

Taking a Multi-Disciplinary Collaborative Approach to Educator Preparation: A Case Study Revealed

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Abstract

Research supports that nearly two-thirds of U.S. children have experienced at least one type of serious trauma, such as abuse, neglect, natural disaster, or experiencing or witnessing violence (CDC, 2019). According to the National Traumatic Stress Network, one in four children attending school has been exposed to a traumatic event that can affect learning and/or behavior (NTST, 2008). While trauma-informed is certainly becoming a new buzz word and may be gaining momentum in education, there is question as to how expeditiously content and curriculum is being rewritten and how widely it is being created, shared, and taught. This paper is a follow-up case study to our initial paper entitled: "Redesigning Educator Preparation Programs to Integrate Trauma-Informed Teaching Practices." In the original writing, the authors called for universities to redesign coursework to include a conceptual framework for creating trauma-informed teaching practices, which involved three phases: introduce, reinforce, and integrated practice. This paper examines a case study where two authors took a multi-disciplinary approach to introduce trauma-informed teaching in an online Introduction to Education course. Authors will share their collaborative approach as to how the content was introduced, what assignments were designed and how strategies were utilized and assessed throughout the course. Finally, authors will share teacher candidates' responses and reflections based on trauma-informed content.

Keywords –Trauma-Informed, Educator Preparation, Adverse Childhood Experiences (ACE), Reflective Practice

1. Introduction

The primary role of schools is to provide an educational foundation that provides and supports student learning. Schools have a collective responsibility to meet the needs of students struggling with trauma by creating a space that is physically and emotionally safe for learning (Heramis, 2020). In fact, Adverse Childhood Experiences, or ACEs, have been linked to a variety of early child development issues including the academic success of students in classrooms across the country. The societal impact of adverse childhood experiences is alarming. However, most alarming is the fact that many of the issues facing our education system lies within a system that is not equipped with enough resources to support the challenging needs of students (Cozolino, 2014).

Research in the fields of neuroscience, attachment, and interpersonal neurobiology continue to emerge, which supports the devastating impacts that trauma has on student learning as well as their mental and physical health (Heramis, 2020). The Centers for Disease Control have deemed trauma as likely the most detrimental issue that America's children are facing today (CDC, 2019). It is essential that current educators understand childhood trauma and its impact, but also of critical importance is that trauma-informed teaching be part of the all Educator Preparation Programs (EPPs). Unfortunately, as of this writing, trauma-informed teaching is not part of the accreditation process for EPPs, and likely not part of the conceptual framework for effectively preparing teacher candidates for tomorrow's classroom.

2. Significance

Students who have faced trauma are likely to struggle with self-regulation, negative thinking, difficulty trusting adults, inappropriate social interactions, and an overall feeling of "being on high alert" (Lacoe, 2013). Traumatized children often are unable to express healthy emotions and instead demonstrate their distress through aggression, avoidance, over-response or under-response to sensory stimuli, or emotional numbing to threats in their environment, making them vulnerable to re-victimization (Patterson, DiBella, Williams, Gray, & Culver, 2020). Students impacted by trauma may

experience a myriad of difficulties in the classroom, such as poor concentration, disorganization, aggressive behaviors, and a distrust of teachers, which can lead teachers to feel frustrated (NCTSN, 2016; Ogata, 2017).

Trauma impacts students as well as the adults who care for them. Students are incapable of learning if they do not feel protected, recognized, and cared for in their school and by their teacher(s) (Aipperle, Melrose, Stein, & Paulus, 2012). It is important to establish positive relationships and build trust among students and teachers. When teachers are responsive to the needs of students and willing to make small changes in the classroom that foster a feeling of safety, it makes a vast difference in students' ability to learn. Developing safe and meaningful relationships with students starts with an understanding that behavioral and academic challenges may be a product from their exposure to trauma (Heramis, 2020).

3. Review of the Literature

As empirical research continues to grow, it affirms that teachers, regardless of the school placement, should expect to have students in their classroom who are affected by multifaceted trauma, and they must be trained on how to be impactful when teaching these students (Hobbs, Paulsen, & Thomas, 2019). Up to two-thirds of U.S. children have experienced at least one type of serious trauma, such as abuse, neglect, natural disaster, or experiencing or witnessing violence.

To better understand trauma, educators need to know what ACEs are and how they impact student learning. The term "ACEs" was initially used in 1998 following the publication of the Adverse Childhood Experiences (ACE Study), which was a groundbreaking study that found that not only were ACEs common among the general population, but also correlated to the development and prevalence of health-related problems to youth (Center for Youth Wellness ACE-Questionnaire, 2015). The ACE questionnaire determines an individual's score based on the number of "yes" responses to the statements provided (see Table 1).

Table 1: CYW Adverse Childhood Experiences Questionnaire (ACE-Q) Child

CYW Adverse Childhood Experiences Questionnaire (ACE-Q) Child

To be completed by Parent/Caregiver

Today's Date _____

Child's Name _____ Date of birth _____

Your Name _____ Relationship to Child _____

Many children experience stressful life events that can affect their health and wellbeing. The results from this questionnaire will assist your child's doctor in assessing their health and determining guidance. Please read the statements below. Count the number of statements that apply to your child and write the total number on the line provided.

Please DO NOT mark or indicate which specific statements apply to your child.

1) Of the statements in Section 1, HOW MANY apply to your child? Write the total number in the box.

Section 1. At any point since your child was born...

- Your child's parents or guardians were separated or divorced
- Your child lived with a household member who served time in jail or prison
- Your child lived with a household member who was depressed, mentally ill or attempted suicide
- Your child saw or heard household members hurt or threaten to hurt each other
- A household member swore at, insulted, humiliated, or put down your child in a way that scared your child OR a household member acted in a way that made your child afraid that s/he might be physically hurt
- Someone touched your child's private parts or asked your child to touch their private parts in a sexual way
- More than once, your child went without food, clothing, a place to live, or had no one to protect her/him
- Someone pushed, grabbed, slapped or threw something at your child OR your child was hit so hard that your child was injured or had marks
- Your child lived with someone who had a problem with drinking or using drugs
- Your child often felt unsupported, unloved and/or unprotected

2) Of the statements in Section 2, HOW MANY apply to your child? Write the total number in the box.

Section 2. At any point since your child was born...

- Your child was in foster care
- Your child experienced harassment or bullying at school
- Your child lived with a parent or guardian who died
- Your child was separated from her/his primary caregiver through deportation or immigration
- Your child had a serious medical procedure or life threatening illness
- Your child often saw or heard violence in the neighborhood or in her/his school neighborhood
- Your child was often treated badly because of race, sexual orientation, place of birth, disability or religion

ACEs are certainly commonplace in today's society and the exposure to childhood trauma continues to grow for millions of children around the country. It is critical for school leaders, teachers, and all school personnel to understand ACEs and trauma because they can be directly related to student learning, functioning, and well-being (Perry, 2009). Children who suffer from various trauma require unique understanding, special care, and supportive services.

Trauma-informed responsiveness is especially required of schools, as student populations around the nation include a growing number of children impacted by childhood trauma (Overstreet & Chafouleas, 2016).

Childhood trauma alters the neurological wiring of a child's brain. A child's brain is changed when they observe violence at home or in their communities, or experience poverty, eviction, and malnutrition (Tsavoussis, Stawicki, Stoicea, & Papadimos, 2014). While this fact may seem overwhelming or hopeless, research supports that a supportive, caring, and nurturing environment can help heal the brain. Just as a traumatized brain changed in response to past experiences, it can also change in response to future experiences (Sweeton, 2017). It is this very reason that schools provide a supportive, caring, and safe learning environment. Being trauma-informed needs to be at the forefront of all schools and educator preparation programs in an effort to positively impact student learning, achievement, academic success, and overall well-being.

4. Response to Call to Action

As noted in our initial research, SAMSHA(2014) "A program, organization, or system that is trauma-informed **realizes** the widespread impact of trauma and understands potential path for recovery; **recognizes** the signs and symptoms of trauma in clients, families, staff, and others involved with the system; and **responds** by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively **resist re-traumatization**" (p. 9).

Introductory courses would be those occurring in the beginning of preparation program such as educational psychology, social work, introduction to teacher education, or diversity and equity. Emphasis would be placed on understanding trauma, current statistics, and an introduction to ACEs. The trauma-informed model would align with *Realize* of the four Rs model and provide a basic understanding of how trauma can affect individuals, families, and other stakeholders (SAMSHA, 2014). Instruction would likely include having students self-assess to determine their ACE score and analyze the factors associated with trauma (Patterson et al., 2020).

A collaborative effort among a university professor, who teaches an Introduction to Education course, and a Program Director for a domestic violence agency formed a partnership whereby they shared information, knowledge, and experiences related to education and trauma, examined course outcomes, created course content, generated assessments, and collected and analyzed data.

In doing so, they created a 4-week module based on trauma-informed practices. The module included a collection of readings and videos, which introduced the definition of trauma, an examination of the various components related to traumatic stress, and numerous assignments, which resulted in teacher candidates being afforded multiple opportunities to be reflective practitioners.

Initially, teacher candidates were asked to (anonymously) complete an ACE assessment, which allowed them to determine their personal ACE score based on their childhood experiences. This provided them a foundation to personally engage and provide background knowledge based on their own personal experiences. Secondly, a link to a video narrated by Dr. Nadine Burke Harris was provided. In this video, Dr. Burke Harris explains how childhood trauma affects one's health across a lifetime. She explains how exposures to ACEs impacts one's overall health, brain development, immune system, hormonal system, and even diminishes life expectancy rates. Teacher candidates were asked to create a concept map, where they address the concepts mentioned by Dr. Burke Harris and their relation to children in classroom and school settings (Burke Harris, 2015). Teacher candidates were also provided multiple readings from various sources that examined how and when the ACE study was established, how ACEs are measured, the science behind the impact of ACEs on brain development and overall learning, and the inherent need for trauma-informed teaching practices. These initial course resources and materials provided the foundation and significance to help teacher candidates better understand what ACEs are and why they matter (in and out of the classroom). In other words, this content provided the "purpose" or "relevance" that we often seek to "hook" students.

The second part of the module provided more intimate details surrounding ACEs as shared through two videos. The first video was told from the perspective of survivors retelling their real-life experiences and professionals explaining the impact of trauma on the brain and the fight or flight mode that victims often live in following such trauma (Office for Victims of Crime, 2015).

The second video examined a domestic violence ride along project where the impact of trauma on children of various ages was discussed as it relates to gross motor development, lack of coping and regulation skills, as well as long-term health effects of trauma; however, experts also shared the resiliency of the human brain and how positive relationships can actually provide healing effects (Attorney General's Office, 2011). Teacher candidates were asked to reflect on their learning, inquiries based on their new knowledge, and what they found most intriguing. This was done in a 3-2-1 Video Response assignment, where teacher candidates share 3 facts that they learned from each video, 2 questions that they still had after watching the videos, and 1 fact that they found most interesting. Researchers found teacher candidates to be quite reflective in their responses (see Table 2).

Table 2: Sample Teacher Candidate Responses to Videos

Three Facts I Learned from the Video...	Your brain creates a mental blueprint of every new experience you have.	Children who grow up in DV develop mental health problems at a higher rate than direct victims of physical abuse.	When children are critically stressed, they have difficulty with attachment and bonding.
Two Questions I Have...	Why don't more people know about this issue?	Why aren't more teachers trained or at least more attentive to identify the cause of outbursts or abnormal behavior in the classroom?	How can we get children out of these households faster?
One Thing I Thought was Most Interesting...	I thought it was interesting to learn how the brain works and which parts of the brain are used for specific areas.	Because I have an 8-month old, I found it most interesting that he actually does know what is going on when his father and I are arguing and he is internalizing it.	It hit home for me, having a father who underwent horrific physical abuse...I see why exposure to physical violence can be cyclical.

The third part of the module focused on teacher impact and how teachers can make a difference in a student's life based on their interactions, ability to form positive relationships, and understanding of how to truly teach through a trauma-informed lens. Teacher candidates were introduced to a TEDx Talk by Dr. Meredith Fox, who provided an introspective personal narrative of how trauma impacted her personal learning and school experiences. In addition, candidates were exposed to two case examples, which modeled negative teacher responses to missing homework and missing appropriate gym clothes for physical education class. Unfortunately, both of these samples are indicative of responses that are all too often heard in schools nationwide. Teacher candidates were asked to provide responses that were positive and trauma-informed. This provided candidates with an opportunity to prepare authentic responses that would support student learning regarding trauma and how to relate to students. As a culminating assignment to close the module on trauma-informed teaching practices, the teacher candidates were asked to complete a choice card (similar format to a BINGO® card), which was collaboratively designed by the researchers. The choice card listed the five principles of trauma-informed care: safety, choice, collaboration, trustworthiness, and empowerment (Harris & Fallot, 2001). The assignment required the teacher candidates to conduct research and find a video, document, or other resource, which exemplified each principle in a school setting and was indicative of research-based practice. Teacher candidates were asked to share the link to the resource in the appropriate box on the choice card and write a brief rationale for the relevance of the resource. This assignment provided candidates with an opportunity to not only conduct research for appropriate trauma-informed resources, but also to be reflective in their discovery and pedagogy. Overall, the trauma-informed module, which consisted of three parts, was taught over 4-weeks during a 15-week semester.

5. Findings and Conclusion

It is inherently important that educators be prepared to meet the needs of all students and this includes being trauma-informed. Without understanding the impact of trauma on the brain and learning, utilizing trauma-informed practices, and being well-versed in providing trauma-informed care, educators cannot meet the needs of students who suffer from traumatic stress, which accounts for nearly 25% of all students. In order to better prepare teacher candidates, educator preparation programs should seek informative partnerships to share knowledge and adapt approaches to curriculum changes that foster a more inclusive approach to trauma-informed practices.

This case study was built on that premise and the overarching results significantly support how such an approach can greatly impact teacher candidates' understanding of trauma and trauma-informed practices.

For 91% of the teacher candidates, this course provided their first introduction to ACEs (see Table 3). Furthermore, the final course reflections added to the breadth and depth of knowledge that teacher candidates gleaned from this content as noted in their comments: *"the unit regarding ACE scores and kids suffering through trauma affected me the most."*

Table 3: Course Content Preparedness Survey

SD= Strongly Disagree D= Disagree N=Neither A= Agree SA= Strongly Agree

Question	SD	D	N	A	SA
I knew what the ACE study was prior to taking this course.	19	11	1	1	1
The module on ACEs helped me better understand childhood trauma.				10	23
The section in this course about trauma and student behaviors helped me better understand how to acknowledge and manage various classroom behaviors.				6	27
I have a better understanding of how to integrate various research-based strategies that support the social-emotional needs of students.				8	25
I believe that I am better prepared to understand how to meet the social emotional needs of various learners due to this course.			1	6	26
This course contributed to my knowledge of teaching and my understanding of myself as a teacher.				6	27

Another noted: *"the sections about the ACE and trauma-informed really made me think about what happens in the background of a typical student."* More important, are the reflections that challenged the thinking and previous beliefs held by teacher candidates, where one candidate reflected: *"after seeing all that I have achieved over the years, I believed that students had absolutely no excuse for not turning in work and for failing their classes. But after learning about the different types of abuse, ACEs, and how childhood trauma manifests itself differently in every student, my belief was significantly challenged after realizing that not everyone's childhood trauma becomes fuel for success. The realization that a successful student may be struggling with abuse as severely as a failing student—as well as other self-revelations in my own journey—made me want to become a more empathetic teacher that is willing to be an ally to all students."* Additional course reflections made by teacher candidates are noted (see Table 4). Collectively, it is apparent from the data, that such content is critically important to teacher preparation. Conclusively, it is evident that similar collaborative approaches should become standard practice and trauma-informed teaching should be more than a buzz word, but an actuality in practice in all schools nationwide.

Table 4: Reflective Course Comments

I enjoyed the unit we did on trauma responsive teaching. This is something I would enjoy spending more time on, as I can see it directly translating to the classroom. It opened my eyes to things that I may see in the classroom and how to handle them.

During this semester, module four really drew my attention due to the fact that numerous children and people are effected by trauma. Not only has this class taught me about the various ACE scores, but it has helped me learn and develop how to handle these ACEs. Also, the First Impressions video taught me the importance of not to judge a book by its cover because you never know what someone has been through even if it is the simplest things.

Trauma-informed module included videos and assessments to measure what we knew about trauma. This was an eye opener because I had no idea that students could be diagnosed with having learning and behavioral disorders, instead of someone actually taking a trauma-informed approach to see if there might be a deeper issue going on.

I have always had the same idea of teaching, however, the ACE modules confirmed my teaching philosophy. After learning about childhood trauma and what those students go through on a daily basis, I was encouraged to make sure I am noticing different behaviors in my students' day in order to get them the help they need while building a trusting relationship with them.

My ideas about teaching and teachers have definitely shifted during this course. I never knew what an ACE was, and I did not realize that teachers play such a major role in a trauma victim's life.

Before this course I did not know anything about ACE scores. I personally have a score of zero and was completely unaware how common it is to have a score above four.

I believe I am better prepared. I can now help with the emotions of all students. The help from the ACE module and the activities about diversity helped me to understand various learners.

References

- Aupperle, R. L., Melrose, A. J., Stein, M. B., & Paulus, M. P. (2012). Executive function and PTSD: Disengaging from trauma. *Neuropharmacology*, 62(2), 686–694.
- CDC. (2019). Adverse childhood experiences. Retrieved from www.cdc.gov/violenceprevention/childabuseandneglect/acestudy/index.html
- Cozolino, L. (2014). *The social neuroscience of education: Optimizing attachment & learning in the classroom*. New York, NY: W.W. Norton & Company.
- Harris, M. & Fallot, R. (eds.) (2001). *Using Trauma Theory to Design Service Systems*. New Directions for Mental Health Service. San Francisco, CA: Jossey-Bass.
- Heramis, L. (2020). *Developing a Trauma-Informed Perspective in School Communities*. San Diego, CA: Cognella Academic Publishing.
- Lacoe, J. (2013). *Too scared to learn? The academic consequences of feeling unsafe at school*. Working Paper #02–13. Institute for Education and Social Policy.
- Hobbs, C., Paulsen, D., & Thomas, J. (2019). Trauma-Informed Practice for Pre-service Teachers. In *Oxford Research Encyclopedia of Education*.
- Ogata, K. (2017). Maltreatment related trauma symptoms affect academic achievement through cognitive functioning: A preliminary examination in Japan. *Journal of Intelligence*, 5(32), 1-7.
- Overstreet, S. & Chafouleas, S.M. (2016). Trauma-informed schools: Introduction to the special issue. *School Mental Health* 8, 1-6.
- Patterson, T.T., DiBella, K.S., Williams, K. G., Gray, K., Culver, T. (2020). Redesigning Educator preparation programs to integrate trauma-informed teaching practices. *Journal of Education & Social Policy*, 7(3), 108-113.
- Perry, B.D. (2009). Examining child maltreatment through a neurodevelopmental lens: Clinical applications of the neurosequential model of therapeutics. *Journal of Loss And Trauma*, 14, 240-255.
- Substance Abuse and Mental Health Services Administration. (2014). *SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach*. HHS Publication No. (SMA) 14-4884. Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved from <https://store.samhsa.gov/product/SAMHSA-s-Concept-of-Trauma-and-Guidance-for-a-Trauma-Informed-Approach/SMA-14-4884>.
- Sweeton, J. (2017). How to heal the traumatized brain. *Psychology Today*. The National Child Traumatic Stress Network (2008). *Child trauma toolkit for educators*. Retrieved from www.NCTSN.org
- The National Child Traumatic Stress Network (2016). Symptoms and behaviors associated with exposure to trauma. Retrieved from <http://www.nctsn.org/trauma-types/early-childhoodtrauma/Symptoms-and-Behaviors-Associated-with-Exposure-to-Trauma>.
- Tsavoussis, A., Stawicki, S., Stoicea, N., & Papadimos, T. J. (2014). Child-witnessed domestic violence and its adverse effects on brain development: a call for societal self-examination and awareness. *Frontiers in public health*, 2, 178.