

School of Graduate Studies  
Bemidji State University  
1500 Birchmont Dr NE, #48  
Bemidji, MN 56601-2699  
218-755-2027

TRAUMA INFORMED TEACHING: A REFERENCE MANUAL

by

Jessica Bernand

A Project and Presentation Submitted to the Faculty of the  
DEPARTMENT OF PROFESSIONAL EDUCATION

In Partial Fulfillment of the Requirements  
For the Degree of

MASTER OF SPECIAL EDUCATION

BEMIDJI STATE UNIVERSITY  
Bemidji, Minnesota, USA

December 2022

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## TRAUMA INFORMED TEACHING: A REFERENCE MANUAL

Jessica Bernand

**Abstract:** As violence, behavioral outbursts, and truancy continues to rise in classrooms across our state and nation, educators struggle to find ways to engage and connect with their students. Teachers and support staff realize that what is happening to their students outside of school is having an impact on their ability to learn. They are learning that the resulting trauma can have an impact on their students' ability to learn and if this trauma is left untreated or unresolved, it can lead to more serious issues. Knowing this, teachers are looking for a trauma informed method to work with students. For this applied capstone, I researched methods currently being used in classrooms, with a focus on the importance of using the classroom as a place not only for learning but for healing. With this applied capstone I intend to provide teachers with an informative reference manual that both veteran and new teachers can use to equip themselves with a foundation of Trauma Informed Teaching.

**Keywords:** trauma informed teaching, trauma, pedagogy, teacher educators, behavior modification, classroom, professional development.

## ACKNOWLEDGMENTS

I would like to thank my daughters (Julia, Madison, and Mariah) and my husband (Bill) for all of their support. Without their encouragement and love, this capstone would not have been possible. I would also like to thank my mentor/professor Dr. Margaret Lubke for her continued support and kind words through my journey into becoming a teacher. I would like to thank my team of colleagues who have become my school family, without their support I would have left the profession entirely. Lastly, I would like to thank all of my SPED students. Their daily struggle to be loved and accepted has given me the fire I need to continue to advocate for them and all future students struggling with adversity.

## TABLE OF CONTENTS

<b>Chapter</b>	<b>Page</b>
<b>1. Introduction</b>	
<b>Statement of the Problem</b> .....	4
<b>Statement of Intent</b> .....	5
<b>Significance of the Applied Capstone Project</b> .....	5
<b>Methodology for Conducting Review of the Literature</b> .....	5
<b>Limitations and Assumptions</b> .....	6
<b>Definition of Terms</b> .....	6
<b>Summary Statement</b> .....	7
<b>2. Review of the Literature</b>	
<b>Introduction</b> .....	8
<b>Basic human needs and development</b> .....	9
<b>Trauma</b> .....	10
<b>Impact of trauma on students</b> .....	12
<b>Impact of trauma on staff</b> .....	13
<b>Trauma informed teaching</b> .....	13
<b>Summary Statement</b> .....	17
<b>3. Method</b>	
<b>Connecting the review of the literature to the problem</b> .....	19
<b>Methodology for completing the project</b> .....	20
<b>Evaluation of quality of the project</b> .....	20
<b>Presentation of the project</b> .....	21
<b>Summary Statement</b> .....	21
<b>4. The Applied Capstone Project</b> .....	22
<b>5. Conclusion</b> .....	23
<b>References</b> .....	i

## Chapter 1: Introduction

Trauma is defined by the American Psychological Association (APA) as “an emotional response to a terrible event like an accident, rape, or natural disaster” (Leonard, 2020, p. 2) There are different types of traumas including: acute, chronic, complex, and vicarious (Leonard, 2020). Trauma manifests and affects adults and children in different ways. A person who is struggling with trauma may be quiet, withdrawn, apathetic. They may also be angry, hostile, and violent. Because there are a number of different responses and levels of trauma, it is difficult to ‘pinpoint’ one exact way to work with or help someone who is experiencing trauma. Thus, it can be difficult for caregivers, especially teachers, to work with people who experience trauma. It also brings up questions such as- ‘Who’s job is it to deal with this?’ and ‘How am I supposed to know what to do, I’m a teacher not a therapist?’

So, whose job, is it? Educators are tasked with an enormous number of responsibilities such as grading, curriculum writing/reviewing, pedagogy, and administering tests. Special educators are also tasked with writing evaluations, Individual Education Plans (IEPs), as well as other procedures to stay compliant with special education laws. Our jobs are already daunting enough so to add one more thing to our list seems unfair- after all, there are only 8 hours in the workday. How are we supposed to deal with our student’s emotional state of mind? Many of us don’t know anything about, or have very limited knowledge about how to care for someone experiencing trauma- what are we supposed to do?

The question is if we don’t deal with the trauma, then who will? Minahan (2019) states, “up to two-thirds of U.S. children have experienced at least one type of serious

childhood trauma, such as abuse, neglect, natural disaster, and experiencing or witnessing violence. Trauma is possibly the largest public health issue facing our children today.”

With many schools returning to a traditional schedule post COVID-19, students are spending one-third of their day in the classroom (Paiva, 2019). In a study conducted by the 2022 KIDS COUNT Data Book, “revealed that about 1.5 million children in the U.S. experienced depression or anxiety throughout the first year of the pandemic” (Schnell, 2022). Additional studies showed “Educators have been forced to play an outsized role in supporting and responding to students’ mental health needs, leading to increased depression and trauma among educators, their students, and the families and the community. However, our schools do not have the specialized staff necessary to respond to the increased prevalence and complexity of students’ mental health needs” (Schnell, 2022). Because of this, it was determined that additional support was needed. In September 2022, “the bill, titled the Mental Health Matters Act, a bill that seeks to address mental health concerns among students, families and educators aggravated by the COVID-19 pandemic, which lawmakers say had a “severe impact” on those three groups” was passed (Schnell, 2022). This just further supported the need for assistance in addressing mental health.

In 2018 I started teaching in a Level 4 Special Education Cooperative. Students I worked with faced issues such as homelessness, hunger, poverty, domestic abuse, drug addiction, incarceration (themselves or family members) and teen pregnancy. These students frequently slept in class, exhibited extreme behaviors, and just did not ‘care’ about their education. Quite honestly, they were only concerned about survival. These students were ‘given up on’ and shipped out to my school. In this Level 4 setting, all

students had a mental health diagnosis, and all exhibited behaviors that were significant enough to be removed from the general education setting. A Level 4 setting is the most restrictive, but for these students it was the least restrictive environment. As a result, these students became isolated from the main population of students, lumped all together in one school, and many of them had very similar, disruptive behaviors. All of them were deemed ‘unteachable’, ‘uncaring’, and ‘unmanageable’.

The teachers I observed working with these students had very low expectations and did little to try to engage with them. When I asked why, answers varied from ‘they don’t care so why bother’ or ‘I’ve tried before but nothing works.’ I sat in on meetings where staff complained that parents/caregivers were not helpful or refused to return calls. I asked staff if they knew what was going on with these kids in their homes and the response I got was, “well nothing good probably, they are probably doing drugs or gang banging.” It was then that I knew something had to be done.

Sitting down with these kids, I learned that no one had ever taken the time to get to know them. The only thing these students were to their previous teachers was another IEP student with negative behaviors and poor test scores. However, all of them had one thing in common, they had goals and dreams. Similarly, all of them were struggling with complex trauma and most of them at one point in their lives, had experienced acute trauma. These were kids, ages 13-18, who were now dealing with some very grown-up issues. “Early-age stressors and the absence of healthy parental-child relationships can be influential during sensitive periods of growth and brain development and may lead to significant changes to its anatomy” (Paiva, 2019, p. 1). Not having anyone in their lives who they could trust, taught them to be protective of themselves. This ‘protection’ was

showing up in classrooms as negative behaviors for which teachers sent them out of the classrooms and into detention rooms. This furthered the trauma and contributed to academic gaps.

Although I was able to see the warning signs and was able to connect with my students, many other students went unheard and continued to be misjudged. I came to believe that if educators had a reference manual to provide them with guidance and knowledge on trauma, how it impacts their students' and their lives, then they might be able to design and run a more harmonious and productive classrooms. This is the reason I chose to put together a reference manual for teachers on, *Trauma Informed Teaching* as my applied capstone project.

### **Statement of the Problem**

Teachers are heading into the classroom everyday not knowing what they will be facing or what their day is going to look like. The one thing that is certain is that they will be facing some sort of trauma. Although teachers are on the front lines, they are not being given enough resources or training to overcome the barriers that trauma is placing between them and their students. "Schools have historically placed mental health concerns in the hands of school counselors and social workers for students, without providing commensurate resources for teachers" (Miller & Flint-Stipp, 2019, p. 3).

With teachers having to take on more trauma and mental health issues with their students, they are at risk for secondary trauma. Studies suggest that 50% of helping professionals, including teachers, are at high risk of secondary trauma." (Miller & Flint-Stipp, 2019, p.3). Secondary trauma can compromise one's personal health and ability to

perform day to day activities. Providing mental health services and additional resources, enables a teacher to continue to support their students as well as themselves.

### **Statement of Intent**

My goal for my applied capstone project is to produce a reference manual for educators on trauma informed teaching. I intend to provide such information as the definition, examples, and symptoms of trauma. I will also provide strategies on how to connect with students and build a more trauma informed classroom.

### **Significance of the Applied Capstone Project**

The COVID-19 pandemic has really impacted students and their learning. It has also impacted the way in which educators are engaging students in the classroom. Now more than ever, trauma is affecting and dictating a majority of peoples' lives. In 2020, the learning of 55 million U.S K-12 students was disrupted by school closings brought on by COVID-19 (Crosby, Howell, & Thomas, 2020, p. 2). Fast forward to, Fall, 2022, and we are just beginning to return to school full time and with mask mandates being lifted. It is important to acknowledge the fact that we all collectively experienced trauma and that we all (teachers and students) need support to recover. Easing back into what was once considered 'normal' is going to take time. By having resources available, such as my applied capstone project, I believe that the transition back into the classroom may be less traumatic.

### **Methodology of Conducting the Review of the Literature**

For my literary resources I will be using the ERIC journal database, PubMed central journal database, Medical News Today online medical newsletter, ASCD educator peer reviewed resource website and NAMI (National Alliance on Mental Illness)

resource website. The descriptor words and phrases I will use will include: “trauma, trauma informed teaching, trauma informed teaching strategies, and trauma informed classrooms.” References I include will be chosen if they can provide me with background information and recommendations on trauma, trauma informed teaching, and strategies on trauma informed teaching in the classroom. I will limit my findings to those less than five years old in order that my subject matter is relevant. Questions I will address include: “what is trauma, how does trauma affect students and their learning, how does trauma impact teachers, and what are some strategies being used in classrooms?”

### **Limitations and Assumptions**

In order to keep my applied capstone project manageable, I will be limiting my reference manual to working with students in grades 5-12. For this project, I will also focus on providing a reference manual for special educators and not general educators. Also, I will also be working with my peers in the Level 4 setting as this is where I see the greatest need for this resource on a daily basis.

I assume that teachers will be willing to use this reference. I assume that at least 50% of the students will be receptive to the strategies provided in the manual. I assume that students will be present in their perspective classrooms at least 50% of the time in order to start seeing a change. Another assumption is that teachers will be willing to use this reference.

### **Definition of Terms**

*Acute Trauma:* Trauma that results from a single stressful or dangerous event (Leonard, 2020, p. 3).

*Chronic Trauma:* Trauma that results from repeated and prolonged exposure to highly stressful events. Examples include cases of child abuse, bullying, or domestic violence.

(Leonard, 2020, p. 3).

*Complex Trauma:* Trauma that results from exposure to multiple traumatic events

(Leonard, 2020, p. 3).

*Secondary Trauma:* Trauma that results from close contact with someone who has experienced a traumatic event. (Leonard, 2020, p. 3).

### **Summary Statement**

In conclusion, trauma is threatening to prevent students from learning and educators from providing the best education that they can give. By providing educators with a guide on trauma informed teaching, my goal is to arm these educators with the knowledge and strategies needed to reach their students. Feeling empowered, I also hope that educators using this manual will struggle less with secondary trauma and stop seeing the students as adversarial. I will locate my literature using journal data bases and peer reviewed websites. I will make sure that they are less than five years old in order to provide relevance.

## Chapter 2: Review of the Literature

As educators, we are bombarded by a number of things daily. We are expected to learn acronyms such as SPED (special education), EBD (emotional behavioral disorder), ASD (autism spectrum disorder), MCA (Minnesota comprehensive assessment), MTAS (Minnesota test of academic skills), etc. We have to follow state standards and make sure students reach those standards in all subjects. We must plan lessons and find ways to reach and captivate our students' attention and engage in learning. On top of all of these responsibilities, we have requirements by the state and our local districts to maintain licensure, professional development, and ensure safety for students and staff. We are sent to professional conferences, given books to read, and expected to attend a predetermined number of professional development meetings during a school year. Suffice to say a teacher's plate is always full.

With all that we have going on, there is nothing more frustrating than when things continually change. Over the four years I've been a teacher, our district has changed the policy for handling restrictive procedures and seclusions twice. We have also had five changes on how we are to run our classrooms. We've been told to be culturally inclusive, and student centered but then given little background on how to do this or what these concepts mean. Personally, I have felt that each new school year we start using the newest 'fad'. It can be extremely daunting and frustrating and it's no wonder that most educators are apathetic to the newest trends in how they should be running their individual classrooms.

Unfortunately, this apathy and this frustration can begin to manifest within the classroom. Although not always on purpose, educators can become stuck in old ways

and unwilling to grow and change. As our society changes, so do the needs of our students. We must be willing to grow and learn effective ways to meet these needs and challenges. This responsibility falls on us and there will be times where we are going to have to ‘weed’ through what’s a fad and what can be really valuable. The point is not to become ‘stuck’ in our old ways and just give up. It is for these reasons that I have chosen to develop a resource manual on trauma informed teaching for my applied capstone project. It is my intention to provide an evidence based and informative resource for educators to use in order to enhance and evolve their practice. By offering background information, examples of how trauma informed practices and strategies are implemented, my goal is to set educators on the path to enhance their practice and to expand what they are already doing.

### **Basic human needs and development**

Humans are complex. We are more than just our primal needs of eating, sleeping, and breathing. We are emotional, cognitive, and behavioral beings. As we continue to evolve, so do our needs. Research and studies continue to emerge regarding the importance of meeting our psychological needs. Beginning as early as 1943, studies began showing that in order for humans to be considered ‘whole’ needs beyond physiological must be met. Abraham Maslow developed his hierarchy levels of human needs which included: physiological, psychological, and self-fulfillment (Kendrick, Griskevicius, Neuberg, & Schaller, 2010). In Maslow’s time, this was revolutionary because it proved that in order for humans to be their ‘best selves’ they needed to progress through the levels at a healthy pace. In a recent study conducted by Kendrick, Griskevicius, Neuberg, & Schaller in 2010, they revisited Maslow’s hierarchy of needs

and determined that human motives are not only determined by internal factors, but are also influenced by external factors (Kendrick, Griskevicius, Neuberg, & Schaller, 2010). This is important to know and remember because what is happening to us in our homes, in our communities, in our schools can impact how we develop. If we have negative experiences or trauma, it can affect who we are or become.

## **Trauma**

Trauma is defined by the American Psychological Association as “an emotional response to a terrible event like an accident, rape, or natural disaster” (Leonard, 2020,p.2). Responses to trauma vary from being highly stressed or extremely withdrawn. Not everyone may be impacted by trauma and thus, never develop symptoms. Others may develop symptoms immediately. Yet still, some may develop symptoms over the course of days, weeks, and even years. The most important thing to remember is that no two people experience trauma in exactly the same way (Leonard, 2020, p. 2).

Someone who has been traumatized can feel a number of emotions such as feeling overwhelmed, helpless, shocked, or having one or more of the difficulty processing their emotions (Leonard, 2020). They may also experience fear, guilt, denial, shame, anxiety, irritability, and difficulty concentrating. Trauma may also manifest in the following physical responses: headaches, digestive symptoms, fatigue, and feeling jumpy.

Trauma can be caused by a number of things. In North America alone, “research estimates 60-75% of people have experienced a traumatic event in their life” (Leonard, 2020, p.5). Traumatic events can be isolated or repeated and include: bullying, harassment, sexual assault or abuse, life threatening illnesses, sudden loss of a loved one, being physically attacked, pandemics, natural disasters, and war (Leonard, 2020).

Trauma can also ‘leave marks’ and have “long-term effects on the person’s well-being” (Leonard, 2020, p.2). If left untreated and unresolved, trauma can develop into “a mental health disorder called post-traumatic stress disorder (PTSD)” (Leonard, 2020, p.5).

PTSD can result when “symptoms of trauma persist or get worse in the weeks and months following a stressful event. PTSD is distressing and interferes with a person’s daily life and relationships” (Leonard, 2020, p.6). Not having support, suffering an injury or physical pain due to the trauma, and experiencing previous trauma can be risk factors for developing PTSD (Leonard, 2020, p.6).

On a much larger scale, trauma can result from global events such as war, famine, natural disaster, and health crises such as COVID-19 (Crosby, Howell, & Thomas, 2020). This kind of trauma is called “collective trauma” and “occurs when a traumatic event impacts an entire community or society, having a communal impact and creating a shared memory of the events (Crosby, Howell, & Thomas, 2020, p. 2). This trauma is known to have a lasting impact and changing the thoughts of young people who struggle with, “both real and imagined fears about their own health, the health of loved ones, and their own mortality and that of their loved ones” (Crosby, Howell, & Thomas, 2020, p. 2). This trauma can lead to “disruption in the development of adaptive behaviors and a sense of physical and social safety” (Crosby, Howell, & Thomas, 2020, p. 2). This trauma, if left unresolved, can impact future generations and their abilities to navigate potential threats.

## **Impact of trauma on Students**

According to Leonard (2020), “Research indicates that children are especially vulnerable to trauma because their brains are still developing” (p.7). During intense states of stress, children’s bodies “release hormones related to their stress and fear” (Leonard, 2020, p.7). Long term exposure to stress and trauma can affect brain development and impact mental health, physical health, and behavior (Leonard, 2020, p.7). Children may display signs of helplessness, withdraw, display aggression, or exhibit signs of apathy. Although children may be exhibiting outward signs of traumas, inside they are also being affected. “Childhood trauma leaves its marks on the brain with unseen scars.” (R. B.-Banks & Meyer, 2017, p.63). In a survey conducted in 2011-12 by the National Survey of Children’s Health, in the US 35 million children are living with emotional and psychological trauma (R. B.-Banks & Meyer, 2017). This trauma is impacting their ability to learn and increasing their needs for altered learning processes and increased mental health services. It is also affecting their neurodevelopment and neuroprocessing which can also impact emotional regulation, school attendance and academic performance (Paiva, 2019).

Sitting down with my students, I learned that no one had ever taken the time to get to know them. The only thing these students were was an IEP with negative behaviors and poor test scores. At one point, all of them had goals and dreams. Similarly, all of them were struggling with complex trauma and at one point in their lives, had experienced acute trauma. These were students, ages 13-18, who now dealing with some very grown-up issues. “Early-age stressors and the absence of healthy parental-child relationships can be influential during sensitive periods of growth and brain

development and may lead to significant changes to its anatomy” (Paiva, 2019, p. 1). Not having anyone in their lives who they could trust, led to them needing to be protective of themselves. This ‘protection’ led to the demonstration of negative behaviors and in response, teachers sent them out of the classrooms and into detention rooms. This furthered the trauma and resulted in academic gaps.

### **Impact of trauma on staff**

Secondary trauma, or vicarious trauma, is a form of trauma that develops when family members, mental health professionals, and other care givers are in close contact with someone who is experiencing or has experienced trauma (Leonard, 2020). When educators or other professionals are working with students who are traumatized the risk of them being affected by trauma themselves increases. Seeing their students struggling, hearing stories of what they are enduring, knowing what they are living through can impact the emotional and physical well-being of the educator. Educators can then be impacted by compassion fatigue and ultimately burnout (King & Wheeler, 2019). Many educators are unable to find ways to promote self-care and will leave the profession entirely. For those educators that are unfamiliar with trauma and are only experiencing high levels of behaviors or apathy in the classroom they begin to feel angered, frustrated, and hopeless. They too experience burnout and may also leave the profession entirely. Either scenario does not provide an optimal learning experience for the student or positive environment for the educator.

### **Trauma informed teaching**

Trauma informed teaching “starts with an understanding of how trauma can impact learning and behavior” (Kaufman, 2022, p.3). By viewing behaviors as a form of

communication, educators learn that their students are actually trying to tell them something is wrong rather than just being defiant. An educator can then adjust their teaching practices and find a way to meet their students where they are at in order to support the learning process.

Trauma informed teaching increases awareness, support, and consistency. It does not aim to ‘fix’ a student, rather, fosters a sense of belonging for the student (Portell, 2019). It encourages providing safe and positive relationships while helping to heal and alleviate the potential negative impacts of trauma. It provides consistency and stability without being punitive and continuing to contribute to the trauma.

One-way educators can begin to deploy trauma informed strategies in the classroom is to expect the unexpected (Minahan, 2019, p. 4). Educators need to begin to understand that behaviors are a form of communication. It is important to take a moment to understand why a student is ‘acting out’ rather than taking it personally. Step back and take a moment to assess what potential changes that could have occurred to disrupt the student, what may or may not have happened the night before at home, what may or may not have happened on the way to school, that could have potentially caused dysregulation in the student. If a student is experiencing a heightened sense of emotion, anything could be a trigger and result in an explosive altercation. Approach the student with empathy and a calm demeanor. This will in turn provide the student with a sense of safety and alleviate the tension that can be experienced by both student and educator.

“Neurobiologically, students can’t learn if they don’t feel safe, known, and cared for within their schools” (Minahan, 2019).

Another strategy for trauma informed teaching is to “employ thoughtful interactions” (Minahan, 2019, p. 5). More often than not the traumatized student is a defiant student. Behaviors and attitudes can interfere with learning and can be frustrating to teachers. Traumatized students are expecting to be judged or criticized. They often engage in power and control interactions in order to gain a sense of control over their surroundings. This can be incredibly frustrating, and a natural response could be to assert our position of power as the educator on the student. However, these students are craving support and can learn from someone exhibiting the desired behavior. By continuing to provide support, safety, and routine these students will often thrive.

Building meaningful and trusting relationships can also provide a strong support for traumatized students. Using the “two by ten rule (talking to a student for 2 minutes a day for 10 days in a row about topics unrelated to academics or behavior)” can be an incredibly effective trust-building strategy (Minahan, 2019, p. 6). Using this technique can increase positive interactions for students and educators and lead to a dysregulated student being able to identify you as a trusted adult and seek you for assistance during a time of frustration rather than having disruptive behaviors.

Traumatized students can be overwhelmed and feel unsafe by having too many changes or disruptions to their day. Not knowing what to expect or being on the ‘edge of their seat’ about what’s coming next can lead to maladaptive behaviors. Providing students, especially traumatized students, with predictability and consistency can alleviate their feelings of being on “high alert” (Minahan, 2019, p. 6). Having visual schedules or a written class agenda/school day is an effective method to provide this consistency.

Teaching traumatized students to replace negative behaviors with positive behaviors is also an effective way of bringing trauma informed teaching into the classroom. “Traumatized students often engage in inaccurate thinking, tending to focus on the negative” (Minahan, 2019, p. 10). They also engage in self-defeating thoughts. By using the “switch the channel” strategy teachers can have students take a ‘thought break’ and refrain from continuing to allow the negative thoughts to cause anxiety (Minahan, 2019, p. 11). This “cognitive distraction” allows the student to focus on something that makes them happy until they are calm and can work through their frustrations in a less heightened state allowing them to fully understand what they are feeling and the ability to make a lasting change (Minahan, 2019, p. 11).

Focusing on supportive feedback also alleviates the hyper fixation on negative thoughts and allows the traumatized child an opportunity to feel safe and good about themselves. Even the most innocent negative criticism to a traumatized child such as “please correct this first problem may sound like the teacher told them they were stupid” (Minahan, 2019, p. 11).

Another effective strategy for trauma informed teaching is limiting exclusionary practices (Minahan, 2019, p. 13). Traumatized students already feel unsafe, inferior and any other number of negative feelings. By ignoring them, removing them from the classroom, or calling them out in front of their peers, we are inadvertently triggering these students who may struggle with abandonment or neglect (Minahan, 2019, p. 13). Instead of excluding the student, approach the student with empathy and compassion. Using statements such as “I am sorry your upset or I see that you are angry” you will more often than not elicit a calmer response from the student (Minahan, 2019, p. 14). If

the student has a preferred adult, they feel safer with, prompt the student with a possible lunch date with this adult as an incentive to promote desired behavior (Minahan, 2019, p. 14).

The most important strategy of all is to promote safety. A student will not learn unless they feel safe (Minahan, 2019, p. 14). Although we cannot undo or change the trauma in our students' lives, we can provide support and safety. We can turn our classrooms into a nurturing environment where these kids can "feel comfortable, take risks, learn, and even heal" (Minahan, 2019, p. 14).

### **Summary Statement**

Research has proven that trauma can be debilitating and overwhelming. It can manifest emotionally or physically. No two people experience it the same way and so it is difficult to have a 'one size fits all' way to cope or work with it. As society continues to evolve, so do the needs of our students and educators. Even though we may not feel that it is 'our job' to work with mental health concerns, it is important that as educators we continually learn and find ways to grow in our profession. With my applied capstone project, I intend to provide a reference manual for which my colleagues can use during times of difficulty. Within it, they will find information such as what trauma is, how it impacts staff and students, and what trauma informed teaching is. We are learning quickly that trauma is entering our classrooms and disrupting our ability to teach and our students' ability to learn. In order to continue to meet the needs of our students, we need to start looking at ways in which we can support our students. I intend on developing my applied capstone project as a resource that my fellow educators can use to make these necessary changes. By incorporating trauma informed teaching practices into our

classrooms, we can do more to help our students heal. We can also preserve our own health and continue to be there for students for years to come.

### **Chapter 3: Method**

Trauma is debilitating and can have long-term effects on the person's well-being (Leonard, 2020, p. 2). Trauma can rewire your brain and throw you into a constant state of negative thinking. Trauma manifests and affects people in different ways and can be hard to identify. A person who is struggling with trauma may be quiet, withdrawn, and apathetic. They may also be angry, hostile, and violent. These behaviors can be constant and extremely frustrating. For educators, who already have so many responsibilities, this can be incredibly overwhelming. Not knowing how to navigate these behaviors, maintain classroom management, and support these students can become an incredibly daunting task. Feeling hopeless, educators may then begin suffering trauma themselves. They could also inadvertently cause more trauma to the student.

By becoming aware of the signs of trauma and learning how to implement strategies to help traumatized students, educators can begin helping these students heal. They also empower themselves with the knowledge to prevent themselves from becoming traumatized themselves.

I believe that if educators had a reference manual to provide them with guidance and knowledge on trauma and how it impacts their students' and their lives, they may be able to run a more harmonious and productive classroom. This is the reason I chose to put together a reference manual for teachers on trauma informed teaching.

#### **Connecting the review of the literature to the problem**

Trauma can be incredibly overwhelming. It can manifest emotionally or physically. No two people experience it the same and so it is difficult to have a 'one size fits all' way to cope or work with it. As society continues to evolve, so do the needs of

our students and educators. We are learning quickly that trauma is entering our classrooms and disrupting our ability to teach and our students to learn. In order to continue to meet the needs of our students, we need to start looking at ways in which we can support our students. By incorporating trauma informed teaching practices into our classrooms, we can do more to help our students heal. We can also preserve our own health and continue to be there for students for years to come.

### **Methodology for completing the applied capstone project**

For my capstone project, I will be composing and publishing a reference manual for special educators (new and veteran) on trauma informed teaching. I intend on typing, printing, and binding this manual. I will use the information I gather from my literature review to as part of my manual. I will be ‘publishing’ this manual in order for special educators to have something they can use to educate themselves on trauma informed teaching and have to refer back to when they need examples of strategies.

### **Evaluation of the quality of the applied capstone project**

In order to evaluate the progress of my applied capstone project, I will complete a rough draft of my manual and determine how many chapters I will include in the manual. As I progress through the rough draft process, I will obtain feedback from colleagues including special education teachers with 5 years or less teaching experience, special education teachers with 10 years or more teaching experience, the Level 4 setting principal, mental health practitioners, and a school psychologist. I will also be seeking feedback from my Bemidji State University advisor, Bemidji State University Professional Education professors and my research and capstone course instructors.

**Presentation of the applied capstone project**

Upon completion of my applied capstone project, I will present my completed trauma informed teaching manual to my special education Level 4 colleagues, level 4 principal, and Level 4 mental health practitioner staff members. I will present during a professional development conference in our school. I will begin the presentation with background information on my project, my reasoning for completing the project, and then by presenting the manual. After the manual is handed out, I will explain the included information and how it can be used to augment and enhance any pedagogy and classroom management tactics currently being used. I will also present my applied capstone project to the faculty of the department of professional education and fellow graduate education degree capstone candidates.

**Summary Statement**

In summary, the reason I chose to create a reference manual on trauma informed teaching came from personal experiences with frustration and lack of resources on working with students experiencing trauma. For my capstone project, I will compose and publishing a reference manual using the information and strategies I obtain in my literature review. I will monitor my progress during the process of my capstone project by developing a rough draft copy. I will obtain feedback from colleagues, advisor and professors. Upon completion of my capstone project, I will be presenting it to colleagues during a professional development conference.

## **Chapter 4: Applied Capstone Project**

My capstone project can be found at the following address:

<https://jessicabernandcapstone.wordpress.com/2022/10/05/fa-2022-ed-6850-bernand-jessica-capstone-project/> .

## **Chapter 5: Conclusion**

When I set out on my journey to become a teacher in 2018, I was pretty naïve. I envisioned myself decorating a classroom, having engaged students who loved my classes, and learning from other teachers. I never dreamed I would encounter or live through the experiences that I have. To date, I have had 1 student commit suicide, two students who were sent to prison for attempted murder, three students run away from home, one student had a baby, and four students were sent to drug rehabilitation facilities. Through it all, I am 100% convinced that it was my compassion, empathy, support, and love that helped a great number of my students regain confidence in themselves and restore that self-worth in themselves that was lost through the years of neglect and abuse.

Although I was loving and compassionate towards my students, I learned very quickly that other educators did not share my vision of how we should be treating our students. I witnessed students being sent out of the room, being suspended, and receiving “planned to ignore” interventions during moments of crisis. During staff meetings, there was large amounts of disparaging comments being said about these students. It was incredibly disheartening for me to witness all of this and so I decided at that moment that I was going to be a champion to all of these kids.

Since 2018 I have spent countless hours researching evidence-based practices to better reach and support students with exceptionalities, methods in soothing and calming students during crisis and advocating for them when their rights were being infringed upon. I also spent a great number of hours teaching, mentoring, and supporting other educators who wanted to mimic the success I was displaying in my own classroom such

as classroom management, quick recovery times from times of dysregulation, and classroom engagement. Often times, I was asked to be observed or for assistance during a crisis. I was even approached by the director of our Special Education program to become one of five Crisis Prevention Intervention instructors for our district. I knew after that moment that I was doing something right and that the change I was seeking within our school walls were the same changes that others like me were looking for- they just weren't sure how to get there. It was because of this that I decided I would develop a reference manual for trauma informed teaching that could assist new and veteran teachers.

Although I am presenting my reference manual for my capstone, it is a project that I have been working on for many years. I was unable to get it going sooner due to the stress COVID-19 caused for all of us and all of the other additional stressors we have as educators such as lesson planning, assessments, IEPs and Evaluations. I am also a mother of three teenage daughters who keep me incredibly busy. I also must say that for some time I put "a pin" in this project because of the 'nay sayers' who claimed I was too 'lax' with our students and I was told I was reinforcing negative behaviors by my student-centered approach.

I learned quickly that people are afraid of change and it is extremely challenging to change a whole culture and way of thinking. Unfortunately, my school was wrapped up in compliance and punitive discipling. Finding likeminded educators has been challenging for me. So, this process has been not only rewarding but also very therapeutic. I am finally completing a project that is near to my heart and I have a very good chance of being the catalyst for change in the system.

Once I began researching more and really looking into my topic of trauma informed teaching, I began learning that I wasn't alone. I was excited to see that what I did naturally was a proven effective theory. I learned that so many other educators faced the same adversity I did but 'stuck it out' and are not only successful but have changed their schools or peers' thinking. I learned that my way of being, the way I work with my students, and the support I give them is proven to really make a lifelong difference in these students. It was such an amazing and rewarding feeling. For once, I felt validated.

I set out on my journey in 2018 to transition from social work to education. I had already completed my bachelor's in psychology and was successful as a social worker for a prestigious medical facility, however, I did not feel like I was following my true calling. I began my career in a Level 4 setting as a high school teacher with a case load of ten kids while I was going to school plus raising three teenagers. Everyone thought I was crazy and there were times I also felt like I was crazy. There were a number of times where I almost threw in the towel and just went back to social work. Sitting here now, writing my last paper and knowing that I am a few months away from a master's degree in special education is just surreal. I am certain that I will be shedding tears of joy when I finally hold my degree. It has been a long and arduous journey and I am so grateful to have finally gotten here.

Even though it was extremely difficult starting a new career and being in school simultaneously, I am now really glad I did it that way. As I was learning from my instructors at Bemidji, I was applying it to my classroom. It was amazing how my course outline really fell into the right times during my career. When I was learning about curriculum techniques, I was needing to differentiate lessons because I had learners in 8<sup>th</sup>

grade and learners in 11<sup>th</sup> grade. While I was in due process, I was having to write five IEPs and three evaluations. While I was learning how to work with students with EBD, I was struggling to reach a student who was extremely oppositional. I cannot pinpoint just one course that really helped me because everything I learned is incredibly valuable and I am so grateful to have had such supportive and amazing instructors.

My dream is to change how teachers view and respond to negative behaviors. One of the most important things I've learned on my journey is that all behavior is a form of communication. I intend to present my manual to my building during staff development and have it used by all of the SPED teachers in my building. Once I can show change and present data to our director, I am hoping to share the manual with the rest of the district and have it used during new teacher orientations and professional developments. I am also considering publishing it and providing it out on the internet for future students working on their capstones or searching for the evidence that what they are doing in their classrooms is effective. My ultimate goal is to have all students feel safe, cared for, and excited to learn. I am hoping that my manual can make that happen.

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JESSICA BERNAND

Bemidji State University

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# Trauma Informed Teaching: A Reference Manual

# Trauma Informed Teaching: A Reference Manual

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A Project and Presentation Submitted to the Faculty of the  
DEPARTMENT OF PROFESSIONAL EDUCATION

In Partial Fulfillment of the Requirements  
For the Degree of

MASTER OF SPECIAL EDUCATION

BEMIDJI STATE UNIVERSITY  
Bemidji, Minnesota, USA

December 2022

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# Table of Contents

<a href="#">Introduction</a> .....	1
<a href="#">Basic Human Needs and Development</a> .....	4
<a href="#">Trauma</a> .....	6
<a href="#">Impact of Trauma on Staff</a> .....	11
<a href="#">Trauma Informed Teaching</a> .....	12
<a href="#">References</a> .....	17
<a href="#">Index</a> .....	19

## Introduction

**T**rauma is defined by the American Psychological Association (APA) as “an emotional response to a terrible event like an accident, rape, or natural disaster” (Leonard, 2020, p. 2) There are different types of traumas including: acute, chronic, complex, and vicarious (Leonard, 2020). Trauma manifests and affects adults and children in different ways. A person who is struggling with trauma may be quiet, withdrawn, apathetic. They may also be angry, hostile, and violent. Since there are a few different responses and levels of trauma, it is difficult to ‘pinpoint’ one exact way to work with or help someone who is experiencing trauma. Because of this, it can be difficult for caregivers, especially teachers, to work with people who have trauma. It also brings up questions such as- ‘who’s job is it to deal with this?’ and ‘how am I supposed to know what to do, I’m a teacher not a therapist?’

So, whose job, is it? Educators are tasked with an enormous number of responsibilities such as grading, curriculum writing/reviewing, pedagogy, and administering tests. Special educators are also tasked with writing evaluations, Individual Education Plans (IEPs), and as well as other procedures to stay compliant with special education laws. Our jobs are already daunting enough

## Trauma Informed Teaching: a reference manual

so to add one more thing to our list seems unfair- after all, there are only 8 hours in the workday. How are we supposed to deal with our student's emotional state of mind? Many of us don't know anything about, or have very limited knowledge about, how to care for someone experiencing trauma- what are we supposed to do?

But if we don't deal with the trauma, then who will? Minahan (2019) states, "up to two-thirds of U.S. children have experienced at least one type of serious childhood trauma, such as abuse, neglect, natural disaster, or experiencing or witnessing violence. Trauma is possibly the largest public health issue facing our children today." With many schools returning to a traditional schedule post COVID-19, students are spending one-third of their day in the classroom (Paiva, 2019).

"Teachers respond to trauma almost every day in their classrooms, yet schools have historically placed mental health concerns in the hands of school counselors and social workers for students, without providing commensurate resources for teachers" (Miller & Flint-Stipp, 2019, p. 3). Although teachers are on the front lines, they are not being given enough resources or training to overcome the barriers that trauma is placing between them and their students.

Miller and Flint-Stipp suggest "that approximately 50% of helping professionals, including teachers, are at high risk of secondary trauma." (Miller & Flint-Stipp, 2019, p.3). Being exposed to secondary trauma "compromises teachers' personal health as well as the support they can provide to students in

their classrooms” (Miller & Flint-Stipp, 2019, p. 3). By having additional resources, enables a teacher to continue to support their students as well as themselves.

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**T R A U M A** **Did you know?** “Early-age stressors and the absence of healthy parental-child relationships can be influential during sensitive periods of growth and brain development and may lead to significant changes to its anatomy” (Paiva, 2019, p. 1). Not having anyone in their lives who they could trust, taught them to be protective of themselves. This ‘protection’ was showing up in classrooms as negative behaviors for which teachers sent them out of the classrooms and into detention rooms. This furthered the trauma and caused academic gaps.

## Basic Human Needs and Development



Humans are complex. We are more than just our primal needs of eating, sleeping, and breathing. We are emotional, cognitive, and behavioral beings. As we continue to evolve, so do our needs. Research and studies continue to emerge regarding the importance of meeting our psychological needs. Beginning as early as 1943, studies began showing that for humans to be considered ‘whole’ needs beyond physiological needed to be met. Abraham Maslow developed his hierarchy of needs which included: physiological, psychological, and self-fulfillment (Kendrick, Griskevicius, Neuberg, & Schaller, 2010). In its time, this was revolutionary because it proved that for humans to be their ‘best selves’ they needed to progress through the levels at a healthy pace. In a recent study conducted by Kendrick, Griskevicius, Neuberg, & Schaller in 2010, they revisited Maslow’s hierarchy of needs and determined that human motives are not only determined by internal factors, but are also influenced by external factors (Kendrick, Griskevicius, Neuberg, & Schaller, 2010). This is important to know because what is happening to us in our homes, in our communities, in

## Trauma Informed Teaching: a reference manual

our schools can impact how we are developing. If we are having negative experiences or trauma, it can affect who we are or become.

## Trauma



Trauma is defined by the American Psychological Association as “an emotional response to a terrible event like an accident, rape, or natural disaster” (Leonard, 2020,p.2). Responses to trauma vary from being highly stressed or extremely withdrawn. Not everyone may be impacted by trauma and may never develop symptoms. Others may develop symptoms immediately. Yet still, some may develop symptoms over the course of days, weeks, and even years. The most important thing to remember is that no two people experience trauma exactly the same.

Someone who has been traumatized can feel a number of emotions such as feeling overwhelmed, helpless, shocked, or have a difficulty processing their emotions (Leonard, 2020). They may also experience fear, guilt, denial, shame, anxiety, irritability, and difficulty concentrating. Trauma may also manifest in the following physical responses: headaches, digestive symptoms, fatigue, and feeling jumpy.

Trauma can be caused by a number of things. In North America alone, “research estimates 60-75% of people have experienced a traumatic event in their life” (Leonard, 2020, p.5). Traumatic events can be isolated or repeated

and include: bullying, harassment, sexual assault or abuse, life threatening illnesses, sudden loss of a loved one, being attacked, pandemics, natural disasters, and war (Leonard, 2020).

Trauma can also ‘leave marks’ and have “long-term effects on the person’s well-being” (Leonard, 2020, p.2). If left untreated and unresolved, trauma could develop into “a mental health disorder called post-traumatic stress disorder (PTSD)” (Leonard, 2020, p.5).

PTSD can result when “symptoms of trauma persist or get worse in the weeks and months after the stressful event. PTSD is distressing and interferes with a person’s daily life and relationships” (Leonard, 2020, p.6). Not having support, suffering an injury or physical pain due to the trauma, and experiencing previous trauma can be risk factors for developing PTSD (Leonard, 2020, p.6).

On a much larger scale, trauma can result from global events such as war, famine, natural disaster, and health crisis such as COVID-19 (Crosby, Howell, & Thomas, 2020, p. 1). This kind of trauma is called collective trauma and “occurs when a traumatic event impacts an entire community or society, having a communal impacting and creating a shared memory of the events (Crosby, Howell, & Thomas, 2020, p. 2). This trauma is known to have a lasting impact and changes thoughts for young people who now struggle with “both real and imagined fears about their own health, the health of loved ones, and their own mortality and that of their loved ones” (Crosby, Howell, &

Thomas, 2020, p. 2). This trauma can lead to “disruption in the development of adaptive behaviors and the sense of physical and social safety” (Crosby, Howell, & Thomas, 2020, p. 2). This trauma, if left unresolved, can impact future generations and their abilities to navigate potential threats.

**Chapter**  
**4**

## **Impact of trauma on Students**

“Research indicates that children are especially vulnerable to trauma because their brains are still developing” (Leonard, 2020, p.7). During intense states of stress, children’s bodies “release hormones related to their stress and fear” (Leonard, 2020, p.7).



In the US 35 million children are living with emotional and psychological trauma (R. B.-Banks & Meyer, 2017).

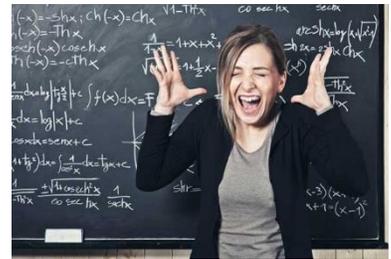
Long term exposure to stress and trauma can affect brain development and impact mental health, physical health, and behavior (Leonard, 2020, p.7). Children may display signs of helplessness, withdraw, display aggression, or apathy. Although children may be exhibiting outward signs of traumas, inside they are also being affected. “Childhood trauma leaves its marks on the brain with unseen scars.” (R. B.-Banks & Meyer, 2017, p.63). In a survey conducted in 2011-12 by the National Survey of Children’s Health, in the US 35 million children are living with emotional and psychological trauma (R. B.-Banks & Meyer, 2017). This trauma is impacting their ability to learn and increasing their needs for altered learning processes and increased mental health services.

It is also affecting their neurodevelopment and neuroprocessing which can also impact emotional regulation, school attendance and academic performance(Paiva, 2019). Sitting down with my students, I learned that no one had ever taken the time to get to know them. The only thing these students were was an IEP of negative behaviors and poor test scores. At one point, all of them had goals and dreams. Similarly, all of them were struggling with complex trauma and at one point in their lives, had experienced acute trauma. These were students, ages 13-18, who were now dealing with some very grown-up issues. “Early-age stressors and the absence of healthy parental-child relationships can be influential during sensitive periods of growth and brain development and may lead to significant changes to its anatomy” (Paiva, 2019, p. 1). Not having anyone in their lives who they could trust, led to them needing to be protective of themselves. This ‘protection’ was demonstrated in classrooms as negative behaviors and teachers sent them out of the classrooms and into detention rooms. This furthered the trauma and also caused academic gaps.

**Chapter**  
**5**

**Impact of Trauma on Staff**

Secondary trauma, or vicarious trauma, is a form of trauma that develops when family members, mental health professionals, and other care givers are in close contact with someone who is experiencing or has experienced trauma (Leonard, 2020). When educators or other professionals are working with students who are traumatized the risk of them being affected by trauma themselves increases. Seeing their students struggling, hearing stories of what they are enduring, knowing what they are living through can impact the emotional and physical well-being of the educator. Educators can then be impacted by compassion fatigue and ultimately burnout (King & Wheeler, 2019). Many educators are unable to find ways to promote self-care and will leave the profession entirely. For those educators that are unfamiliar with trauma and are only experiencing high levels of behaviors or apathy in the classroom they begin to feel angered, frustrated, and hopeless. They too experience burnout and may also leave the profession entirely. Either scenario does not provide an optimal learning experience for the student or positive environment for the educator.





## Trauma Informed Teaching

So, what can we do? We need to adjust our practice to meet our needs and the needs of our students.

Trauma informed teaching “starts with an understanding of how trauma can impact learning and behavior” (Kaufman, 2022, p.3). By viewing behaviors as a form of communication, educators learn that their students are actually trying to tell them something is wrong rather than just being defiant. An educator can then adjust their teaching practices and find a way to meet their students where they are at in order to support the learning process.

Trauma informed teaching increases awareness, support, and consistency. It does not aim to ‘fix’ a student, rather, fosters a sense of belonging for the student (Portell, 2019). It encourages providing safe and positive relationships while helping to heal and alleviate the potential negatives of trauma. It provides consistency and stability without being punitive and continuing to contribute to the trauma.

One way educators can begin to deploy trauma informed strategies in the classroom is to “expect unexpected responses” (Minahan, 2019, p. 4). Educators need to begin to understand that behaviors are a form of

communication. It is important to take a moment to understand why a student is ‘acting out’ rather than taking it personally. Step back take a moment to access what potential changes could have occurred to disrupt the student, what may or may not have happened the night before at home, what may or may not have happened on the way to school, etc. that could have potentially caused dysregulation in the student. If a student is experiencing a heightened sense of emotion, anything could be a trigger and result in an explosive altercation. Approach the student with empathy and a calm demeanor. This will in turn provide the student with a sense of safety and alleviate the tension that can come to both student and educator. “Neurobiologically, students can’t learn if they don’t feel safe, known, and cared for within their schools” (Minahan, 2019, p. 4).



Another strategy for trauma informed teaching is to “employ thoughtful interactions” (Minahan, 2019, p. 5). Often the traumatized student is a defiant student. Behaviors and attitudes can interfere with learning and can be frustrating to teachers. Traumatized students are expecting to be judged or criticized. They often engage in power and control interactions to gain a sense of control over their surroundings. This can be incredibly frustrating, and a natural response could be to assert our position of power as the educator on the student. However, these students are craving support and can learn from someone exhibiting the desired behavior. By

continuing to provide support, safety, and routine these students will often thrive.

Building meaningful and trusting relationships can also provide a strong support for traumatized students. Using the “two by ten rule (talking to a student for 2 minutes a day for 10 days in a row about topics unrelated to academics or behavior” can be an incredibly effective trust-building strategy (Minahan, 2019, p. 6). Using this technique can increase positive interactions for students and educators and lead to a dysregulated student being able to identify you as a trusted adult and seek you for assistance during a time of frustration rather than having disruptive behaviors.

Traumatized students can be overwhelmed and feel unsafe by having too many changes or disruptions to their day. Not knowing what to expect or being on the ‘edge of their seat’ about what’s coming next can lead to maladaptive behaviors. Providing students, especially traumatized students, with predictability and consistency can alleviate their feelings of being on “high alert” (Minahan, 2019, p. 6). Having visual schedules or a written class agenda/school day is an effective method to provide this consistency.

Teaching traumatized students to replace negative behaviors with positive behaviors is also an effective way of bringing trauma informed teaching into the classroom. “Traumatized students often engage in inaccurate thinking, tending to focus on the negative” (Minahan, 2019, p. 10). They also engage in self-defeating thoughts. By using the “switch the channel” strategy

teachers can have students take a ‘thought break’ and refrain from continuing to allow the negative thoughts to cause anxiety (Minahan, 2019, p. 11). This “cognitive distraction” allows the student to focus on something that makes them happy until they are calm and can work through their frustrations in a less heightened state allowing them to fully understand what they are feeling and the ability to make a lasting change (Minahan, 2019, p. 11).

Focusing on supportive feedback also alleviates the hyper fixation on negative thoughts and allows the traumatized child an opportunity to feel safe and good about themselves. Even the most innocent negative criticism to a traumatized child such as “please correct this first problem may sound like the teacher told them they were stupid” (Minahan, 2019, p. 11).

Another effective strategy for trauma informed teaching is limiting exclusionary practices (Minahan, 2019, p. 13). Traumatized students already feel unsafe, inferior and any other number of negative feelings. By ignoring them, removing them from the classroom, or calling them out in front of their peers, we are inadvertently triggering these students who may struggle with abandonment or neglect (Minahan, 2019, p. 13). Instead of excluding the student, approach the student with empathy and compassion. Using statements such as “I am sorry your upset or I see that you are angry” you will often elicit a calmer response from the student (Minahan, 2019, p. 14). If the student has a preferred adult, they feel safer with, prompt the student with a possible lunch

date with this adult as an incentive to promote desired behavior (Minahan, 2019, p. 14).

The most important strategy of all is to promote safety. A student will not learn unless they feel safe (Minahan, 2019, p. 14). Although we cannot undo or change the trauma in our students' lives, we can provide support and safety. We can turn our classrooms into a nurturing environment where these kids can “feel comfortable, take risks, learn, and even heal” (Minahan, 2019, p. 14).

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## Index

behavior, 8, 11, 13, 15  
classrooms, 2, 3, 9, 15, 16  
safety, 7, 12, 13, 15  
students, 2, 3, 9, 10, 11, 12, 13, 14,  
15  
trauma, 1, 2, 3, 4, 5, 6, 8, 10, 11,  
12, 13, 14, 15, 16, 17  
trauma informed teaching, 12, 13,  
14  
Traumatized, 12, 13, 14

