

Fall 2022

## Trauma Will Not Discriminate

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### Recommended Citation

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**Trauma Will Not Discriminate**

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BIS-437 Bachelor of Integrated Studies Program

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December 02, 2022

## **Abstract**

Trauma has played a different role in everyone it has encountered. Trauma has affected individual's lifestyles, relationships, mental health, and physical well-being. It has a way of letting people look at one another differently and with judgment. It can keep hidden in individuals for years and come out when they least expect it. It is not meticulous when it comes to whom it wants to plant its seed in. How people react to individuals with trauma is often with empathy, but in certain situations, there are some people that can persecute and turn a blind eye.

Acknowledging trauma as a real entity should be important in the world that we now live in. It is important for individuals who have experienced unimaginable situations in their life to acknowledge the need to ask for guidance so they can start to heal. It is important for parents to acknowledge trauma as a real monster to their children and to have the ability to empathize with them. It is important for community partners to acknowledge trauma as a responsibility of theirs and to form partnerships with their schools and families to provide resources for individuals and families who need the extra support in their recovery. It is also important for schools to acknowledge trauma in their students and provide them with ways to face and cope with their emotions in a positive manner while giving them a safe place to speak their truth.

Staff personnel working in a school district have seen the impact on little ones who have experienced trauma. It has shown them all staff personnel must be empathic with their students. Knowing their students, the background of their families and the type of environment they live in is imperative to understand their trauma.

The research includes material from trauma trainings, behavioral trainings, social emotional learning trainings, materials taught in college classes on trauma, for example, child abuse, sibling

abuse, and domestic and intimate partner violence. Research also is from scholarly journal articles and licensed therapists.

The research will show the positive impact that a social emotional learning curriculum, family engagements and community partnerships including resources can have for children in their school systems. Children with trauma often act out in negative ways due to the traumatic events in their life. Children need to be taught how to positively react to their emotions, so academics are not lost on them. A social emotional learning curriculum gives them the tools they need to learn how to positively deal with the many emotions some of our children will experience in their many years of school. Academics is imperative for a child, but unless we teach them how to process their emotions in a positive way, they will not get the full academic experience they are entitled to.

Involving parents in the school environment can help provide families with the resources they need to be better parents for these children. A trust that is formed between the school and families can have a positive impact on everyone involved. Our priority should be providing a safe space for these children, giving them the knowledge to express their emotions in a positive way and encouraging parents to be active participants in the school setting.

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## **Trauma Will Not Discriminate**

Trauma is a common evil in today's society. The American Psychological Association (2021) describes trauma as "an emotional response to a terrible event." Trauma is unique to one who has gone through a disturbing situation or stressful event in their life. Trauma is not an illness. It is the response to a specific event or something that one experiences. Lana Ingram-Gore phrased it like this, "Trauma does not discriminate, meaning it can happen to anyone. It doesn't matter the financial status, race, gender, specific beliefs, or who the person is. Yes, we may be able to physically see it in some people, but there is so much we don't see, because they hide it or try to pretend it didn't happen" (2021) .

The Substance Abuse and Mental Health Services Administration (SAMHSA) states, "SAMHSA addresses the impact of trauma on individuals, families, and communities as a behavioral health concern that requires a healing and recovery process" (*Trauma and violence* 2022). SAMHSA also describes trauma as knowing no boundaries. Meaning it does not care about your social economic status, gender identity, ethnicity, etc. Individual trauma experiences can be from physical harm, emotional harm, and/or something life-threatening. The trauma event can have long lasting adverse effects on individuals who encounter trauma experiences. These adverse effects can affect an individual's mental, emotional and physical health, and/or social and spiritual well-being (*Trauma and violence* 2022).

An individual who experiences a trauma related situation can go into shock and deny that the trauma is real. These traumatic events can affect how one sees things socially and spiritually. How they feel things emotionally. How their body feels things physically and how their brain



functions mentally. Trauma victims can develop post-traumatic stress disorder from the traumatic event, which can include flashbacks, physical ailments like headaches and nausea, sadness, and an overall ability to cope. These victims can also tuck these traumatic events away somewhere in their minds and it can be triggered later in their adult lives when they least expect it. Some victims of trauma are unable to process the traumatic events that have occurred in their lives. These victims can replay their traumatic experiences daily. This is called “trauma replay.” When victims experience trauma replay their body can react as if the traumatic event is just now occurring. They may also try to repeat the trauma experience. Victims of trauma may need help from a mental health therapist or other mental health resources to be able to move on with their lives.

Our mental health crisis in the United States is escalating because trauma does not discriminate against race, religion, or even what gender one may identify with. It does not care if one is wealthy, middle class, and poor or even worry about where a child’s next meal is going to come from. Their social economic class means nothing to this devastating emotional monster.

### ***Adverse Childhood Experiences (ACE)***

“The CDC-Kaiser Permanente adverse childhood experiences (ACE) study is one of the largest investigations of childhood abuse and neglect and household challenges and later-life health and well-being” (Centers for Disease Control and Prevention 2021). About this study, Kaiser Permanente conducted the first ACE study from 1995 to 1997. During this time, he was able to collect two rounds of scores to use as his data. This original data is not available for public use. Permanente uses this data to continue to monitor the prescription drug use and

medical status of the clients from the original study (Centers for Disease Control and Prevention, 2021).

*The CDC-Kaiser ACE Study* (2021) describes Adverse childhood experiences are those during age 0 – 17. Some examples of adverse childhood experiences that can lead to childhood trauma are abuse, neglect, violence, witnessing someone go through abuse, neglect or violent experiences and knowing of a friend or family member that has either attempted suicide or completed suicide. Adverse childhood experiences could come from their environment. These are experiences where they do not feel safe, do not have stability, or do not have a bond with others in their environment. These examples could be living in a home where there is substance abuse, mental illness or parents are separated or one of the parents or both are incarcerated. All these examples plus others that have not been listed can all affect a child's physical and emotional health.

The Centers for Disease Control and Prevention (2021) research into the ACE survey has shown that 61% of the adults that were surveyed experienced at least one adverse childhood experience before they reached the age of 18. This survey also included that 16.7% of the adults before the age of 18 experienced four plus of the adverse childhood experiences. This research showed that women and individuals of a certain race or ethnicity were at a higher risk of adverse childhood experience. Helping to prevent these adverse experiences through school and community outreach can lower these percentages which in turn lowers the risk for physical and mental health issues. Using the link below can help in finding ACE scores for those at risk (*Finding your ace score - The Anna Institute* 2006):

<https://www.theannainstitute.org/Finding%20Your%20ACE%20Score.pdf>

Romero, Robertson, Wagner, and Howard wrote, “Nearly half of all children have been exposed to at least one adverse childhood experience (ACE), such as poverty, divorce, neglect, homelessness, substance abuse, domestic violence, or parent incarceration. These students often enter school with behaviors that don’t blend well with the typical school environment” (Romero et al., 2018).

### ***The Behavioral Risk Factor Surveillance System (BRFSS)***

Centers for Disease Control and Prevention (2021), show a way to collect data about adverse childhood experiences is through another survey called The Behavioral Risk Factor Surveillance System or BRFSS. This is an annual telephone survey conducted by state health departments. The BRFSS collects data from adults with questions regarding childhood risk factors such as abuse and neglect and preventative care that can affect their physical and mental health. This survey has been ongoing annually since 2009. Data collected from this annual telephone survey is sent to the Center for Disease Control (CDC) to be tabulated and results are posted at the end of each year. Using the below link can show the updated BRFSS questionnaire (*BRFSS Adverse Childhood Experience (ACE) Module 2021*):

[https://www.cdc.gov/violenceprevention/pdf/acestudy/BRFSS\\_ACEModuleQuestions\\_2021\\_508.pdf](https://www.cdc.gov/violenceprevention/pdf/acestudy/BRFSS_ACEModuleQuestions_2021_508.pdf)

*The CDC-Kaiser ACE Study (2021)* describes the impact these adverse childhood experiences can have on children and adults can affect their physical and emotional well-being. It can affect their academics. These ACE’s can lead an individual to turn to self-medicating through substance abuse and can also have an effect in a child’s ability to learn in a school setting.

## Empathy

Empathy is the ability to understand and be sensitive to the feelings of others that have emotional stresses or physical sufferings. The adeptness to understand trauma in individuals is difficult if you do not have the ability to be empathetic. Let us not get empathy mixed up with feeling sorry for someone. Empathy is not showing someone pity. It is the ability to try and understand what someone is going through. Trying to let them know that you care about them, and you also care about the trauma they have gone through. You will never be about to feel the exact feelings of others because everyone processes and feels differently.

When working in a school district it does not take long to recognize some of the traumatic experiences little ones have to endure in such a short amount of time since entering this crazy and unpredictable world we live in. One will quickly find out that to understand and help students, school personnel must be able to look at situations with empathy and practice empathetic listening to make connections and build that empathic bridge with them. Millstein (2002) conveyed to connect with one and make an empathetic connection with someone they must improve on their communication skills. Getting someone who has gone through a trauma experience to trust you one must be compassionate. They must have the ability to understand the thoughts and feelings of children and their families who have been affected by trauma. They must watch over their students to make sure they do not isolate themselves or watch for other students who tease the trauma student. If this starts to happen, school staff must start addressing the issues by having conversations about empathy.

Empathy goes a long way in helping students and staff personnel who have been affected by trauma. Empathetic school personnel let their students know they are there to connect

emotionally and provide a listening ear and a safe environment which is imperative to earning trust to have a successful learning atmosphere for their students. Positive praise and words of encouragement can help students overcome traumatic events.

School leaders need to provide continuous support to their staff and to encourage supportive relationships within their staff. Teachers have a high rate of burn out when they must provide empathetic support to children in their classrooms during stressful situations day in and day out. Empathy is critical to make the connections with students and their families to form that trusting bond between school and home. It allows us to feel the pain that someone has experienced during their traumatic event. Empathy is what has drawn so many people to work in the helping professions. Psychiatrist and scholar Viktor Frankl said it perfectly (Millstein, 2002). “Man is originally characterized by his “search for meaning” rather than his “search for himself.” The more he forgets himself--giving himself to a cause or another person--the more human he is. And the more he is immersed and absorbed in something or someone other than himself the more he really becomes himself.”

Having empathy helps everyone realize what others have been through which makes individuals more willing to help others in need. The bottom line is everyone involved should practice empathy because you never know what someone is going through. Philo of Alexandria said it best. “Be kind, for everyone you meet is carrying a great burden” (Millstein, 2022).

### ***Resilience***

The American Psychological Association defines resilience as “ The process of adapting well in the face of adversity, trauma, tragedy, threats, or significant sources of stress-such as family and relationship problems, serious health problems, or workplace and financial

stressors”(Palmiter, PhD et al., 2012). Everyone will experience every day challenges to traumatic events. These traumatic events affect everyone differently. Individuals usually cope well over time to these life-changing and stressful situations because of their resilience (Palmiter, PhD et al., 2012).

Some individuals are more resilient than others are, but having resilience does not guarantee that an individual will not experience difficulty or distress when dealing with a traumatic experience. Resilience is not a personality trait that individuals acquire. Resilience can be learned through behaviors, thoughts and actions that individuals develop. Developing resilience can take time. Individuals can focus on four core components: connections, wellness, healthy thinking and meaning. This can encourage individuals to work through and learn from traumatic experiences (Palmiter, PhD et al., 2012).

Individuals need to prioritize their relationships by finding other individuals that are trustworthy and compassionate. Connecting with empathetic people, help individuals realize they are not alone when traumatic experiences occur. Joining a support group or turning to your faith is a way to find hope. These people will support your efforts to feel resilient (Palmiter, PhD et al., 2012).

### *Trauma Types*

There are four main categories of trauma. They are acute, crossover, complex and vicarious (secondary) trauma. They are the result of different examples and causes of trauma and have distinctive characteristics.

### *Acute Trauma*

This type of trauma is the result of a single exposure to an overwhelming event. Some examples that can cause acute trauma are the passing of someone they loved, rape, an accident, being the victim of a crime, or a natural disaster. These types of events leave an impression on the one affected by one of these single exposures. Some examples of the effects on an individual who has experienced acute trauma are overreactions, they may become hyper-vigilant, exaggerated startle response or detailed memories. If these types of events are not treated medically, they can affect someone's emotions and behaviors.

### *Complex Trauma*

Complex Trauma is the result of a variety and multiple traumatic events. These events are usually among young children. Some examples that can cause complex trauma in someone are child abuse and neglect, domestic violence, multiple removals for a child from the home, and family disputes. The effects of these types of events are rage, social withdrawal, denial, work or school performance and overall effects on one's health both physically and mentally. Complex trauma can affect a child's development and the child's ability to find its own sense of self.

Students who have experienced complex trauma sometimes behave in ways that even the most patient school staff find challenging. These students need the strategies to help them deal with their complex traumas so their caregivers can acclimate to challenges of working with the students who have been affected by trauma experiences (APA, 2019).

### ***Crossover Trauma***

This type of trauma is the result of a single exposure to a single trauma related event. Some examples that can cause crossover trauma are a vehicle accident where there are fatalities, and a school shooting with mass casualties. Examples of the effects on an individual who has experienced crossover trauma are long-lasting mourning, depression, trouble concentrating, irritability, chronic pain and difficulty sleeping.

No matter what type of trauma one experiences it may require the individual who was affected by trauma to seek medical or psychological help. If they seek out help in a timely manner, then they can live a life of fulfillment.

### ***Vicarious/Secondary (Compassion Fatigue) Trauma***

Vicarious/Secondary (Compassion Fatigue) Trauma is not one of the three main types of traumas. It manifests when the experience of one transform throughout an engagement with someone else's trauma. This means not only does the trauma affect the person who experienced the traumatic event, it can also affect people around them like a staff member. Compassion Fatigue can cause emotional and physical exhaustion, trouble concentrating and staying focused, isolation, self-medicating or diverse types of addictions. The risk factors of compassion fatigue are having their own history of trauma, working long hours, not having a support system, "Without enough of a shield, everything just comes in," says Allespach. "And being overwhelmed with the feelings of others can feel like drowning" (Clay, 2020)



### *Examples and Effects of Trauma*

Trauma can be caused by a single event or by abuse that has been reoccurring for a prolonged amount of time. The thoughts, feelings, and behaviors one expresses after a traumatic experience are due to the perspective they had when the traumatic event occurred. According to research published by the American Psychological Association (*Study: Experiencing childhood trauma makes body and brain age faster*, 2020), “Children who suffer trauma from abuse or violence early in life show biological signs of aging faster than children who have never experienced adversity”. Pediatrician Nadine Burke Harris (TedTalks, 2016), explains, “The repeated stress of abuse, neglect and parents struggling with mental health or substance abuse issues has real, tangible effects on the development of the brain”. Childhood stressors early in life can change oneself on the inside. Trauma and the effects of trauma can last a lifetime for an adult or child. Depending on the severity of the trauma, individuals can have a greater “trauma” response. One may overcome traumatic events quickly and others may never overcome the traumatic events and suffer from the symptoms of their trauma for a lifetime.

Childhood trauma is caused by a traumatic event that happens during ages 0 – 6 years of age. Millstein (2022) tells us some examples of childhood trauma include divorce, mental illness, emotional and physical neglect, emotional and physical abuse, bullying, the death of a loved one and perceived life-threatening events just to name a few.

Note that not all victims of trauma respond the same way. Their experience of the trauma and the trauma lens they now look through has a say on how they view the world. So different interventions are used for different trauma events. Trauma can affect the intellectual development of a child. Children who have experienced recurring trauma in their life can

experience a wide array of mental health disorders during their lifetime. Brown stated, “Although we are used to thinking about them as “disorders,” I suggest we also think of them as “responses” to violence and trauma” (Brown 2007).

The younger the trauma event the more likelihood of the victim to develop an addiction later in life. These unresolved traumas can lead to alcohol abuse, depression, a variety of other mental health and physical health issues, post-traumatic stress disorder and can even lead to suicidal ideation.

### *Depression*

Depression is a mood disorder that is a common response to a traumatic experience. The Science Daily report (University of Liverpool, 2013), “A 2013 study done by researchers at the University of Liverpool showed that traumatic life events are the single biggest cause of anxiety and depression.” The victim can show signs of depression immediately after the event. The victim can start to emotionally withdraw as a coping mechanism to the traumatic event. Emotional withdrawal is sometimes seen as depression in the victim. Childhood Trauma is one of the causes of depression seen in adults and the severity of the depression is also dependent on how the impact of the traumatic event affects the victims stress level.

One of the reasons for someone who has experienced a traumatic event to see a therapist is due to the way the victim experiences and handles their stress levels. Therapists are not able to change the traumatic events their clients have experienced but they can help provide interventions to help their clients appropriately handle their trauma experiences. The therapist will be able to provide their client with positive coping mechanisms and teach them how to use

those coping skills to lower their stress levels. This could allow the symptoms of depression to be not as severe.

### *Addiction/Substance Abuse*

If traumatic events are not addressed early on not only can a victim experience mood disorders, like depression it can also lead a victim to turn to substance abuse. The victim uses these substances, for example alcohol and/or drugs to dull their symptoms caused by the traumatic event. Not all victims will abuse these substances, but they will use them to self-medicate and reduce the feelings they are having to the traumatic event. Substance abuse is dangerous for someone who has experienced trauma. It dulls the feeling from the traumatic event and does not allow the individual to cope with the symptoms. Individuals who suffer from substance abuse also take unnecessary risks and these risks can lead to re-traumatization. Addiction is sometimes caused by a mental health disorder that was brought on by trauma or it can be a result of trauma.

Therefore, making sure early interventions are put into place because these substance-related issues can lead to addiction for the victim.

### *Post-Traumatic Stress Disorder (PTSD)*

PTSD has been described as “a normal reaction to exposure to traumatic and abnormal life events” (Niles 1990). The severity of the post-traumatic stress disorder one experiences is dependent on the intensity of their trauma experienced as a child or as an adult. Children who experience a traumatic event are more likely to develop PTSD than when the first traumatic experience happens in their adult years.

PTSD is the result of violence or an abnormal event that happens in someone's life. PTSD is the most frequently diagnosed disorder from trauma. PTSD has four primary symptoms. One being reoccurring thoughts. This could be a dream of the violent act. They could have a flashback when they hear a sound or even smell something like something during the violent act. Second primary system is avoidance. After a traumatic event, an individual could become anxious and try to avoid certain people in their life, certain places or things that may bring up thoughts of the event. They use avoidance to stay away from anything that reminds them of the trauma they experienced. The third primary symptom is numbing. The individual will withdraw and avoid their feelings connected to the trauma. They disconnect themselves from anything that reminds them of the event. The fourth primary symptom is hyperarousal. PTSD is an anxiety disorder and because of this a victim can have increased high cortisol production. This in turn results in an individual becoming very agitated. Hyperarousal can cause nightmares but can also cause the loss of sleep.

Experiences that could cause PTSD are domestic violence, assault, rape, living through a natural disaster, child abuse, child neglect, witnessing a traumatic event and seeing someone die. These are just some examples of what can cause an individual to be diagnosed with PTSD. The way individuals deal with these traumatic events is not always the same. They can experience the same violent act and still deal with it in diverse ways. The way a person handles the trauma depends on their own coping strategies. The more a person goes without treating their PTSD the severity of the symptoms increases with their age.

### *Childhood Trauma*

Childhood trauma may be difficult to spot in children and some children may not have long lasting experiences of symptoms. Children who experience traumatic events feel terrified after the event. They can also feel helpless because in certain situations they were not able to do anything to prevent the traumatic event. The age of the child can make a difference in how they act after the traumatic event. Preschool age children could start acting younger than their current age. They revert to the age they were before the incident. Often preschool children will act out the traumatic event during free play. When students are in elementary school, they may often complain of stomach aches or a headache. They may become irritable, start missing school and even start withdrawing from others. Middle school and high school students can start having a high rate of absenteeism, engage in substance abuse, fighting and their grades may start to decline.

Signs to watch for in younger children are screaming and yelling more than usual, sudden weight loss and nightmares. In older children, symptoms you need to watch for are being overly anxious, unable to focus, signs not of the normal developmental stress but toxic stress, depression, drug use and not interacting with their fellow peers. When a child is suffering from physical or emotional neglect, they live with a family who are addicted to substances or are suffering from depression are circumstances that cause toxic stress in children.

### *Risk Factors*

“*Risk factors* are circumstances, characteristics, conditions, events, or traits at the individual, family, community, or cultural level that may increase the likelihood a person will experience adversity” (Bartlett & Steber, 2021). A young child’s developing brain can be at elevated risk

when they are exposed to a traumatic event. Trauma can reduce the size of the cortex of the child's brain. The change in the size of the cortex of the brain affects a child's IQ and the child may not be able to control their emotional responses. Because emotional responses are sometimes not controllable the child may no longer feel safe. They could have a fear of being alone or even a fear of being around a lot of people. They could fear even falling asleep. They could become anxious not knowing what is coming next (Bartlett & Steber, 2021).

If the parents or guardians have also experienced traumatic events, then their trauma may affect the way they provide support to their children who also deal with symptoms of trauma. Without the proper support from their parents or guardians the children with trauma will not be able to positively express their own emotions.

Children who suffer from trauma can have trouble controlling their emotional and behavioral responses. They can react with fear when placed in new situations. They can suffer from separation anxiety and have limited coping skills. Children can have poor self-regulation and impulse control. They can have trouble forming positive relationships with others. They may become aggressive, and the responder could have trouble trying to calm the child down. During play times children can act out their traumatic experience. Children can have problems sleeping and show regression in developmental, behavior and functional skills.

Adult health issues are a risk from childhood trauma. The risk of diabetes, mental health issues, heart problems, cancer and a shorter lifespan are health concerns an adult can face if they were exposed to traumatic events as a child. There is still no explanation as to how the experience in early years of life can affect their health in decades to come. The earlier in life when children experience traumatic events the longer lasting the effects will be for them.

### *Protective Factors*

“Protective factors are conditions or attributes that, when present in families and communities, increase the well-being of children and families, and reduce the likelihood of maltreatment” (Protective Factors and Aces, n.d.). This definition confirms why the bond between school, communities and parents or caregivers are an imperative factor in the development of children and their outcomes.

Not all children have the same reactions to trauma experiences. A protective factor to childhood trauma is resilience. Peterson wrote (Peterson, 2018), “Research on resilience in children demonstrates that an essential protective factor is the reliable presence of a positive, caring, and protective parent or caregiver, who can help shield children against adverse experiences.” Parents or caregivers can reassure their children that it is acceptable to have conversations about their trauma experiences. They can also comfort their children and assure them they will keep them safe.

### *Trauma-Informed Care*

Carter discusses that even though someone may not been traumatized that one day they will encounter someone who has been traumatized. She states that out of all the people in the U.S. that more than half of them have experienced at least one trauma experience in their lifetime. After people became education about the trauma with veteran’s studies began to concentrate on the symptoms of trauma. Symptoms of the studies included panic attacks to depression. The results of these studies determined that trauma was common and sometimes occurred in childhood, which would sometimes last until adulthood. These are some reasons why trauma-informed has become a topic of interest over the years. Since so many individuals in the U.S.

have experience at least one traumatic experience you can meet someone with trauma in places other than a mental health center (Carter, K., 2019).

Carter states that trauma survivors want others to know what trauma means and take into consideration their interactions with them. When you know someone who has had a trauma experience it is important to know how to be sensitive to his or her trauma and interact with them in a safe way. Finally understanding that trauma is real for individuals leads to knowing how others should respond to it (Carter, K., 2019).

Shawn Ginwright's article, *The Future of Healing: Shifting from trauma-informed care to healing* describes "Trauma-informed" as being not something new to our vocabulary. The medical field has been implementing trauma-informed care with their patients for a while. The term trauma-informed care came about in schools when school leaders and the school communities saw the impact of trauma on their students and the effect it had on their academic achievements and physical and mental wellness of their students (Ginwright, 2018). Shawn Ginwright wrote in his trauma-informed article, (Ginwright, 2018) "Trauma-informed care encourages support and treatment to the whole person, rather than focus on only treating individual symptoms or specific behaviors." Ginwright also conveyed; it is a framework of thoughts. The interventions used are direct with an understanding of trauma. These research-based practices can be implemented in the classrooms just as they have been implemented in the medical profession (Ginwright, 2018).

Schools are one of the biggest entities for communities. Schools not only deal with educating students inside of a classroom, they also provide community-based mental health needs inside of their schools. This gives the schools the opportunity to deliver mental health services and mental



health programs in a judgment free safe space to help not only the well-being of the school's students but also their staff. Incorporating these trauma-informed strategies into the school system is a positive way to focus on the many needs of traumatized children and their families and to help support their long-time recovery. Marth L. Minow said,

*“Helping Traumatized Children Learn* marks a major milestone in child advocacy. Based on evidence from brain research, child development, and actual classrooms, here is a road map for parents, schools, administrators, and policy makers that shows concrete and feasible steps for making schools the life raft for children who otherwise may be misunderstood and abandoned by the community” (Minow, 2020).

Laura McArthur, PhD, LP is a clinical psychologist that has developed a school-based mental health team who provides evidenced based training called the HEARTS program. This program give the school staff the skills to work with their students who have been affected by trauma. She focuses on evidence-based trainings that support teachers, students, parents and caregivers connect to their own resilience with consultation and mental health (APA, 2019).

### ***Trauma-Informed Lens***

When an adult or child goes through a traumatic experience this can change how they perceive and react to other situations. So, to have a successful trauma-informed school you must have the ability to look at your trauma children through a “trauma-informed lens.” This means when you are looking at trauma in either others or yourself you must be able to be sensitive to their or your self-perception of the traumatic event. You must be willing to look at their traumatic event and determine how this has affected their behavior or physical well-being. You must be willing to learn the strategies used in interventions to help reduce the reoccurrence of the

traumatic event(s). (Phifer, L.W, 2016) Phifer suggested that looking into someone's past can be a helpful tool in figuring out why they are acting out. When you find out they have experienced some type of trauma in their past it is time to put on your trauma-informed lens. To help these students, Phifer and Hull wrote (Phifer, L.W, 2016), "When school systems approach students through a trauma lens, they are better equipped to provide the educational and social-emotional support necessary to help students reach their potential."

### *Trauma-Informed Schools*

There is a commitment that goes along with being a trauma-informed school. All staff need to have a buy-in for the program to be successful. Trauma-Informed schools try to balance out the students' educations, mental health, and well-being of all the students and staff. As Walkley and Cox stated in their journal article (Walkley & Cox, 2013), "Regardless of the root of the trauma, those working in a capacity to support children can benefit from gaining a deeper understanding of how trauma affects child development and what intervention efforts have been effective in helping children heal."

When students in your school are suffering from childhood trauma, the entire school needs transforming from the inside out. Trauma can play a part in students' learning difficulties at school, so the general education and special education staff consider the effects trauma causes on effective learning. Addressing the emotional and physical safety of students with effective strategies can improve academic and behavioral outcomes within your schools. It also provides the needed strategies to help with long-term mental health needs for those students who are affected by trauma daily.

The school community must set clear expectations and teach their students positive communication strategies. The school staff should change their questioning when talking to their students or peers. “Trauma-informed approaches to care shift the focus from “What’s wrong with you?” to “What happened to you?” (Menschner & Maul, 2016)”. By showing empathy and recognizing that some students have past and current traumatic experiences, schools can help break the cycle of trauma. This in turn can help students become more engaged in the classroom and in the end lead to the student being successful in their school outcomes.

Trauma-informed schools who have strong leaders can have a reduction in office referrals, suspensions, and expulsions because they have changed their school’s culture and climate along with providing their students with strategies to work through their traumatic experiences.

### ***School Safety***

Trauma-informed schools focus on the school climate, culture and ending the stigma that is associated with mental health. They ensure a safe, respectful, and healthy environment. They encourage students and staff to build positive and caring relationships with other adults and peers. The trauma-informed school should make their students feel welcomed and safe so all students have an opportunity to be successful and thrive outside of the school setting. The school should also be a safe working environment for all school personnel.

The school personnel that work with children and families of trauma become part of their support system. All school staff should be involved in ensuring the proper steps are taken so their students who suffer from childhood trauma have the same educational experiences as those who do not suffer from childhood trauma. “By ensuring the emotional and physical safety of all students inside the school, on school grounds, and on buses, "the power of relationships will be

acknowledged and practiced. . . [in] a school climate of respect and generosity of spirit"

Oehlberg, B. (2008). Schools who provide emotional stability and well-defined relationship boundaries communicate safety for trauma students.

### *Recurrence of Trauma*

A recurrence of trauma can happen to any individual who has encountered a traumatic event. The recurrence of trauma is not an uncommon event. A student or staff member who feels unsafe in their environment can become overwhelmed and this can cause increased anxiety. Unexpected situations will occur for example a song on the radio, or a noise that was heard during the traumatic event. If the student or staff member has experienced trauma these unexpected reminders can cause them to be re-traumatized. Ensuring that students feel safe in their school environment promotes learning and teaches trauma students how to appropriately display behaviors that are triggered by their trauma.

### *Behaviors*

The learning and behavior of children is affected when they are exposed to various traumas. A student may have just a simple behavior like not being about to concentrate in class to more risky and challenging behaviors. Managing and dealing with these challenging behaviors can be hard for all school personnel in the educational setting. The NEA (National Education Association) article stated (Trauma-Informed Schools, NEA), "Decades of research and studies have established that children who experience adverse childhood experiences (ACEs) not only are more likely to exhibit negative behaviors at school but are more likely to develop risky behaviors." These risky behaviors can be violent outbursts, social withdrawal, seek revenge on

the perpetrator, feelings of guilt or shame, alcohol and drug abuse, illegal activities, and suicidal ideations.

When staff personnel receive training and know how to recognize the trauma a child has endured and how they were affected by trauma will only help them when students show signs of anxiety and negative behaviors. Training will provide staff on what triggers to watch for. When a student is triggered by a noise, smell, or event their mind and body activate the fight, flight, or freeze response. The student will have feelings of panic, fear, and could become extremely agitated. As staff personnel become involved and know what trauma experiences their students have encountered, the interactions between the staff and students will strengthen and become more positive. This increases the success rates of the interventions. When the students who are showing signs of risky behaviors are mentored by someone they trust, the mentor can help communicate with them and know what to do to deescalate the situation.

Staff personnel need to make sure the students who are labeled with oppositional defiant disorder, attention deficit disorder, or conduct disorder are not mislabeled because the interventions you use for these disorders are not targeting the areas needed for their trauma students. Discipline policies in trauma-informed schools consider an understanding of trauma. Lapp stated (Lapp, 2021), “Challenging behaviors are often trauma responses developed to survive.” These behaviors not only affect the student, it also weighs heavily on the educational staff. School personnel must be able to react to these challenging behaviors not only with the student’s but with their families with understanding and empathy.

Student’s responses are sometimes not appropriate in the classroom, but these can be their mechanisms for survival and to protect themselves. We may not be aware of this, but when this

does happen the school staff should approach the behavior with empathy and in a nonjudgmental way. A trauma-informed school teaches students strategies to self-regulate their emotions and behaviors so they can succeed academically. School expectations should be communicated clearly. They should be consistent throughout the school community and school staff should model these expectations and positive behaviors because their students learn from watching them. If these behaviors are not addressed by the educational staff, then students affected by this can follow the school to prison route. A trauma-informed school can have the proper environment to support the learning in the classroom and helps to address mental and physical needs of trauma children. "Change for these children will come more easily if the focus is on the relationship, rather than on behavior management strategies" (Child Safety Commissioner, 2007, p.18). Trauma-informed schools teach the strengths and interests of their students while providing positive behavior support. This process helps minimize significant classroom behaviors along with teaching strategies to de-escalate their behaviors and emotions.

### *Professional Development*

The U.S. Department of Education suggests that educational professionals in the schools have adequate training and support from their community partners like behavioral specialists or mental health counselors. These supports help the school with needs in social emotional and behavior. They can also help give them the strategies to handle behaviors in an appropriate manner and tools to engage with families to form positive relationships (U.S. Department of Education, 2021).

Staff needs assessments are completed to determine when and what type of training is needed for the school personnel. Professional Development by specialized professionals and continuing

education are important components to creating a trauma-informed care framework. It will help the school communities get the necessary tools to help their students and families. School leaders need to provide professional development for all staff to ensure they are trained appropriately to provide effective trauma-informed care for their students and staff. Staff need training in order to recognize trauma responses.

The more knowledgeable school staff are the more confidence they will have to provide and implement the supports trauma students need. Their increased confidence in social and emotional strategies improves the school personnel's ability to handle the difficult students and their risky behaviors. The district administrators must also keep up with continuing education opportunities their staff can attend in the future. Professional development can help the school community create a roadmap to their trauma-informed care framework. "To achieve intervention integrity, teachers must receive the necessary training and institutional support to synchronize and integrate such interventions into their existing academic curriculum to seamlessly interweave social-emotional and academic learning" (Liew, 2011).

### ***School-Family-Community (SFC) Partnerships***

Bryan and Holcomb-McCoy define School-family-community (SFC) partnerships as, "Collaborative initiatives or relationships that actively involve school personnel, parents, families, and community members and organizations as equal and mutual partners in the planning, coordinating, and implementing of programs and activities at home, at school, and in the community to help increase the academic, emotional, and social success of students" Bryan & Holcomb-McCoy, 2004).

CASEL (Collaborative for Academic, Social and Emotional Learning) (2021) explains that community partnerships work with schools to help assist them get access to resources. They connect schools, students, staff, and non-profit organizations to help increase funding resources while also being an advocate for the school district. Schools along with their community partners create a shared vision for education. This lets them work together in a pursuit for a common vision which is student success. Community partnerships along with schools help to engage families in significant ways so they can actively support the development and education of their children. Partnerships with the community can provide volunteers for classrooms, mentors for at-risk students, internships, and job opportunities for students.

### ***Trauma-Informed Framework***

There is no need for school systems to train their staff on the implementation of behavior plans, the executing of office referrals and sending students to alternative schools. Instead, school systems should include a trauma informed framework that supports their students and staff both with their physical health and well-being. A trauma informed framework collaborates with everyone who touches the trauma student's life from family, school, and community. It targets the trauma responses from the students and provides interventions, strategies, and tools to help decrease the negative impact trauma has on students within the school setting. Principals and the Superintendent develop a trauma-informed action plan. The leadership team identifies any barriers that inhibit progress. School policies and procedures will be assessed to see where they need to make improvements not only in the school but in the community. The trauma-informed framework is evaluated for success. A trauma informed framework uses its data to increase student engagement and educational outcomes while it promotes self-care of all students and staff.



The framework includes several components. One, the *understanding* of trauma and its impact on one's mental and physical health. Two, *recognizing* the effect trauma has on your student's behavior and health. Three, *training* your school community on how to *respond* to their traumatic students. Four, *integrating* everyone's knowledge about the trauma-informed care framework into their policies and procedures. Five, *avoiding* approaching students with judgment to not retraumatize them. Six, use your data to *evaluate* and *improve* your trauma-informed care framework.

Part of a trauma informed framework is intertwining your school, families, and community partners with family engagement opportunities. The school staff and community partners are both a crucial part of the support system for the students and their families. It is important to start engaging with students and their families during the early learning stages of their education. This can help to ensure that students get the best learning experiences right from the start and are able to reach their full potential in all areas of their life. The U.S. Department of Education states,

“Without adequate access to trauma-informed practices, some early childhood programs that serve infants, toddlers, and preschool children have struggled to systematically promote positive social, emotional, and behavioral development and adequately address manifestations of that trauma which are often perceived as challenging behaviors” (U.S. Department of Education, 2021).

The policy and procedures of the school lay out how to help their students and families who need to be referred for mental health support. They have the information of when and where these families need to go. School staff are assisted by mental health professionals who respond appropriately and confidentially when they are needed.

School staff and community partners need to assist families in how to properly interact with their children. It is important not to devalue the parenting styles of your students' families. Provide them with strategies that go along with their parenting style. Provide the families with strategies that are tailored for them and a convenient time and place to meet their needs. Providing families with support will help ease the repercussions of trauma and acknowledging their strengths can help empower family connections. Teaching families how to have open conversations and the importance of telling their truths. Recognizing the importance of a safe place to learn how to manage their emotions along with impulse control. Providing families with information about community resources can help parents seek out other sources in their fight of battling trauma within their home.

Strengthening the bond between the school, community and families will help the carryover of support from home to school. As a school district, they need to make sure their families know how much they are valued, and they care about the connections they have with them. They need to express to their families the goal is to help families be the best version of themselves.

Hopefully, schools that adopt a trauma-informed framework will show changes in how school personnel, school communities and families react to each other when one is experiencing the effects of trauma. Hopefully, this helps everyone recognize the situations that individuals go through and the pain and hurt they feel during their school years and sometimes into adulthood. It can also reduce the revenge one might feel towards a school where traumatic events have occurred or resurfaced.

### *Social Emotional Competencies*

Kendziora and Yoder discussed that there are five social and emotional competencies referenced by CASEL. These each have their own skill sets and are the frameworks used in the United States more frequently than other social emotional competencies. These five social and emotional competencies are self-awareness, self-management, social awareness, relationship skills and responsible decision making. The key to success is for schools to develop these social and emotional competencies within their schools. Research found that when early education implemented these competencies and developed these skills in children their success outcomes in school, work, and life increased (Kendziora & Yoder, 2016). Social emotional competencies have a long-term effect on a child's well-being and mental health (Blewitt et al., 2018).

#### *Self-Awareness*

CASEL defines self-awareness as, “the ability to recognize one’s emotions, strengths, and limitations, and their effects on behavior” (Kendziora & Yoder, 2016). They must have an accurate self-perception. They recognize their needs and their values. They have self-efficacy and practice spirituality (Zins et al., 2007).

#### *Self-Management*

CASEL defines self-management as, “the skills that enable individuals to regulate their emotions and their behaviors, including setting and achieving goals, perseverance, and managing negative emotions” (Kendziora & Yoder, 2016). Individuals must practice impulse control along with stress management. They need to be self-motivated. They must set goals managed by organizational skills and self-discipline (Zins et al., 2007).

### ***Social Awareness***

CASEL defines social awareness as “one’s ability to take the perspective of and empathize with others, including those with diverse backgrounds, and to understand social and ethical norms of behavior” (Kendziora & Yoder, 2016). Individuals need to show respect to others despite diversity. They should be empathetic with other situations (Zins et al., 2007). Social awareness skills will help children grow and understand human nature (Csóti, 2001).

### ***Relationship Skills***

CASEL defines relations skills as “the skills that allow individuals to develop healthy, meaningful relationships with others (listening, cooperating, seeking and offering help, and resolving conflicts peacefully)” (Kendziora & Yoder, 2016). Individuals need to be able to communicate effectively with others. They need to be able to have social engagement skills in order to build relationships. They need to work well with others. They need to also know how to resolve conflicts through negotiations and refusals (Zins et al., 2007).

### ***Responsible Decision Making***

CASEL defines responsible decision making as “the ability to make ethical choices about behavior based on ethical standards and social norms, and an evaluation of the effects on others” (Kendziora & Yoder, 2016). Individuals need to have problem solving skills. Know how to self-evaluate along with self-reflection. It is important to know how to make responsible decisions without compromising their morals and values (Zins et al., 2007).

Kendziora & Yoder talk about the importance of these five social and emotional competencies. States are held accountable for student success with the Every Student Succeeds

Act (ESSA). They are looking beyond the traditional test scores of achievement. They are looking at components of social emotional learning for example student engagement and school climate. States are now considering how they are going to “establish learning environments and enhance students’ effective learning skills that are essential for school readiness and academic success”; these are a must of what is being looked at for the conditions in which a student can learn (2016).

### *Social Emotional Development (SED)*

In the Research in Higher Education Journal Craig R. Seal discusses research that will guide the educational staff in educating the whole child with social and emotional proficiency. Social and emotional development (SED) concept was introduced to utilize the emotional information gathered, behaviors documented to facilitate positive social outcomes. The Social Emotional Development (SED) model includes four distinct factors: self-awareness, consideration of others, connection to others and impacting change (Seals, 2010).

The Social Emotional Development (SED) models the first factor of self-awareness is how you understand your own emotional state and the knowledge you have of it. Being about to assess your own strengths and limitations. If you can recognize your own preferences. The second factor of consideration of others is how you regard others and if they are able to know the consequences of their actions before thinking and acting. The third factor is the connection to others and how it is for them to develop meaningful relationships with others. The fourth factor is being able to impact change and their disposition to impact others through leadership and motivation. The Social Emotional Development (SED) purpose is to increase the social and emotional scope to be able to see emotional cues, the ability to process emotionally and to be

able to use their knowledge of emotions to acclimate to changes in their social environment (Seals, 2010).

### ***Social Emotional Learning (SEL)***

The American Psychological Association (APA, 2020) discusses what psychological science has reported. They state that social context, interpersonal relationship and the emotional well-being of a student is important when it comes to student outcomes. During the COVID-19 Pandemic, it was difficult for these concepts to be cultivated in children by their parents and caregivers. In addition, during the COVID-19 pandemic children were limited as to the involvement they had with their peers. This can contribute to their issues concerning their educational outcomes and with their learning and development.

Preschool is an opportunity for educational staff to help support their students in their social and emotional development. These are developmental years for preschool age students. This is a time where preschool students start to work on understanding and learning how to control their emotions, attention, and behaviors. These will prepare them for having the tools necessary to form positive relationships and to engage in learning appropriately. When a student has a deficit with these early social-emotional competencies it can impede how a child regulates their own emotions. It will affect their social behavior and hinder acquiring their school readiness skills. These deficits can develop mental health disorders for the child (Blewitt et al., 2018). “Children who can understand and regulate their emotions are able to show empathy, navigate social friendships, and develop prosocial relationships” (Blewitt et al., 2018).

There is an increased interest in early childhood education to improve children's health and educational outcomes by using a social and emotional learning (SEL) curriculum (Blewitt et al.,

2018). “SEL intervention in preschool targets an age when children are especially receptive to external guidance and support” (Blewitt et al., 2018). Academic achievement is not the only thing that is needed in the development of the whole child. Social-emotional learning is another area that needs to be addressed through the entire education of a student (Bierman et al., 2008). “Social-emotional learning (SEL) is the process of developing the self-awareness, self-control, and interpersonal skills that are vital for school, work, and life success” (*What is social-emotional learning? | committee for children, n.d.*).

Research by Kendziora and Yoder supports that an essential part of a child’s development is social and emotional skills. These skills are an integral part of a student having a successful educational career and becoming productive citizens in society. Research has found that districts who implement a SEL curriculum have improved their school climate, social and emotional skills, academic success and an increase in student attendance (Kendziora and Yoder, 2016). The social- emotional curriculum needs aligning with your curriculum development while providing professional development to the staff on teaching practices (Bierman et al., 2008).

School districts are finding out that social and emotional competencies are an important part of a student’s education (Kendziora & Yoder, 2016). (Durlak JA; Weissberg RP; Dymnicki AB; Taylor RD; Schellinger KB; 2011) When a school district implements a social emotional curriculum, they enhance the social and emotional competencies of their students, and improve negative behaviors through the school setting. They change the student’s outlook on school; there is a decrease in office referrals, violence and the use of illegal substances. All of this change helps improve the students overall academic performance.

Social skills teach students how to positively interact and engage with others. Preschool age children may not have the vocabulary to express their emotions. Emotional skills taught through a researched-based social emotional learning curriculum teach students how they should appropriately react to their own emotions and provide coping skills strategies to prevent negative behaviors. These social and emotional skills taught through SEL implementation consist of students being able to recognize their emotions while teaching the student how to manage their emotions. Showing students how to care about others, how to make friends, how to collaborate and effectively work with their peers. How to respect others from different cultures and diversity and teaching student's strategies to resolve conflicts, how to make positive choices, and how they are correctly handle challenging situations (Zins et al., 2007).

According to CASEL, (*What is social-emotional learning? | committee for children, n.d.*), Social-emotional learning (SEL), outcomes increase academic performance, lower bullying incident rates, school's dropout rates will decrease and build character within their students. If a school implements a SEL curriculum with fidelity, it can have a positive impact on the success of their students. The social-emotional skills as problem solving, self-regulation, impulse control and empathy can help improve classroom climates, reduce negative behaviors, which will in turn help improve overall academics in their schools. These skills will also help them in all areas of their lives. They will become good decision makers and will be able to use these skills well after they graduate from school.

A social emotional learning curriculum incorporates life skills lessons that teach students practical skills along with meeting the student's needs with social and emotional teaching techniques. Examples of life skills lessons targeted in the Overcoming Obstacles social



emotional curriculums are in these areas; communication, empathy, service learning and citizenship, conflict resolution, bullying prevention, problem solving, respect, goal setting, and confidence building (*What is overcoming obstacles?* 2022).

Substance Abuse and Mental Health Services Administration (SAMHSA) explains how stressors in a trauma students' life can cause them to become frustrated and angry. They may not have the ability to self-regulate and cannot put their emotions into words. When they become angry, aggression may be the only way they are able to express their feelings. The traumatic stress of a child and the impact it can have on children can be carried on well beyond childhood (Menschner, C., & Maul, A. (2016). The coping strategies of the social emotional learning curriculum can in time increase student engagement, decrease the amount of office referrals due to discipline and improve symptoms of trauma in at-risk students.

CASEL (*What is social-emotional learning? | committee for children, n.d.*), discusses that SEL curriculums can help students gain the foundation in order to cope with life and the skills learned from the curriculums can help them with their academics and social skills. CASEL states, (*What is social-emotional learning? | committee for children, n.d.*), "Children thrive. Schools win. Workplaces benefit. Society strengthens. All due to social-emotional learning."

Research by Kendziora and Yoder (2016) have found that implementing a SEL curriculum is an effective way to provide support to help improve the school climate and to provide a safe and healthy environment for their staff and students. The SEL curriculum also helps benefit the behavior management strategies and discipline policies of the school district.

Another study showed that when exposing children to a social and emotional learning strategy they significantly improved in social and emotional competence. They were more apt to be able

to self-regulate from their behavior. There was a decrease in their emotional and behavioral problems. There was an improvement in their learning outcomes. Children's social, emotional, and cognitive development are a critical part of the early childhood program. The findings of this study shows that social and emotional learning interventions for early childhood students benefit these students across all developmental domains (Blewitt et al., 2018).

### *Personal Interviews*

As part of my paper, I interviewed two colleagues about their responses to trauma, community partnerships and social emotional curriculums. Amanda Brantley is a school psychologist. She works closely with students in grades preschool through twelfth grade. Ms. Brantley is one of the few in the district who is qualified to perform a threat assessment on students. When talking about trauma, Ms. Brantley feels that trauma does play a role in academic outcomes in students. She stated that, "Trauma, especially chronic trauma, can decrease a person's ability to use executive functioning skills which can make it difficult to learn or be successful in school" (A. Brantley, personal communication, October 19,2022).

We spoke about our views on a social emotional curriculum in schools. Ms. Brantley said, "I think it is important to help all students understand what they are feeling, what others may be feeling, how best to navigate through these feelings and how to strengthen relationships. Therefore, schools need to start with preschool students and adopt a social-emotional curriculum so students can learn how to properly express themselves." Ms. Brantley went on to say that "I feel like mental health professionals are also paramount to a district's success" (A. Brantley, personal communication, October 19, 2022).

I asked Ms. Brantley if she felt there was still a stigma around mental health issues. She stated, “I think there is still a stigma around mental illness, but less so than in previous decades. I think some symptoms/issues can be normalized because we all experience them. Next the discussion can focus on what it looks like when someone begins to have issues beyond what most people experience. Then we can teach them how to respond to someone in a crisis” (A. Brantley, personal communication, October 19,2022). I asked her how citizens, communities, schools, etc. could help try to end the stigma surrounding mental illness? Ms. Brantley replied, “I don’t believe we will ever totally end the stigma surrounding mental illness. There will always be those who don’t think mental illness even exists. It is our responsibility to keep the conversations going about mental illness and emphasize it as being a medical condition” (A. Brantley, 2022).

We wrapped up the interview by discussing negative behaviors in students. The discussion led to me asking about how these negative behaviors can affect students and the school environment? Ms. Brantley stated that, “Negative behaviors do affect the individual student academically, but it can also have an effect on their peers’ education when these negative behaviors happen in the classroom and disrupt classroom learning” (A. Brantley, personal communication, October 19, 2022).

My second personal interview was with Jason Millikan, who is a preschool mental health counselor and does tele therapy along with on-site therapy for individuals, groups and families. When discussing trauma and Mr. Millikan’s feelings on what role trauma plays in academic outcomes for students he stated, “Trauma often leads to school avoidance and absenteeism leaving the most vulnerable students behind academically. Trauma also negatively impacts young people’s sense of self, making it difficult for those students to feel motivated, proud, and

engaged in their learning” (J. Millikan, personal communication, October 21, 2022). I asked if he thought trauma was more prevalent now than it used to be? He replied, “Yes and no. Trauma is talked about more so we used to not hear so much about it, but it was still there. We just also went through a pandemic and since then the rate of trauma is increasing. Our preschool students are coming in at age three with risk factors of trauma and it’s sad to see” (J. Millikan, 2022).

The conversation switched gears and we discussed the topic of a social-emotional learning (SEL) curriculum and Mr. Millikan's thoughts about schools adopting SEL curriculums were discussed. He talked about how he has experienced firsthand the positive impact a SEL curriculum has on preschool students. He said, “If it is successful with such young children, imagine how the older students could better benefit due to their grasping of the concepts of such a curriculum. An SEL curriculum can teach them so many things about themselves and others and how to navigate through their feelings in a positive way” (J. Millikan).

The question about how important does Mr. Millikan thinks it is for school districts to employ mental health counselors? He replied, “I feel it is dire for the school districts to seek qualified and licensed counselors to serve students daily. It cuts out referral processes when a counselor is readily available in the educational setting” (J. Millikan). This discussion went into talking about the stigma that surrounds mental health issues. I wanted to see what he thought when it came to how communities could reduce this stigma. His belief concerning the stigma around mental health can be reduced via a daily promotion of “brain health” and the continuation of advertising mental health needs (J. Millikan).

While we were talking about our communities’ responsibilities. We discussed how important it was for community partners to be a positive entity of the school environment. Mr. Millikan’s

thoughts were, “Community partnerships allow for projects and goals for students to survive” (J. Millikan).

Lastly the conversation shifted to behaviors of students caused by trauma. I asked him if he thought a student’s negative behaviors needed to be addressed before they can be successful in their academics? Mr. Millikan proceeded to answer with, “Yes and no. Some students can have behavior issues but do well academically. The root cause of the behavioral issues needs to be explored in any case. This is where an SEL curriculum could help address these issues and teach the students how to positively react to their emotions” (J. Millikan).

### ***Conclusion***

The title of this paper is *Trauma Will Not Discriminate*. It can happen to anyone like was shared by Lana Ingram-Gore previously in this paper, “Trauma does not discriminate, meaning it can happen to anyone. It doesn’t matter the financial status, race, gender, specific beliefs, or who the person is. Yes, we may be able to physically see it in some people, but there is so much we don’t see, because they hide it or try to pretend it didn’t happen” (2021) . This is where being able to identify risk factors in our students comes into play. Bartlett & Steber (2021) defined “Risk Factors as circumstances, characteristics, conditions, events, or traits at the individual, family, community or cultural level that may increase the likelihood a person will experience adversity.” Knowing how to identify these risk factors in young children, getting the necessary help for these students can deter emotional and behavioral responses, regression in developmental, behavior and functional skills (Bartlett & Steber, 2021).

There is a new focus on student accountability with the Every Students Succeeds Act, (ESSA). More demands are being put on staff and students to address “improve school

conditions for student learning.” It is time to focus on the whole child. Districts need to provide their staff and students with the proper resources along with support to ensure this is a possibility (Kendziora and Yoder, 2016). The CDC-Kaiser Ace Study (Centers for Disease Control and Prevention, 2021) proves the use of the Adverse Childhood Experiences (ACE) can ultimately help the educational staff get to know the students in order to help focus on the whole child. Adverse childhood experiences that lead to childhood trauma for example, abuse, neglect, violence, witnessing someone go through abuse, neglect or violent experience and knowing of a friend or family member that has either attempted suicide or completed suicide is something the educational staff need to be aware of in order to help students affected by these trauma.

The CDC-Kaiser ACE studies research of 61% of the adults who were surveyed experienced at least one adverse childhood experience before they reached the age of 18 is alarming and should put up a red flag in an area that is affecting our youth. The authors of Building Resilience in Students Impacted by Adverse Childhood Experiences a Whole-staff Approach (Romero et al., 2018), documented in their article, “Nearly half of all children have been exposed to at least one adverse childhood experience (ACE), such as poverty, divorce, neglect, homelessness, substance abuse, domestic violence, or parent incarceration. These students often enter school with behaviors that don’t blend well with the typical school environment.” The research by the Centers for Disease Control and Prevention and Romero, Robertson, Warner and Howard show the immediate need for a Trauma-Informed Care learning environment for students.

Shawn Ginwright’s article, The Future of Healing: Shifting from Trauma Informed Care to Healing as mentioned previously in this paper shows research-based practices that have been implemented in a hospital setting can also be implemented in the classrooms (Ginwright, 2018). So going back to the Every Student Succeeds Act (ESSA) saying it is time to focus on the whole

child (Kendziora and Yoder, 2016). Ginwright's research also supports the idea of trauma informed care by stating, "Trauma-informed care encourages support and treatment to the whole person, rather than focus on only treating individual symptoms or specific behaviors" (Ginwright, 2018).

Martha L. Minow agreed with schools being one of the biggest entities for communities who provide community based mental health needs inside of their schools. She believes that incorporating trauma-informed strategies into the school can be a positive way to focus on the many needs of trauma students and their families to also help support their long-time recovery. Focusing on helping traumatized children learn is a major milestone in child advocacy. Minow based her opinion from brain research, child development and actual classrooms. She believes incorporating trauma-informed strategies into our schools will be a road map for parents, schools, administrators, and policymakers that gives us concrete and feasible steps for making our school the children's life raft. (Minow, 2020).

Walkley & Cox talk about the commitment that schools must make in order to become a trauma-informed school. They describe how the staff need to have buy-in for a trauma-informed school to achieve success. All entities involved need to know the effects of trauma on child development and what intervention strategies are effective in helping with the healing process of the children (2013).

The trauma-informed care approach shifts the focus of the school from "What's wrong with you?" to "What Happened to you?" This is done by showing empathy and recognizing the past and current traumatic experiences of its students (Menschner & Maul, 2016). Trauma-informed schools also have to improve on their communication skills in order to practice empathetic

listening in order to make connections and build that empathetic bridge with their students. Administration is responsible for providing the continued support to their staff and the encouragement they need to have supportive relationships to decrease the high rate of burnout among their staff (Millstein, 2002). Philo of Alexandria was quoted previously, “Be kind, for everyone you meet is carrying a great burden” (Millstein, 2002).

“Interpersonal relationships and communication are critical to both the teaching and learning process and the social-emotional development of students” (APA, May 2020). The affect the COVID-19 pandemic had on some of our students in the areas of social context, interpersonal relationships and their emotional well-being support the effort of social emotional-learning (APA, May 2020). .

Some of their parent’s and caregivers were not equipped to teach these skills. Peer interaction also affected the emotional well-being of these students. All of this can have an effect on their educational outcomes and cognitive development of the students (APA, May 2020).

“Although social and emotional learning (SEL) plays important roles in influencing nonacademic outcomes, SEL also has a critical role in improving children’s academic performance and lifelong learning” (Zins et al., 2007). SEL can be the link to improving school outcomes by improving behaviors and academic performance. Schools are social pools where students learn through collaboration with their teachers, peers and the bridge between school and families (Zins et al., 2007).

When we address the development of the whole child, academic achievement is not the only thing that plays a part in that (Bierman et al., 2008). Social-emotional learning (SEL) will develop self-awareness, self-control, and interpersonal skills. These social competencies are vital for school, work and life success (What is social-emotional learning? | committee for children,



n.d.). Kendziora and Yoder's research supports that social and emotional skills are an essential part of a child's development. They have concluded through their research these social emotional skills are a part of a student having a successful educational career and becoming productive citizens in our society (Kendziora and Yoder, 2016).

Students being able to show how they care for others, how to make friends, how to collaborate and effectively work with their peers are all social and emotional skills being taught through a social-emotional learning curriculum. They are also learning how to respect others from different cultures and diversities. Students are learning how to resolve conflicts, making positive choices, and learning how to handle challenging situations in the correct way (Zins et al., 2007).

The article *SEL in Communities*, CASEL, (2021) research on Social-emotional learning outcomes show an increase in academic performance, lowering the rate of bullying incidents, and a decrease in the school dropout rates. All of this has a positive impact on the success of their students with the school implementing a social-emotional learning curriculum with fidelity. The skills they learn from this type of curriculum will be used well after they graduate. This helps children thrive, schools win, workplaces benefit, and our society strengthens because the schools implement the social-emotional learning curriculum.

In the personal interviews with professionals in the fields that deal directly with the trauma of children. Both Jason and Amanda felt that trauma does play a part in the academic outcomes of students. Amanda discussed the trauma can affect the executive functioning skills of a student and can lead to difficulty in learning. Jason expressed that trauma could affect a student's absenteeism and school avoidance which both can lead to academic failure.

When discussing their thoughts about the importance of a social emotional curriculum in school. They both had nothing but positive comments. Amanda focused on how important it is for students to be able to know what they are feeling and what others are feeling and how to navigate through those feelings. Jason spoke about how positive social emotional learning has been with his students. He believes that this type of curriculum can help students learn so much about themselves (Personal Interviews).

From all the journal articles I have read containing research on trauma informed care and social emotional learning. It leads me to believe that schools, families and communities can only benefit from a trauma informed approach to their school systems. Recognizing that trauma does not discriminate and educating all entities involved in looking for risk factors of trauma can only be a positive way to end the stigma surrounding mental illness and addictions.

Trauma-Informed schools can offer students with a safe learning environment where students not only feel safe but also feel welcomed. These schools focus on their school climate, culture and ending the stigma associated with mental illness. Students will now be able to feel comfortable to speak their truths.

An evidence-based program created by Laura McArthur, PhD, LP called the HEARTS program services the whole school. The HEARTS program is an intervention and prevention program that assists school districts create a trauma-informed school that is safe and supports its staff. This program helps connect students, teachers, parents and caregivers to their own resilience through consultation and mental health services (APA, 2019).

Incorporating a social-emotional learning curriculum into a trauma informed school gives students the knowledge they need to learn how to express themselves. They will now have the

tools and strategies to deal with their negative experiences in a positive way. This will reduce the number of risky behaviors in their schools. When these risky behaviors are reduced it helps to decrease the rapid burn out rate of their educational staff.

The studies presented in the body of this paper show the dire need for a social emotional curriculum (SEL) in our preschool centers due to it being the developmental years for this age group of students. This is when preschoolers start work on learning how to control their emotions and behaviors. A social emotional curriculum (SEL) will give students the strategies needed to form positive relationships and appropriate engagement in learning. Students who have deficits in early social emotional competencies can hinder how the students are able to regulate their emotions. All of this can be a reason that a student is not successful in their school readiness skills (Blewitt et al., 2018).

Research by Kendziora and Yoder supports that an essential part of a child's development is social and emotional skills. These skills are an integral part of a student having a successful educational career and becoming productive citizens in society. Research has found that districts who implement a SEL curriculum have improved their school climate, social and emotional skills, academic success and an increase in student attendance (Kendziora and Yoder, 2016). The social- emotional curriculum should be aligned with your curriculum development while providing professional development to the staff on teaching practices (Bierman et al., 2008).

Reflecting Aristotle's long-ago observation that "educating the mind without educating the heart is no education at all," self-regulatory and social-emotional competencies must be brought to the table to nurture children to become educated and personally responsible citizens—

hallmarks of true success in education” (Liew, 2011). Aristotle went on to write, “angry with the right person, to the right degree, at the right time, for the right purpose, and the right way are at an advantage in any domain of life” (Seal, 2010).

The research that has been provided in this paper supports the need for assistance to trauma children. This can be provided through a trauma-informed care approach to learning. Teaching our educational staff to be able to look through a trauma lens when needed while working with a student. Giving them the knowledge to look for and identify the risk factors of trauma when the children try to hide it. A trauma-informed school gives a student a safe environment with tools to help them grow into a successful member of society.

Professional development opportunities that are relevant to the success of a trauma informed school are imperative to the learning outcomes of these students. Administrative support for their staff to reduce the number of educators feeling overwhelmed and potentially reaching the point of burnout is necessary to keep your team supportive and engaged in the mission of the school. Training the staff on compassion fatigue. “Compassion fatigue occurs when psychologists or others take on the suffering of patients who have experienced extreme stress or trauma, explains Charles R. Figley, PhD, founder of the Traumatology Institute at Tulane University. It is an occupational hazard of “any professionals who use their emotions, their heart,” he says, and represents the psychological cost of healing others. “It’s like a dark cloud that hangs over your head, goes wherever you go and invades your thoughts,” he says (Clay, 2020). This is a reason why self-care opportunities for staff are so important and it will alleviate tension between administrators and staff.

Social emotional learning (SEL) is warranted for the success of students who have been affected by a trauma experience. Students, families, and communities need the tools and strategies to assist in the success of our schools and the emotional, behavioral and academic outcomes for our students. A student who is not equipped to handle their emotions and behavior in a positive manner is on the road to cross the bridge to incarceration opposed to crossing the bridge of a successful student who has the tools to be a successful adult.

The earlier a school starts their social emotional curriculum the sooner you get the tools into the hands of those who have no clue why they are having all these difficulties. What they are living in is their normal and they don't know any other way. It is the family, school and communities responsibility to step up and give them the necessary strategies to help correct the negativity they feel from everyone around them.

Communities need to bring in resources to help families dealing with trauma, mental illness and addictions. Community resources help meet the needs of individuals or families. Resources provided by communities are essential to help individuals or families receive assistance. Community resources can be the reason for building more resilient individuals and communities (Marty-Jimenez, 2018).

Adults, children and families all need a place to go when they need assistance with their trauma experiences. Children need safe places they can hang out at within their community. Communities need to help end the stigma that is associated with trauma, mental illness and addictions. Language needs to be changed when talking about all of these so individuals can get the assistance, they need without all the negativity and labeling from others.

Trauma, mental illness, and addiction is not going away. We can't shove it in a drawer and think it will never resurface. We all are responsible for helping to save the lives of our youth. We are all responsible to make sure they get the education they need to be successful. Come on people we all need to do better!

I will leave you with a quote, "*When we give cheerfully and accept gratefully, everyone is blessed.*" — Maya Angelou

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