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Facilitating Awareness of Trauma for All Staff in an Educational Environment

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FACILITATING AWARENESS OF TRAUMA FOR ALL STAFF IN AN EDUCATIONAL ENVIRONMENT

By

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A capstone submitted in partial fulfillment of the requirements for the degree of Masters of Arts in TESOL

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CHAPTER ONE

Capstone Project Introduction

Introduction

I vividly remember when the Columbine shootings happened. It fundamentally changed my perspective of how safe I was in school. Was I ignorant to believe that I was safe there? Trauma care came to the attention of schools on a national level after that horrifying event. Students across the nation were required to do lockdowns and active shooter drills as part of keeping us prepared for the next potential crisis.

Unfortunately, this is not the only trigger that can lead to trauma in our schools. I've met many students who are affected by the world around them every day whether it is in school or outside of school. Post-traumatic stress disorder (PTSD), poverty, verbal or physical abuse, neglect, unstable home lives, and continued stress are just a few of the things I've witnessed. The events do not have to directly impact someone personally, seeing or knowing of other people that are being hurt or put through a difficult situation is also a trigger. This last year has been a prime example of this because of COVID, social isolation, shootings, and riots.

This has led me to ask the question, *how might schools facilitate awareness about trauma for all staff in an educational environment?* I hope this project will provide a cohesive understanding of trauma and the ways that most effectively help students suffering from it in our schools. I will do this by using research to create a project that can be used in a school setting. The remainder of this chapter will tell my journey and further explain why this is so personal and necessary for me to address.

Personal Journey

The first thing I ever wanted to be when I grew up was a spelunker. I was fascinated by the things that were just below the surface. They were foreign and so beautiful! Stalactites and stalagmites were just under my feet this whole time that I couldn't see unless I explored beyond the surface, I wanted to explore them more. I went on my second cave tour at ten years old, and they turned out the lights. It was frightening. After that, I no longer wanted to be a spelunker. The darkness scared me. It scared me because I had no understanding or perspective or what was up or down, let alone what was left or right. I felt frozen, unable to move through the darkness, and upset I couldn't see the beauty of the world below anymore.

Perhaps my fascination with seeing beyond what was on the surface was because I was adopted. I was adopted when I was five months old from South Korea. I grew up in a small town where there wasn't much understanding for people that didn't look like the majority. Everything I could see didn't look different to me and I couldn't understand why people thought I was until I looked in a mirror. I cannot remember how many times I was asked, "Do you know karate?" I was teased and taunted for not blending into the crowd better. There were chants or slurs every day against Asians. One I remember well is "Chinese, Japanese, dirty knees, look at these!" and then they would pull on the sides of their eyes to make them look "Asian." I kept thinking at that time, "But I'm Korean. I'm not Chinese or Japanese."

Secondary school brought other challenges. Every day I would receive a hard pinch in the cheek from another student. She would stare me in the eyes as she did it and say, "You're just a perfect little China doll aren't you?". I thought, "Why can't they see

me for who I am? Why don't they ask, instead of assuming? And I'm still not Chinese". I continued to withdraw from my classmates and school. I was even more timid and shy in group settings than ever before, even actively avoiding them. Why couldn't anyone see me for what I was just below my surface?

The first time I saw someone that looked like me in my school was in seventh grade when we watched a movie about internment camps from WWII. My surrounding classmates were not interested in the movie, and our teacher kicked us all out of the classroom. My most defiant moment was when I got up and walked back into the classroom to watch the film. The teacher didn't say anything and let me stay. I needed to know what might happen to me if there was another war. I thought if there was, then the government would separate me from my family and I would have to go to an internment camp alone. I never asked anyone what would happen if there was another war, but during conferences, that teacher said I was probably mad at him about the movie. My parents asked me why when they got home and I just shrugged my shoulders. I didn't know how to explain my distress or ask if my understanding was correct.

In undergraduate college, I decided to study psychology. It appealed to me in the same way cave exploring or the idea of SCUBA diving intrigued me. Everything is not on the surface, to explore and understand, you have to dig deeper. I wanted to gain a better understanding of how our brains work by processing the world and how our output could be critically affected by external factors, like stress or trauma. I didn't get all the answers I hoped for, but it was a start to understanding what happens inside our minds and how we can be affected.

Not long ago, I came home to discover I had been burglarized. It didn't sink in at first. I wondered why a bowl I typically kept on the coffee table was by my computer, then I noticed my friend's laptop was missing. Then it registered, I hadn't even checked the bathroom or bedroom. The burglars still might be here! The police, the people from the apartment office, and my friend came over to help me. I continued to discover more and more things were missing. I never felt safe there again. I couldn't function normally at home. I was afraid to go downstairs to do laundry, take a shower, or sleep. I would jump at any sound I couldn't immediately identify. I found a professional to help me through and she said I was traumatized.

Professional Interest

The need for more trauma-informed care has come to my attention over the years with students of various ages. I've learned that equity, identity, multiculturalism, diversity, and others are part of the effective equation. But the basic need for security and safety keeps arising from Maslow's hierarchy of needs and how it addresses personalized success. There are so many ways that motivation, creativity, connection, self-identity or efficacy, and validation are interconnected with effective learning. However, there are people that do not get to the top of the pyramid because the foundation of this model in their day-to-day lives is missing and can lead to trauma. I have found the moments that are directly related to trauma have been the most challenging to navigate in school.

Summer School

I have been teaching summer school for years in a school that I didn't work at during the school year. Every summer I would have to quickly try to understand why

they needed additional support. One summer there was a student who had so much anger inside of him. I asked the staff to tell me more about his experience. They just said that he had been through a lot, he had a lot of family issues and no support. One day, he got so angry he tried to flip a large desk on top of the other students. I removed the other students from the room with the help of the staff and later found out he was not allowed to come back to summer school. He destroyed the room. He threw everything he could find. I understand it was for the safety of the class, and I agree with not putting the other students at risk. However, in the back of my head, I kept thinking again and again, "What more could I have done for him?".

Middle School

I had a student who was living with an older brother who was taking drugs at home. She loved her older brother and was profoundly proud of him. However, she was conflicted about how to help him as a 13-year-old, and that was not her job. We enjoyed sharing our drawings with each other, it was a passion we shared. One day she gave me her sketchbook and told me to look at it. I opened the book and it was a drawing of all of her family hanging from a tree. She glanced over and said, "NO! NOT THAT ONE! It's the next page". The next drawing was what she wanted her family to look like. It wasn't a Norman Rockwell painting, but everyone was happy. She would leave often for therapy, and when I was not notified of her leaving I would check in with the office. Her name was on the check-out list for an appointment, but her name was spelled wrong and some of the letters were backward. I inquired about this, the office told me her dad had signed her out.

I was assigned to work with a student that was new to the district. He had moved from Cuba to live in Minnesota. During his first week he passed out, no one was certain why, and there wasn't documentation that this had happened in elementary school. He was sent to the hospital. The second week, I saw an ambulance outside the school. I started to block the hallways and reroute the students during the passing time in the event they had to bring someone out to the ambulance quickly. When the nurses' doors finally opened, I discovered that it was him. The doctors said he had such strong anxiety that his mind started creating seizures in his body. It was not damaging to his brain, but it was that his brain was most likely trying to avoid conflict of some sort.

Rationale

These stories broke my heart because I felt ill-equipped to help my students that were affected by trauma at my schools. I wanted to have better strategies and a deeper understanding of what I could do to help them through difficult circumstances. I wasn't certain how to correctly define, recognize, or understand trauma. I wasn't confident what would be the most effective practice, nor what I was allowed to do in the parameters of an educational setting. These unanswered questions have led me to my question, *how might schools facilitate awareness about trauma for all staff in an educational environment?*

The uncertainty this past year has made it even more clear for a need to address this question in our schools. The news spoke of the best way to work with our students during these unprecedented times and often they were in conflict with the stakeholders who weighed in: child psychologists, teachers, school districts, parents, students, teacher unions, the Center for Disease Control, and our policymakers. These varying and often

conflicting voices frequently left schools' staff and students not knowing from week to week what model of teaching they would be using and how to stay safe.

People of various professions and organizations are affected by how we address trauma in our schools. Trauma can lead to dire outcomes and will affect the students, caretakers, and our society as a whole. Accurately defining, recognizing, addressing, and treating trauma will hopefully lead to a healthier mental state, development of skills to prevent further trauma, and ideally, provide healing and more successful lives. This could also lead to a better world for not only the ones suffering from trauma but also our larger communities.

Summary

My capstone question resonates with me because I don't know what I should have done differently in many of those circumstances. I certainly tried my best and I know other teachers I've worked with have too. However, there are some serious fundamental understandings that need to be addressed to not continue this pattern. This had led me to ask, *how might schools facilitate awareness about trauma for all staff in an educational environment?* as my capstone question. To address this and to be effective as an educational community., we first need to be able to understand what trauma is.

It is also crucial to understand what approaches are used in schools to address their pros and cons. Strategies will constantly evolve to form a cohesive plan to be implemented and executed by all stakeholders involved. This will help start to close these gaps. If we do it now and stop waiting for the execution to be perfect we will learn to adapt more effectively with the changes of the times. Perfect execution doesn't exist.

When I encountered situations of trauma, I've been told that dealing with it wasn't my job; it was for the social workers or the psychologists, or their parents. The more I encountered these incidents with my students, the more I knew it was not merely one person's job. It was everyone who was involved in our students' lives. There was a need to have a better understanding about what was happening below the surface. The next chapter will review the literature and discuss the findings of the research to address common themes. In Chapter Three, the project will be introduced using the identified frameworks from the previous chapter. In chapter four...

CHAPTER TWO

Literature Review

Introduction

The purpose of this capstone is to examine and address how trauma care can be more effective in an educational environment. This led me to my capstone question, how *might schools facilitate awareness about trauma for all staff in an educational environment?* This chapter will explore how trauma has been defined, identifying trauma, the long-term consequences of experiencing trauma, and the different ways it has been approached in educational settings. The goal is to create a consistent framework that can be used in schools to prevent the harsh consequences that trauma can elicit from unprepared school staff.

This literature review will be broken into four major sections. First, it will address how we currently define trauma. The definition of trauma has significantly evolved over time, and it is important to establish a current working definition. The identified types and causes of trauma will also be presented with current research. It is important to have a commonly accepted understanding of what constitutes trauma in order to address how to navigate or circumvent the potentially dire results. The next section will focus on how we recognize and identify trauma. It will include identifying risk factors, generational considerations, and current testing procedures. The third section will explore the long term consequences of trauma without appropriate care or treatment. It will examine how it affects the brain, and its effects for emotional growth, behavioral issues, and learning. It will also delve into psychological disorders, physical risks, validated treatments, and newer therapies for those who have been traumatized.

The final section will address why it is critical to address trauma care in education and explore the different methods that are currently used in schools along with their effectiveness and limitations. These concepts create the required foundation for creating a successful program to answer the research question in the best way possible.

Defining Trauma

Since the end of the 19th century, the word "trauma" has become both an ambiguous and ubiquitous word (van der Kolk, 2000). This section will address how it has been defined and demonstrate why the need for a common language across different settings is crucial to understanding and addressing trauma. The goal is to identify how trauma is most commonly defined (ACES 2020; Krupnik, 2019). It will break down the many categories, scales, and effects according to research. Some research identifies three types of trauma, while others claim there are five, and some suggest as many as twenty. There is significant variance as to how trauma is categorized, what the key triggers are, and how to measure it (Griffin, 2020). Regardless, a common thread is that particular devastating events, no matter how they are categorized, can lead to trauma.

Broadly speaking, trauma can be broken down into either physical or psychological trauma. Physical trauma is when something external harms an individual and can be observed, such as a scar. Psychological or emotional trauma is when there is an emotional response to a disturbing event and the wounds are invisible to detect (Allarakha, 2021). The American Psychology Association (APA) defines trauma in a very limited category compared to other research in their Diagnostic and Statistical Manual of Mental Disorders (DSM). The DSM-5 states trauma is only the "actual or threatened death, serious injury, or sexual violence" [10] (p. 271). However, the

Substance Abuse and Mental Health Services Administration (SAMHSA) identifies trauma by using the three "E"s: event, experience, and effects. The first is experiencing a single or series of events, the experience indicates that the individual is hurt by them physically or emotionally, and the last is the effects that injure the person experiencing trauma (SAMHSA, 2014). For the purposes of this project, SAMHSA's definition, that trauma is an extremely disturbing event that creates so much stress it inhibits one's ability to cope, will be used with the most recent research. This type of trauma can have lasting adverse effects, sometimes lasting up to a lifetime (Griffin, 2020).

Types of Trauma

The types of trauma are varied and inconsistent depending upon which lens through which the trauma is viewed. Trauma can be categorized into individual or group trauma. Individual trauma refers to trauma that is unique to an individual's experience. Groups may be created by common geography or events that could affect those in the group collectively, such as natural disasters. Another way to create a grouping is by experiencing the same kinds of trauma and its effects through negative social interactions (Swartz, 2017). A recent example of group trauma experienced at a global level is the COVID-19 pandemic. The individual experiences and common group stressors have inspired research to explore the trauma that is resulting from COVID-19 (Bridgland et al., 2021; Griffin, 2020).

Some resources categorize trauma as type one or type two. Type one is when there is only one singular event such as a car accident. Type two is when there is a sustained recurrence of traumatic occurrences like childhood neglect. (LC, n.d.; Sage, 2018; Volpe, n.d.; Sage et al., 2018). Another way trauma can be categorized is with the

labels: acute, chronic, or complex trauma (Allarakha, 2021; Wamser-Nanny, 2013). In spite of using the same labels, Allarakha separates the three labels into different categories. Acute trauma is similar to type one because it stems from one event. Chronic trauma is in the same manner as type two as it involves traumatic occurrences that are reoccurring. Complex trauma is akin to chronic, but it typically involves sustained negative events of a personal nature (2021). Wamser-Nanney combines complex and chronic into a single type of trauma and assigns acute trauma as its own category with the two subcategories of acute noninterpersonal trauma and acute interpersonal trauma (2013).

Causes of Trauma

The events that provoke trauma present another way it can be organized and classified. Similar to the definition of trauma and the types of trauma, there are many varying opinions as to the causes of trauma. The DSM-5 has identified three potentially traumatic events (PTE). The first type is accidental events, the second is traumas where the individual is victimized, and the last type is an ever-present death threat (Contractor, 2020). Direct and indirect exposure can also cause trauma. Direct exposure refers to an event happening directly to an individual, but also includes being in the presence of damage to others. Indirect exposure is when one learns of a traumatic event through their own personal network or the media (May & Wisco, 2016).

Beginning in 1995, the CDC and Kaiser Permanente created one of the largest studies of childhood trauma called Adverse Childhood Experiences (ACES) study. The study identifies ten major causes of trauma in children from birth to the age of 17. The causes are divided into three different groupings. The first is abuse, including physical,

emotional, or sexual abuse. The next group is neglect, broken down into physical and emotional. The last grouping is household dysfunction. This group is divided into five types of trauma that can happen in a home: mental illness, an incarcerated family member, violence against the mother, drug abuse, and divorce (ACES, 2020).

Recognizing Trauma

Recognizing trauma is not universal. There are different ways that trauma affects and can be observed in people. This section will explore how trauma can present differently in different people, even if they've experienced the same disturbing experience. It also explores the varying degrees trauma may potentially affect them (Callahan et al., 2013). How to identify a need for trauma care will vary because different risk factors can increase the likelihood of trauma (ACES, 2020). The method for identifying trauma may need to be differentiated by generations because of each generation's unique shared experiences. The effects of trauma can also affect different age groups uniquely (van der Velden et al., 2020). However, there are some ways to recognize trauma that are more consistent across the different types (Clark et al, 2012). Being able to identify the common symptoms and risk factors of trauma is critical to addressing and treating its adverse effects with the goal of avoiding negative long-term consequences.

Identifying Risk Factors

Risk factors that may increase the likelihood of experiencing trauma may be individual, family, or community oriented. Examples of individual risk factors include a lack of strong interpersonal relationships with their caregivers, dating or having sex at an early age, not having strong friendships, and relationships with people who exhibit

negative behaviors. Family risk factors include poverty, parenting stress, violence in the home, single parents, or lack of education. Community factors may consist of high rates of crime or violence, limited resources for education, unemployment, lacking events for children, and easy access to drugs (ACES, 2020; Callahan et al., 2013; Delima & Vimpani, 2010; Fraser et al., 2019; Hong et al., 2020). The cultural behavioral trauma theory (CBTT) speaks to the racial disparity within a community because of inequity and is another possible risk factor. (Gómez, 2019).

Generational Considerations

Generations are grouped together not only by age groups, but by the collective experiences they are exposed to and social movements that would affect anyone during that time despite the age of an individual (Pew Research Center, 2020). Generational trauma can occur when older generations pass trauma to the next generation by imparting their own anxiety and fear from a prior experience (DeAngelis, 2019; Murphey & Sacks, 2019). COVID-19 is being acknowledged as something that can cause trauma globally. Given the inconsistencies of defining trauma, currently COVID-19 does not fit within the parameters of the criteria for PTSD (Bridgman, 2021; Kaur et al., 2020). Despite this, governments have been encouraging health care agencies to use trauma-informed care for addressing global health (Griffin, 2020).

Testing for Trauma

Identifying and classifying people that could be traumatized employs a variety of assessments, checklists, and tests (Balon, 2005; Whitt-Woosley, 2020). The first started as an evaluation test is the trauma symptom check (TSC). The second is a trauma symptom checklist for young children (TSC-YC), which is specifically used for only

children, a modification of the first. Both contain a list of symptoms that are tallied up to identify if trauma is present. Some of the items on the list are behavioral problems, anxiety, depression, poor sleep, and anger. TSC and TSC-YC have been validated, standardized, and shown to be effective for multicultural populations. These tests also take into account if the person being tested is over or under reporting symptoms (Forky, 2016).

Next, there is the impact of event scale (IES) tests for PTSD which was revised and is now called the IES-R. This test has 22 questions that are rated by the perceived effects an event has on an individual. IES-R has four degrees from zero, *not at all*, to four, *extremely*, to rate how disturbing an event is perceived to be. It assesses the results against a large population and does not require an extensive amount of time to take (Beck et al., 2008; Moore et al., 2020).

Another test used to examine the potential effects of exposure to trauma triggers is the ACE quiz. The ACE quiz is only used on children, and looks for adverse experiences that happened before the age of 18 through a series of ten yes or no questions. The test is a predictor of whether or not someone is at risk for greater challenges later in their life (ACES, 2020; Karatekin & Hill, 2019).

Accuracy of Testing

As with any assessments, it is critical to ensure that the test does not contain any inherent biases, and that the instrument is both valid and reliable (Mouthaan et al., 2014). Some factors that can contribute to the unreliability of a test include where a test originated from, languages it is offered in, the tester's bias, accessibility, inconsistencies, or lack of accuracy. It is important to also acknowledge that some assessments may over

or underestimate the seriousness of the level of trauma. Given the lack of length of some assessments, it clearly cannot identify all the triggers or potentially traumatic experiences that may occur (Balon, 2005; Havens et al., 2012; Lang & Connel, 2017; Moore et al., 2020).

Long Term Outcomes of Trauma

Not everyone who is exposed to trauma will have adverse effects. However, for those that are affected, the research shows that it is critically important to address trauma as soon as possible (Bolton & O'Ryan, 2000; Bolton et al., 2004; Cuperus et al., 2017 Fisher & Frey, 2020). The longer trauma goes unaddressed, the outcomes for success become less possible because the effects of trauma can transform an individual's ability to cope and hope (Beck et al., 2008; Bolton et al., 2004; Lev-Wiesel et al., 2006; Mills et al., 2020). The prognosis for people with severe trauma runs the gamut of possible outcomes. It can vary depending on multiple factors such as the age of exposure, the duration of the traumatic experience, resources for treatment, and the measure of how it may have interfered with personal growth as a person or within society (Hansel et al., 2013; Mulvihill, 2005; Ranjbar, 2019; Read & Mayne, 2017; Spiegel, 2000). However, despite the unlimited range of outcomes, the research seems to consistently lead to the same conclusion; exposure to trauma limits the abilities of an individual to be more successful at accomplishing their personal goals (Cloitre & Beck, 2017; Gutermann et al., 2017; Lang & Connell, 2018).

Effects to the Brain

The earliest documented evidence of trauma and its critical effects to the brain was in 1970. Later neuroimaging was able to further the research proving that exposure

to trauma creates structural differences in the brain due to the sustained stress response (Delima & Vimpani, 2011). The age of exposure to trauma is an important factor for potentially negative neurological outcomes. The pathways of neurotransmitters and the development of the brain are highly affected by trauma, particularly at an early age. The effects of trauma are more evident in the brain the earlier the trauma occurs because the brain is still developing, making the experience more toxic. Early exposure to trauma interrupts the synaptic gaps or stagnates the development of the brain (ACES, 2020; Cuperus et al., 2017; Garrett, 2014).

Emotional. Exposure to trauma may lead to interrupted emotional growth because it can affect the three parts of the brain that are responsible for healthy emotional regulation. One part of the brain that is affected is called the amygdala. This part of the brain's primary function is to recognize fear. Overstimulation of the amygdala may create intense fears and continued toxic stress that will persist even after the cessation of the original traumatic event. The hippocampus controls the memory of the adverse event. It can erase the memory or increase the triggers associated with it to increase anxiety and fear. The hippocampus has been documented to be smaller in people that have experienced traumatic events (Thatcher, 2019). The last identified part of the brain that affects unproductive emotions is the prefrontal cortex, which is responsible for regulating emotions. The prefrontal cortex is the last part of the brain to develop and will be the most affected by trauma. (Thatcher, 2019)

Behavioral. Since the prefrontal cortex is the last part of the brain to develop, it is the last to make connections between rational logic and the limbic system, which is the part of the brain that is associated with fight or flight. The prefrontal cortex functions by

having a systematic processing system that works in conjunction with the reactionary limbic system. Without a connection between these parts of the brain to understand what is an effective and rational response, behaviors that could be perceived as negative are more likely to occur. Examples of this could be outbursts, a tendency toward aggression or violence, and efforts to isolate or hide from their environment. (Souer & Hall, 2020; Perry et al., 1995).

Learning. The prefrontal cortex is also a part of the brain that's very important for judgment, cognitive function, and learning. This part of the brain has been identified as being critically affected by experiencing trauma (Garrett, 2014). There could be triggers in a school environment that will affect learning because the amygdala is constantly being triggered to be in a state of fight or flight, thus making the learning process excessively difficult (Perry et al., 1995; Silter, 2009).

Psychological Disorders and Physical Risk

The most common disorder associated with trauma is post-traumatic stress disorder (PTSD), but major depressive disorder (MDD) also has a strong connection to trauma (Waldron & Reinecke, 2019; Wanklyn et al., 2016). PTSD is often associated with people that have returned from war, but it can happen to anyone who has experienced trauma (Cuperus et al., 2017; Wanklyn, 2016). The results of having too much stress on the brain can be poor self-regulation, suicide or thoughts of it, increased behavioral risk, anxiety disorder, uncontrollable anger, internalized oppression, and a feeling of helplessness. Increased behavioral risk can place people in dangerous activities including substance abuse or engaging in dangerous sexual practices (Cuperus et al., 2017; Delima, 2011).

ACES uses a pyramid model to demonstrate how trauma can potentially affect children. The pyramid was originally constructed with six levels, but in 2015 ACES added two additional levels at the base. The original levels of the pyramid, starting at the base were: adverse childhood experiences, disrupted neurodevelopment, cognitive, emotional, & social impairment, adoption of health risk behaviors, disease, disability & social problems, and finally early death at the top.

Cognitive impairment has a strong relationship to the effects of the brain. Social skills do not develop at the normal rate and could include isolation. Emotional impairment may include anxiety, aggression, or depression. The adoption of behaviors that increase the likelihood of putting health at risk is the tier that follows. Behaviors could be an unhealthy diet, lack of exercise, or violence. This could lead to disease or potential disability. Using the examples of risky behavior, diabetes or obesity could be a result of lack of nutrition or activity. Violence could create a disability. It also lists social problems such as impaired performance or relationship issues. The top of the pyramid is early death (Miché et al., 2020). This could be a result of suicide, heart disease, or stroke.

The two levels added in 2015 are generational or historical trauma and social and local status. These address the role bias, microaggressions, and epigenetics play in creating trauma. The added categories recognize that children are immediately exposed to environmental and genetic factors as soon as they are born (ACES, 2020).

Treatments for Trauma

These negative outcomes do not have to be permanent with the proper intervention (Grad & Zeligman, 2017; Souer & Hall, 2020). There are many strategies

that have been established, even if not universally embraced. However, there is agreement that effective treatment will reduce symptoms by improving the ability to cope, which in turn results in a healthier and safer personal life (Clark, 2013).

Cognitive behavioral therapy (CBT) has been found to be an effective intervention to the possible dire outcomes of trauma. There are three main types of CBT that have been identified to help trauma. The first is cognitive processing therapy (CPT) that focuses on how to think or process the traumatic events and the resulting ways it may have shifted how an individual's perception of the event, themselves, and others. Next, there is prolonged exposure (PE). PE aims to desensitize the traumatic event by using exposure to the traumatic event to prevent it from being a trigger. The last CBT that has been identified is stress inoculation therapy (SIT), which seeks to create a different way to react to stressors. Some techniques include relaxing muscles, breathing techniques, or productive assertiveness (Anxiety & Depression American Association [ADAA], n.d; Murphey et al., 2019).

Other forms of treatment include eye movement desensitization and reprocessing (EMDR). That treatment involves either using sound or moving the eyes back and forth while thinking about the traumatic event. Present Centered Therapy (PCT) does not focus on the stressful event. Instead, it uses strategies to solve life issues in the present (ADAA, n.d.). Medicine may also be prescribed to ward off anxiety, nightmare, and overeating. Selective serotonin reuptake inhibitor (SSRI) antidepressants, monoamine oxidase inhibitors (MAOIs), beta-blockers, benzodiazepines, or second-generation antipsychotics (SGAs) may be used to treat trauma. Unfortunately, benzodiazepines have a serious history of addiction that creates a new problem of reliance because it can sedate

the person taking, and lull them into believing that they are getting better, when in fact it only numbs them, or worse, it might create new problems (6 Common Treatments for PTSD, n.d.; Thatcher, 2020).

New Therapies

Trauma therapies continue to evolve because even the most effective ones are unable to help every person suffering from trauma. It is necessary to find an appropriate match for the person's biology, experience, and degree of trauma. Some new therapies, including drugs or treatment, have been discredited or disregarded for various reasons. Some of the reasons they were abandoned include adverse effects or ineffectiveness. Others are so unfamiliar, that without empirical evidence, the suggestion of the treatment could create fear of the unknown results. Hypnosis was at one point highly regarded in psychology for distress, but hasn't shown scientifically sound results for treating PTSD (A. Klein, personal communication, March 7, 2021).

One of the newer medicinal treatments gaining attention for anxiety, trauma, or PTSD is cannabidiol (CBD). The national attention to potential benefits is still up for debate state-by-state. CBD has been proven to help with maladaptive memories from trauma from studies, however, most research has not been on human subjects. More studies need to be done to validate its therapeutic properties (Ahrens, 2020; Bitencourt & Takahash, 2018). Another drug that has been introduced to treat trauma has been ketamine. Ketamine works with the N-methyl-D-aspartate-type glutamate (NMDA) receptor, which is different from the SSRI and MAOI inhibitors that have been empirically proven to be effective. There are great concerns that Ketamine carries the

risk of addiction and the potential to make the effects of trauma worse, similar to the concerns for using benzodiazepines (Lirano & Schwartz, 2019).

Another treatment is an advanced version of electrolyzed shock therapy, or electroconvulsive therapy, (ECT) to affect the brain directly. ECT did not target a specific area of the brain and its treatment may have helped some parts of the brain, but subsequently created damage to other sections of the brain or caused spinal fractures. The most common side effect of ECT is memory loss. Transcranial magnetic stimulation (TMS) and deep transcranial stimulation target areas of the brain that are affected negatively by trauma. The treatment works by isolating the parts of the brain that are most affected by the effects of trauma while not affecting the portions of the brain that are functioning well. The validity of these tests are in dispute until further research can prove that they are legitimate sources of treatment (A. Klein, personal communication, March 7, 2021).

Systems of Support in Schools

For my research question, it is important to address how the needs of people in distress have evolved in educational settings. It appears that there is not a singular solution or an agreement on how to serve these students. While there have been many different ways that schools have tried to address trauma for their students, there are key ideas that arise across the different approaches to treating trauma within a school setting. Adding to those differences, schools may have further limitations and liabilities to creating a well-informed staff or communities to support trauma care holistically. It appears that the need is greater than the resources that are currently available in schools. Limitations may include insufficient monetary resources, lack of a collective idea of what

works, and a general misunderstanding of what can or could be done (Murphey & Sacks, 2019; Racco & Vis, 2015; Yohannan & Carlson, 2019).

This section will discuss how to address the need for people in distress, and has evolved in embracing different solutions in educational settings. It appears that there is not a singular solution or an agreement on how to execute it well (LaCapra, 2016; Smith et al., 2016). As previously explored, there are variances to even how to define, identify, and categorize trauma. There are different ways that schools have tried to implement addressing trauma in their students (Dombo & Sabatino, 2019). Those methods vary depending on the key ideas to execute treating trauma within a school setting. Adding to those factors, schools may have further limitations and liabilities to create a well-informed staff or communities of support (Brunzell et al., 2019). It appears that this need is greater than the resources that are currently available in schools. The limitations may be monetary resources, a collective idea of what works, and a lack of understanding of what can or could be done.

The conflicting data to define, categorize and identify trauma has impeded our ability to address it effectively in schools. Having the same definitions, types, ways to recognize trauma, and treat it is fundamental in our ability to overcome the consequential results (Griffin, 2020). The National Center for Trauma-Informed Care (NCTIC) was established in 2005 to help create more stable environments to help people with trauma. Trauma-informed care (TIC) has gained interest in schools recently to create a more supportive environment for students experiencing trauma (Gardner & Stephens-Pisecco, 2019; O'Gorman, 2018). TICs that have been implemented in different school districts will be explored next with both their positives and negatives.

Equity Training

Equity was a shift from the idea of equality. Equality suggests that everyone should receive the same kind of treatment to acquire the same outcome. This has been empirically proven to be inaccurate. Equity aims to address the fact that one way of solving a problem will not work for everyone. Instead, it focuses on unpacking and understanding unintentional biases that we all hold (Tucker-Smith, 2021). Equity training is often associated with racial equity, social justice, and creating an inclusive culture (Affolter, 2021). This type of training addresses unfortunate outcomes for not creating a culture where all types of individual needs, including trauma, are met. Another element of equity training is keeping students in schools and in the least restrictive environment (LSE) while addressing the emotional and academic support they need to succeed using restorative justice (González, 2019).

Conversely, there is criticism of equity professional development in schools. Tucker-Smith (year) addresses three possible outcomes: it works, it doesn't work, and finally, it seems to be working but isn't. The latter is the most troubling of the three outcomes. The major issue is the Dunning-Kruger effect that makes people think that they are more capable in a situation than they truly are. If they are able to get past this lack of understanding, they can sometimes go into a "valley of humility" which could also make someone want to exit the full procedure for the full development of equity training. It is a process that she addresses that should be explored and completed in full instead of terminating it before true progress is made to be effective in equity training (2021).

Social-Emotional Learning (SEL)

SEL addresses trauma because the focus of the TIC addresses the need to self-regulate through being aware of their own feelings, the feelings of others, and how to express those feelings. The model points out the feelings that might happen physically, link them to an emotion, and how to identify them correctly. The goal of SEL is to create positive self-management, social awareness, relationship skills, responsible decision making, and self-awareness. All these topics address potential negative outcomes from being exposed to a crisis situation. When trauma happens it affects the primal part of the brain and SEL uses language to identify emotion needing scaffolding support. (Gulbrandson, 2018; McKown, 2019; *What is Social Emotional Learning (SEL) and EQ?* 2020; van der Velden et al., 2020)

One challenge of SEL is the assessment for measuring self-management, social awareness, relationship skills, responsible decision making, and self-awareness requires the students to rate themselves. Self-rating presents a multitude of issues, including: a lack of understanding of what these categories mean, answering untruthfully to please the teacher, or perhaps being persuaded by the teacher for more favorable answers (Blad, 2020). Another issue is the ambiguity of SEL. Social emotional learning can mean many things to different people (Shriver & Weissberg, 2020). The students are to identify and connect their own feelings with the signals in their environment and bodies. There is no one correct answer because everyone is different. This is particularly concerning for students that may be working through trauma because their answers could be radically different than their classmates, but could be pressured to silence their voice instead (Gorman, 2016). The model also requires the support of schools starting from the

classroom to the entire school, and then the community and caregiver support. If there is not support on all these levels, the model is incomplete (Voith, 2020).

Multi Tiered Systems of Support (MTSS)

MTSS is another widely embraced program to address the varying needs of students. There are multiple ways that MTSS might be represented, but the most common is a three-tiered system. Level one is the support for the majority of students. The second tier is for students whose needs are not met by level one, sometimes referred to as small group support. The final tier is typically individual support for those who need personalized intensive support. MTSS in this model can offer interventions for academic, emotional, and behavioral issues (Adamson et al., 2019; Steed & Chaplain, 2020). For example, MTSS can increase attendance at school (Kearney & Graczyk, 2020). Data drives identification for what tier would assist students in the best way possible. This information is collected from screenings an informal progress monitoring, and updated as needed. If a student needs to move from one tier to another, the goal of MTSS is to get them into the next tier of assistance (Freeman et al., 2017; Rodriguez et al., 2016).

One of the limitations of MTSS is that it is set up assuming that there will be a particular percentage of students that fit within each tier. This might be evidenced by past data, however as there are constantly moving issues to address, there may not be enough resources to support tier two or three (Freeman et al., 2017). Tier two is not as well researched as tier one. This is concerning that the higher tiers could be compromised by the lack of research because those students are the ones identified as being the most vulnerable without additional support (Rodriguez et al., 2016). MTSS is

highly dependent on data to be successful which creates another challenge for sometimes already stretched resources for administration and teachers. It also requires more time to track behavior, academics, and emotional responses (Buckle, n.d).

Trauma Sensitive Schools

Schools can create an environment that can help students recover from trauma. The focus is to have that environment support building healthy relationships, success in academics, help to regulate feelings and behaviors, and promotion of physical and mental health (Souers & Hall, 2020). Trauma sensitive schools were a response to the rise of zero tolerance policies, which primarily hurt marginalized groups, particularly in urban settings. It was an effort to have school wide support for all students, not just the school counselors and psychologists (Gherardi et al., 2020; Sparks, 2019).

Unfortunately, the research studying the effectiveness of trauma sensitive schools has been unreliable. Trauma sensitive schools address the outcomes but fail to balance that response to the underlying causes. Additionally, they ignore socio-political power dynamics at play by not considering how schools might be perpetuating trauma as well. Last, trauma sensitive schools do not have family and community involvement as part of the process, therefore, the students do not get consistent support in their various environments (Gherardi et al., 2020).

Trauma Informed Schools

Although the terms “trauma sensitive” and “trauma informed” schools have been used interchangeably, they are two different models. Both begin with the “Four R’s” which are realize, recognize, respond, and resist. They both also address safety, trust, peer support, collaboration, empowered choices, and consider history, culture, and gender

issues (SAMHSA, 2014). Trauma informed schools go beyond trauma sensitive schools by focusing on increasing awareness and making changes to respond to trauma for their students. Changes include policy, practices, and procedures. An example of a change in practices could be reevaluating intake processes to ensure the high risk students are identified. Trauma informed schools aim to increase engagement by improving their best practices (*TIO: Module 3: Trauma Specific, Trauma Sensitive, Trauma Informed* 2019).

However, there is debate if this is enough to effectively give the students most at risk the support they need. The need for more specialized services beyond the classroom requires more access to mental health professionals such as counselors or psychologists. These professionals have had training on how to record and track progress objectively whereas not all teachers have the proper training. Additionally, there might be limits as to how they are able to do individual and small group interventions that have been identified as more effective for trauma care than a school implemented care (Herrenkohl, 2019; Naik, 2019).

Growth Mindset

A growth mindset is recognizing that it is possible to change personality traits such as interactions. In a growth mindset, the focus is to overcome obstacles and regard them as learning opportunities instead of setbacks. It encourages and scaffolds how to challenge and work through events that could create stress, anxiety, or internalized oppression. A growth mindset builds up resilience to uncomfortable positions in order to grow and build from them. It is in juxtaposition with a fixed mindset, which states that these traits are not malleable. When a setback occurs someone with a fixed mindset will likely give up or internalize the failure as being their fault. The resulting effect in this

perspective is to give up and reduce the efforts to make improvements. A fixed mindset could also result in a state of helplessness and a loss of continued opportunities. It is a process to redirect negative thoughts and behaviors to positive ones which are particularly important to people experiencing trauma (Schroder, 2017 & 2021; Verberg et al., 2018).

There are many critiques of the growth mindset approach. There is not enough research to demonstrate that it is effective. A growth mindset is not realistic to a school because of how students are evaluated with a fixed mindset, like tests and grades. It also doesn't take into account that there are more types of a mindset, nor does it account for them. A growth mindset assumes that there aren't fundamental flaws in the curriculum itself that prevents success (Papadopoulos, n.d). It creates a connection between effort and Shroder states that it does not address anxiety effectively when using this model (2017).

Limitations to Effectively Addressing Trauma in Schools

Schools confront many limitations as they try to provide a solid resource for their students. This may restrict their abilities to effectively execute the programs they would like to implement to reach all their needs. The school's access to different resources is a strong indicator of the quality of education and opportunities the school can provide. This will directly affect the accessible resources to be a viable resource for trauma care. Having enough financial resources is necessary to get the proper training, staff, and support to implement a program that will effectively work with traumatized children. Training is often very expensive and using more than one type could be cost prohibitive. The continued education for trauma care and their materials also require another resource

that has been identified as lacking, time. Time to implement the program can be in conflict with trying to meet curriculum standards, grading, lesson planning, and other programs schools are implementing. This leads to another issue of the programs requiring 'buying in' and if staff in the school are feeling overwhelmed it may be more difficult to have an invested interest (Amato, 2015; Bettini, 2020; Wennbourne-Katz, 2016).

Conclusion

Chapter Two explored the current literature and research about trauma. It addressed key topics for the research question, *how might schools facilitate awareness about trauma for all staff in an educational environment?* It demonstrated why it is necessary to use consistent language to define trauma. Under the first section, defining trauma, it also included the types and the most agreed upon causes. The next section spoke to the different ways that trauma is identified through risk factors and assessments. The first two sections also showed the many variables that inhibit clear communication and understanding of trauma. Next, the potential long term effects of trauma were examined including the changes to the functioning of the brain, psychological and physical risk, and treatments that have been identified to help people experiencing trauma. This chapter then explored the current effective practices in schools that are used to help people in an educational setting. It included both the effectiveness and potential weaknesses of each model. Finally, it looked at some of the potential barriers to executing proper trauma treatment in schools. These topics will aid in examining the essential question, *how to facilitate awareness for all staff in an educational environment about trauma?* It is clear that it is necessary and important to address trauma in

educational settings for the health of the individual, families, and our communities. The effects, if not addressed timely and effectively, could be detrimental to all three stakeholders.

In Chapter Three, I will lay out a framework for an adult workshop to challenge our current understanding but also examine the models being used specifically to help students with trauma. It will also confront our misunderstandings, navigate gaps in the methods that are used, come to a collective idea of what works best for the students, and question our own perceptions of the ideal model. The goal is to find a common ground for establishing how to effectively create more success for students experiencing trauma in our schools.

CHAPTER THREE

Project Description

Introduction

I have worked in schools for over two decades, but I never had any training on what trauma is, what its effects are, or if the models the school used to address it were effective. For me, this identified a need that was severely lacking and made me passionate to create a project for a comprehensive understanding of trauma.

The literature review demonstrated there are many ways trauma can be explained and why there is a critical need to understand trauma, especially in schools. A barrier to understanding trauma is the lack of consistency in defining and recognizing it. Another hurdle is the lack of critical examination of the methods used in schools. The research question guiding this project is, *how to facilitate a comprehensive awareness about trauma for all staff in an educational environment?*

Chapter Three will present an overview of the project and the framework**.** Next, the intended audience, setting, and timeline will be presented. Finally, I will describe the rationale, desired outcomes, and a comprehensive explanation of the project.

Project Overview

The purpose of the project is to educate all staff about trauma by providing an adult workshop to explore what trauma is, how to recognize it, and the multiple ways of resolving it. Given the vast amount of contradictory information and lack of a cohesive understanding, even in research, it is essential to present the information through a myriad of lenses during the workshop. An important aspect of the workshop is to address

how each individual, regardless of their role in the school, can contribute to the conversation.

Framework

There are numerous theories and strategies for effectively addressing the needs of adult learners. This workshop will build on the work of Mezirow's Transformation Theory. He states, "learning occurs in one of four ways: by elaborating existing frames of reference, by learning new frames of reference, by transforming points of view, or by transforming habits of mind" (Mezirow, 2000, p.18). The workshop is built upon this idea. It will expand and challenge the understanding of trauma and models used to address it in schools by examining the research through multiple lenses.

Reflection is a key component in adult learning. Mezirow (2000) stresses that transformative learning occurs "by becoming critically reflective of their assumptions and aware of their context - the source, nature, and the consequences of taken for granted beliefs" (p.19). It would be negligent to ignore that adult learners come with their own experience and expertise. Throughout the workshop, reflection will be used to challenge and explore the many interpretations of what trauma is, various ways to identify it, and the effectiveness of various models used in schools building on the participants' experience and knowledge.

This theory also stresses the role of discourse because it is "devoted to searching for a common understanding and assessment of the justification of an interpretation or belief. This involves assessing reasons advanced by weighing the supporting evidence and arguments and by examining alternative perspectives" (Mezirow, 2000, pp. 10-11). Mezirow (2000) highlights reflective discourse because "it leads toward a clearer

understanding by tapping collective experience to arrive at a tentative best judgment" (p. 11). The workshop will present many opportunities for discourse to take a closer look at the varying perspectives. It is vital to take all viewpoints from research and our collective community to make sense of trauma with the best understanding possible.

Audience

For the purpose of this project, the workshop is for all staff in a middle school that comes into contact with students, however, the workshop could be used in any type or level of school. The audience for the workshop will include bus drivers, substitutes, paraprofessionals, hall monitors, kitchen staff, library staff, custodians, teachers, other student support staff, volunteers, and administration.

Setting

The setting will be a public middle school just outside of the Twin Cities with approximately 800 students. The school is ethnically diverse, has 20% ELLs, and over 50% qualify for free and reduced lunch. The staff size could range from 100-150, most of whom have not had any trauma training at this point yet. The workshops will ideally be conducted in a large media center. If that is not an option, perhaps a gym or cafeteria can be substituted.

Timeline

The capstone project began in January of 2021 to address the many perspectives about trauma in a school setting. The introduction in Chapter One, the literature review for Chapter Two, and the description of the project in Chapter Three will be completed by May of 2021. It will conclude with working even further to complete my project and capstone in the summer of the same year. The workshop will be available for use in the

Fall of 2021. It will be divided into two, one-hour sessions; the first will start at the beginning of the school year and the second will be offered no more than two months later. The reasoning for the timing is to give the staff the information at the beginning of the year to use their understanding throughout the year. Following these sessions, there will be a forum for people within the different roles in the school, as ambassadors, to continue and contribute to the progress of trauma care.

Rationale

The research shows that there are many interpretations of what trauma is and how to categorize it. Griffin and van der Kolk agree that defining and categorizing how to speak about trauma requires a common language to address it effectively (2020, 2000). It also demonstrates the negative outcomes that trauma may affect people long-term and why they are important to address (Cloitre & Beck, 2017). This leads to the need that Souers & Hall focused on, how to create an environment where people with trauma can thrive and overcome their obstacles (2020). Many models are used in schools that can create a better environment, but there are certain limitations for them as well. By utilizing the research it will allow the intended audience to engage with multiple aspects and perspectives of trauma. The workshop will also examine the positives and negatives of the current models used currently in schools.

An important aspect of this project is to allow the participants to speak their own voice through their experiences regarding these topics. It will be presented in the form of a workshop to facilitate discussion after individual reflection. Understanding trauma in the context of my workshop echoes Mezirow's (2000) words, "there are no fixed truths or

totally definitive knowledge and because circumstances change, the human condition may be best understood as a continuous effort to negotiate contested meanings" (p.1).

Project Outcomes

The project's first objective is to use research as well as the participants experiences and knowledge in order to foster a common language to communicate effectively using the participants' experience and knowledge. The second objective is to learn how to identify students with trauma. The third is to realize the unfortunate outcomes that could occur if trauma is not addressed. Next, it explores the benefits and potential shortcomings of models that are used in schools. Finally, it is designed to empower staff to have a well-informed voice regarding trauma through various perspectives, reflection about their own experiences, and to be able to have clear dialogues about trauma.

Project Description

My project is to create an adult workshop to train all staff that come into contact with students to be aware of trauma and why it is important to understand. The first workshop will combine defining and recognizing trauma because those elements are the most critical to having a common understanding of trauma, and communicating concerns about trauma. The second will explore what kind of outcomes can happen if trauma isn't resolved and examine models represented in schools that show us how to appropriately respond and their limitations.

Support Materials

Support materials that will be needed are a computer connected to a large screen, posters and handouts for a gallery walk, jigsaw handouts, tape for agreement circles, and paper and pens for quick writes and assessments.

First Workshop

The workshop will begin with all participants engaging in a gallery walk of things that could potentially create trauma from what they have seen or experienced. An example of items presented in the gallery walk could be a poster that says 'bullying'. The participants will check off events they are presented with as something that could create trauma. Second, the participants will be asked to do a preassessment of their understanding of the definition of trauma and how to recognize it.

Then, we will gather as a group to identify their comfort level of understanding trauma within three 'tiers' of an agreement circle. A list of statements will be read and the participants will move to the circle that indicates their comfort level. Next, they will be asked to individually define what trauma is. Within a small group, they will discuss what their findings were and discover if there is a correlation or disconnect between themselves and other colleagues. The small discussion groups will also be used to address their agreements and disharmony. After that, there will be a large group discussion where individuals will use a Google Slide to share what their group's understanding is. It will be used to find where there is consensus and to reflect on their own thoughts individually.

To begin the second part, recognizing trauma and the causes of trauma, participants will reflect on how they have seen it manifest in students or in their personal

lives and the potential risk factors. Next, they will be given a handout with a few examples of how trauma can be observed emotionally, physically, or behaviorally and potential causes. Individually they will complete the worksheet and then compare their list in small groups. We will have a whole group discussion and it will then be added to the whole group Google Slide for everyone to see. Last, the participants will be asked to complete a post-assessment in the form of an exit ticket to identify what resonated with them or not, including why it did or didn't.

Second Workshop

The second workshop will begin by asking the participants what they remember from the first workshop. and how that informed their practices in an educational environment. They will reflect on observable patterns they have been exposed to. Next, they will write a list of what they individually think are some of the potential long-term outcomes. In small groups, they will discuss what are the similarities or differences on their list. In a large group, we will create another Google Slide to display on the large screen.

During the second half, the participants will be asked to reflect on the types of supports for trauma they have seen or participated in within a school environment. The jigsaw method will be used to break up groups with the models used in schools from the literature review from Chapter Two as a platform. The participants will explore the positives and negatives of each model presented and be expected to add their own voice to the conversation. After the groups discuss the highlights or low points of the methods they are required to jigsaw with, they will present research findings and will have the ability to contribute their own thoughts and experiences. The final assessment will be

sent to the staff in an electronic survey to inform future practices. The large group Google Slides created during the workshop will be sent to everyone as a reference for the rest of the year.

Summary

Chapter Three addressed the plans for my project to educate all staff about trauma to answer my research question, how *to facilitate a comprehensive awareness about trauma for all staff in an educational environment?* The project will be accomplished by defining trauma, knowing how to recognize it, the long-term effects, and evaluating the use of different models, and informing what the pros and cons of those models could potentially be through the workshop. In Chapter Four, I will reflect on what I have learned, the benefits and challenges of the workshop, and how it can be used in the future.

CHAPTER FOUR

Conclusion

Introduction

In Chapter One, I explained why the topic of trauma is personal and was highly influenced by my professional experience that led me to my research question, *how might schools facilitate awareness about trauma for all staff in an educational environment?* Trauma can affect anyone for a myriad of reasons at any age. In Chapter Two, the literature review explored why there were many misconceptions about trauma. It revealed that there was not a unified understanding of trauma and why it has consistently been redefined. Next, the types of trauma and their causes were examined by utilizing multiple resources in the field. Following that, I delved into how to recognize trauma, testing, and the potential long term effects. I then examined current treatments for trauma in and outside of school settings along with their respective positives and negatives. Finally, in Chapter Three, the project is described in detail including the framework, audience, and setting.

In Chapter Four, I will reflect on the process of the Capstone and what I have learned on this journey. The literature review will be revisited to focus on what improved my project, the new understandings it provided me, and how it guided me proceed in the best way possible. The literature review revisition will be followed by potential implications and limitations of the project. The chapter will conclude with how my project may be a stepping stone for future projects and how it could be an asset to the education profession.

Capstone Process Reflection

Reflecting on the Capstone process, I will start at the beginning of the process. Originally, I considered topics that were not related to trauma for my Capstone project. However, I was encouraged to tackle a topic that is not always fully addressed in schools or at all, but where substantial research already had been completed. I appreciated the feedback and encouragement to do something that I felt was outside "the box". Our collective recent experiences with COVID lockdowns, rising homicide rates, riots, and socicopolitical divisions have made the topic of trauma particularly salient, which prompted me to change my Capstone project to explore how trauma is addressed. I work hard to bring an unfiltered perspective to my students and as I saw them struggling with recent events, it inspired me to address trauma. I was striving to find a way to bring better resources to my students and colleagues, and understand the best way to start this process.

It is crucial to be aware of how these things affect our students and our communities. Not only do I want our students to be successful, but I also want our staff and communities to have success as well as teachers and individuals. I truly believe that no one decides to devote their professional life to teaching or working with students without a true dedication to trying to make the world a better place, care deeply about our students, and make a difference. The process of taking a concern that I had that was just the nugget of an idea and creating an entire project to address it was exciting.

I appreciated working through the process of creating our Capstones with my professors and classmates. Understanding that my classmates were also at the same point in the process and dealing with the same challenges as me was helpful when I was feeling

stuck. This process is different from any other part of the program I experienced. I have had the freedom to use my own ideas for assignments, however, the formatting was much different than I was accustomed to. In some ways, it reminded me of the EdTPA because it was so unfamiliar.

Like trying any new activity, this process has often been very challenging. I was often left feeling that I bit off more than I could chew, that I should have been more specific or that I should have focused on something more attainable. At times I felt that this project was too big for me, and when I couldn't provide a solution, I felt frustrated. I quickly realized that I could not provide a solution for how to provide the best trauma care in schools. In retrospect, I am not sure why I thought I could, even though that was my intention. I realize that is an unrealistic expectation, but sometimes being hopeful isn't always a bad thing.

However, this also led me to understand writing a Capstone as a learner and what I can do better when creating a project. I was able to try something that I have never done before and as I reflect back it makes me realize how much more I understand about something that felt out of my comfort zone before I started. In fact, I was probably intimidated by writing a Capstone. I also learned how to write a literature review and a format for a project that would be presented to adults instead of students. While this has been a challenging process, I feel that I have come out of the process a stronger teacher and learner.

Review of the Literature that Informed my Project

My literature review completely changed the course of my project. I wanted to have a clear understanding of how trauma affected our students and a clearer idea of how

to treat it in an educational environment. However, after doing more research, I realized it was much more complex than I ever understood. This led me to the conclusion that this is why it is so hard to address in schools. I've seen trauma affect my students many times over the years and I believe having a cohesive understanding for all staff was an important place to begin. I understood the bare minimum and many generalizations I found to be incorrect.

The literature review also helped me to understand the importance of presenting multiple perspectives when addressing a complicated problem. As in the case of trauma, there is not just one version and taking an overly prescriptive approach to address complex issues doesn't allow us to fully understand the underlying nuances nor present an effective method for solving it. Prior to doing the literature review, I did not realize how complex the issue of trauma was. For example, prior to doing my research, I did not know that there was not even a generally accepted definition of trauma. The literature review showed me new perspectives for understanding the complexity of trauma.

One major discovery was that there wasn't a clear definition of trauma from the experts, which confused me and changed the trajectory of my Capstone. Van der Kolk states that "trauma is an ambiguous and ubiquitous word" (2000). Being naive, I wanted to have some sort of idea of how to resolve it to present as my Capstone, and I was left feeling frustrated when I could not present a tidy resolution. However, without a baseline understanding of trauma, any program addressing it is bound to fail.

The lack of a common definition informed how I approached addressing trauma. When dealing with a complicated idea, concept, or ideology it is best to start at the beginning and establish a stable foundation before moving forward to solutions. The

project is intended to give all staff the necessary baseline of why trauma is so complicated. My project begins by attempting to establish a common understanding of trauma (Attolter, 2021; Gulbrandson, 2018; McKnown, 2019; Murphy & Sacks, 2019; LaCapra, 2016; Racco & Vis, 2015; Yohanna & Carlson, 2019).

Implications of the Project

The implications for the project could potentially be creating a more cohesive understanding of trauma for all staff that works with our students. It has the potential to positively impact the educational setting to address, and not judge, behaviors or other identifiable impacts that trauma creates. It will hopefully provide a more accurate assessment of trauma before it escalates into long-term consequences. The project will also increase more accurate and effective communication between staff to look for the resources needed. By not limiting the information to a standardized or simplified version of the topic it allows the current research to show all the pros and cons of various perspectives.

Limitations of the Project

What is necessary to address is that the adult workshop is a stepping stone for a larger problem that cannot be addressed in a couple of sessions. It is a good starting point to understand the complexities, but it doesn't clearly address "now what?" or "what do we do?". Although, I still firmly believe it is important to have a common understanding before delving into further topics and hearing everyone's voice prior to further execution. There is a need to examine what supports we are using in schools to create a better action plan. Some of the topics that should be addressed are: "When you recognize trauma, what do you do?", "What methods are the most effective for our school?", "Are

marginalized groups more likely to experience trauma and why?" and "How do we continue to understand the ever-evolving research?".

Asset to future research and explorations

My project provides a good foundation for understanding trauma and all the nuances involved to understanding trauma. It is necessary to have a baseline and understanding of all the variations of how trauma can be defined by, how we can address it with its positives and negatives, and hopefully how we can move forward to avoid the lifelong detrimental effects of trauma. As stated in the implications of the project, it is a platform that will support other work that is necessary to fully understand and address trauma in the educational environment. The workshop is an important starting point to begin addressing trauma, creating a common language, and developing a collective understanding. However, there are certainly more adult workshops that will be necessary to fully address trauma to help our students succeed. I think it should include how we are addressing trauma in an educational environment using the positives and negatives that are expressed from the literature review in Chapter Two.

Summary

Understanding trauma and the effects it can have on an individual is important to recognize, particularly in schools working with our students. Especially, the students that might be at a higher risk of being marginalized, as I was for being a minority. The fundamental reason for this Capstone Project is to begin addressing and understanding how trauma affects our lives and our students' lives without filters. This led to the question, *how might schools facilitate awareness about trauma for all staff in an educational environment?* No matter who we are, we have all experienced something

traumatic. Ignoring the many lenses to understand this isn't appropriate. It has to allow all voices to be heard. The project addresses the confusion and lack of understanding for all staff and the access to begin understanding trauma through different lenses to provide a foundation in the learning environment before trying to "fix it". This process has helped me understand how to proceed if I have other concerns for my students through validating it through research and how to create a project that I could present and execute.

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