those impacted by trauma. This core tenant should be incorporated and addressed at all three tiers within the framework from overall policy to specific response to a given situation.

8. *Staff Self Care and Secondary Traumatic Stress-* schools operating from a trauma informed practice model must ensure that staff needs are addressed. Exposure to the stories and impact of trauma among the students and staff they work with can be traumatizing to staff members. Supports should be implemented at all three tiers to ensure staff is adequately supported and are educated on the importance of addressing their own self-care.

9. *School Discipline Policies and Practices-* schools should ensure they are viewing all policy and practice through a trauma informed lens. Disciplinary practices should address the safety of all students and staff in the schools but also include the use of available resources to assist in addressing missing skills and ensuring safe re-integration into the school setting. This core tenant should be found within all three tiers within the framework ensuring that services and polices are equitable, address missing skills, and are supportive in building relationships.

10. *Cross System Collaboration and Community Partnerships-* staff must work with district wide teams as well as community partners to adequate meet the needs of their students and staff. Community partners may include: health services, mental health services, law enforcement, advocacy groups, charitable organizations, child welfare, and military groups. These connections should be used to increase the knowledge of the impact of trauma, share strategies to support students and families, increase the knowledge of secondary stress impact on those working with trauma exposed individuals, and share strategies for promoting health and wellness in educators and staff. These partnerships may also assist in providing appropriate supports for trauma exposed students, families, and staff that may not be able to be provided within the school setting. This core tenant should be visible in the practice at all three tiers within the framework.

Chapter Summary

Chapter two presented a review of the literature to establish the need for this study. First, this literature review established a definition and impact of trauma. The lifelong impact of trauma was supported Felitti et, all (1998) and other studies presented in the literature

review. The biological impact of trauma causes students who have experienced trauma to be in a constant state of fight or flight, leading to inappropriate reactions to normal experiences. (Perry et al., 1995) This increased state of arousal impacts a student's educational experience. Next, the literature review provided support for the lack of preparation of educators to support trauma exposed students in the school setting. Teachers and educators are expected to not only support the education of the students who enter their doors, but also must address the baggage that they bring along with them that is influencing their development and skills. Several models and methodologies were presented to support that schools have been successful in recognizing and addressing the needs of the students exposed to trauma in their schools. The chapter concluded with a discussion of trauma informed schools. Schools must maintain focus on education and achievement but also have to recognize that mental health and wellness are necessary to student success.

CHAPTER III

METHODOLOGY

Chapter 3 provides a description of the research design and methodology utilized in this case study. The research problem and questions are stated along with explanation of the research design, procedures used for data collection, and data analysis.

Statement of the Problem

Students with exposure to trauma, who also have special education needs, are entering the school with very intense needs. Educators must be prepared to address these needs while providing the students educational access (Bell et al., 2013). Some schools have established strategies, supports, and programs to address these needs adequately (McConnico, et al., 2016), while others have not (Porche et al., 2011). One reason for this anomaly may be that there is lack of appropriate programming for students with special education students, who have been exposed to trauma, with social, emotional, and behavioral challenges (Cook & Browning Wright, 2009). Therefore, a better understanding of teacher perceptions of the influence of specialized training and programming, designed to meet the needs of special education students who have also experienced trauma, is needed to support their academic success.

Purpose and Research Questions

The purpose of this qualitative case study was to explore, through the lens of Trauma Informed Schools, teacher perceptions regarding the influence of specialized training and Emotional Behavior Disorder (EBD) programming to support students with special needs who

have also experienced trauma.

What are teacher perceptions regarding the influence of the EBD program on their ability to support the needs of special education students who have also experienced trauma?

    a. What are the perceptions of teacher who participate in the EBD program regarding their ability to recognize the signs and symptoms of the effects of trauma among their special education students?

    b. How do these teachers of special education students integrate their knowledge of trauma, that they have gained through the EBD program, into their teaching and classroom management practices?

    c. What are teacher perceptions regarding their ability to resist re-traumatization by identifying and decreasing triggers in the learning environment?

    d. What are teacher perceptions regarding additional training or information needed to successfully meet the needs of these students?

1. What additional professional development or preparation do selected educators perceive to be necessary to build their capacity to address impacts of trauma?

Researcher's Role and Bias

Patton (2015) defines the researcher as the "instrument of inquiry" in qualitative research (p. 3). Therefore, that I document below my background and relationship and connection to the subject and participants of this study. I graduated with an Education Specialist degree in School Psychology. I worked as a school psychologist in an urban school district for 11 years. During most of that eleven years, I worked with Title I schools and low-income students. The last six years I was with the district, I worked in one of the neediest schools in the district, with 100% free and reduced lunch and a great deal of trauma exposed

students. Working within this school and with the needs of these students, I was forced to expand my knowledge of trauma and how to best support the teachers and students within the school. Unfortunately, this school assignment was one of three or four that I maintained over the course of five years drastically limiting the time and opportunity I had to spend supporting the teachers and students.

I moved to the current school district I am working with due to a shortage of school psychologists and a need to be able to support teachers and students in a different way than I was able to with the staffing at my first school district. For one year, I was able to work in one Title I school and had the opportunity to be on the ground floor of a drastic paradigm shift within the special education program targeting students with social and emotional challenges. While this continues to be within a Title I school, the needs within this school district are not as significant or intense as the district I previously I worked. I found this change to be challenging, as the neediest students tended to be more extreme outliers in my current district in comparison to the rest of the students within the school. I have developed a personal belief that the school district has an obligation to support this population of students, and this bias could have impact over my data collection and analysis procedures.

The two sites selected for this study house a program for students with significant social and emotional challenges. I am the Behavioral Programming Specialist assigned to support and facilitate this program, but am not in an evaluative role over any staff member working in these programs. My professional connection to these school sites could be considered a bias. However, gaining information and perspective related to trauma from those teachers and administrators within those particular sites will be beneficial for the program as a whole. Gaining perspective about the understanding and working knowledge of the teachers

understanding and capacity to support students with trauma will assist in guiding future decisions within the program to ensure better support for teachers where the program resides.

The variety of experiences I have along with the challenges of meeting the needs of trauma exposed students in a high need environment highlighted this as an area of interest for me in regards to research. I maintained awareness to the influence my own experiences with the staff and the schools may have on the study. I ensured trustworthiness and credibility in the data collection and analysis process to allow the data to guide the research. I followed university guidelines and policies as well as qualitative research protocols.

Research Design

Qualitative inquiry contributes an understanding of how people make sense of the world. (Patton, 2015). The intent of this study is to use a constructivist viewpoint to understand the knowledge teachers and administrators have gained in their interactions with students who have experienced trauma. Creswell (2014) defines social constructivists as those who believe that "individuals seek understanding of the world in which they live and work" (p. 8).

This study explored teacher perceptions of the impact of specialized training related to the special education program they work within, and how that training assists in supporting the needs of trauma exposed students. As supports and personal experiences vary from teacher to teacher and school to school, a qualitative research design creates an opportunity for rich description of the school sites and provides the opportunity for the researcher to collect data in a more natural setting while interacting with the participants. Therefore, a qualitative case study utilizing a constructivist epistemology, was determined the most appropriate design

method (Creswell, 2014; Merriam & Tisdell, 2015; Patton, 2015)

A researcher must choose the most appropriate method within qualitative design to answer the research questions. Merriam & Tisdell (2015) defines qualitative research as that which is interested in "how meaning is constructed, how people make sense of their lives and their worlds" (p. 25). This particular study sought to answer "how" questions, maintains a focus on current events, and does not require controls over the events. For these reasons, case study was determined the most appropriate method to answer the questions posed in this study.

A case study is a method in which a phenomenon, or bounded system, is examined in its real-world context (Creswell, 2014; Merriam & Tisdell, 2015; Patton, 2015; Yin, 2017). In a case study, the researcher plays the role of the primary data collection tool, relying on multiple sources of evidence to be gathered and analyzed over time that include: documents, interviews, observations (Creswell, 2014; Merriam & Tisdell, 2015). Gathering of multiple sources of data create a deeper understanding of the case being studied (Merriam & Tisdell, 2015).

Site Selection: Population

The population selected provides an opportunity to select participants who can provide rich data to answer the research questions for this study. Merriam & Tisdell (2015) state that method is used when the investigator wants to gain understanding and insight so they select a sample leading to the most amount of knowledge and understanding to be gained. In this case, the district in which this study took place is a large school district in a large suburb in the Midwest, approaching 20,000 students. The district includes 28 school sites: four early childhood centers, fourteen elementary schools, five middle schools, one freshman academy, one high school, and one alternative school.

The two sites selected both house the EBD Program, central to the study, each

containing two classrooms for that specific program. The EBD Program, is a special education

program designed to support students with social, emotional, and behavioral challenges. Data

obtained from the school district indicates that more than 75% of the students participating in

the program have a history of adverse childhood experiences or trauma. Staff working within

the program received specialized training from the program designers addressing the design

and implementation of the program, along with frequent support from district personnel. The

students within the program receive academic instruction as well as daily instruction in social

skills, mindfulness, and social emotional learning. The intent of the program is to address the

social, emotional, and behavioral skills of the students that had previously been preventing

their success in the general education setting. The EBD Program is designed as a self-

contained classroom with points and levels system allowing students to work their way to

reintegration into a general education setting as they demonstrate appropriate behavior and

consistent use of emotional regulation skills and coping strategies taught within the program.

The program is based on similar programming in alternative education environments and is

modified to be implemented in a public school setting (Cook & Browning Wright, 2009).

Specific details about the EBD program will be provided in Chapter IV.

Participant Selection

Participants within the study were selected through criterion-based selection (Merriam

& Tisdell, 2015), identifying attributes for participants that are crucial to the research

questions to gain a better understanding of the case. Participants included all staff that work

within the EBD program (4 administrators, 3 teachers, and 7 support staff), for a total of 14

participants. Two staff members (1 teacher and 1 support staff chose not to participate)

Including participants from various roles and the entirety of the staff supporting this program provides information rich data sources to gain a better understanding of specialized training and EBD programming on preparedness and practice.

Data Collection Strategies

Data collection occurred within the school sites themselves, or the "natural setting" as identified by Creswell (2014, p. 185). Merriam & Tisdell (2015) define data as "ordinary bits and pieces of information found in the environment" (p. 105). Within this setting, data were collected through observations, interviews, and document review.

Observations

Strengths of observations include the opportunity to record information as it occurs and to have the opportunity to experience the natural setting alongside the participants. The natural setting for the participants included observations within the EBD classrooms and in meetings that allowed for collaboration or consultation between EBD staff members. Observations focused on the use of trauma informed practices and procedures and how those practices assist teachers and staff in meeting the needs of their students.

I conducted four observations at each school site during visits completed during September and October of 2020. Field notes were used to record observational data. Observations were used to gain insight into how teachers implement the strategies that they have learned through specialized training related to trauma and how it prepares them to support the needs of their special education students.

Interviews

Interviews are reported to be a valuable source of data to inform a case study, according to Merriam & Tisdell (2015). The importance of interviewing to the study is

dependent on the type of information the researcher is attempting to gather (Merriam & Tisdell, 2015). Hearing direct accounts and perceptions from the participants in the study is a strength of the interviews, as it allows insight into personal views and attitudes of the individuals.

I conducted and recorded interviews of participants in a face-to-face, individual format. Open-ended questions and a semi-structured interview were used in attempt to gather insight and perception from interviewees. Interviews were scheduled in a location comfortable to the participant and lasted approximately 60 minutes. Thirteen participants working within the EBD program, who chose to participate, were interviewed once during the course of study, but follow-up with the researcher for clarification of information will occur if necessary. Interviews were audio recorded with participant consent. All audio recordings were transcribed as quickly as possible following the interviews.

Document Review

Merriam & Tisdell (2015) define documents as part of the natural setting and establish that the review of these items is not typically intrusive to the setting as observing or interviewing might be. Documents were collected through this study included district documents such as vision and mission statements, district website, classroom signage, the EBD program manual, training materials for the EBD program and other district trainings required for the staff of the EBD program.

Data Storage

A database was created to store the raw data collected within the study. Merriam & Tisdell (2015) stress the importance of creating an inventory for the data set to ensure that all data is accounted for and easily found when needed for further analysis and writing. Maintaining

the raw data allows for inspection of the data that led to conclusions by the researcher, rather than just relying on the information included in the report (Merriam & Tisdell, 2015).

The database created for this study was stored on my personal computer and backed up to an external hard drive. Initially, all raw data collected was stored in folders sorted by the type of data. As data analysis and coding took place, the data were sorted into different folders by theme. Handwritten notes from interview protocols, observations, and other data review were scanned and stored as PDF files within the database.

Security protocols were taken to protect the participants and confidentiality of various data and results. Therefore, the case study database did not include consent forms, lists of participants matched to codes, or documents that contained participant names; these data are to be stored in a separate file and be password protected. To ensure the case study database was protected, these files will also be password protected and only accessible to myself. Hard copies of documents were stored in a locked file cabinet, to which only I have access.

Data Analysis Strategies

Merriam & Tisdell (2015) establish that the goal of data analysis is to "make sense out of the data" (p. 201) to answer the research questions within the study. Coding was the first step of data analysis. Coding was done in a constant comparative manner, across data sources, as data were collected. Following coding, category construction was used as the next process for analysis. Merriam and Tisdell (2016) explain that categories can be used to identify patterns in the data. As data were collected, I coded each data set and integrated new data into categories that had emerged. Once all data were collected and all data had been accounted for in category construction, categories were merged into themes. The themes that emerged are utilized to answer the research questions. These themes include: 1) common perceptions of the

definition and recognition of trauma, 2) need to focus on supports other than academics, 3) the need for a safe space for students, 4) the impact of training on practice. A thorough explanation of these with examples of data that support each theme is provided in Chapter IV. In summary, the process of coding, category construction, merging categories into themes provided a further understanding of teacher perceptions regarding the influence of specialized training and Emotional Behavior Disorder (EBD) programming to support students with special needs who have also experienced trauma with Trauma Informed Schools as the theoretical framework guiding the process. Data analysis was conducted following Merriam and Tisdell (2016) use of the following process in data analysis:

1. Review the purpose of the study.

2. Consider the study through the lens of the epistemological and theoretical framework.

3. Code the data with a focus on patterns related to purpose of study, research questions and using theoretical framework as the guide. Open coding may be used in this step, repeating a word or phrase.

4. Step back from the data and consider the big picture of the study. What consistent patterns have emerged into categories? Develop categories using "constant comparative method" (p. 208). This process involves combining the codes found in open coding process from previous steps into a smaller number of categories.

5. What themes have emerged? Can you answer your research questions?

6. Go back to the data. Does the data support the big ideas?

Use of Theory in Data Analysis

To ensure credibility of this study, ethical considerations were maintained throughout the process, Trauma Informed Schools Theory was utilized in data analysis. The theory informed the development of the research questions, particularly in regard to the "4 Rs" (NCTS, 2017) ensuring an understanding of perceptions of staff recognition of trauma understanding of the impact of trauma as well as their ability to recognize the symptoms. Within the coding process some specific words or phrases were targeting to ensure answering of some of the research questions, such as recognition and symptoms.

The practice of open coding assisted in identifying themes, such as creating safe space for students. While these concepts are aligned with the ideals within the Trauma Informed Framework, the theme was identified through the patterns that emerged in through the coding process.

Ethical Considerations

To ensure credibility of this study, ethical considerations were maintained throughout the process, guiding decisions over data collection, analysis and interpretation.

Data collections ethics

Ethical considerations are numerous and important in any research. Creswell (2014) described several ethical considerations that were employed in this study: 1) informed consent, specifically addressing confidentiality, 2) institutional review board approval, 3) necessary permissions to gain access to sites, 4) respect to the site and limit disruptions caused by the research, 5) ensuring benefit to researcher and participants, and 6) interview protocol. Identified considerations are discussed in further detail.

Initially, I created a document to obtain informed consent from participants. This document required their signature and specifically outlined their protected rights and confidentiality throughout the study. Second, approval was obtained from the Instructional Review Board (IRB) of the university. Third, permission to conduct this study within the school district was obtained from appropriate school district staff, including the superintendent and principals of selected sites. Fourth, to ensure limited disruption of day to day operations of the school, observation and interview times were carefully selected. Accommodations to the participants' schedule and needs were made when scheduling individual interviews. Fifth, to ensure mutual benefit to participants and researcher, the individual participants were provided transcripts, reports of findings, and final documentation of the report. The school district was provided similar information for use as they determine necessary. Lastly, protocol for interviews were carefully established and followed to ensure neutrality and consistency across all interviews.

Data analysis and interpretation ethics

To ensure accurate data analysis, ethics were regarded in the analysis stage as well. Ethical practices followed included assignment of pseudonyms, ensuring data collection security methods, and methods to ensure accurate collection of data (Creswell, 2014). Pseudonyms were assigned to the school sites and to the interview participants to be used for the entirety of the study. While, the researcher as a data collection tool can lead to some possible misinterpretation, member checks and review of transcripts were used to ensure accuracy in the data.

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Data Verification Strategies

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"All research is concerned with producing valid and reliable knowledge in an ethical

manner, (Merriam & Tisdell, 2015, p. 237). Research results are said to be trustworthy to the "extent that there has been some rigor in carrying out the study" (Mirriam & Tisdell, 2015, p. 237). Following standard research procedures, data were thoroughly analyzed with research questions and theory used as to guide said analysis to ensure validity of the study. These considerations were made during data analysis to ensure the quality and credibility of the data within this study.

I used the strategies below to ensure credibility of this study.

Table 1.

Trustworthiness Table

Credibility		
Criteria/Technique	*Result*	*Examples*
Prolonged Engagement	• Develop trust with the participants • Build rapport with the participants and the district • Gather wide scope of data	In the field from May 2020 to October 2020; follow up communication in October and November; avenues of communication: emails, virtual meeting platforms, face to face, phone calls.
Persistent Observation	• Gather in-depth and accurate data • Address relevancies and irrelevancies	Observation of participants and EBD program operation
Triangulation	• Verify Data	Multiple sources of data were used: interviews, observations, document review
Peer Debriefing	• Gathered additional perspective and support from a trusted source	Collected feedback on interview questions; worked with peer doctoral students in the writing of this dissertation.
Member Checking	• Verify conclusions and documentation	The study participants received copies of the interview transcripts and final paper to verify accuracy, particularly regarding the conclusions drawn from the study,

		address any missing information and/or schedule follow up conversations.
Purposive Sampling	• Site selection provides an appropriate venue to observe the EBD programing and study participants.	Purposeful sampling in the site selection was based on the location of the EBD programs at the center of this study.
Transferability		
Thick Description	• Provide data for transferability judgment • Provide an informative experience for the reader	Review of the impact of trauma on school performance in the Literature Review; perception of the ability to support trauma exposed students as documented through interview and observations.
Referential adequacy	• Provide a thorough depiction of the EDB program.	Gathered information from school district website, district materials related to the EBD program, signage and documentation used within the EBD classrooms.

Limitations of the Study

Limitations and weaknesses of specific data collection method were previously addressed in a previous section. The nature of data collection within qualitative research can be a limitation, as the research becomes the primary data collection tool (Creswell, 2014; Mirriam & Tisdell 2015). Just the presence of the researcher could impact the reaction and or response of the participants. The numerous perspectives and experiences cannot be represented in one study; therefore, this study was limited by the evidence collected and the participants' experiences.

Chapter Summary

Chapter three provided a detailed explanation of the methodology for this study.

Multiple sources of data were collected and used to better understand how educators recognize

and support students exposed to trauma. My role as the researcher was addressed, including

biases from my own experiences that may have influence. Validity and credibility of the study

were clearly defined and addressed through specific examples of trustworthiness.

CHAPTER IV

RESEARCH FINDINGS

Chapter Four presents the data collected through this study and the themes that emerged

from data analysis. The purpose of this study is to explore teacher perceptions of the influence

of specialized training to those staff working with an Emotional Behavior Disorder (EBD)

program to support students with special needs who have experienced trauma. To understand the

impact of trauma on the educational experience, this chapter will start with a review of

information presented in Chapter two, describing the impact of trauma on students in Oklahoma.

Following this description, a thorough description of the population and sample is provided.

This chapter ends with an explanation of the following themes: 1) common perceptions of the

definition and recognition of trauma, 2) need to focus on supports other than academics, 3) the

need for a safe space for students, 4) the impact of training on practice.

Trauma Context of the State

The impact of trauma on Oklahoma students is significant. According to the Adolescent

Childhood Experiences study completed by Feletti et al (1998) the following events were

identified as adverse childhood experiences: abuse including physical, sexual, and emotional,

physical or emotional neglect, domestic violence in the home, violence against the mother,

substance abuse by a household member, mental illness in the home, parental separation or

divorce, or incarceration of a household member. This study, as referenced in Chapter 2,

describes the mental and physical impact of these traumatic events experienced in childhood. The

data collected by the Data Resource Center for Child & Adolescent Health (2018) indicate that 26.5% of children in Oklahoma have experienced at least one adverse childhood experience. The U.S. Department of Health and Human Services (2016) reported that the Total Maltreatment Percentage for Oklahoma of 125.1%, exceeded the national average. Oklahoma is rated 25th in regard to prevalence of mental illness and 41st in regard to access to care according to the Mental Health America (2017). This same report states that Oklahoma is the 10th in the nation for adult dependence on illicit drug and alcohol usage (Mental Health America, 2017). Oklahoma is noted to be fifth highest in consideration of divorce rates compared to other states (Suneson, 2018). Wagner & Sawyer (2018) note that the incarceration rate of Oklahoma is the highest of all states. To support this impact on children, the U.S. Department of Health and Human Services (2016) 12% of children had one parent incarcerated at some point in time during the year 2015-16.

District Setting

The school district centered in this study is a 6A school district in Oklahoma providing education to approximately 19,000 students by employing over 2000 staff members. This district, established in 1904, is currently one of the ten largest districts in the state. The district is comprised of four early childhood centers, 16 elementary (grades K-5), five middle schools (grades 6-8), one freshman academy (grade 9), one high school (grades 10-12), on alternative high school and one virtual academy (grades PK-12). More than 50 native languages are represented by the student body and 44% of students are classified as economically disadvantaged. District demographics for 2019-20 show the student population is 59% white, 14% Hispanic, 6% Black, 8% American Indian, 3% Asian, 0.2% Native Hawaiian or Other Pacific Islander, and 10% reporting two or more races.

Mission and Core Values

The district's mission statement is "to educate, equip and empower a community of learners by providing dynamic learning opportunities which enable all students to be successful." The district employs a mantra of "100 Percent Literacy, Engagement, and Graduation- Every student, Every Day."

The district has established core values which are used to describe the way the staff of the district will work toward meeting the mission. The values are as follows:

"We embrace the **responsibility** of our calling. Each of us is accountable to serve our students, our district and our community. We do it with honesty, integrity, and transparency.

We are passionate about **learning.** We consistently seek new ways to lead and follow our students into the future.

We are a student-focused, **relationship** driven school district. We strive to engage our students and community through kindness, compassion and empathy."

These core values are present in communication with district staff, parents, and community through the website, speeches by administration and staff, and district documents.

District Program

The district identified a need to for change to EBD programing in the spring of 2016. Previous versions of the EBD program had been noted to be ineffective at improving student performance over time, resulting in an increased number of students assigned to partial day programing, students who had been involved in programing for years without improvement in behavior, and little to no interaction with general education students. The TIERS Model for Students with EBD (Cook & Clayton, 2009) was selected as the model for the future EBD

programing within the district.

The EBD program is a special education initiative implemented at each of the two sites in this study. This program targets students eligible for special education services who demonstrate significant needs in addressing social, emotional, and behavioral concerns that are adversely impacting their access to education. According to information provided by the school district, approximately 75% of the students participating in this program over the past 5 years have adverse childhood experiences in their history.

The program is based on the TIERS Model for Students with EBD created by Clayton Cook and Diana Browning Wright (2009). The educational model **T**iers of **I**ntensive **E**ducationally **R**esponsive **S**ervices (TIERS) is based on a response to intervention model, including layering on of services and supports as data indicates the student requires additional interventions or supports to meet the intended goal.

The TIERS model provides structure and supports to students through three Tiers: Intensified Tier 1 Supports for All, Intensified Tier 2 Supports for Some, and Intensified Tier 3 Supports for a Few (Clayton & Browning Wright, 2009). *Intensified Tier 1* includes supports for all students participating in the program. The supports include explicit teaching of social, social emotional learning, and mindfulness skills that are required for students to be able to successfully re-integrate into the general education classroom. The practice and use of these skills are reinforced through a token economy and points and levels system. The token economy is a system in which targeted behaviors are reinforced with tokens (program dollars) and later exchanged for other rewards (shopping in the classroom stores). The points and levels system provides a systematic structure for reinforcement of appropriate behavior through earning of daily points; the various levels provide access to increased independence and reinforcement

based on consistent behavioral control. *Tier 2* supports are provided to those students who are

not making adequate progress with Tier 1 supports within the program. Additional supports at

this level may include: behavior contracting and goal setting, targeted small group social skills

training, and mentor-based programming. *Intensified Tier 3* supports layer on an additional level

of support for those students not making adequate progress with supports provided in Tier 1 and

2. These supports may include: wrap around services, functional behavior assessments and

behavior intervention plans, and cognitive behavioral therapy.

This program is functioning at two elementary sites within the school district. Each site

houses two EBD classrooms, staffed by two teachers and four support staff. Site teams meet

with district facilitator for the program weekly to review program data, student needs, and

debrief on specific incidents. This study is addressing the perceptions of the training and

program impact as a whole not a comparison between the sites.

EBD Program Training

All staff working within the EBD program participated in two full days of training

provided by the TIERS Model Developer in the summer of 2016. One of the model developers

providing the initial training for all staff members. The training materials included trauma

informed supports as well as the structure and implementation of the TIERS Model. A site visit

and meeting with the developer took place at each site in October of 2016. The focus the first

year was on the establishment of Tier 1 supports within the program. An additional site visit and

half day training with the developer occurred in the fall of 2017 to address implementation of

Tier 2 and Tier 3 supports for those students who required more intense services.

Newly hired staff provided access to video of the initial training with support from the

district Behavioral Programming Specialist. In the summer of 2019, the entire program again

participated in two full days of training facilitated by the Behavioral Programming Specialist for the district. The original program training materials continue to be used as a foundation of the program with variations in implementation based on the needs of current students. Support staff and EBD teachers participated in separate monthly PLC with the Behavior Programming Specialist during the 2018-19 and 2019-20 school years. Site administrators and teachers meet weekly with the Behavioral Programming Specialist to review program data and make data-based decisions for intervention and student support.

All staff affiliated with the EBD program also participates in yearly training in the Mandt System (2017). This is a state approved de-escalation and restraint training. The Mandt System is a "person-centered, values-based process that encourages intentional and positive interaction with others" (The Mandt System, 2017, p. ii). All individuals supported in this model are to be treated in a dignified and respectful way through establishing healthy relationships between staff and the individuals they support.

Site One

Site One is a Title One elementary school. The population of this site includes approximately 600 students, grades Kindergarten through Fifth Grade. The ethnic makeup, based on 2017-18 school year data includes: 63.4% Caucasian, 6.9% Black, 0.6% Asian, 8.5% Hispanic, 9.7% Native American, 11.0% Two or More Races. The percentage of students eligible for free and reduced lunch is 50.2%.

Site one employs twenty-five general education teachers, two special education teachers, two EBD teachers, four EBD support staff, and an assortment of additional staff available to support instructional needs of students through Title One and response to intervention models of instructional and behavioral support. The site maintains a principal and assistant principal who

work closely with the EBD program, meeting with the teachers and district facilitator weekly. The two EBD classrooms housed in this site addresses grades kindergarten through third grade students. There are two special education teachers and four support staff that work within the EBD program at this site. The district goal is to maintain these programs at no more than ten students per classroom. At the time of this student, eleven students were participating in the program, resulting in a student/teacher ratio of 1:5.5. This is the fifth year the EBD program has been housed at this site, with the site principal being one of the primary staff members to be trained by the developer of the program.

Site Two

Site Two is a Title One elementary school. The population of this site includes approximately 600 students, grades Kindergarten through Fifth Grade. The ethnic makeup, based on 2017-18 school year data includes: 54.5% Caucasian, 4.0% Black, 9.9% Asian, 14.2% Hispanic, 9.9% Native American, 7.5% Two or More Races. The percentage of students eligible for free and reduced lunch is 51.5%.

This site employs twenty-four general education teachers, one full time and one half time special education teacher, two EBD teachers, four EBD support staff, and an assortment of additional certified and support staff available to support instructional needs of students through Title One and response to intervention models of instructional and behavioral support. This site also maintains a principal and assistant principal who work closely with the EBD program, meeting weekly with the teachers and district facilitator. The two EBD classrooms housed in this site address fourth and fifth grade students. There are two special education teachers and four support staff that work within the EBD program at Site two. As previously stated with site one, the district goal is to maintain these programs at no more than ten students per classroom.

At the time of this study, there were eleven students participating in the program at this site, resulting in a student teacher ratio of 1:5.5. This is the fifth year for the EBD program to be housed at this site, with one of the special education teachers working within the program being a primary member of the team initially trained by the developer of the EBD program.

Student Placement in the EBD Program

Students who participate in the EBD program have all been identified as students eligible for special education services in accordance with IDEA. These students typically are identified as eligible for special education services under the following categories: Other Health Impairment, Emotional, Disturbance, and Autism. Students participating in this program demonstrate weaknesses in social, emotional, and behavioral skills. The grade levels are typically divided across the sites into Kindergarten-Third and Fourth-Fifth grades, however, this can change based on number of students in the program.

An initial placement in the program is typically following students receiving less restrictive services through special education services at their assigned school sites. These services may have included: supports for behavior and social emotional skills, academic supports, behavior intervention plans. Site teams collect and analyze data regarding progress toward established goals within their Individualized Education Plan (IEP); progress toward IEP goals, the level of services and supports a student is requiring to ensure safety, and the individual needs of the student are considered in IEP teams determining entry to the program. Students with significantly unsafe behaviors or who have transitioned to the school setting from a residential treatment facility may move straight into the EBD program before trying less restrictive services to quickly and adequately address their current educational needs.

Upon entry into the program, all students are supported within Tier 1 of the TIERS

Model with more intensive supports layered on as a need is demonstrated. Students initially receive all their core instruction within the EBD program and participate with general education students, with support from EBD staff, during fine arts and lunch and recess. A points and levels system is utilized within the program, allowing students to earn privileges and increased time in the general education setting based on consistent behavior performance. Students at Level One earn daily points toward a daily reward time. Students transition to Level Two when they have earned the reward time (earning 80% of their daily points) for 17 of 20 days with the last seven days being consecutive. Upon transition to Level Two students earn additional privileges including participation in weekly incentives and monthly outings with a focus on service to the community. Students who maintain at Level Two for 15 days, consistently earning 80% of their daily points and not engaging in an unsafe (e.g. physical aggression or eloping from classroom or campus) or targeted behavior within the individual's behavior intervention plan, students begin to return to general education setting for small periods of time. Time is strategically increased based on student performance and need. Students who demonstrate consistent behavior for five weeks transition to Level Three. Students at this level no longer require the earning of daily points to address and recognize appropriate behaviors. They continue participate in weekly incentives, as appropriate for each student, and continue to increase their participation in the general education setting. After nine weeks at Level Three, partial or full re-entry into the general education setting should be in place. After 18 weeks, team should consider full re-entry to the regular education setting.

Participant Profiles

Interview participants for this study included four administrators, three certified special education teachers, and six support staff working within the EBD program across both

elementary sites.

Site One Participants

Site one participants included seven total staff members: two administrators, one special education teachers and two support staff.

Administrator 1 is the principal at Site One. She has a total of 23 years of experience in education. She has a background as a classroom teacher as well as a school counselor. She has worked in both elementary and secondary sites in two school districts. She has been the principal of Site One prior to the implementation of the current EBD program; the previous versions of the EBD program were housed at her site. She has been with the EBD program since implementation year one, participating in the initial training with the program developer.

Administrator 4 is the assistant principal at Site One. She has a total of 37 years of experience in education. She has worked as a classroom teacher at both the elementary and high school levels in both general and special education settings. She has worked in enrollment settings for the district coordinating services connected to the McKinley-Vento Act. She has worked at both sites in this study as the assistant principal and also worked with the EBD program since implementation year one. She also participated in the initial training with the program developer.

Teacher 3 is a special education teacher at Site One working in the EBD classroom. She has a total of five years of experience in education. She was a substitute teacher prior to her role of the EBD teacher. She joined the EBD program in implementation year two.

Support 1 is a behavior coach working within the EBD program at Site One. She has a total of 16 years of experience in education. She worked within the EBD classroom prior to the implementation of this specific EBD program at the heart of this study. She joined the EBD

program in implementation year one and participated in the initial training provided by the program developer. She has her own personal history of trauma that she addressed in her responses to the interview questions.

Support 4 is a behavior coach working within the EBD program at Site One. She has eight years of experience in education. She worked previously as a substitute teacher for three years. She joined the EBD program in implementation year three.

Participant Profile Summary- Site One

Name	Position	Years of experience in education	Joined EBD program in implementation year
Administrator 1	Site Principal	23	1
Administrator 4	Assistant Principal	24	1
Teacher 3	Special Education Teacher	4	2
Support 1	Paraprofessional	16	3
Support 6	Paraprofessional	6	1

Site Two Participants

Administrator 3 is currently working as the assistant principal at Site Two. He has a total of ten years of experience in education. He has one year of experience as a substitute teacher, eight years as a general education teacher and one year of experience in administration. He joined the EBD program in implementation year four.

Administrator 2 is the principal at Site Two. She has worked in education for 17 years; 12 years as a classroom teacher and five years as an administrator. She joined the EBD program in implementation year two.

Teacher 1 is a special education teacher working within the EBD program at Site Two. She has a total of eight years in education working previously as a general education teacher as well as a mild moderate teacher offering supports to students in a resource room setting. She joined the EBD program in implementation year four.

Teacher 2 is a special education teacher working within the EBD program at Site Two. She has a total of six years of education experience, including working within the previous version of the EBD program. She joined the current EBD program staff in implementation year one; participating in the initial training with the program developer.

Support 2 is a behavior coach working within the EBD program at Site Two. She has a total of six years of experience. She worked as a substitute in the EBD program prior to joining the staff full time. She joined the EBD program in implementation year three.

Support 3 is a behavior coach working within the EBD program at Site Two. She has a total of 6 years of experience in education. She worked as a substitute teacher prior to joining the staff of the EBD program. She joined the EBD program in implementation year one. She was hired after the start of the school year and did not participate in the initial training with the program developer. She has a personal history with trauma that she brought up during the interviews.

Support 5 currently works in the EBD program as a behavior coach at Site Two. She a total of two years of experience in education. She joined the EBD program in implementation year four.

Support 6 is a behavior coach working within the EBD program at Site Two. She has six years of experience in education. She worked as paraprofessional in an Autism classroom prior to joining the staff at Site Two as a behavior coach in the EBD program. She joined the EBD

program in implementation year one and participated in the initial training with the program

developer.

Participant Profile Summary- Site Two

Name	Position	Years of experience in education	Joined EBD program in implementation year
Administrator 2	Site Principal	17	2
Administrator 3	Assistant Principal	10	4
Teacher 1	Special Education Teacher	8	4
Teacher 2	Special Education Teacher	6	1
Support 2	Paraprofessional	6	3
Support 3	Paraprofessional	6	1
Support 5	Paraprofessional	2	4
Support 6	Paraprofessional	6	1

Themes

Themes that emerged from the analysis of the data include: 1) common perceptions of the

definition and recognition of trauma, 2) need to focus on supports other than academics, 3) the

need for a safe space for students, 4) the impact of training on practice. Data to support each

theme are described and reflected in this section.

Perceptions of Defining and Recognizing Trauma

The National Child Traumatic Stress Network defines childhood traumatic stress as

exposure to "traumatic events or traumatic situations that overwhelm their ability to cope"

(NTCS, 2014). Interviewees were asked to define their understanding of trauma as the beginning

of the conversation. Consistency was noted in their definitions, with all of interviewees indicating that trauma included events that were more than students could cope with and led to significant impact on overall functioning. Descriptions included: "something that happens that, kind of, puts a ripple in somebody's life" (Support 6, Interview, September 28, 2020); a "situation that has happened to a child, that a child has witnessed or been a part of that is detrimental to their development" that "effects brain development and also the social and emotional piece" (Administrator 2, Interview, June 2, 2020); "events or things that happen in or around the student or person that causes them to go through a heightened instinct" (Administrator 3, Interview, May 29, 2020); "trauma is when we face something that emotionally, we can't handle" (Support 1, Interview, June 1, 2020); "shock your nervous system into more primitive states, putting you in fight or flight" (Support 2, Interview, September 26, 2020).

Interviewees were further asked to describe their ability to recognize trauma in the students they work with. All interviewees noted that recognition of possible trauma responses was necessary to ensure that appropriate supports and instructional methods could be provided to the student. Throughout the interviews, staff noted that the best indicator was to observe student behaviors. Recognizing behaviors that are atypical of students or "seem out of the normal range, whether that is being over the top or withdrawn (Administrator 2, Interview, June 2, 2020) was noted as a potential indicator of trauma. Teacher 3 noted that while each student is different, when "behaviors that are deemed inappropriate for normal or typical children at that age or they have an extreme reaction to situation that typically developing children are more able to handle" (Interview, September 27, 2020). Administrator 1 noted the physical or biological issues that could be indicators of trauma, such as sleep disturbances and difficulty focusing (Interview, June

9, 2020).

Need to Focus on Supports Other than Academics

The theme of the need to focus on supports other than academics for students exposed to trauma was expressed throughout interviews, document review, and observations. Classroom observations completed in September 2020 support that the staff is engaging with the students in the program in a way that looks very different than a typical classroom setting. The student to staff ratio (including teachers and support staff) within the program at the time of the student was approximately 1:2. This ratio is significantly smaller than a typical classroom setting, allowing for access to additional supports to meet the students' individual needs. The rooms were noted to be dimly lit to reduce stimulation and create a feeling of calm and each classroom had clearly defined spaces to dedicated to de-escalation or cool down areas. The signage on the walls was directed more toward social skills and appropriate behavior rather than academic content as usually found in a typical classroom setting. One specific sign, included in Appendix G, notes specific social skills targeted within the social skills curriculum. Examples of these skills include: listen to others, Ask for Help, Take turns in conversation, and ignore peer distractions.

The tenants of the EBD program focus on explicitly teaching and reinforcing social, emotional, and behavioral skills. Specific curriculum was purchased for the program to ensure evidence-based practice in the instruction of mindfulness, social skills, and social emotional learning. This explicit instruction was found to be part of the daily schedule within the program and is reinforced through identified social skills noted in classroom signage and strategically reinforced through the token economy and explicit praise to the students during the daily follow up conversations with the students (Appendix G). Teachers were observed to review behavior with students regularly throughout the day, recognizing appropriate behaviors and providing

intervention and guidance to address any problem behaviors that had occurred to that point in the day along (Observation, September 2020; Appendix G). A Teacher Interaction is one of the strategies taught within the program to be used by teachers to guide and redirect behaviors back to those targeted social skills and behavioral strategies being taught and referenced throughout the day (Appendix G). The strategy includes a statement of empathy to the feelings of the student in the moment, a description of the inappropriate behavior, a redirection to a specific more appropriate behavior, and then a statement of encouragement. The strategy ends with providing the student physical and emotional space to make the choice to change their behavior.

Observations completed in the classroom setting in September 2020 showed the staff teaching the students mindfulness, and specifically about how the mind and body respond to stress and emotion. The observed lesson was teaching about the pre-frontal cortex and the amygdala. The students were learning about how the pre-frontal cortex is where logical thought happens and where we plot and plan our activities. They learned the amygdala is where emotions take over in driving behavior. "Teaching them about the central nervous system and the way that it interacts with our brain and our emotions and how breathing can help to calm us. You know, by causing that Vegas nerve to relax… and watch them use those tools. I watch them stop and breathe" (Support 2, Interview, September 26, 2020).

During observations of weekly meetings with each site team during September 2020, staff were noted to speak directly about student behaviors, consider recent changes in the home, and decide how the team can modify their responses to the student to better support their access the educational environment. Staff made determinations about individual staff members who would work with students, changes to the way the responded to individual students, how to bring parents into the conversation in addition to how support the parent needs at home.

Interviewees further noted the negative impact of trauma on academic performance and educational access. Administrator 1 noted that trauma "hinders them in their ability to be able to concentrate and learn new material" as the student may be in "fight or flight" (Administrator 1, Interview, June 2, 2020). "Trauma affects the academic part, affects the student socially, affects the way they interact with peers and their teachers… It affects every single part of a student's life," as stated by Teacher 1 (Teacher 1, Interview, June 2, 2020). Similar statements were represented in all interviews, supporting that students who have experienced or are currently experiencing trauma may struggle to focus on academic instruction, struggle to appropriately participate in a classroom setting, have difficulty with emotional regulation, and difficulty with trust in the educators there to support them. The significant impact of trauma on educational experiences was best represented by Teacher 2, "I think trauma puts education at the bottom rung for them. The trauma and surviving that and healing from that is going to be a focus for them before they can get to education" (Teacher 2, Interview, Sept 28, 2020)

Need for a Safe Space for Students

All interviewees noted the benefits and necessity of creating a safe space for their students. The concept of a safe space was described by Teacher 3 as a "somewhat therapeutic environment," a place where students know they are cared for and safe to express their feelings (Teacher 3, Interview, September 27, 2020). Administrator 1 (Interview, June 9, 2020) noted that students who have experienced trauma often do not trust their environment and have difficulty trusting adults. She noted that to foster that feeling of safety, staff needed to ensure that student's basic needs were met, "hunger, sleep, whatever it takes, before we'll be able to educate them" (Administrator 1, Interview, June 9, 2020). Administrator 2 discussed how the limited class sizes and the ratio of staff to students increased access to attention and supports for

students (Interview, June 2, 2020). Both administrator 1 and Administrator 2 noted including the students in activities within the building and assigning them to grade level teacher classrooms assisted with building connections and relationships with the students in the program, noting the intent that they are working to return the students to the general education setting (Administrator 1, Interview, June 9, 2020; Administrator 2, Interview, June 2, 2020). Support 4 stated the "support for the students when they go to specials and recess; being available to assist them on how to make friends and interact with other students in real time (Support 4, Interview, September 26, 2020).

Weekly site meetings in September 2020 often specifically addressed creating safe spaces for students. Conversations centered around how to ensure physical safety for staff and students, along with focusing on establishing psychological safety for students. The teams focus on maintaining consistency in structure and implementation to foster the psychological safety of the program. On a weekly basis the classroom staff visits the relationship status of the teachers and staff to each student through use of a Weekly Meeting Log (Appendix G). The team rates the status relationship between each staff member and each student as Emerging, Maintaining, or Restoring. Staff was observed to make decisions about who would respond to a student who was escalated, who would work with a student during the reward time to build or repair relationship, and who would be the best staff member to escort and support a student to an activity or class they really struggled to attend.

The interviewees also noted some practices that schools engage in that would not be beneficial to establishing safe spaces for students. Support 3 noted that some schools or educators engage in practices of "shaming" or "shunning" a student who are experiencing difficult behaviors (Support 3, Interview, September 26, 2020). Several of the interviewees

noted their own experience with trauma and the impact that had on their school experiences that included these practices of educators who were not creating safe spaces for students. Practices of isolation, removal from classrooms, suspensions were noted by several interviewees as practices that do not foster relationships or creation of safe spaces for students who have experienced trauma.

Impact of Training on Practice

Interviewees were asked to describe the impact of training on their practice as an educator in their specific roles. All interviewees noted the training specific to the EBD program assisting them with implementation of the program. Support 2 stated that trainings related to the program helped her to understand "how trauma effects not just the mental state but the physical body" (Support 2, Interview, September 26, 2020). Within the response to this interview question, several of the participants noted their own personal experience with trauma.   These staff noted their perceptions of the impact of trainings related to the program as providing them more strategies and the implementation of the program itself.   For those who did not note their own trauma background, they noted training has helping them understand the impact of trauma on the body and how that translated to impact on access to education.

All staff working within this program participate in The Mandt System training. This training provides instruction on De-escalation and Restraint. The Mandt System is a "person-centered, values-based process that encourages intentional and positive interaction with others" (Mandt, 2017, p iii). The program focuses on treating people with dignity and respect and recognizing that an individual's behavior is a form of communication, which assists staff in proactively meeting the needs of others and establishing positive relationships with the students in their care.   The Mandt System is aligned with trauma informed services and positive

behavior interventions and supports, as is the other EBD program training (Mandt, 2017).

Concepts from Mandt training were noted by numerous interviewees, specifically the concept of the crisis cycle. The crisis cycle is a way to "describe what is happening when people experience stress or pressure" (The Mandt System, 2020). Administrator 1 noted that the "biggest takeaway from our training is that when a student is at that extreme, at the climax of their cycle, … the only thing you can do is just let them be and keep them safe" (Administrator 1, Interview, June 6, 2020). She specifically noted that this is a significant paradigm shift for staff, to be able to understand where the student is coming from and allow them to engage in their feelings and while ensuring their safety (Administrator 1, Interview, June 6, 2020).

Teacher 1 discussed the importance of the training for the program on her own understanding of trauma, "I do not feel like I was equipped properly. And I think I had an excellent education, but that's something that I really feel is lacking and it needs to get better" (Teacher 1, Interview, June 2, 2020). Teacher 3 stated that the training "helped me understand that it's not about me and the student, the behaviors they are showing are not a reflection of anything I am doing, it is not personal…the training helped me understand that as students of trauma, why they are acting that way" (Teacher 3, Interview, September 27, 2020). She noted that the ability to remove the perception that the behavior is personally directed at her as a staff member allowed her to "take a step back and sit with them through that emotion and then help them correct that behavior later (Teacher 3, Interview, September 27, 2020). "The training definitely assisted me in how to run a classroom that is full of trauma; it gave me the skills to have that positive incentive built into how the class runs (Teacher 2, Interview, September 28, 2020). Support 3 addressed the opportunities with the day for the staff to acknowledge their own mistakes and model how to appropriately handle those situations, and how she learned the

importance to do this through the program training (Support 3, Interview, September 26, 2020).

Answers to Research Questions

The purpose of this qualitative study was to explore teacher perceptions regarding the influence of specialized training and Emotional Behavior Disorder (EBD) programming to support students with special needs who have also experienced trauma.

1. What are teacher perceptions regarding the influence of the EBD program on their ability to support the needs of special education students who have also experienced trauma?

   a. What are the perceptions of teacher who participate in the EBD program regarding their ability to recognize the signs and symptoms of the effects of trauma among their special education students?

   b. How do these teachers of special education students integrate their knowledge of trauma, that they have gained through the EBD program, into their teaching and classroom management practices?

   c. What are teacher perceptions regarding their ability to resist re-traumatization by identifying and decreasing triggers in the learning environment?

   d. What are teacher perceptions regarding additional training or information needed to successfully meet the needs of these students?

2. What professional development or preparation do selected educators perceive to be necessary to build their capacity to address impacts of trauma?

Research Question One: What are teacher perceptions regarding the influence of the EBD program on their ability to support the needs of special education students who also have experienced trauma?

All interviewed staff noted the positive impact of the program on their ability to better support special needs students who have experienced trauma. The EBD training was perceived as helpful to assist staff in providing supports to students to make school more accessible to these students and provide better structure for their participation in school. Interviewees noted that the training outlined specific strategies and structure of the classroom that staff has found to be successful in meeting the needs of the students exposed to trauma in the program. The staff perceive this training and structure of the program to allow these students to access school in a way that has not been attainable for these students in previous school experiences. Those with more years of experience and/or previous experienced with earlier iterations of EBD programing being unsuccessful. They perceived the previous versions of EBD programing to have the goal of "complete and total containment and isolation; keeping those students separate from all other students for the safety of others (Administrator 4, Interview, June 9, 2020). In their responses, they specifically addressed the paradigm shift of this program to provide targeted instruction in social, emotional, and behavioral skills with the goal of returning the students to the general education setting. All interviewed staff noted the increased access to support through the smaller class sizes and the increased number of personnel working within the program.

The theme of the impact of training on practice was noted in regard to this research question. All staff members noted the training specific to the EBD program, including the program training from the developer as well as Mandt training, as helpful in building the program to better support the needs of these trauma exposed students. Interviewees noted that the EBD program training from the developer not only solidified their understanding of trauma and the impact of trauma, but also provided them strategies and tools for how to respond to students exposed to trauma and how to establish process and procedures to assist those students

throughout their school day. The structure of program, including the classroom environment, the use of the points and levels system paired with a token economy, the specific strategies for responding to student behavior, were noted by all staff to provide them with the tools they needed to be more successful in meeting the needs of the trauma exposed students in their care.

Research Question One A: What are the perceptions of teachers who participate in the EBD program regarding their ability to recognize the signs and symptoms of the effects of trauma among their special education students?

Interviewed staff articulated that the EBD training provided them with a better understanding of the impact of trauma as well as the ability to recognize trauma exposed students. All interviewees described their ability to recognize of trauma through changes in student behavior; more specifically behaviors that seem out of sync with the situation.   They also noted that these behaviors were often not responsive to the typical strategies used with students. They specifically addressed importance of recognition of trauma as necessary to ensure that students who were struggling were provided with additional supports to build relationships and the staff worked with the student toward building safe spaces in the school setting. Many of the staff noted their personal experience with trauma as helpful with recognizing students who may have been exposed to trauma. Those with personal trauma experience felt the training for the program as not as helpful in identifying trauma exposed students but much more helpful in how to respond to those students.

The theme of perception of staff's ability to define and recognize trauma was helpful in answering this research question. Throughout the interview, they noted the EBD training as valuable in providing them the knowledge of trauma, the ability to recognize the impact of trauma. Some interviewees noted the physical or biological issues that could indicate trauma,

such as disturbances in sleep and focus. The reference to disturbances in sleep was found within the training materials used for the EBD program and within the daily practice of the EBD program to utilize sleep logs and provide instruction to the students on the importance of sleep on emotional and behavioral regulation.

Research Question One B: How do these teachers of special education students integrate their knowledge of trauma, that they have gained through the EBD program, into their teaching and classroom management practices?

The teachers interviewed in this study all supported the benefits of the EBD program training for how to create a classroom environment that better supports students who have been exposed to trauma. Throughout the review of the training documents and interview of staff, specific strategies were found to address the needs of trauma exposed students. Strategies included: the use of a multi-tiered system of support to provide increased supports to those students with the most need; explicitly defined points and levels system; the specific use of token economy to teach and recognize appropriate behaviors; outlined response to student behaviors that may have resulted in suspension in a different educational setting; a structure to allow for explicit teaching and practice of social skills.

Support staff interviewed affirmed the training related to the program was helpful in establishing a common language and common process within the program. Support 5 noted that she has learned how to take the training and implement the practices in real time by being a part of and observing the other staff in action with students (Support 5, Interview, September 26, 2020). Support 4 stated that the training has assisted her in having a "better understanding of the brain and how the brain works" and that knowledge allows her to keep her "own emotions from getting into play" (Interview, September 26, 2020). "I always try to make sure that I'm giving a

lot more positive reinforcement" (Support 1, Interview, June 1, 2020); she discussed how the training forced her to shift her focus and concentrate on recognizing the things the students are doing well, noting that many of the students in the program "do not hear it enough" (Support 1, Interview, June 1, 2020).

The theme of the need to focus on supports other than academics is supportive of this research question. The EBD program is found to provide daily instruction on social emotional, social skills, and mindfulness in addition to the traditional core academic instruction. The students are provided with daily behavior supports with a specific structure for reinforcement of appropriate behaviors and access to spaces for de-escalation. The classrooms were observed to look different than a typical classroom in several ways: the signage on the walls focused on behavior and social skills rather than academic skills; the furniture was observed to look different than the typical classroom in that it was high density foam furniture for the student desks and chairs; the ratio of increased adults to students also looks different than a typical classroom setting.

Research Question One C: What are teacher perceptions regarding their ability to resist re-traumatization by identifying and decreasing triggers in the learning environment?

Decreasing re-traumatization was addressed by many of the interviewees through the building of relationships with the students and decreasing the use of practices they perceived to be negative. Administrator 2 specifically addressed the use of clip chart systems in classrooms. She stated that this practice is "very punitive for students and especially those who have been exposed to trauma (Administrator 2, Interview, June 6, 2020). Several interviewees noted the use of removal practices such as suspension or isolation and removing students from classrooms as potentially re-traumatizing to students as well as practices that are damaging to relationship

with students. Teacher 2 stated that schools that take a "punishment direction versus a positive incentive, healing therapeutic direction" (Teacher 2, Interview, September 28, 2020) are not effective in meeting the needs of students who have been exposed to trauma.

The theme of a need for a safe space was helpful in answering this research question. Teacher 3 described the concept of a safe space as a "somewhat therapeutic environment" where students know they are cared for and it is a safe space to express their feelings (Teacher 3, Interview, September 27, 2020). The program focuses on ensuring basic needs are met by providing students with regular snacks throughout the day along with instructing the students on the importance of sleep for their own regulation. The class sizes and the increased adults in the program provide opportunity for relationship building that may not be available in a typical classroom with a single teacher supporting an entire classroom. The teams focus on the relationships with the students and are intentional about their actions and engagement with students in attempt to foster healthy relationships with their students. In an instance of escalation, the staff is trained to allow the student a safe place to de-escalate with dignity. Each program has constructed de-escalation spaces regularly available to the students within the program. In these spaces, students are observed and supported but not shamed or shunned for their emotional reactions.

Research Question One D: What are teacher perceptions regarding additional training or information needed to successfully meet the needs of these students?

The theme of the impact of training is aligned with this research question. Many interviewees noted the need for additional training for all teachers to better support trauma exposed students. The focus on trauma throughout the specific training materials for the EBD program was noted in review of the documentation and in the practices used within the program.

All interviewees noted that the EBD program specific training was helpful to build and maintain a program that provides the necessary supports for special needs students who have been exposed to trauma.

All teachers interviewed noted the need for additional training specific to trauma for all educational staff, even those outside of the EBD program. Teacher 2 noted that over the past 5 years that the EBD program has been located at the site, that the other teachers in the building have become more "trauma aware and they're taking a different approach than what they were a couple of years ago" (Teacher 2, Interview, September 28, 2020). Teacher 1 specifically addressed her feeling of being unprepared to address the needs of these trauma exposed students despite what she felt was an "excellent education" (Teacher 1, Interview, June 2, 2020). She further stated that although the topic of trauma has been noticeably increased in professional development opportunities in education over the last several years, she felt the training related to the EBD program was the "most intentional exposure that I've had to seeing childhood trauma (Teacher 1, Interview, June 2, 2020). Teacher 3 stated that the teachers in her building have had some opportunity for professional development related to trauma but that she believed it needed to be more widespread to better meet the needs of trauma exposed students (Teacher 3, Interview, September 27, 2020).

Research Question Two: What professional development or preparation do selected educators perceive to be necessary to build their capacity to address impacts of trauma?

The administrators interviewed noted that the changes necessary to better support students who have been exposed to trauma require a significant paradigm shift for many teachers. Administrator 1 noted that it is a struggle for many teachers to not engage in a power struggle when students are "at the climax of their emotional cycle" (Administrator 1, Interview,

June 9, 2020). She noted that for many it is hard to focus on ensuring safety and asking for assistance from those who may not be as emotionally involved in the immediate situation to limit the engagement in a power struggle. An example of a power struggle would be when a staff member focuses on gaining compliance to their specific direction instead of looking at the goal of their request or what is necessary to de-escalate the student (e.g. teacher says you can sit in one of two places and the student sits but not in one of the two choices provided by the teacher. Teacher continues to push the student to sit in the two options originally directed even when the seating option selected by the student has no safety concerns). Administrator 4 discussed the need to help teachers be "open to ideas of changing that idea from, they're being naughty and throwing a temper tantrum to, something that has triggered them and we may not ever know what it was" (Administrator 4, Interview, June 9, 2020). The administrators all noted that having the program in their building has been impactful on the rest of their staff in considering a different way to interact with trauma exposed students. Administrator 2 address how her site was using the well-trained program staff to better support teachers with addressing behavior challenges in their classroom through a behavior committee including the EBD teachers. This process has allowed the EBD teachers to offer guidance and influence in practice in general education classrooms that then impact all students (Administrator 2, Interview, June 2, 2020).

Summary

Chapter Four begins with an explanation of the context of the state of Oklahoma surrounding trauma and the state and district initiatives in attempt to respond to these needs. The results of the data collection were presented and used to consider the posed research questions. Chapter Five analyzes the perceptions of teachers and data collected through the lens of trauma informed schools.

CHAPTER V

CONCLUSIONS, DISCUSSIONS AND SUGGESTIONS FOR FUTURE RESEARCH

Chapter 5 provides a discussion of the research findings through the lens of the Trauma

Informed Schools framework. The findings are used to draw conclusions and discuss

implications for research, theory and practice. Recommendations for future research are offered,

concluding with a final summary of the study.

Discussion

The purpose of this qualitative study was to explore the teacher perceptions regarding the

influence of specialized training and Emotional Behavior Disorder (EBD) programming to

support students with special needs who have also experienced trauma. The research questions

will be considered through the lens of Trauma Informed Schools.

The Trauma Informed Schools framework follows the "'4 Rs': 1) Realizing the

widespread impact of trauma and pathways to recovery, 2: 2) Recognizing traumas signs and

symptoms, 3) Responding by integrating knowledge about trauma into all facets of the system, 4)

Resisting re-traumatization of trauma-impacted individuals by decreasing the occurrence of

unnecessary triggers and by implementing trauma-informed policies, procedures, and practices"

(NCTS, 2017. p. 4). Each of the "4 Rs" were specifically addressed through the research

questions for this study as well in in analysis of the data collected.

Realizing the Widespread Impact of Trauma

Within the EBD program, addressing the impact of trauma is visible within the

framework of the Tiers Model training and programming. At the district level, the core values specifically address the idea of being "a student focused, relationship driven school district" (District core values). In regard to implementation, within the program the focus on the impact of trauma is evident. The staff interviewed for the study repeatedly referenced the significant impact of trauma on their specific students. Their definition of trauma included the social, emotional, and physical impact of trauma exposure and how those challenges impacted their access to the educational setting. Interviewees noted that trauma can be described as a "shock to your nervous system" that pushes an individual into fight or flight (Support 2, Interview, September 26, 2020). Some noted the physical impact on brain development and on sleep disturbances. All interviewed staff noted the need to establish positive relationships and create a safe space for students to exist in the school setting.

Each site has noted how they have taken components of their training and used that knowledge to change practice in the building system, not just within the program itself. The recognition of the administration that many of the practices in the program, such as the de-escalation strategies and the teacher interaction to specifically address an inappropriate behavior, could be used within the site system and that there was a significant need for that for all students is aligned with the Trauma Informed Schools framework recognition of the widespread impact of trauma. Administrator 4 noted the need for teachers to make a "paradigm shift in working and dealing with kids of trauma" and recognize that typical practices of removal from a classroom, use of suspension, and may no longer be effective for all students (Interview, June 9, 2020). She specifically noted that teacher training of the past has been on "control management and not trauma management" (Administrator 4, Interview, June 9, 2020). Administrator 3 recognized the impact of the program itself on other teachers in the building. He discussed their observation of

staff navigating situations of escalation within their student population and recognizing the staff

interaction with the students is to address safety rather than to force compliance (Interview, May

29, 2020). An example of a focus on safety rather than compliance would be to allow for use of

a de-escalation strategy specific to a student, such as a student who can de-escalate their

emotions through physical activity running or climbing and allowing them access to a setting to

allow that to occur, rather than forcing them to stay in a teacher selected room until they calm

their emotions where they may be engaged in those physical behaviors they need in an unsafe

way.

Recognizing Trauma Signs and Symptoms

Analysis of the data collected in this study supports that there is a common understanding

of the need to recognize trauma signs and symptoms. The training of the EBD model includes

specific instruction on the impact of trauma on physical, social, and emotional skills. All

interviewed staff specifically referenced the idea that a student's behavior was the best indicator

of recognizing trauma. The recognition of behaviors that are atypical of students or "seem out of

the normal range" was noted as one way to identify possible trauma exposed students

(Administrator 2, Interview, June 2, 2020). This may appear as a tantrum in response to a very

minor issue of a schedule change or a change in personnel responsible for supervision of an

activity. Physical or biological issues were also noted as possible indicators of trauma, such as

difficulty focusing or sleep disturbances (Administrator 1, Interview, June 9, 2020). Students

with trauma are often physiologically in fight or flight mode, and their body struggles to

completely return to a rest status because of the regular trauma experiences. Constant concern

about physical and psychological safety will often result in the students struggling to focus on

academic instruction. Staff perceptions collected through interview confirm their confidence in

their ability to recognize symptoms of trauma among the students in the EBD program and with other students they may work with within the school setting.

Responding by Integrating Knowledge of Trauma into the System

The EBD program itself focuses on explicitly teaching and reinforcing social skills, social emotional learning, and behavior skills in addition to the core instruction of reading, writing and math. The explicit instruction was included in the daily schedule and found to be reinforced through explicit praise and positive reinforcement. The classroom spaces themselves were observed to look different than a typical classroom setting. The rooms were dimly lit and all of the program classrooms had designated de-escalation areas. The dim lighting reduces the visual stimuli for some students and sets up a calming environment in the classroom. The signage found on the walls in the classroom specifically targeted the social, emotional, and behavioral skills rather than the typical academic related signage found in a typical classroom (Appendix G). Social skills signage was found to include specific steps for how to ask for help, rather than reading strategies. Behavior expectations that would earn a student points within the points and level system are specifically noted on classroom signage. Additionally, the signage addressed where students are working within the points and levels system and where they are in meeting the goal for all students to return to the general education setting. Throughout interviews the staff provided explicit examples of integration of their use of the knowledge of trauma and strategies learned through the EBD program training in their instructional and classroom management practices.

Resisting Re-traumatization of Trauma Impacted Individuals Through Policy, Procedures, and Practice

Policy, procedures and practices within the EBD program as specifically addressing the limitation of re-traumatization of those students exposed to trauma. The natural setting of the EBD program includes specified de-escalation spaces equipped with posted strategies and de-escalation tools for students to utilize. Within the classroom spaces, the signage was found to be directed more toward behavior and emotional supports than academic skills (Appendix G). Signage related to social skills is routinely changed out based on the targeted social skill being explicitly taught. The specific strategy of a Teaching Interaction (Appendix G) was posted as a reminder to the staff of the steps to this method. The method includes an empathetic statement acknowledging the emotions behind the behavior that may not be appropriate for the classroom setting while prompting the student to with a more appropriate behavior for the situation. In observation, the classrooms were found to be dimly lit, recognition of each student's personal space through labeling of desks and lockers along with recognition of the boundaries for the space of the adults in the classroom. Students were observed to be greeted at the door upon arrival, there was regular conversation between adults and students throughout the day recognizing appropriate behaviors and addressing issues that arose, and the students were escorted by staff to their departure following a review of their school day.

The meetings observed included a focus by staff on the relationships between each staff member and each student. The intent of these conversations was to observed to be focused on if the staff had an emerging relationship, a maintaining relationship or a relationship in need of repair. The teams were observed to review this relationship data weekly with the document found in Appendix G. The teams were then strategic in planning for activities and engagement

between specific staff members and students to address the needs of the relationships with students. Staff members who were rebuilding relationships with students were strategically paired with student for activities that would rebuild trust and find common ground, such as team building activities or activities of specific interest with that student but not dealing with a difficult behavior situation or an activity that the student did not enjoy that would have the potential to further damage the relationship. Through interviews, all staff members noted the importance of relationship building and of meeting the emotional needs of the students in times of significant difficulty. Support staff 3 noted the need to show more "grace, compassion, and more gentleness" (Interview, September 26, 2020) with the students she works with and the importance of showing empathy.   The EBD program staff noted confidence in their ability to resist re-traumatization through their ability to decrease triggers within the learning environment

The Trauma Informed Schools theory system framework is based on a multi-tiered system. Each tier addresses specific strategies and supports that are necessary to create a trauma informed program.

Figure 2: Tiered Supports for Trauma Informed Framework
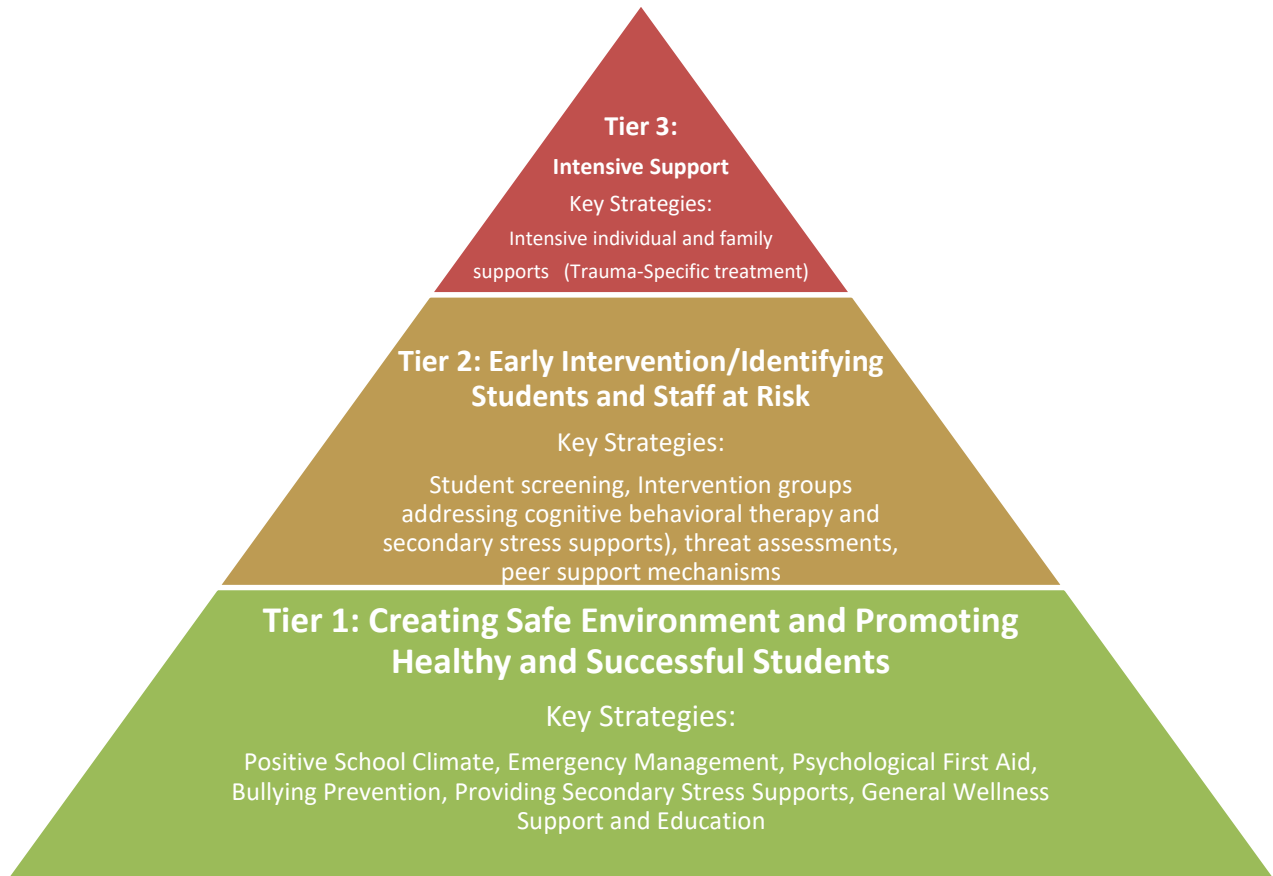
Adapted from: National Child Traumatic Stress Network, Schools Committee. 2017. Creating, Supporting, and Sustaining trauma informed schools: A system framework.

The EBD program at the heart of this study is aligned with this framework. The program is also built on a multi-tiered model. Tier 1 provides supports for all students participating in the program. These supports include general wellness supports and education- such as the instruction on the importance of meeting basic needs (nutrition and sleep), and the specific instruction on social/emotional learning, social skills, and mindfulness for all students on a daily basis. The focus of the adults is to establish and foster relationships with their students and to ensure a safe space for that relationship to exist- fostering a positive program climate. The practice of using a points and levels system and a token economy also provide instruction and

reinforcement for the students to teach appropriate school behavior. Tier 2 supports are layered on for students who are not adequately responsive to Tier 1, just as in the Trauma Informed System Framework. These supports include intervention groups, behavior contracts, and mentor-based programing. Tier 3 supports again, layer on additional supports for those students for whom Tier 1 and Tier 2 have not been sufficient in support. Aligned with the Trauma Informed System Framework, these supports within the program might include: wrap around services for the student and family through partnerships with community agencies, functional behavior assessments and behavior intervention plans, and cognitive behavioral therapy.

Conclusions

The primary focus of this study had been on teacher perceptions of their skills and knowledge learned through training specific to the EBD program. Through data analysis, it is apparent that this EBD program has had a positive impact on the teachers and staff working within the program. The teachers and staff voiced feeling accomplished at working within a program that they can see is positively impacting the students they are supporting. They provide evidence of establishing relationships with students who have previously been unsuccessful in the school setting and for many have experienced significant trauma making establishing those relationships much harder. Many voiced increased feelings for confidence in their ability to support the students with specific tools and strategies they learned from the EBD training.

The research questions explored the perceptions of the teachers and staff working directly within the EDB program. However, throughout observations and interviews the perceptions of the other teachers and staff were also noted. The site administrators voiced seeing an increased acceptance of the program by their site staff that has changed over the years. In the early years, teachers working outside the program were voicing frustrations at having the types of students in

this program in their building. Now the administrators are noting that teachers are seeing the progress of the students and perceive the program as a positive support for these students in need.

As a secondary conclusion within this study, the program can be viewed to have a positive impact on students. This impact can be viewed in the district programming itself, as the district does not have a self-contained special education classroom for students with behavioral needs. The students who participate in this program in the elementary grades enter middle school with the skills to be successful in the general education setting with supports from special education. In interviews, teachers and administrators who had been with the program for the entirety of the implementation discussed the successes of past students who were now several years outside of the program.

The implementation of this EBD program is a significant paradigm shift from previous versions of EBD programming. The focus of this program is to teach new social, emotional and behavioral skills and return students to the general education setting. This paradigm shift requires district staff to view the students within the program differently; shifting from a wait to fail model where staff implement everything possible before a student is placed in an EBD program, to that of examining the student needs and providing education and supports to adequately address their instructional need in behavior, social emotional learning, and social skills. This paradigm shift allows for students to be placed in the program with the perception by parents, teachers, staff, and students themselves that they will leave the program with new skills and find success. The concept that a student can learn new skills and work their way out of the program offers a motivational factor to the student as well as to the site team and the parents that lends itself to goal setting and success for the students.

While the number of staff working within the EBD program is fairly small, the need for consistency across both sites is vital. The students have the potential to transition from one site to the other based on grade level. Developing a routine and regular training schedule will ensure that all staff maintains a knowledge of the core foundational tenants of the TIERS Model. A routine training schedule would also ensure that as staff changes, new staff are equipped in the philosophy and knowledge of program implementation.

Models of pre-service training, as documented in the research and through data collected in this study, may not be adequately preparing pre-service teachers for understanding the impact of trauma or to provide appropriate supports to meet the needs of trauma exposed students. Furthermore, the number of alternatively certified or emergency certified teachers across the state continues to be significant. The state department of education has prioritized trauma as an area of professional development opportunities, but the offer alone may not be sufficient to provide pre-service or alternatively certified teachers with the necessary knowledge and support. The state department of education should be working with pre-service training programs to ensure a focus on trauma informed services is embedded in the course requirements along with working with programs supporting those teachers who enter the field from a path of alternative or emergency certification.

Implications

The findings of this case-study have implications for research, theory and practice. Examples of these implications are described below.

Implications for Research

Due to the high trauma rates, there has been a growing body of research regarding the impact of trauma on education and lifelong mental and physical health. There has been limited

research on teacher perceptions about their preparedness to provide support for these students. The findings of this study confirm that staff working within this EBD program found their training relevant to the program vitally important in their ability to support students with special needs who have been exposed to trauma. Several staff noted that they did not feel adequately prepared by pre-service training programs to understand trauma and meet the needs of their students.

Bell et al (2013) noted that students who have experienced trauma have the potential to be affected long-term in both academic performance and in mental health; studies found that children receiving trauma treatment within the schools were more likely to complete the treatment program than those who were receiving treatment from an outpatient clinic (Bell et al., 2013). Findings of this study revealed that staff working within the EBD program found their training and programming to beneficial to meeting the needs of these students in the school setting.

Implications for Theory

The Trauma Informed Schools theory (NCTS, 2017) was used as the theoretical framework used to analyze the data collected within this study. This study contributed to the Trauma Informed Schools Theory by focusing on the perceptions of a special education program's ability to meet the needs of trauma exposed students. The study showed how the structure of the specific EBD program is aligned with the theory of Trauma Informed schools, and how the training is perceived by the staff to ensure their skill and knowledge in meeting the needs of special needs students who have been exposed to trauma.

Implications for Practice

The study had implications for site leaders, district, and state.

Site Leaders

The site leaders involved in this study noted the need for additional training for their building staff to ensure an understanding of trauma and the impact of trauma exposure on a student's education. While all site administrators participating in the study noted that they could see positive impact building wide from housing and supporting the EBD program, they noted the need to for explicit training for their staff to improve practice. They believe the building staff needs more explicit instruction to understand EBD program's departure from typical, yet often ineffective, strategies of removal or suspension of students as a response to inappropriate behaviors.

District Leaders

The following statistics support the impact of trauma on the state 26.5% of children having experienced at least one adverse childhood experience (Data Resource Center for Child & Adolescent Health, 2018), the total Maltreatment Percentage for the state far exceeded the national average, at a rate of 125.1% (U.S. Department of Health and Human Services, 2016), 12% of children during the years 2015-16 had one parent who had been incarcerated at some time (U.S. Department of Health and Human Services, 2016), Oklahoma ranks 36th overall in prevalence of mental illness and access to care (Mental Health America, 2017), 10th in the nation in regard to adult dependence on alcohol and illicit drug usage (Mental Health America, 2017); and 5th in divorce rates compared to other states (Suneson, 2018). These statistics support the impact of trauma on the students in Oklahoma and likely the impact for the specific district in this study. District leaders must acknowledge that pre-service training for teachers and staff may not adequately address trauma and the impact of trauma on education. They should encourage staff and teachers to participate in the many state led opportunities to provide additional training

and insight into the impact of trauma. District leaders should also consider implementation of ongoing training specifically addressing trauma informed schools to their teachers, staff, and administration.

State Leaders

The previously noted statistics regarding the impact of trauma are significant in regards to supporting the needs of the students attending Oklahoma schools. The state has implemented multiple and regularly scheduled trainings specifically targeting trauma informed services, providing many of these trainings free of charge to state teachers and educational staff. State leaders should consider the findings of the three-year task force on Trauma Informed Care, established with a bill signed into law in 2018, to ensure trainings and policies are aligned with best practices for supporting those who experience trauma. The findings and recommendations of this task force should also be considered by pre-service teacher training programs to ensure educators are entering the field with adequate training to support trauma exposed students. Perceptions found within this study indicate that the teachers and staff working within the EBD program received much of their trauma informed training from the program specific training, not from their pre-service training programs.

Furthermore, the special education department should take this information and ensure policies, procedures, and guidance are directly targeting students with special needs who may have also experienced trauma are adequately supported. Ensuring adequate trainings of the special education teachers seeking both typical and alternative certifications will be necessary to ensure appropriate programming and supports for special education students in the school setting.

Suggestions for Future Research

Recommendations for further research are offered as possible extensions of this research student. This same study could be applied to other school districts within the state to examine the various EBD programing in regards to the impact on trauma exposed students. Examining other school districts and other program specific training may influence how schools can better support teachers and staff in meeting the needs of special education students exposed to trauma.

This study only studied the perceptions of the impact of the specific training related to the EBD program on the staff's ability to support special needs students exposed to trauma. The study could be expanded to the teachers and support staff working within the sites that house these programs but that are not working directly within the EBD program. Further studies might examine how has having exposure to the program informed their own teaching practices and what additional trainings and supports to they perceive they require better meet the needs of the students within these programs that may find themselves in their classroom?

Finally, a future study could apply the framework of Trauma Informed Schools (NCTS, 2014) to the entirety of the school district within this study and then break down by general education and special education students or aggregated to consider different demographic considerations.

Summary

The EBD program at the heart of this study is in the fifth year of implementation in this school district. The district has been observed to provide increased structure and support for this specific programming through construction within the sites to establish clearly defined de-escalation spaces and classroom construction that better fits the needs of the students. The previously established statistics of the impact of trauma on the students in Oklahoma show the

significant need for trauma informed programing to ensure access to education for trauma exposed students.

Chapter II reviewed the literature in regards the impact of trauma on education. The following topics were clearly defined and addressed: trauma, early childhood experiences, misdiagnoses and comorbidity, lifelong impact, educational impact, and educational services and supports specific to trauma. The literature review also explored an explanation of the differences of schools' effectiveness in meetings the needs of trauma exposed students. The significant impact of trauma on the students in the state of Oklahoma was explored in this chapter and others to revealed the need and purpose of this study: to explore teacher perceptions regarding the influence of specialized training and EBD programming to support students with special needs who have experienced trauma.

Chapter III described the methodology of the qualitative case study selected for this student. Two sites within the targeted school district were chosen because they housed the EBD program at the heart of this study. Data collection occurred during the summer and fall of 2020 and included observations, interviews, document review, and artifacts. I observed team meetings as well as staff interactions with students within the natural environment of the classroom. I conducted interviews of thirteen staff affiliated with the EBD program, including: four site administrators, three teachers, and six support staff. I collected information from the district website, took photographs in the classrooms, and reviewed documents specific to the EBD program. Collected data were analyzed using methods outlined by Merriam & Tisdell (2016). Selection of the Trauma Informed Schools framework occurred prior to conducting the study and informed data analysis.

Constructivism is the epistemological perceptive guiding this study. In this study

knowledge was constructed by teachers, administrators and staff through interactions with one

another and with their students and families. Their own personal perspectives guided by

previous educational and personal experiences also informs their practice and the knowledge

they have to share with their colleagues and students. Chapter IV presented the interactions

among the participants using thick, rich description. Chapter V analyzed the interactions through

the lens of Trauma Informed Schools as defined by the National Children's Traumatic Stress

Network (2017).

Findings revealed that teachers and staff perceive the training they received related to the

EBD program was vital to their effectiveness in meeting the needs of their special education

students who have been exposed to trauma. Interview responses from most participants indicate

that the training related to the EBD program provided them structure for establishing a classroom

structure and typical response to students that is significant beneficial to their practice. The

themes identified in this study include a need to focus on supporting students in other areas than

just academics and in creating a safe space for students in the schools support the program's

focus on socioemotional instruction and on behavior modification and support.

The findings of the study also supported the need for additional professional development

for all teachers. Interviewed teachers indicated that they did not feel their pre-service training for

general education or special education adequately prepared them for providing support to trauma

exposed students; they felt that training was provided specifically through the training for the

EBD program. Teachers and administrators felt their building staff have become more aware of

trauma, but that further widespread training is necessary to better meet the needs of trauma

exposed students. Again, the significant trauma exposure of Oklahoma students documented

throughout indicates a need for increased training and intentionality of trauma informed

practices. Chapter V concluded with implications for research, theory, and practice and

recommendations for future research.

REFERENCES

Alisic, E. (2012). Teachers' perspectives on providing support to children after trauma:

A qualitative study. *School Psychology Quarterly, 27*(1), 51-59.

Ayoub, C., O'Connor, E., Rappolt-Schlictmann, G., Vallotton, C., Raikes, H., & Chazan-Cohen,

R. (2009). Cognitive skill performance among young children living in poverty:

Risk, change, and the promotive effects of Early Head Start. *Early Childhood*

Research Quarterly, *24*(3), 289-305.0

Bartels, S. M., & Eskow, K. G. (2010). Training school professionals to engage families: A

pilot University/State department of education partnership. *School Community Journal,*

20(2), 45-71.

Bell, H., Limberg, D., & Robinson, Edward, I., II. (2013). Recognizing trauma in the

classroom: A practical guide for educators. *Childhood Education, 89*(3), 139-145.

Belfield, C., Bowden, A. B., Klapp, A., Levin, H., Shand, R., & Zander, S. (2015). The

economic value of social and emotional learning. *Journal of Benefit-Cost Analysis*,

6(3), 508-544.

Bethell, C. D., Davis, M. B., Gombojav, N., Stumbo, S., & Powers, K. (2017). A national and

across-state profile on Adverse Childhood Experiences among US children and

possibilities to heal and thrive. Johns Hopkins Bloomberg School of Public Health,

October 2017.

Blitz, L. Anderson, M. Saastamoinen, M. (2016). Assessing Perceptions of Culture and

    Trauma in an Elementary School: Informing a Model for Culturally Responsive Trauma-

    Informed Schools. *Urban Review, 48,* 520-542.

Blodgett, C., & Dorado, J. (2016). A selected review of trauma-informed school practice and

    alignment with educational practice. *CLEAR Trauma Center. San Francisco, CA:*

    University of California.

Carello, J., & Butler, L. D. (2015). Practicing what we teach: Trauma-informed

    educational practice. *Journal of Teaching in Social Work, 35*(3), 262-278.

Center on Budget and Policy Priorities. Most States Still Funding Schools Less Than Before

    the Recession. (2017, October 11). Retrieved from https://www.cbpp.org/research/most-

    states- still-funding-schools-less-than-before-the-recession?fa=view&id=4213

Chadwick Center for Children and Families. (2004). *Closing the quality chasm in child*

    abuse treatment: Identifying and disseminating best practices. San Diego, CA: Author.

Cole, S. F. (2005). *Helping traumatized children learn: Supportive school environments*

    for children traumatized by family violence. Boston, MA: Massachusetts Advocates

    for Children.

Collaborative for Academic, Social, and Emotional Learning. What is SEL? (n.d.).

    Retrieved January 07, 2018, from https://casel.org/what-is-sel/

Conradi, L., Wherry, J., & Kisiel, C. (2011). Linking child welfare and mental health

    using trauma-informed screening and assessment practices. *Child Welfare*, *90*(6),

    129.

Cook, C., & Wright, D. B. (2009). *RTI in restrictive settings: The tiers model for students with emotional/behavioral disorders*. LRP Publications.

Creswell, J. W. (2014). *Research design: qualitative, quantitative, and mixed methods approaches.* 4th ed. Thousand Oaks, California: SAGE Publications.

Crozier, J. C., & Barth, R. P. (2005). Cognitive and academic functioning in maltreated children. *Children & Schools*, *27*(4), 197-206.

Data Resource Center for Child & Adolescent Health. (n.d.) 2016-17 National Survey of Children's Health. Retrieved from http://www.childhealthdata.org

De Young, A. C., Kenardy, J. A., & Cobham, V. E. (2011). Trauma in early childhood: A neglected population. *Clinical Child and Family Psychology Review, 14*(3), 231-250.

Dods, J. (2013). Enhancing understanding of the nature of supportive school-based relationships for youth who have experienced trauma. *Canadian Journal of Education, 36*(1), 71-95.

Durlak, J. A., Weissberg, R. P., Dymnicki, A. B., Taylor, R. D., & Schellinger, K. B. (2011). The impact of enhancing students' social and emotional learning: A meta-analysis of school- based universal interventions. *Child Development, 82*(1), 405-432.

Eisenman, G., Edwards, S., & Cushman, C. A. (2015). Bringing reality to classroom management in teacher education. *Professional Educator, 39*(1), 1.

Ergol, C., Baydik, B., & Demir, S. (2013). Opinions of in-service and pre-service special education teachers on the competencies of the undergraduate special education programs. *Educational Sciences: Theory and Practice, 13*(1), 518-522

Every Student Succeeds Act of 2015, Pub. L. No. 114-95 § 114 Stat. 1177 (2015-2016)

Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., Marks,
J. S. (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, 14*(4), 245-258.

Fine, R. (2019, July 2). 'Report: Despite gains from teacher walkout, Oklahoma
school funding is still way down. Retrieved from https://okpolicy.org/report-
despite-gains-from-teacher-walkout-oklahoma-school-funding-is-still-way-down/.

Foltz, R., Dang, S., Daniels, B., Doyle, H., McFee, S., & Queensberry, C. (2013).
When diagnostic labels mask trauma. *Reclaiming Children and Youth, 22*(2), 12-
17.

Gil E, Briere J. *Helping abused and traumatized children.* New York: Guilford Publications Inc.
M.U.A; 2014.

Grimwood, H. (2018, Mar 28.). 'Oklahoma kids are suffering the most': Nearly 1 in 3 go
through multiple adverse experiences, trauma. Retrieved from
https://www.tulsaworld.com/news/local/oklahoma-kids-are-suffering-the-most-nearly-in-
go-through/article_c88f61cd-e344-5bb4-986e-aca4070aa16e.html

Individuals with Disabilities Education Act, 20 U.S.C. § 1400 (2004).

Jaycox, L. H., Cohen, J. A., Mannarino, A. P., Walker, D. W., Langley, A. K., Gegenheimer,
K. L., Scott, M. & Schonlau, M. (2010). Children's mental health care following hurricane
Katrina: A field trial of trauma-focused psychotherapies. *Journal of Traumatic Stress,
23*(2), 223-231.

Justice, M., Greiner, C., & Anderson, S. (2003). Determining the influences of traditional

Texas teachers vs. teachers in the emergency teaching certification program. *Education*,

124(2).

Kerns, C. M., Newschaffer, C. J., & Berkowitz, S. J. (2015). Traumatic childhood events and

autism spectrum disorder. *Journal of Autism and Developmental Disorders, 45*(11),

3475- 3486.

KIDS COUNT Data Center. (n.d.). Retrieved from

https://datacenter.kidscount.org/data#OK/2/0/cha0

Little, S. G., & Akin-Little, A. (2013). Trauma in children: A call to action in

school psychology. *Journal of Applied School Psychology, 29*(4), 375-388.

Masten, Ann S. & Obradović, Jelena. (2008). Disaster Preparation and Recovery: Lessons

from Research on Resilience in Human Development. Ecology and Society, 13(1).

McBride, M., A., Chung, S., & Robertson, A. (2016). Preventing Academic

Disengagement Through a Middle School–Based Social and Emotional Learning

Program. *Journal of Experiential Education*, *39*(4), 370-385.

McConnico, N., Boynton-Jarrett, R., Bailey, C., & Nandi, M. (2016). A framework for trauma-
sensitive schools: Infusing trauma- informed practices into early childhood

education systems. *Zero to Three, 36*(5), 36-44.

McInerney, M. McKlindon, A. (2014). Unlocking the door to learning: Trauma-

informed classrooms & transformational schools. *Education Law Center.*

Retrieved from http://www.elc-pa.org/resource/unlocking-the-door-to-learning-

trauma-informed-classrooms-and-transformational-schools/

McLeskey, J., Landers, E., Williamson, P., & Hoppey, D. (2012). Are we moving

   toward educating students with disabilities in less restrictive settings? *The

   Journal of Special Education*, *46*(3), 131-140.

Merriam, S. B., & Tisdell, E. J. (2015). *Qualitative research: A guide to design

   and implementation*. John Wiley & Sons.

National Child Traumatic Stress Network. (2017) Creating, supporting, and

   sustaining trauma-informed schools: A system framework. Retrieved from

   https://www.nctsn.org/sites/default/files/resources//creating_supporting_sustaini

   ng_trauma_informed_schools_a_systems_framework.pdf

National Child Traumatic Stress Network. (2013). Understanding Child Trauma and the

   NCTSN. Retrieved from https://www.nctsn.org/print/1115

Ogle, C. M., Rubin, D. C., & Siegler, I. C. (2013). The impact of the developmental timing

   of trauma exposure on PTSD symptoms and psychosocial functioning among older

   adults. *Developmental Psychology, 49*(11), 2191-2200.

O'Neill, L., Guenette, F., & Kitchenham, A. (2010). "Am I safe here and do you like me?"

   understanding complex trauma and attachment disruption in the classroom. *British

   Journal of Special Education, 37*(4), 190-197.

Parker, A., Alvarez McHatton, P., & Allen, D. D. (2012). Elementary and special education pre-

   service teachers' understandings of collaboration and co-teaching. *Journal of Research in

   Education, 22*(1), 164-195.

Patton, M. Q. (2015). *Qualitative research & evaluation methods: integrating theory

   and practice*. Thousand Oaks, CA: SAGE.

Perry, B. D. (2009a). Examining child maltreatment through a neurodevelopmental lens: Clinical applications of the neurosequential model of therapeutics. *Journal of Loss and Trauma, 14*(4), 240-255.

Perry, B. D., Beauchaine, T., & Hinshaw, S. (2008). Child maltreatment: A neurodevelopmental perspective on the role of trauma and neglect in psychopathology. *Child and adolescent psychopathology*, 93-128.

Perry, B. D., Pollard, R. A., Blakley, T. L., Baker, W. L., & Vigilante, D. (1995). Childhood trauma, the neurobiology of adaptation, and "use‐dependent" development of the brain: How "states" become "traits". *Infant Mental Health Journal, 16*(4), 271-291.

Porche, M. V., Fortuna, L. R., Lin, J., & Alegria, M. (2011). Childhood trauma and psychiatric disorders as correlates of school dropout in a national sample of young adults. *Child Development, 82*(3), 982-998.

Qu, Y., & Becker, B. J. (2003). Does Traditional Teacher Certification Imply Quality? A Meta- Analysis.

Sanchez, Cornacchio, Poznanski, Golik, Chou, & Comer. (2018). The Effectiveness of School- Based Mental Health Services for Elementary-Aged Children: A Meta-Analysis. *Journal of the American Academy of Child & Adolescent Psychiatry, 57*(3), 153-165.

Stevens, J. E. (2012). Lincoln High School in Walla Walla, WA tries new approach to school discipline—Suspensions drop 85%. *ACEs too high. Retrieved from http://ACEstoohigh. com/2012/04/23/Iincoln-high-schooI-in-waIla-walia-wa-tries-new-approachto-school-discipline-expulsions-drop-85*.

Suneson, G. (2018, July 23). States With the Highest Rates of Divorce. Retrieved from

  https://247wallst.com/special-report/2017/10/20/states-with-the-highest-rates-of-

  divorce/3/

The Mandt System. Holistic Training to Reduce Workplace Violence. (n.d.). Retrieved

  October 16, 2020, from https://www.mandtsystem.com/

US Census Bureau. "American Community Survey (ACS)." *Census Bureau QuickFacts*,

  United States Census Bureau, 11 Oct. 2018, www.census.gov/programs-surveys/acs/.

U.S. Department of Education, Office of Civil Rights (2018). School Climate and Safety

  Report 2015-16. Retrieved from https://www2.ed.gov/about/offices/list/ocr/docs/school-

  climate-and-safety.pdf

U.S. Department of Education, Office of Innovation and Improvement (2004).

  Alternative Routes to Teacher Certification. Retired from

  https://www2.ed.gov/admins/tchrqual/recruit/altroutes/report.pdf

U.S. Human Department of Health Services, Administration for Children and

  Families, Administration on Children, Youth and Families, Children's Bureau.

  (2016). Child maltreatment 2016. Retrieved from

  https://www.acf.hhs.gov/sites/default/files/cb/cm2016.pdf

Oklahoma Emergency Teacher Certificates Surpass 2,500. (2018). Retrieved from

  https://www.usnews.com/news/best-states/oklahoma/articles/2018-09-

  28/oklahoma- emergency-teacher-certificates-surpass-2-500

Uysal, H., Burçak, F., Tepetas, G. S., & Akman, B. (2014). Preschool education and

primary school pre-service teachers' perceptions about classroom management: A

metaphorical analysis. *International Journal of Instruction, 7*(2), 165-180.

Wagner, P. & Sawyer, W. (2018). States of Incarceration: The Global Context 2018.

Retrieved from https://www.prisonpolicy.org/global/2018.html

Wright, D. B., & Gurman, H. B. (2001). *Positive intervention for serious behavior*

problems: Best practices in implementing the Hughes Bill (AB 2586) and the positive

behavioral intervention regulations. Publications Division, Sales Office, California

Department of Education, PO Box 271, Sacramento, CA 95812-0271.

Yin, R. K. (2017). *Case study research and applications: Design and methods*.

Sage publications.

APPENDICIES

APPENDIX A

PROGRESSIVE, FAIR, & REASONABLE RESPONSE TO PROBLEM BEAHVIOR

Foundation
- Strong Positive Relationships
- Proactive Classroom Management
- Awareness & Reflection

Communicating Effectively
- Think-
    o "How would you want an adult to interact with your child if s/he made a mistake or engaged in a problem behavior?"
- Correct behavior as privately as possible
- Non-threatening facial expressions, body posture, & gestures
    o Be aware & get on the student's level
- Use of caring, validating statements eases potentially difficult interactions
    o Empathy, perspective-taking, encouragement
- Use a calm voice
    o Tone, rate, and amount of speech
    o Fewer words the better
- Give the student choice and a way out
    o Alternate activity
- Avoid shaming, ridiculing, and/or embarrassing the student.

Figure 2: P.R.O.M.P.T

Proximity control

Redirection strategy

Ongoing **M**onitoring

Prompt expected behavior

Teaching interaction

#1 warning of consequence with 'Think Time'

#2 delivery in-class disciplinary consequence

#3 office support to determine solution

Reconnect, Repair, & Restore Relationship

APPENDIX B
DISTRICT RESEARCH REQUEST

Broken Arrow Public Schools

Research Request

<u>**Use this form to request permission for approval to conduct research in Broken Arrow Public Schools**</u>

Name of Person Who will Conduct Research _Michelle Warren_

Date(s) of Research _Spring & Summer 2020_

School site(s) to be involved _Liberty & Aspen Creek_

I understand the criteria and obligations required to do a research study in the Broken Arrow Public School system and have attached a detailed application as outlined in Broken Arrow Public Schools' Policy for Conducting Research and Evaluation in Broken Arrow Public Schools.

Signature of applicant _Michelle Warren_ Date of request _2/20/20_

Research Approved ____✓2·24·20____ Research Denied _____

Research Review Board Chairperson _Kara Dyes_

Researcher:

Michelle Warren.
> Doctoral student at Oklahoma State University in the School Administration Program.
> Research completed for dissertation
> School District Employee- RTI Coordinator
> (918)851-2141
> mrwarren@baschools.org

Faculty Advisor:
> Dr. Katherine Curry
> Oklahoma State University
> School of Education Foundation, Leadership, and Aviation.
> katherine.curry@okstate.edu

Description of the Research

Purpose of the Study

The purpose of this qualitative case study is to explore, through the lens of Trauma Informed Schools, teacher perceptions regarding the influence of specialized training and Emotional Behavior Disorder (EBD) programming to support students with special needs who have also experienced trauma. Sites that house this program for the district include: Aspen Creek Elementary and Liberty Elementary.

Research Questions

1. What are teacher perceptions regarding the influence of the EBD program on their ability to support the needs of special education students who have also experienced trauma?
   a. What are the perceptions of teacher who participate in the EBD program regarding their ability to recognize the signs and symptoms of the effects of trauma among their special education students?
   b. How do these teachers of special education students integrate their knowledge of trauma, that they have gained through the EBD program, into their teaching and classroom management practices?
   c. What are teacher perceptions regarding their ability to resist re-traumatization by identifying and decreasing triggers in the learning environment?
   d. What are teacher perceptions regarding additional training or information needed to successfully meet the needs of these students?
2. What professional development or preparation do selected educators perceive to be necessary to build their capacity to address impacts of trauma?

Data Collection and Analysis

The data generated from this study will include semi-structured interviews, observations, documents and field notes. Interviews will be used to gather additional information and insight from the group of educators focused on in this study, specifically administrators, special education teachers, and support staff who work with the EBD program.   Observations will allow for opportunities to collect data bout daily practice and educator behaviors to gain insight as to how their practices support students in this special education program who have been exposed to trauma. Documents specific to educators participating in interviews, as well as those specific to the school sites and school district will be collected to establish a pattern of culture and support relevant to trauma exposed students. Documents specific to the EDB programming will be collected from the special services department. The documents collected would be describing the procedures and policies of the program; no student data will be collected.
Data collected in this qualitative study will be organized, coded, and read reflexively to identify categories or themes. The theory of Trauma Informed Schools will be used as a guide in the discovery of patterns and themes that present themselves in the data.

Study Participants

Students are not participants in this study.

Adult participants targeted in this study include those staff directly affiliated with the EBD program (RISE Academy) located at Liberty and Aspen Creek Elementary Schools. At each site, the research will ask for participation from: 2 administrators, 2 teachers, and 4 support staff for a total of 16 participants. Participants will be provided a recruitment letter and consent form (see attached). These documents will be delivered and collected in person, by the researcher. No further materials will need to be collected from the participants of the study.

Faculty Committee

My dissertation committee has signed the Doctoral Candidacy Form (see attached) indicating that the proposed research study has been approved to move forward toward data collection. IRB application has also been submitted to Oklahoma State University, and can be provided to the school district upon approval from that agency.

Research Shared with School District

I, as the researcher, agree to share all materials and outcomes from the study with the Research Review Committee, the site principals, and other participants of the study. The Dissertation Proposal has been attached for your records.

RECRUITMENT LETTER

Dear [*insert name*],

My name is Michelle Warren and I am a student from the School of Education Foundations, Leadership, and Aviation at the University of Oklahoma. I am writing to invite you to participate in my research study about staff perceptions regarding the influence of specialized training and Emotional Behavior Disorder (EBD) programming to support students with trauma. You're eligible to be in this study because you are a staff member affiliated with the EBD program at the heart of this study.

If you decide to participate in this study, you will be asked to participate in a face-to face interview in a one-on-one format with the researcher. I would like to audio record your interview and then we'll use the information to transcribe the interview for analysis within the study.

Remember, this is completely voluntary. You can choose to be in the study or not. If you'd like to participate or have any questions about the study, please email or contact me at michelle.warren@okstate.edu

Thank you very much.

Sincerely,

Michelle Warren
Doctoral Graduate Student

School of Education Foundation, Leadership, & Aviation

A Self Contained Special Education Program's Impact on Supporting Trauma: A Case Study Consent Form

Background Information

You are invited to be in a research study of staff perceptions regarding the influence of specialized training and Emotional Behavior Disorder programming to support students with trauma. We ask that you read this form and ask any questions you may have before agreeing to be in the study. Your participation in this research is voluntary. There is no penalty for refusal to participate, and you are free to withdraw your consent and participation in this project at any time. You can skip any questions that make you uncomfortable and can stop the interview/survey at any time. Your decision whether or not to participate in this study will not affect your employment.

This study is being conducted by: Michelle Warren, Doctoral student at Oklahoma State University under the direction of Dr. Kathy Curry, Advisor, School of Education Foundation, Leadership, and Aviation, Oklahoma State University.

Procedures

If you agree to be in this study, we would ask you to do the following things: Participate in a face-to-face interview in a one-on-one format with the researcher. Interview questions will be open ended in attempt to gather insight and perception regarding the specialized training, programming, and supports provided within the Emotional Behavior Disorder program of focus in this study. All interviews will be recorded using an audio recording device for assistance in later transcription. Participants may also be observed in the natural setting of the classroom, common school environments, and collaborative meetings with other staff related to the program.

Participation in the study involves the following time commitment: Approximately 60 minutes for interview session.

Compensation

You will receive no payment for participating in this study.

Confidentiality

Coded Data/Pseudonym linked with identifying information:

The information that you give in the study will be handled confidentially. Your information will be assigned a code number/pseudonym. The list connecting your name to this code will be kept in a locked file. When the study is completed and the data have been analyzed, this list will be destroyed. Your name will not be used in any report

We will collect your information through interviews, including audio recording. This data will be stored on the researcher's personal computer with password protection with a backup stored on a flash drive that will be stored in a locked file cabinet. Identifiers will be removed from the audio and written transcripts by August 30, 2020 The audio/video recording will be transcribed. The recording will be deleted after the transcription is complete and verified. This process should take approximately two months.

Contacts and Questions

The Institutional Review Board (IRB) for the protection of human research participants at Oklahoma State University has reviewed and approved this study. If you have questions about the research study itself, please contact the Principal Investigator at (918)851-2141, michelle.warren@okstate.edu. If you have questions about your rights as a research volunteer or would simply like to speak with someone other than the research team about concerns regarding this study, please contact the IRB at (405) 744-3377 or irb@okstate.edu. All reports or correspondence will be kept confidential.

Statement of Consent

I have read the above information. I have had the opportunity to ask questions and have my questions answered. I consent to participate in the study.

Indicate Yes or No:
I give consent to be audiotaped during this study.
       ___Yes ___No

I give consent to be contacted for follow-up in this study:
       ___Yes ___No

Signature:_____   Date: _____

Signature of Investigator:_____   Date: _____

APPENDIX E

INTERVIEW QUESTIONS

1. Please state your name and position.

2. Please provide me with a history of your teaching and/or administrative experience, including years of experience, districts you have worked in, and various positions you have held.

3. Can you define your understanding of trauma and the impact trauma exposure may have on student's educational experiences?

4. How do recognize students who may have been exposed to trauma and is that recognition is important to how you provide them instruction? If so, how?

5. Can you describe the supports and activities are established within the EBD program that you believe may have a positive impact on students with special needs who are exposed to trauma? Why do you feel those activities or supports would have a positive impact?

6. What procedures do some schools use that you believe may have a negative impact on students exposed to trauma? Why do you feel those activities or supports would have a negative impact?

7. How did the training provided related to the EDB program assist you in understanding trauma?

8. Describe how you have taken some of the insights and tools from those trainings and incorporated them into the system of your classroom and/or school site.

a. How have those practices impacted your classroom or your school site?

APPENDIX F
INSTITUTIONAL REVIEW BOARD APPROVAL

Oklahoma State University Institutional Review Board

Date:	03/27/2020
Application Number:	IRB-20-185
Proposal Title:	A Special Education Program's Impact on Supporting Trauma
Principal Investigator:	Michelle Warren
Co-Investigator(s):	
Faculty Adviser:	Kathy Curry
Project Coordinator:	
Research Assistant(s):	
Processed as:	Exempt
Exempt Category:	

Status Recommended by Reviewer(s): Approved

The IRB application referenced above has been approved. It is the judgment of the reviewers that the rights and welfare of individuals who may be asked to participate in this study will be respected, and that the research will be conducted in a manner consistent with the IRB requirements as outlined in 45CFR46.

This study meets criteria in the Revised Common Rule, as well as, one or more of the circumstances for which <u>continuing review is not required.</u> As Principal Investigator of this research, you will be required to submit a status report to the IRB triennially.

The final versions of any recruitment, consent and assent documents bearing the IRB approval stamp are available for download from IRBManager. These are the versions that must be used during the study.

As Principal Investigator, it is your responsibility to do the following:
1. Conduct this study exactly as it has been approved. Any modifications to the research protocol must be approved by the IRB. Protocol modifications requiring approval may include changes to the title, PI, adviser, other research personnel, funding status or sponsor, subject population composition or size, recruitment, inclusion/exclusion criteria, research site, research procedures and consent/assent process or forms.
2. Submit a request for continuation if the study extends beyond the approval period. This continuation must receive IRB review and approval before the research can continue.
3. Report any unanticipated and/or adverse events to the IRB Office promptly.
4. Notify the IRB office when your research project is complete or when you are no longer affiliated with Oklahoma State University.

Please note that approved protocols are subject to monitoring by the IRB and that the IRB office has the authority to inspect research records associated with this protocol at any time. If you have questions about the IRB procedures or need any assistance from the Board, please contact the IRB Office at 405-744-3377 or irb@okstate.edu.

Sincerely,
Oklahoma State University IRB

APPENDIX G
ARTIFACTS

RISE Weekly Meeting Log

Site: Week of: _____

Relationship Check-In (to be completed by teachers and coaches the day before weekly meeting)
Rate E- Emerging, M- Maintaining, R- Restoring

Student	Staff					
	Teacher 1	Teacher 2	Support 1	Support 2	Support 3	Support 4

Reviewed Procedure:	
Questions or Concerns Discussed:	

To earn a

3 you must have NO need for correction, gestural que only!

2 Verbal prompt needed, complied.

1 Teacher interaction, complied.

0 Sustained problem, NO compliance.

SOCIAL SKILLS

- Listens to Others
- Follows Directions
- Follows Classroom Rules
- Ignores Peer Distractions
- Asks for Help
- Takes Turns in Conversations
- Cooperates with Others
- Controls Temper in Conflict Situations
- Acts Responsibly with Others
- Shows Kindness to Others

TEACHER INTERACTION

- ★ GIVE EMPATHY STATEMENT
- ★ STATE BEHAVIOR THAT NEEDS TO BE CORRECTED
- ★ GIVE REPLACEMENT BEHAVIOR
- ★ I HOPE STATEMENT
- ★ BACK OFF

VITA

Michelle Warren

Candidate for the Degree of

Doctor of Education

Dissertation: A SELF CONTAINED SPECIAL EDUCATION PROGRAM'S IMPACT ON SUPPORTING TRAUMA: A CASE STUDY

Major Field: School Administration

Education:

Completed the requirements for the Doctor of Education in School Administration at Oklahoma State University, Stillwater, Oklahoma in May, 2021.

Completed the requirements for the Specialist in Education at Oklahoma State University, Stillwater, Oklahoma in 2005.

Completed the requirements for the Master of Science in Applied Behavioral Studies at Oklahoma State University, Stillwater, Oklahoma in 2002.

Completed the requirements for the Bachelor of Arts in Psychology at Oklahoma State University, Stillwater, Oklahoma in 2001.

Experience:

Broken Arrow Public Schools- August 2016- present
- RTI Coordinator
- Behavioral Programming Specialist
- Lead School Psychologist

Tulsa Community College- August 2014- present
- Adjunct Instructor

Union Public Schools
- School Psychologist