

COMPLEX CHILDHOOD TRAUMA AND SCHOOL RESPONSES:
A CASE STUDY OF THE IMPACT OF PROFESSIONAL
DEVELOPMENT IN ONE ELEMENTARY SCHOOL

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Abstract

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The purpose of this qualitative case study was to examine one public elementary school in Spokane, Washington that has received significant complex trauma professional development training provided by Washington State University Area Health Education Center (WSU-AHEC). The study explored teachers', specialists', and the principal's perceptions of the impact of complex childhood trauma professional development training on the school-wide programs and practices, and classroom practices at Willow Elementary School (pseudonym). This study also examined the role of school leadership in supporting staff efforts to create a trauma-informed/trauma-sensitive learning environment. The specific research questions that guided this study are: (a) What is the impact of the complex childhood trauma training on the teachers, specialists, and principal in regard to their school-wide programs and practices and classroom practices? (b) How has the complex trauma professional development training influenced the beliefs about and responses to children who have experienced traumatic events?, and (c) What is the role of leadership in supporting teachers 'and specialists' abilities to respond appropriately to children who have experienced complex trauma? Face-to-face

interviews, observations, and a collection of documents were used as data sources for the study.

Analysis of the data resulted in three major themes. The first theme, *implementation of trauma-sensitive programs and practices*, explored the impact that the WSU-AHEC complex trauma training has had on classroom and school-wide practices. The second theme, *the power of “WE,”* examined the collective beliefs of staff that serve as the anchor for the complex trauma work. The third theme, *leadership matters*, spotlighted the role of leadership in creating, fostering, and supporting a trauma-sensitive learning environment.

The findings from this study suggest four main conclusions: (a) Complex trauma professional development training appears to be extremely valuable in supporting school staff as they create a trauma-sensitive learning environment; (b) two critical aspects of a trauma-sensitive school are building relationships with children and creating a safe and predictable learning environment; (c) leadership support is an essential component to creating a trauma-sensitive school; and (d) successfully meeting the needs of children who have experienced traumatic life events is difficult work that requires a collaborative school culture.

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Dedication

This dissertation is dedicated to my husband Pete, my mother Sheila,
and my sons, Branden and Tyler. You all inspire me every day.

CHAPTER ONE

INTRODUCTION TO THE STUDY

This qualitative case study examines one public elementary school in Spokane, Washington that has received significant complex childhood trauma professional development training provided by Washington State University Area Health Education Center (WSU-AHEC). The study explores teachers', specialists', and the principal's perceptions of the impact of complex childhood trauma professional development training on school-wide programs and practices, classroom practices, and beliefs about and responses to children who have experienced traumatic life events. This study also examines the role of school leadership in supporting staff efforts to create a trauma-informed/trauma-sensitive learning environment.

Background

In school districts across the United States there is a growing recognition of the pervasiveness of childhood trauma and its effects on children and adolescents in school settings. The topic of trauma has generated a surge of interest as educators are becoming more aware of the magnitude of the issue of children coming to school having experienced trauma and of its effects on children's educational experience. One of the most comprehensive nationwide surveys on the incidence and prevalence of childhood exposure to trauma and violence is titled "The National Survey of Children's Exposure to Violence (NatSCEV)." The 2008 study was sponsored by the Federal Office of Juvenile Justice and Delinquency Prevention (OJJDP) and supported by the Centers for Disease Control and Prevention (CDC). This study measured the last year and lifetime exposure to trauma for

children 17 and younger in home, school, and community settings. This survey found that more than 60% of the children surveyed had been exposed to violence over the past year (Finkelhor, Turner, Ormond, Hamby, & Kracke, 2009). The National Child Abuse and Neglect Data System (NCANDS) documented in 2005 that approximately six million children were alleged to have been maltreated through an estimated three million referrals to Child Protective Services (Kracke & Hahn, 2008). According to the National Child Traumatic Stress Network (2008), one in every three children attending school has been exposed to a traumatic event. In 2005, adolescents in the United States ages 12 to 19 were more than twice as likely to be victims of violent crimes as the population as a whole. Trauma experienced by school-aged children is prevalent and is an urgent public health concern. These children experience lasting physical, mental, and emotional harm. They have a difficult time with attachment, anxiety, depression, regressive behavior, conduct problems, and aggression (Finkelhor et al., 2009). According to Ziegler (2011), childhood trauma constitutes the greatest cause of underachievement in school-aged children.

In response to this crisis, U.S. Attorney General Eric Holder referred to these numbers as “staggering” and said, “These numbers are astonishing, and are unacceptable...We simply cannot stand for the epidemic of violence that robs our youth of their childhood and perpetuates a cycle of violence” (www.safestartcenter.org/cev/news-0910.php). On September 23, 2010, Holder launched the Defending Childhood Initiative to address this national crisis of America’s children exposed to violence as victims and witnesses. Holder states, “This problem effects each one of us. Effectively addressing it must become our shared concern and shared cause” (www.justice.gov/defendingchildhood/).

Complex Trauma

The concept of “complex trauma” addresses the “common consequences of persistent and often co-occurring risks such as family violence, abuse, neglect, parental disorders, and community violence” (Blodgett, Turner, & Harrington, 2009, p. 2). Rossen and Hull (2013) define traumatic experiences as:

...those that are overwhelming; lead to strong negative emotions such as shame, helplessness, and fear; and involve some degree of experienced or witnessed threat to self, whether that threat is physical, mental, or emotional...it is subjective, developmentally bound, and individual. (p. 5)

In 2010 Washington State University Area Health Education Center (WSU-AHEC) conducted a study that examined 2,100 Spokane region students in 10 elementary schools. This study found that 45% of the students were identified by school staff as having one or more adverse childhood experiences (ACEs), one in three of these children had two or more known exposures to adverse events in their lives, and 12% of students experienced three or more adverse events. Students with two ACEs exposures were more than two and a one-half times more likely to have academic failure, three times more likely to have severe attendance problems, three times more likely to have severe behavior problems, and two and one half times more likely to have health related issues (Blodgett, Turner, & Harrington, 2012). The rate of exposure becomes greater when factors of poverty, diverse communities, and exposure to additional adverse experiences are added to the equation.

WSU-AHEC conducted a second study examining 5,443 students preschool through grade 12 who were enrolled in the Readiness to Learn (RTL) state funded program. They

found that 32% had one adverse childhood experience, 22% had two ACEs, 14% had three traumatic experiences, and 12% had three or more. The results of these studies confirm the prevalence of children's exposure to traumatic events. The Spokane regional study demonstrates the significant impact adverse childhood experiences have on students in the educational setting.

Effects of Trauma

The effect of trauma on children is not about the traumatic event itself but about how an individual's mind and body react to the traumatic experience (van der Kolk, 2010). There are psychological, emotional, and neurobiological impacts that trauma experiences have on children. Trauma in childhood can severely impact all aspects of child development and undermine a child's emotional regulation, cognitive processing, social skills, and health. Trauma affects a child's ability to learn, form relationships, and function appropriately in the classroom. This includes the child's development of language and communication skills, organization of narrative material, ability to understand cause and effect relationships, attentiveness to executive functions such as goal setting, and the ability to engage in the classroom curriculum and instruction. These limitations make it challenging for children who have experienced trauma to meet classroom learning expectations (Bloom, 1999; Wisconsin Department of Public Instruction, 2012). Complex trauma has a dramatic impact on the academic success of students. Many of the classroom obstacles that children of trauma face result from their inability to process information, distinguish between threatening and non-threatening situations, build trusting relationships, and modulate their emotions. According to Cole et al. (2005), a traumatic experience can

greatly influence the development of linguistic and communications skills. Children of trauma often do not understand how to use language as a means of communication. These language deficits can undermine the development of literacy skills, social-emotional development, and behavioral self-regulation. Traumatized children have a difficult time deciphering important information and can be easily distracted or lack focus because of their own anxiety or fears of traumatic events. Many children who have experienced trauma also have difficulty with executive functions (goal setting, understanding consequences, and follow through). A lack of executive functioning greatly impacts a child's ability to achieve academically and socially.

School Responses

Addressing trauma in schools is a recent but increasingly focused effort across the United States (Rosin & Hull, 2013). More schools today are focusing on acknowledging the issues of trauma and are working towards developing school cultures, practices, protocols, and procedures, along with routines and rituals, to create what is called a "trauma informed," "trauma-sensitive" learning environment. Trauma-informed practice involves the specific use of knowledge about trauma in order to make the appropriate modifications to support the developmental and academic success of traumatized children both in the classroom and in school-wide practices. A trauma-sensitive school focuses on creating a culture that prioritizes safety, trust, choice, and collaboration (Evers, 2012). In trauma-sensitive schools every staff member learns about the prevalence and impact of childhood trauma. This awareness guides and motivates staff to examine current practices, policies, and procedures through a trauma-informed/trauma-sensitive lens. In trauma-sensitive

schools, staff are trained to recognize, plan for, and respond to the potential effects of childhood trauma (Rossen & Hull, 2013).

According to Tishelman, Haney, O'Brien, and Blaustein (2010), trauma-sensitive schools work from the assumption that trauma may be a significant contributor to a child's functioning at school and that an individual child's responses to trauma will vary. Therefore, schools need to examine the unique profile of each student who has experienced trauma and determine how these experiences will influence a child's behavior within the context of the school.

School-wide response to trauma is critical because it impacts the entire learning community. Schools serve as the principal mental health response system for students, and as a result, are natural partners for the delivery of mental health prevention and intervention services (Blodgett et al., 2009). Adelman and Taylor (2008), directors of the UCLA Center for Mental Health in Schools, believe that complex trauma has emerged as a new framework for understanding how to help children achieve social and emotional competence in school. Zielger (2011), Director of Jasper Mountain Hope for Children and Families, states:

What is needed in education, when it comes to traumatized children, is to bring together the substantial new information on trauma, brain development and the causes and solutions to emotional disturbance that exists...and weave this information into learning theory and progressive academic strategies. We need conceptual and practical applications of learning approaches and environments where traumatized children succeed rather than fail. (p. 2)

WSU-AHEC Professional Development

As the numbers of children exposed to traumatic life events increases, schools across the nation are seeking professional development opportunities that provide educators with the knowledge, skills, and strategies needed to address the issues of childhood trauma in schools. The need for complex childhood trauma professional development in schools is great. One example of responding to this need is the professional development provided by Washington State University Area Health Education Center (WSU-AHEC), which is housed at the WSU campus in Spokane, Washington.

AHEC's mission is to promote health and wellness for underserved and at-risk populations through research, education, and community development. Over the last 10 years, staff at AHEC has been working to understand the cumulative impacts of multiple forms of family violence on the developmental capacities and successes of children, including the neurobiological impacts of exposure to complex trauma. A major focus of AHEC's complex childhood trauma work is collaboration with systems that have universal access and responsibility to children and their families (such as early learning, public K-12 education, and health care). AHEC regards chronic traumatic stress in children as a significant public health issue. Much of AHEC's work has been accomplished through funding from the Bill and Melinda GATES Foundation and the U.S. Department of Justice.

Regarding AHEC's work, Blodgett and Turner (2012) state:

Our unifying goal is to establish trauma-informed and trauma-specific interventions as routine elements of student educational and support services...schools need to

move from being supportive of trauma services to viewing trauma responses as core to their educational mission. Trauma-informed and trauma-specific services need to be integrated into routine educational practices and sustained within usual educational agencies' resources. (p. 7)

WSU-AHEC's most recent work with complex trauma is called the Collaborative Learning for Educational Achievement and Resilience (CLEAR) Initiative. In 2010, AHEC received grant funding from the Bill & Melinda Gates Foundation to implement a school-based trauma intervention program for children in Spokane, Washington, area schools. The goal of this demonstration research project is to provide trauma training and support for schools to create and sustain trauma-informed/trauma-sensitive learning environments. Ongoing professional development that focuses on classroom and school-wide prevention and intervention strategies is a cornerstone of this project's efforts. This demonstration project, which is in its second year, is a collaborative effort with six Spokane area elementary schools. The six schools participating in the CLEAR Initiative were chosen because of their participation in WSU-AHEC's early complex childhood trauma work. District and school level administrative support was also a requirement. The CLEAR Initiative grant provides each school with a part-time public health nurse who works with staff, students, and families to address the multiple issues of complex trauma. "The intent of the public health nurse (PHN) is to integrate family support and crisis management into the school's plan of support for high risk families" (Blodgett, Lawyer, Gates, Turner & Wagner, 2012, p. 11). Staff members from AHEC are assigned to schools to provide monthly complex trauma professional development training as well as on-site, job embedded, weekly support for staff and students. The CLEAR Initiative work is grounded in

a research-based model called the “Attachment, Self-Regulation, and Competency (ARC) Framework” (Blaustein & Kinniburgh, 2012). ARC is a flexible framework for interventions with children who have experienced traumatic events. Within this model there are three core domains--attachment, self-regulation, and competency--and 10 primary building blocks--caregiver affect management, attunement, consistent response, routines and rituals, affect identification, modulation, affect expression, executive functions, self - development and identity, and developmental tasks (Rossen & Hull, 2013, Cole et. al., 2005). Blodgett, et al. (2012) state, “While the ARC Framework has been broadly introduced across Washington State...no schools outside of Spokane are currently using ARC or other trauma-informed practices systematically in schools” (p. 6).

In the spring of 2012, AHEC conducted a survey of the six schools participating in the Collaborative Learning for Educational Achievement and Resilience (CLEAR) Initiative. The results of this survey were reported in October, 2012. The survey focused on the beliefs, attitudes, and practices of staff who had participated in the AHEC complex trauma professional development training. The goal of this survey was to summarize to date the overall value and benefits of the CLEAR Initiative work. Of the potential 230 staff surveyed, 66% responded, and 69% of those that responded reported benefits from the CLEAR Initiative professional development efforts. Eighty percent of the survey participants were classroom teachers and another 20% represented student support staff and administrators. These staff members reported significant changes in beliefs, attitudes, and teaching practices. Sixty-three percent reported a change in their teaching practices and 85% indicated that the complex trauma professional development reinforced or supported staff in building healthier relationships with students. Sixty-seven percent indicated the

training provided staff an appropriate balance of strategies that were based in theory and practice. Seventy-nine percent of respondents felt that the complex trauma training created a forum to share and discuss problems of practice with colleagues. This study also found that the CLEAR Initiative professional development led to changes in school-wide practices for examining and responding to disruptive student behavior. Forty-six percent of staff indicated they were more attuned with children's feelings, and 85% reported that as a result of increased trauma awareness and sensitivity, greater attempts are made at providing situational accommodations. Over half of the respondents felt that the CLEAR professional development gave them strategies to better address the educational and social/emotional impact of childhood complex trauma. The results from this report provided some initial evidence that schools participating in the CLEAR Initiative professional development were examining school-wide programs and classroom-based practices with a more trauma-informed/trauma-sensitive lens.

Despite these positive indicators, the CLEAR initiative continues to face challenges, as there is a portion of the school staff in the six schools who continues to be disengaged with the complex trauma professional development training. AHEC directors see this as an issue: "Given the demands facing educators in schools, there is little room for leaving any staff members in the educational system disengaged and frustrated" (Blodgett et al., 2012, p. 15). The research conducted by AHEC regarding the prevalence of trauma in our region, combined with the results of the CLEAR Initiative survey, provide a picture of the magnitude of complex childhood trauma and indicate a compelling need for further research on the impact of professional development that addresses the needs of children who have experienced traumatic events. To date there are no case studies in the literature

on the impact of complex childhood trauma professional development in school settings. The work of AHEC in schools provides a unique and ideal context for this qualitative case study that examines the impact of complex trauma professional development on school-wide programs and practices, and classroom practices, as well as the leadership actions that support staff in creating a trauma-sensitive learning environment.

Statement of the Problem

Current research confirms there are an unprecedented number of documented cases of children and adolescents who are currently, or have been, exposed to some form of victimization be it violence, crime, maltreatment, or neglect (Kracke & Hahn, 2008). These trauma experiences effect the child's ability to form relationships, regulate levels of arousal and emotional response, respond in a socially appropriate manner, and perform academically (Cook et.al, 2005). The research is compelling that children need adult advocates in education to provide safe havens of learning where children can be secure and accelerate in a learning environment that honors them as individuals. Public schools now find themselves in a place of prevention/ intervention for children who have experienced trauma. Today's students require educators to use alternative strategies and skills to meet the needs of a diverse population (Cole et al., 2005).

The traumatic events that a child has experienced, or is experiencing, often are unknown to school personnel. Without awareness or a hypothesis that a child has a trauma history, educators may not know that the child's behavior is due to the possibility of trauma. In order to meet the academic, social, and emotional needs of traumatized students, all school personnel should be given guidance, tools, support, and professional

development that are tailored to address the needs of children who have experienced complex trauma (Tishelman et al., 2010).

As noted in the CLEAR Initiative survey results, professional development addressing the issues of complex childhood trauma was found to be beneficial in informing classroom and school-wide practices. The work of the CLEAR Initiative and the results of the survey are the first of its kind. Much more research is needed to determine the full impact of complex trauma professional development on classroom practices, school-wide learning environment, and the overall educational experiences of students of trauma. In addition, more research is needed to examine the role of school leadership in facilitating teachers' efforts to create trauma-informed/ trauma-sensitive learning environments.

Purpose of the Study

The overall purpose of this qualitative case study was to examine one public elementary school in Spokane, Washington that has received significant complex childhood trauma professional development training provided by Washington State University Area Health Education Center (WSU-AHEC). The study explores teachers', specialists', and the principal's perceptions of the impact of complex childhood trauma professional development training on the school-wide programs and practices, classroom practices, and the beliefs about and responses to children who have experienced traumatic life events. This study also examines the role of school leadership in supporting staff efforts to create a trauma-informed/trauma-sensitive learning environment.

The participants in this study had the opportunity to articulate their work with AHEC's Collaborative Learning for Educational Achievement and Resilience (CLEAR)

Initiative over a two year period. The specific research questions that guided this study are: (a) What is the impact of the complex childhood trauma training on the teachers, specialists, and principal in regard to their school-wide programs and practices and classroom practices? (b) How has the complex trauma professional development training influenced the beliefs about and responses to children who have experienced traumatic events?, and (c) What is the role of leadership in supporting teachers' and specialists' abilities to respond appropriately to children who have experienced complex trauma?

Methods

This qualitative study used a case study approach to explore the impact of complex childhood trauma professional development training in one elementary school in Eastern Washington that is currently participating in Washington State University Area Health Education Center (WSU-AHEC) Collaborative Learning for Educational Achievement and Resilience (CLEAR) Initiative.

Dezin and Lincoln (1994) define qualitative research as a multi-method approach involving an interpretative, naturalistic study of subject matter. Qualitative research attempts to interpret a phenomenon and make meaning of it. It involves the collection and analysis of empirical data that explore and describe a human or social problem. Creswell (1995) states, "qualitative research is an inquiry process of understanding based on distinct methodological traditions...The researcher builds a complex, holistic picture" (p. 15).

There are multiple approaches in qualitative research. This study is based on the case study approach described by Yin (2009), Creswell (1998), and others. Yin (2009)

defines case study research methodology as, “an empirical inquiry that investigates a contemporary phenomenon within its real-life context...” (p. 23). Qualitative case study methodology provides tools for researchers to study complex phenomena within their contexts. When the case study approach is applied correctly, it becomes a valuable method for developing theory and evaluating programs. This method explores issues through a variety of lenses that allow for multiple facets of the phenomenon to be studied, revealed, and understood (Baxter & Jack, 2008).

Hancock and Algozzine (2006) identify three major types of case study research designs -- explanatory, exploratory, and descriptive. Explanatory research is used when researchers are attempting to explain causal links between program implementation and program effects. An exploratory case study is used to examine cases that do not have a clear, single set of outcomes. A descriptive study is conducted when a researcher is attempting to describe an intervention or phenomenon in the real world context in which it occurred. (Baxter & Jack, 2008). Alternatively, Stake (1995) identifies different possible case study designs--intrinsic, instrumental, or collective. Intrinsic studies are best suited when the researcher has a genuine interest in the subject and the intent is to better understand a construct or phenomenon. The primary goal of instrumental case studies is to gain a better understanding of a theoretical question or problem (Hancock & Algozzine, 2006). Collective case studies are of three types: (a) single case methodology, which is used if a single case will allow the researcher the best understanding of the phenomenon being studied, (b) single case embedded units allow the researcher to analyze the subunits situated with the larger case, and (c) multi-case studies that encourage researchers to

explore the differences within and between cases and allows for predictions of similarities or contrasts across cases based on a theory of action.

This study is a single case study with explanatory and intrinsic case study elements, as one school is being used as a single-unit of analysis. This school made for a unique case study in that it is one of only six schools in the nation participating in the WSU-AHEC complex trauma professional development training provided through the CLEAR Initiative. This study was an explanatory case study because it explored the impact of complex trauma professional development on school-wide programs and practices, classroom practices, and the beliefs about and responses to traumatized children. Leadership behaviors that supported teachers in their efforts to create trauma-informed/trauma-sensitive classrooms were also examined. It was also an intrinsic study because, as a researcher, I have a genuine deep interest in the issues of childhood trauma, its effects on student development, and the impact trauma has on academic success at school. There are an increasing number of students who are experiencing complex trauma in our school systems. Schools have become the primary social system that works to address students' needs. As a leader in a large school system, I am compelled to raise awareness around issues of complex childhood trauma and dedicated to ensuring that schools are armed with strategies to become trauma-informed/trauma-sensitive learning environments.

This qualitative case study generated data from semi-structured face-to-face interviews, observations, field notes, and written documents. The data were coded using an open-ended coding process (Dezin & Lincoln, 2000). This allowed me to identify, classify, categorize, and label information in a manner that began to build a story about the impact

of complex trauma professional development on school-wide programs and practices, classroom practices, and leadership practices. A constant comparison method was used to analyze the data. This method combines inductive category coding with a simultaneous comparison of all data that has been observed (Dye, Schatz, Rosenberg & Coleman, 2000).

Data analysis resulted in the identification of three major themes related to the impact of the WSU-AHEC complex childhood trauma professional development training on educational practices. The first theme, *implementation of trauma-sensitive programs and practices*, explores the impact that the WSU-AHEC complex trauma training has had both in the classroom and in regard to school-wide programs and practices. The second theme, *the power of “WE,”* examines the collective beliefs of staff that serve as the anchor for the complex trauma work. The third theme, *leadership matters*, spotlights the role of leadership in creating, fostering, and supporting a trauma-sensitive learning environment. These themes are discussed in Chapter 4 and attempt to capture and communicate the participants’ stories (Patton, 2002).

Positionality

I am the assistant superintendent in a Spokane, Washington, area school district that is a close neighbor to the school district in which the case study school is located. Because of this proximity, I worked to establish a relationship and build trust with the staff and administration at the case study school. I met with the principal on several occasions to learn more about the school. I also attended the complex trauma professional development trainings, visited classrooms, and attended regional meetings held specifically for the six schools participating in the CLEAR Initiative. Participation with staff in a variety of venues

afforded me the opportunity to become knowledgeable about the school staff, climate, and culture. Establishing rapport and trust with the school staff was a critical element in conducting this study.

Another aspect of my positionality is my own personal interest as an educator regarding complex childhood trauma in schools. Through the review of literature on childhood trauma, I gained a new understanding of the pervasiveness and impact that childhood trauma has on brain development and behavior. This new awareness caused me to reflect on my years as a teacher and principal in schools where more than 90% of the students qualified for free lunch. Using a trauma-informed/trauma-sensitive lens, I can look back and remember the faces and names of students whose behaviors, actions, or apathy for school were potential warning signs of childhood traumatic experiences.

In my current role as assistant superintendent, I oversee a district initiative that focuses on developing a systems approach to reducing the barriers to learning for children. Through this work, one major goal has been to raise awareness and deepen the knowledge of district staff around the issues of childhood trauma. It is my belief that those in the education have a moral obligation to develop a systems approach to becoming a trauma-informed/trauma-sensitive school district. My first interest in this study was to examine teachers', specialists', and the principal's perceptions of the impact of the WSU-AHEC complex childhood trauma professional development training on school programs and practices, classroom practices, and the beliefs about and responses to children who have experienced traumatic events. My second interest in this study was to explore the role of school leadership in supporting teachers' and specialists' efforts to create a trauma-

informed/trauma-sensitive learning environment. It is hoped that this work will raise awareness around the issues of complex childhood trauma, create a better understanding of how our educational system can proactively respond to children who have experienced trauma, and help schools develop improvement plans that include goals for becoming a trauma-informed/trauma-sensitive system.

Report of the Study

This report is organized into five chapters. Chapter 1 provided background information on complex childhood trauma in schools, an overview of the work of WSU-AHEC in school settings, the statement of the problem and purpose of the study, the methods used to explore this phenomenon, and an overview of my positionality as researcher. Chapter 2 summarizes the literature related to the issues of complex childhood trauma. A more detailed description of the methodology used in this study is presented in Chapter 3. The analysis of the data is presented in Chapter 4. Finally, Chapter 5 discusses the conclusions from the findings, implications for state and local policy, as well as implications for further research. This chapter also provides guidance for schools working to create a trauma-informed/trauma-sensitive learning environment.

Chapter 2

REVIEW OF THE LITERATURE

Introduction

In order to provide a context for the study, this chapter will provide an examination of the literature regarding complex childhood trauma. This chapter will review the definition, significance, and cost of trauma. The theories of childhood trauma and trauma's impact on learning will be discussed. Finally, the chapter will examine two frameworks used in trauma-informed/trauma-sensitive school systems.

Definition of Complex Trauma

Each year millions of children and adolescents are exposed directly or indirectly to violence and traumatic events. These children undergo lasting physical, mental, and emotional harm. They have a difficult time with attachment, anxiety and depression, regressive behavior, conduct problems, and aggression (Finkelhor et al., 2009). O'Neil, Guenette, and Kitvhenham (2010) note that the term complex trauma is a term used "to describe the complicated and pervasive developmental and long term consequences of interpersonal victimization of children involving multiple events and exposure of an extended duration" (p. 190).

The National Child Traumatic Stress Network (NCTSN) defines complex childhood trauma as:

A child's exposure to multiple or prolonged traumatic events and the impact of this exposure on his/her development. Typically, complex trauma exposures involve the

simultaneous or sequential occurrence of child maltreatment including psychological, maltreatment, neglect, physical and sexual abuse, and domestic violence that is chronic, begins in early childhood, and occurs within the primary care giving system. Exposure to these initial traumatic experiences and the resulting emotional dysregulation and the loss of safety, direction, and the ability to detect or respond to danger cues, often sets off a chain of events leading to subsequent or repeated trauma exposure in adolescence and adulthood.

(www.nctsn.org, 2012)

There are six common themes within the research regarding complex childhood trauma:

- The trauma involves a violation of the basic safety and support expected in intimate relationships. Trauma occurs most frequently within a child's natural caregiver relationships;
- The hallmark of complex trauma is that it is persistent over time. While complex trauma exposure may be limited to a single or short term set of events, this is an exception;
- Trauma exposure is typically persistent but can be episodic. The result is that the victim endures high levels of unpredictability and recurrent exposure to risk;
- Complex trauma risk often is progressive over time. Risk can increase with duration and often increases as the individual seeks to end the traumatic exposure;
- Complex trauma involves a range of acts resulting in physical trauma, psychological trauma, and the denial of basic conditions of health and well-being. In all areas of

complex trauma, definitions have become more inclusive over time as we understand the consequences of endangerment and exploitation; and

- Forms of complex trauma co-occur to a significant degree. (Chalk & King, 1998; Briere & Spinazzola, 2005; www.nctsn.org, 2012)

Significance of Trauma

There are three recent studies that provide a comprehensive account of the magnitude of the problem of trauma and extent of childhood exposure to violence. The first study entitled “Adverse Childhood Experiences Study (ACE)” was co-sponsored by the Centers for Disease Control and Prevention and Kaiser Permanente. The second and third studies entitled “Developmental Victimization Survey (DVS)”, and the “National Survey of Children’s Exposure to Violence (NatSCEV)”, were both co-sponsored by the Centers for Disease Control and Prevention and the Federal Office of Juvenile Justice and Delinquency Prevention.

A study was conducted in 1998 by Kaiser Permanente and the Center for Disease Control and Prevention entitled “Adverse Childhood Experiences (ACE).” This study included 17,337 members of the adult health maintenance organization (HMO) and asked its members to respond to a questionnaire about adverse childhood experiences. Eleven percent reported experiencing emotional abuse, 30% reported physical abuse, and 19% sexual abuse. Members also reported that 23% had been exposed to family alcohol abuse, 18% to mental illness, 12.5% witnessed their mother being battered and 5% experienced family drug abuse. Many of these patients reported more than one incident of trauma. The ACE studied showed that adverse childhood experiences are prevalent and acknowledged a

significant relationship between those who experienced one or more ACEs and depression, drug use, suicide attempts, domestic violence, alcoholism, smoking and obesity (van der Kolk, 2005a).

This study also found that:

The more adverse the childhood experiences reported, the more likely a person was to develop heart disease, cancer, stroke, skeletal fractures and liver disease...people with childhood histories of trauma and abuse and neglect make up almost the entire criminal justice population in the United States ...75% of all perpetrators of child sexual abuse report to have themselves been sexually abused during childhood.

These data suggest that childhood trauma is perpetuated by victims who grow up to become perpetrators or repeat victims of violence. (van der Kolk, 2005b, p. 402)

Another major attempt to examine the prevalence of children's exposure to violence was the "Developmental Victimization Survey (DVS)". This study was conducted between December 2002 and February 2003. A representative sample of 2,030 children ages two through 17 from across the nation were chosen for the study. One thousand children ages 10-17 were interviewed by phone and an additional 1,030 caregivers of children ages two through nine agreed to phone interviews. The results of this study demonstrate the prevalence of childhood victimization and confirm the pervasive exposure of children and adolescents to violence, maltreatment, crimes, and other forms of victimization across the United States. More than one-half of the children had experienced physical assault in the past year and any victimized child interviewed had an average of three occurrences. One in 12 had experienced a sexual victimization, and one in seven reported some form of child

maltreatment, defined as physical, sexual, and emotional abuse, neglect, and family abduction or custodial interference. One in three children had been exposed to property victimization which involves taking property by force or threat or without knowledge. One third of those sampled had witnessed domestic violence, physical abuse of a sibling, an assault with a weapon, a murder, or had been a part of a riot or other civil unrest. Nearly half of the children in the study had been victimized in three different ways in separate incidents over the course of the year. This study suggests to educators that many students in our system come to us experiencing multiple forms of trauma and that the combined and cumulative effects from experiencing complex trauma will manifest itself in school settings. (Finkelhor et al., 2005).

In 2008, the Federal Office of Juvenile Justice and Delinquency Prevention and the Centers for Disease Control and Prevention, in collaboration with Crimes against Children Research Center of the University of New Hampshire, conducted one of the most comprehensive studies on the incidence and prevalence of children's exposure to violence during 2008 and over a lifetime. The survey asked screening questions about 48 types of victimization in seven categories: conventional crime, child maltreatment, peer and sibling victimization, sexual victimization, witnessing and indirect victimization, school violence and threat, and internet cyber bullying. The "National Survey of Children's Exposure to Violence (NatSCEV)" surveyed 4,500 households of children ages birth to 17 through phone interviews. The goal of this survey was to measure a comprehensive range of violent exposures and the characteristics of individuals and their families that might influence the risk of violence exposure. The survey found that most of society's children are exposed to violence in their daily lives. More than 60% were exposed to violence within the past year

either directly or indirectly. Over 46% of the children were assaulted at least once over the past year and one in 10 was injured as a result of the assault. One in 10 suffered from maltreatment and 6% were sexually abused. This number rose as the children got older with 32% of adolescents ages 12-17 experiencing maltreatment during their lifetime. Children who experience multiple victimizations accounted for 39% of those surveyed. An alarming 11% of the children had experienced five or more direct victimizations. This study also found that seven out of eight children, 86%, who reported being exposed to violence during their lifetime, also reported being exposed to violence within the last year. This study indicates that these children have an ongoing risk of violent victimization.

A child who was physically assaulted in the past year would be five times as likely to also have been sexually victimized and more than three times as likely to have been maltreated during that period. A child who was physically assaulted during his or her lifetime would be more than six times as likely to have been sexually victimized and more than five times as likely to have been maltreated during his or her lifetime. (Finkelhor et al., 2009, p. 7)

These studies quantify children's exposure to violence and demonstrate the magnitude to which children live with multiple forms of trauma in their daily lives.

Cost of Trauma

Childhood exposure to complex trauma has an enormous cost to society both in the emotional well-being of the millions of children who suffer maltreatment, as well as the economic impact of the long-term effects of childhood trauma. Although it is hard to truly

estimate immeasurable human costs, one can look to the data for measurable costs of medical, societal, and psychological impairment on trauma victims.

The National Center on Childhood Abuse Prevention Research: Prevent Child Abuse America published a fact sheet titled, *2006 National Child Maltreatment Statistics*. In this document the following statistics were reported:

- Nationwide in 2006, an estimated 3.6 million children were accepted by state and local CPS as alleged victims of child maltreatment for investigation or assessment, a rate of 47.8 per 1,000 children in the U.S. and Puerto Rico population;
- In 2006, an estimated 905,000 children were substantiated as victims of child maltreatment, a rate of 12.1 per 1,000 children in the U.S. and Puerto Rico population;
- In 2006, 64.1% of substantiated cases were victims of neglect, while approximately 16% suffered from physical abuse; additionally, 15% of the children were reported to be victims of “other” types of maltreatment, including abandonment, threats of harm, and congenital drug addiction. The maltreatment percentage totals more than 100% because many children were victims of more than one type of maltreatment and counted more than once;
- Between 2002 and 2006 the rate of children who were subjects of a CPS investigation increased 9% (www.preventchildabuse.org).

According to Pelletier (2001), the total annual cost of child abuse and neglect is estimated at \$94 billion. Direct costs associated with neglect and abuse was approximately \$24.4 billion, used to pay for hospitalization, chronic health problems, mental health, child

welfare, law enforcement, and judicial systems costs. An estimated \$69.7 billion can be attributed to the indirect costs of special education, juvenile delinquency, adult mental health care, and adult criminality. It is estimated that the daily cost for childhood abuse and neglect is approximately \$258 million.

Wang and Holten (2008) studied the economic impact of child abuse and neglect and found that the estimated annual cost had risen to \$103.8 billion. Direct costs rose sharply to \$33.1 billion with indirect costs at \$70.6 billion. Although the measurable economic costs of children who have experienced trauma are startling, it is important to note that “it is impossible to calculate the impact of the pain, suffering, and reduced quality of life that children of abuse and neglect experience” (p. 2).

According to D’Andrea, Ford, Stolbach, Spinazzola, and van der Kolk (2012):

The financial costs of childhood victimization represent an urgent public health need that has been identified as the most significant public health issue in the country...Numerous studies have shown that exposure to interpersonal trauma can chronically and pervasively alter social, psychological, cognitive, and biological development. (p. 187)

The US department of Health and Human Services estimated that in 2007 the cost of childhood abuse and neglect was \$103.8 billion.

Theories of Trauma

When trying to understand the complex worlds of children who have suffered traumatic events, it is important to understand and integrate the theories of attachment, trauma, and child development. In *Calmer Classrooms: A Guide to Working with Traumatized Children* (2007), Downey states:

School systems must understand these three theories which are foundational in addressing the issues of complex trauma in school aged children...Attachment Theory helps us understand human relationship development from pre-birth onwards throughout the life span. Trauma theory helps us to understand the neurobiological and psychological impact of abuse and neglect on the human individual. Child development theory helps us understand normal development and consequently development under adversity. (p. 2)

Attachment theory explains how resilience in children is built through the support and relationships established through the attachment to a significant adult. Normal development in children requires the presence of a familiar attachment figure who helps a child regulate his/her physiological arousal by providing him/her with a balance of soothing and stimulation. Soothing protects the child from the effects of stressful situations and enables the child to “develop the biological framework for dealing with future stress” (Downey, 2007, p. 3).

Nuefeld and Mate (2004) identify six forms of attachment as: a) sensing the person to whom you are attached, (b) being like those to whom you are attached, (c) having a feeling of belonging and loyalty, (d) knowing that you matter and are significant to the

person to whom you are attached, (e) demonstrating emotional intimacy, and (f) being known and psychologically connected.

Children who experience high dysregulated attachment associated with complex trauma may experience controlling behaviors, compulsive compliance, self-reliance, coercion, destructive aggression, and helplessness. According to O'Neil, Guenette, and Kichenham (2010):

The core of attachment is the regulation of emotional experiences. There is a short window of time during development when emotional stimulation allows children to identify appropriate emotions later in life...childhood abuse and neglect profoundly distort and impair self-regulation, interfering in the development of affect regulation and tolerance. (p. 192)

Trauma exposure significantly impacts school based functioning. In young children trauma impacts the building blocks of development that facilitate later school success. These challenges with school performance and social interactions often translate into more referrals for special education and have a higher incidence of disciplinary referrals, and suspensions. Children who have been maltreated tend to have lower grades, higher rates of academic failure, and grade retention. Maltreated students are three times as likely to drop out of school (Bloom, 1999). "Chronic childhood trauma interferes with the capacity to integrate sensory, emotional, and cognitive information into a cohesive whole and sets the stage for unfocused and irrelevant responses to subsequent stress" (Tishelman, Haney, O'Brien, & Blaustein, 2010, p. 285). It is critical that staff in schools be given the tools to recognize all forms of trauma and be able to understand and reach out to students who are

struggling due to adverse and traumatizing life experiences. Trauma-sensitive schools can be a potential contributor to a child's coping and healing.

Brier and Spinazzola (2005) note that much of the literature on post traumatic stress disorder points out that the development of distress following a traumatic event is usually associated “with a life history of multiple interpersonal victimizations experiences, often beginning with extended childhood abuse and neglect, and associated disruption of the parent-child attachment system” (p. 401). Maltreatment of this magnitude can result in a lasting sequel of events in and of itself, and also puts these children at risk of being revictimimized and responding to other events of trauma in a more severe and complex way. Such responses could be hyperactivity, anxiety, depression, personality disorders, and substance abuse that are all mechanisms for coping with the effects of trauma. Developmental difficulties such as attention-deficit-hyperactivity disorder (ADHD), oppositional defiant disorder (ODD), conduct disorder, separation anxiety, communication disorders, and reactive attachment disorder have also been associated with complex trauma.

Maltreatment, victimization, and trauma have a significant impact on the education of children and have been linked to lower cognitive functioning and academic achievement in children and adolescents. These children are significantly more likely to “exhibit a wide range of problem behaviors, including aggression, poor peer relations, and emotional dysregulation” (Crozier & Barth, 2005, p. 198).

According to the National Scientific Council on the Developing Child (2010), early exposure to situations that “produce persistent fear and chronic anxiety can have lifelong

consequences by disrupting the developing architecture of the brain which can lead to both immediate and long term physical and psychological problems” (p. 1). The stress from trauma can also effect the development of the prefrontal cortex which is critical for the emergence of executive functions (controlling, focusing, planning, and holding new information). One of the stress hormones released during events of stress is cortisol. Excess cortisol has a dramatic impact on how memories are processed and stored and can damage brain cells that support learning.

Cole et al. (2005) found that when children are forced to operate in situations of stress, fear or survival, their brains trigger a chemical that cause them to prepare for fight, freeze, or flight. Children who experience trauma early in life or during adolescence are unable to regulate their high levels of arousal and emotional response even when dangers are not present. “They cannot turn off the survival strategies that their brains have been conditioned to employ” (p. 17).

The brain is severely altered by trauma and it views traumatic events as a threat to its primary function of survival. The section of the brain that is most impacted by trauma is the limbic system in the middle of the brain. The limbic system controls emotions, arousal, and attachment and includes the amygdala which serves as the body fear center. Anytime there is a perceived threat the body sends out warning signals. Trauma memories are stored in this part of the brain. Therefore, all sensory input is filtered through these memories of trauma.

The neocortex is the region of the brain that analyzes information and controls the use of receptive and expressive language. Traumatized children have neurological

deficiencies such as an inability to organize input into useable and meaningful integration of information, which greatly impacts decision making. Trauma can significantly impact the ability of the brain to collect, analyze, and use information that a child learns (Ziegler, 2011).

According to Curtis and Ford (2009), if trauma occurs during the transitional periods of early childhood and adolescence, the lasting traces of the trauma can be extremely difficult to alter and could adversely effect the brain during its most malleable state. When a child's brain is forced to focus on danger and survival rather than trust and learning, there are lasting changes that occur in his/her personality. For children of trauma, "the learning brain's pathway becomes excessively and prematurely consolidated into a structure geared mainly toward survival" (p. 35).

Impact of Trauma on Learning

Cook, Blaustein, Spinnazzola, and van der Kolk (2003) identified seven primary domains of impairment observed in children exposed to complex trauma. These are attachment, behavior control, biology, cognition, self-concept, affect regulation, and dissociation.

Cook et al. (2003) noted that "approximately 55-65% of the normative population is thought to be the result of receptive, sensitive caregiving...Insecure attachment patterns have been consistently documented in over 90% of maltreated children" (p. 8).

A positive, secure relationship developed between a child and early caregivers is critical and supports children as they develop such competencies as self-regulation,

willingness to explore their environment, trust, socialization, cognitive capabilities, and receptive and expressive language. Children with loving caregivers learn to internalize regulation strategies. They are better able to interpret and communicate nonverbal signals. Positive caregiving early in children's lives provide them with a context within which they can learn about themselves, emotions, and relationships with adults.

When a child's relationship with his/her caregiver is the source of trauma or there are other sources of trauma in a child's life, his/her developmental capacities are greatly impacted. A rejecting caregiver is one who repeatedly dismisses, rejects and disregards a child's emotions or who acts in an unpredictable or uncontrollable manner. This behavior forces a child to devote body resources to survival instead of normal growth and development, consistently alternating between validation and invalidation. Thus, these children learn to cope with this unpredictability of the caregiver by disconnecting themselves from the caregiver, other adults, or peers the minute they feel threatened.

Children who have experienced insecure attachment patterns often exhibit behaviors of avoidance, ambivalence, and disorganization. They have a higher incidence of exhibiting disorganization attachment, the most severe type of disruption of all the core competencies. These children have erratic behavior, respond in a rigid and extreme manner, and operate from a disposition of helplessness, betrayal, rejection, coercive control, blame, and hostility. Disorganization attachment has also been associated with the interference of the development in the neural connections of the critical brain areas (e.g., the left and right hemispheres of the orbital prefrontal cortex and their connective pathways (Schoore, 2001). In children, disorganization attachment leads to affect

regulation, inability to manage stress, lack of empathy for others, and lack of proactive communication skills. Over time disorganized attachment can develop into other severe behavioral and mental disorders.

Studies of neurobiological development have demonstrated that brains are “genetically hard-wired” but can be modified by external stimuli (Perry & Pollard, 1998). The brain has the ability to “sculpt itself in response to the external experiences at the same time as it is developing via genetically-based maturation” (Cook et al., 2003, p. 10). During the first months of life an infant’s brainstem and midbrain develop. This development regulates, mobilizes, and modulates arousal allowing him/her to respond to their adult caregivers. Maltreatment and neglect can lead to reactivity to stress and dysfunction. (Anda et al., 2006). Brain development sequence patterns make the brain vulnerable when it is under stress during critical periods of brain development. This can impair a child’s brain permanently causing significant changes in multiple brain circuits and synaptic connectivity. Children experiencing trauma early in childhood are often more at risk of developing autism, cognitive impairment, and lack of behavioral self-management. Early exposure also impairs the brain’s ability to form relationships and develop the capacity to modulate emotions.

During infancy and early childhood several areas of the brain are developing at a rapid rate and are filtering sensory input to identify the useful information, learning to identify and respond to threats, recognizing external stimuli or environmental situations that could threaten a child’s context, and determining a rapid response to potential threats. Traumatic experiences in early childhood interfere with the integration of the left and right

brain hemisphere functioning. This explains why traumatized children act in such irrational ways when under stress. Children of trauma who are under stress lose the analytical capabilities of the left brain, and the right brain context of the world takes over causing them to react in with uncontrollable anger and rage (Kagen, 2003).

Research shows that children past their early years and into adolescence experience “the most rapidly developing brain areas responsible for three core features of executive functioning necessary for autonomous functioning and engagement in relationships” (Cook et al., 2003, p. 11). These features include self-awareness and ability to relate to others, ability to understand the meaning of complex emotional experiences, and the ability to make rational judgments drawing from past learning experiences and internal frames of reference. Children in middle childhood or adolescence who have experienced traumatic stressors can display difficulty establishing relationships with adults or peers, which can manifest into several mental health disorders.

Children who have inconsistent models of adult affective responses have a difficult time differentiating among the states of arousal. They have the inability to: (a) identify their internal emotional experience, (b) label the emotions, and (c) regulate and modulate their emotional experiences. These children are unable to use consistent strategies to assist them in modulation of emotion and display behaviors of rapid escalation (Davis, 2002).

One of the key features in children who have experienced complex trauma is dissociation. Children experiencing dissociation have difficulty integrating information in a predictable manner. When a child faces overwhelming chronic trauma dissociation is used

as a defense mechanism. Children resort to dissociation for three major reasons: (a) to make behaviors more predictable when faced with overwhelming circumstances, (b) to compartmentalize painful memories and feelings, and (c) to detach from self when confronted with traumatic situations. According to Briere and Spinazzola (2005), dissociative symptomatology is defined as alterations in self-awareness that arises from defensive changes in one's integrated thoughts, memories, feelings, and behaviors. Dissociation has been found to be an effective strategy for reducing the traumatic events a child has experienced.

Students in classrooms today are coming with more complex needs. When a child lives in a persistent state of fear the areas of the brain controlling the fear response become overdeveloped. Academic learning requires calm states of the brain to be active. Students of trauma often come to school in a heightened state of arousal which causes them to operate in a flight or fight survival mode. This altered state of the brain greatly interferes with learning (Blodgett & Turner, 2012).

Frameworks for Trauma-Sensitive Schools

The prevalence of childhood trauma coupled with the diminishing resources of social service agencies has escalated the need for schools across our nation to find successful strategies to address the issues of childhood trauma. According to the National Child Traumatic Stress Network (2012), research clearly shows that schools can impact the effects of childhood trauma. Trauma-sensitive schools ensure that the mental health, academic, and nonacademic supports are in place to meet the individual needs of traumatized children.

According to Rossen and Hull (2013),

The creation of a safe and supportive school environment for students impacted by traumatic experience also enhances the learning environment for all students.

When we create safe and supportive school communities, the benefits to all children are significant...regardless of exposure to trauma. (p. 254)

In a book titled *Helping Traumatized Children Learn*, Cole et al. (2005) identify a framework for schools striving to effectively understand and respond to the issues of childhood trauma.

The first element in this framework is to identify and review the current school-wide practices, policies, procedures, protocols, and culture. The principal should engage staff in conversations around ways to integrate trauma-sensitive routines into existing school operations. In this step committees may be formed, policies are reviewed through the trauma lens, professional development needs are assessed, students who may be children of trauma are identified, and the measures of success are determined. One key activity in this first step is to openly discuss the barriers to learning that currently exist in the system for traumatized children. It is important to identify, acknowledge, and address student barriers from the outset by getting input from staff who have knowledge about the student (Cole et al., 2005). Some of the internal barriers might include a tendency to see trauma as a home problem rather than a school problem, blaming the student or parents, lack of personal understanding about how trauma effects learning, and even the fear of addressing the issues of trauma.

The second element in this framework is providing professional development that addresses the issues of complex childhood trauma. As school staff become more knowledgeable about strategies that can be used to develop trauma-sensitive learning environments, they can begin to adopt a common and consistent set of expectations, behaviors, and structures. Professional development should emphasize the role of the staff in diminishing trauma symptoms and in creating structures that allow students of trauma to flourish despite their circumstances. All staff should learn strategies that assist children in how to modulate behaviors. Breathing activities, creating a quiet space, and allowing students to move around are a few strategies that help students overcome the barriers to learning. Teachers need to create predictable environments with established routines and rituals. Traumatized children need to feel physically and emotionally safe at school and should be explicitly taught about appropriate behaviors. In trauma-sensitive classrooms and schools, staff understand the connections between a student's behaviors and the emotions he/she is feeling that may lead to inappropriate behaviors. All school staff should have high expectations for traumatized students and foster opportunities for children to master the academic and social goals that have been set for them. Teachers and school staff should work to create structures throughout the school day that cultivate a sense of empowerment and choice for the student. This will help the traumatized student overcome the sense of powerlessness that trauma induces. Trauma-sensitive schools keep in mind the social and emotional barriers that these students face daily in school. Sensitivity to routines, rituals, and transitions, coupled with the goal of building significant relationships, can create a school culture where children of trauma feel safe, secure, nurtured, and empowered to achieve at their highest potential.

The final element of the framework involves creating connections with mental health care professionals who have an expertise in working with traumatized children. Creating a partnership with outside organizations allows schools to provide wrap-around services for children who have been impacted by traumatic events.

Employing a trauma lens within the framework allows flexibility to hypothesize about potential trauma sequel without the need to have knowledge of specific details of trauma exposure...utilizing this framework can allow for the generation and implementation of school-based interventions and recommendations...and will serve to facilitate child-centered, trauma-sensitive practices. (Tishelman et al., 2010, p. 297)

Children who have experienced traumatic events in their lives often come to school not equipped to handle the academic and social demands of the learning environment. Schools play a significant role in the adjustment of traumatized children and serve as a buffer from the full effects of adversity (Adelman & Taylor, 2008).

As cited in Chapter 1, Washington State University Area Health Education Center (WSU-AHEC) is currently working with six schools from Spokane County to implement evidence-based practices for developing a trauma-sensitive school. The Collaborative Learning for Educational Achievement and Resilience (CLEAR) Initiative is a partnership with schools and is designed to provide professional development and raise awareness around the issues of complex childhood trauma in schools. This training is job embedded with evidenced-based application strategies that can be used to meet the needs of students who have experienced traumatic events.

The CLEAR Initiative provides professional development using the Attachment, Self-Regulation, and Competency (ARC) framework. The ARC framework is grounded in attachment, trauma, and child development theories. It focuses on building safe relational systems where trust is a key component. ARC addresses vulnerabilities that are created by overwhelming life circumstances which have occurred within their caregiver system. The ARC framework focuses on skill building, stabilizing internal distress, and enhancing regulatory capacity. It provides children with generalizable skills which enhance resilient outcomes (Blaustien & Kinnibugh, 2010). Specifically, the framework addresses three core domains of trauma-- attachment, regulation, and competencies. Built within the core domains are building blocks of interventions.

The overarching goal of the attachment domain includes creating a safe, trauma-informed learning environment, as well as providing support for the child's caregivers. The ARC model recognizes that the caregiving system may be the biological parents, but could also be relatives, foster care, therapists, or educators. In the educational system, this includes meaningful school adults that have the ability to manage the effect of student behaviors, as well as be attuned to the needs of students who have experienced trauma. Within this framework adults are taught to recognize and regulate their own emotional experiences. This includes depersonalizing the child's behavior, validating the caregiver's response, and improving the caregiver's ability to identify, understand, and appropriately manage affect. Adults are also taught about the importance of attunement to the student, accurately reading the child's cues and behaviors, and responding appropriately and consistently to the emotional needs of students who are distressed. Caregivers and school staff are also given encouragement to establish routines and rituals that provide safety,

consistency, and predictability. Nuefeld and Mate (2004) note that attachment to a teacher is paramount if children are to acquire the academic skills needed to be successful in school.

In the second domain, impaired self-regulation is a key behavior in children who have experienced trauma. Children are often unable to identify their internal emotional experiences. The ARC framework works to support children in building vocabulary for emotional experiences and in making connections among identified emotions, predicting events, physiological states, behaviors, coping styles, and the impact of past or current situations (Blaustein & Kinniburgh, 2010; Arvidson et al., 2011). Caregivers and school staff need to provide support for students of trauma as they learn to identify, modulate, and express themselves in healthy productive ways. The ARC framework gives school staff strategies to help students increase their ability to manage their emotions and regulate their bodies.

The last domain of the ARC framework is competency. Children who have experienced complex trauma invest time in survival rather than age-appropriate learning and may lag behind their peers in several developmental domains. These children often have difficulty with problem solving and other executive functioning tasks and lack confidence in their ability to complete a task. Traumatized children need assistance in understanding the link between their actions and the potential outcomes. A key component in the competency domain is the development and growth in a child's sense of self. The ARC model emphasizes the healthy development of social skills, academic achievement, independent responsibility, and autonomy.

Embedded within the ARC model are many strategies that can be employed to create trauma-informed/trauma-sensitive learning environments for children. The central concept in working with traumatized children is to be in control of the relationship without being controlling. This creates an atmosphere of trust and stability. One of the most effective strategies a teacher can use when working with children of trauma is a deep understanding of the child, his/her history, and the reasons behind the behavior. Second, the teacher needs to learn to manage the child's reactions and avoid power battles. Try to avoid having the child control your emotions by making you angry or upset. Managing personal emotional arousal and regulation is vital to assisting the child and to maintaining a peaceful classroom (Downey, 2007).

Children of trauma need consistent rules and boundaries. Teaching strategies such as warning the child of changes to routines and providing support during transitions will contribute to the overall success of the child. A teacher can reframe any disruptions by using proximity and encouragement to join in classroom activities. Consequences for unacceptable behaviors should be natural and designed to repair the damage that has been done to relationships or property. When possible, consequences should have a relational and educational element. Teachers who are working with traumatized children should never engage in power battles and should offer positive reinforcement when appropriate. According to Rossen and Hull (2013),

The reality of childhood trauma is that it effects a significant proportion of the school aged population, and its influences are considerable within the school setting...the influences are strongly moderated by the environment in which the development takes place. As such, schools offer a remarkable opportunity to

address the needs of the substantial youth population whose lives have been affected by traumatic stress. (p. 9)

The Attachment, Regulation, and Competency (ARC) framework uses a multi-pronged approach to addressing the needs of children who have experienced complex traumatic events. The ARC intervention model recognizes the complexity of childhood trauma and seeks to provide interventions that honor the strengths, vulnerabilities, and challenges of each individual child with the goal of building healthy development pathways to personal and academic success. WSU-AHEC is the only researched based organization that has successfully collaborated with educators to systematically implement the ARC framework in school settings.

Chapter Summary

The review of the literature explored the multiple facets of complex childhood trauma. The number of children coming to school having experienced traumatic events continues to rise. The human costs of trauma cannot be measured. However, the financial costs have been calculated to be approximately \$104 billion (Wang & Holten, 2008). Childhood trauma exposure significantly impacts a child's social, emotional, and cognitive functioning.

As schools work to become trauma-informed and utilize trauma-sensitive practices, they must understand that children of trauma respond differently and that the child's history will influence how he/she interacts within the school context. Therefore, each child needs to be carefully evaluated in order to understand the child's profile of skills and needs. When identifying and evaluating children who may have been exposed to traumatic events,

schools should: (a) consider the multiple hypotheses of trauma when working with students that are challenging, (b) consider the implications of the research around complex trauma, (c) choose trauma-informed/trauma-sensitive strategies that best meet the needs of the students served, and (d) interpret the assessment data with the trauma hypothesis at the core (Tishelman et al., 2010; Blodgett et al., 2010). Becoming a trauma-informed/trauma-sensitive school involves several interrelated strategies which include: (a) understanding the pervasiveness of the trauma, (b) establishing protocols and procedures to identify and address issues of trauma, (c) having a collective commitment by all staff to seek to understand the connection between the child's behaviors or actions with the individual's past trauma experience, and (d) developing school routines and classroom practices that are organized around the goal of successfully addressing the trauma-based needs of students (Cook et al., 2005; NCTSN, 2007).

Understanding trauma includes appreciating its prevalence and common consequences. The experience of trauma changes the rules of the game, with the person's functioning and development typically skewed and now organized around the horrific event or events (Hodas, 2006).

As schools develop comprehensive improvement plans, goals should be established to address the growing needs of children who have experienced trauma. Trauma-informed improvement plans weave trauma-sensitive approaches into the school's daily activities; the classroom, cafeteria, hallways, and the playground. "This enables children to feel academically, socially, emotionally, and physically safe wherever they go in school. When children feel safe, they can calm down and learn" (Blodgett et al., 2012, p. 6).

Addressing the needs of children who have experienced trauma is a challenge that continues to grow in our educational system. The literature provides educators with guidance on school-wide frameworks and evidenced-based practices used in trauma-informed/trauma-sensitive schools. When school staff understand the complexity of children who have experienced traumatic events and are equipped with the skills, knowledge, and tools to address these needs, they can work to create learning environments that are safe and nurturing, where all children can thrive and grow as individuals regardless of their circumstances.

Chapter 3

METHODS

Introduction

The purpose of this qualitative case study was to examine one public elementary school in Spokane, Washington that has received significant complex trauma professional development training provided by Washington State University Area Health Education Center (WSU-AHEC). The study explored teachers', specialists', and the principal's perceptions of the impact of complex childhood trauma professional development training on the school-wide programs and practices, classroom practices, and the beliefs about and responses to children who have experienced traumatic life events. This study also examined the role of school leadership in supporting staff efforts to create a trauma-informed/trauma-sensitive learning environment. The specific research questions that guided this study are: (a) What is the impact of the complex childhood trauma professional development training on the teachers, specialists, and principal in regard to their school-wide programs and practices and classroom practices? (b) How has the complex trauma professional development training influenced the beliefs about and responses to children who have experienced traumatic events?, and (c) What is the role of leadership in supporting teachers' and specialists' abilities to respond appropriately to children who have experienced complex trauma? This chapter will describe the methodology used and procedures, including site selection, participant selection, data collection, and analysis.

Methodology

A qualitative case study approach was used in this study to explore the perceptions of teachers, specialists, and the principal at one elementary school regarding the impact of the WSU-AHEC complex trauma professional development training on their school-wide programs and practices and classroom practices. This study also examines the leadership actions that support them in creating a trauma-informed/trauma-sensitive learning environment.

Miles and Huberman (1994) define a case study as the exploration of a phenomenon occurring in a bounded system. One phenomenon is explored “through detailed, in-depth data collection involving multiple sources of information rich in content” (p. 61). Yin (2003) and Stake (1995) both suggest placing boundaries on a case study, which ensures that the study remains focused and reasonable in scope.

According to Baxter and Jack (2008), “Qualitative case study methodology provides tools for researchers to study complex phenomena within their context. When the approach is applied correctly, it becomes a valuable method for developing theories, evaluating programs, and developing interventions” (p. 21). The advantage of using a case study methodology is its applicability to real-life situations. Case studies use multiple data sources and are designed to demonstrate the viewpoint of the participants. Tellis (1997) states that a case study is a “triangulated research strategy” (p. 2). Triangulation occurs when the data, investigations, and theories come together to tell the story. This methodology requires a high degree of collaboration between the researcher and the participants.

A qualitative case study approach was appropriate for this study because it allowed me to focus on those issues that were fundamental to understanding the school, classroom and leadership practices, and the impact of the complex trauma professional development training offered by WSU-AHEC. As a researcher I considered “not just the voice and perspective of the actors, but also the relevant groups of actors and the interaction between them” (Tellis, 1997, p. 2). Through their stories, participants in this study were allowed to describe their perceptions regarding the impact that complex trauma professional development had on their ability to create trauma-informed/trauma sensitive learning environments. This qualitative research study generated data from observations, semi-structured interviews, and written documents.

To immerse myself in this study, I participated in the school’s complex trauma professional development training, conducted school visitations, and served on a regional committee that addressed the issues of complex childhood trauma in schools. Participation in the school’s complex trauma training afforded me the opportunity to establish relationships with the school staff, as well as become more knowledgeable regarding the issues of complex childhood trauma and its impact in schools settings. According to Yin (2009), “Participant-observation is a special mode of observation in which you are not merely a passive observer. Instead you may assume a variety of roles within a case study situation and may actually participate in the events being studied” (p.111). My direct observations of staff collaboration meetings gave me the opportunity to observe how grade level teams collectively problem solve student academic, behavioral, and social/emotional concerns. Classroom visitations allowed me to observe teacher to student interactions, the morning greeting routines, as well as trauma-sensitive teacher practices.

In this case study, semi-structured interviews with teachers, specialists, principal, and the AHEC complex trauma professional development facilitator, were the primary sources of data. Interview data were collected through face-to-face interviews that attempted to capture the perceptions of the school staff regarding the impact of the WSU-AHEC complex trauma professional development training. The use of a semi-structured interview technique allowed me to ask open-ended questions and follow-up questions designed to probe more deeply as needed. As Hancock and Algozzine (2006) state, "...semi-structured interviews invite interviewees to express themselves openly and freely and to define the world from their own perspective, not solely from the perspective of the researcher" (p. 45).

The final source of evidence used in this case study was the examination of documents. Glesne (2006) states, "Documents corroborate your observations and interviews and thus make your findings more trustworthy" (p. 65). There were several documents that were examined to inform the research questions. These included school discipline data, special education referral data, state-wide assessment data, communications to staff, and documents provided from WSU-AHEC.

Procedures

Site Selection

To fulfill the purpose of this study, I selected Willow Elementary School (a pseudonym) as the case study site. This school was selected because of its participation in the Washington State University Area Health Education Center (WSU-AHEC) complex trauma professional development training provided through the Collaborative Learning for

Educational Achievement and Resilience (CLEAR) Initiative, as described in Chapter 1. Six elementary schools in Spokane County were chosen by staff at WSU-AHEC to participate in the two-year Collaborative Learning for Educational Achievement (CLEAR) Initiative, which began August 2011 and will be completed in June 2013. The school chosen for this grant project demonstrated buy-in from staff, had a documented student need, and evidence of district level support. I identified one of the six schools to participate in this case study, based on a recommendation from Dr. Chris Blodgett (Director of the Washington State University Area Health Education Center).

In the spring of 2012, I contacted the assistant superintendent in the district in which Willow Elementary School is located. The assistant superintendent gave me permission to contact the principal of Willow Elementary, and the principal and I met to discuss the research proposal. I was then granted permission to attend the school's complex trauma professional development trainings held in April and May 2012. During these meetings I had an opportunity to meet the staff and discuss my proposed research study. Throughout the 2012-2013 school year, I attended the school's complex trauma professional development training, observed grade level teacher collaboration, visited classrooms, and attended regional WSU-AHEC complex trauma meetings for the six participating schools. Willow Elementary is located in a school district within Spokane County in Washington State. The district serves approximately 4,600 students and offers a variety of educational options for students. Over the past two years, this district has moved from a traditional K-5, 6-8, 9-12 school district configuration to four PK-8 schools, one middle learning center that provides enrichment for students in grades 7-8, one 9-12 comprehensive high school with a variety of career pathways offered, and several non-

traditional schools. This system-wide structural change came about as a result of declining enrollment and the desire of the school board, superintendent, and community to develop researched-based school configurations that provide a variety of educational learning options for students.

At Willow Elementary 84% of the children are Caucasian, 3% Hispanic, 3.5% American Indian, and 5% identify two or more ethnic affiliations. The school's enrollment has increased from 340 students in 2010 to 490 students in 2012. Fifty-seven percent of the students qualify for free and reduced lunches, 14% qualify for special services, and 3% of the students are considered homeless. The staff has an average of 14 years teaching experience, and 56% of the teachers have a master's degree. The current staff numbers include 36 certificated staff, 29 classified staff, one LAP funded teacher, a half time counselor, two special education teachers, and two Early Childhood Education and Assistance Program (ECEAP) teachers. The current principal has worked at Willow for 32 years, 26 years as a classroom teacher and the last six years as the principal.

On state assessments students in grades three through six scored above the state average on almost every assessment. Students performed below the state average on the fifth grade reading and science tests, and the seventh grade math assessment. In 2009, 2011 and again in 2012, this school was named a "School of Distinction" and was awarded with the "Great Schools Award." Willow Elementary was one of the top five percent highest improving elementary schools in the state of Washington twice in the last three years. This school receives Learner Assistance Program (LAP) dollars to fund academic interventions for students K-2 in reading and fifth grade math. The school administers the

Dynamic Indicators of Basic Early Literacy Skills (DIBELS) and Read Well assessments to rank order students to determine those most at risk and in need of additional reading intervention. Fifth grade math students are screened using a district developed math assessment.

In spring 2010 WSU-AHEC conducted a study titled, "Incidence and Prevalence Study." This study examined 145 students from Willow Elementary who had experienced known adverse childhood experiences. AHEC had asked teachers to examine the multiple risk factors that students of trauma face and then identify children in the school who they knew had experienced trauma exposure. Of the 145 students identified by teachers, the study found that 40% had academic problems, 17% had attendance issues, 26% had behavior concerns, 14% had involvement with CPS, and 40% lived in homes where parents were divorced. Out of the 145 children studied, 50% of the students had experienced one or more adverse childhood experiences (ACE), as defined in the literature and discussed in Chapter 2.

Participant Selection

This study used a purposeful sampling of staff who had participated in the complex trauma training provided through the CLEAR Initiative from August 2011 to June 2013 . According to Patton (2002), "Purposeful sampling focuses on selecting information-rich cases whose study will illuminate the questions under study" (p. 230). Eight classroom teachers, two specialists, the school principal, and the school's complex trauma training facilitator from WSU-AHEC, were recruited for the study. Teachers and specialists from Willow Elementary were selected with the assistance of the principal in early February,

2013. In order to address the study's research questions, it was important to identify participants who had the best information about the complex trauma professional development training and school operations. My intent was to find participants who would be willing to openly articulate their experiences regarding the complex trauma professional development training provided through WSU-AHEC over the two year period. Teacher participants represented a variety of grade levels (1st grade-7th grade) and years of classroom instructional experience (3 to 28 years). Both specialists that were interviewed had 15 years of experience. The principal at Willow Elementary has been at this school for her entire career with 26 years as a teacher and six as the school's leader. The WSU-AHEC facilitator assigned to Willow has been a part of the AHEC team for 10 years. There were seven females and five males interviewed for the study. This purposeful sampling ensured that the study represented diversity of experiences and perceptions in regard to the impact of complex trauma professional development on school programs and practices, classroom practices, and leadership behaviors.

Once the participants had been identified, a letter was sent to them describing the study and offering several options of dates and times when interviews could be conducted. Consent forms containing the purpose of the study, level of participation, and confidentiality agreement were also sent before the interviews were conducted. The interviews were conducted with teachers, specialists, and principal at Willow Elementary during the month of February, 2013. The interview with the AHEC trauma training facilitator was held at WSU-AHEC offices in Spokane, Washington, at the WSU Riverpoint Campus in February, 2012. A sample of the letter to staff and the consent form can be found in Appendices A and B.

Data Collection

Data were collected through qualitative face-to-face interviews, observations, and a collection of documents. The purpose of the in-depth, semi-structured interviews with teachers, specialists, and the school principal was to explore their perceptions of the impact of complex childhood trauma professional development training on school-wide programs and practices, classroom practices, and the collective shifts in beliefs about and responses to children who have experienced traumatic events. These interviews also examined teachers' and specialists' perceptions of the role of leadership in supporting their efforts to create a trauma-informed/trauma-sensitive learning environment. The interviews with the AHEC staff member assigned to Willow Elementary proved to be extremely important in providing data from an outside perspective and also corroborated the data gathered from the interviews with school staff. This interviewing technique was beneficial to me as it allowed the questions to evolve and change as needed in response to the interviewees' emerging narratives (Creswell, 2003).

An interview guide was used that followed a semi-structured questioning protocol (See Appendices C-E). The initial interview was intentionally structured to last no more than one hour. This honored the time of the staff members being interviewed and prevented interview fatigue. Follow-up interviews were conducted as needed in order to obtain the information needed to clarify any questions I had after transcribing the first round of interviews. Interviews were digitally recorded and transcribed verbatim. The interviews with teachers, specialists, principal, and the staff member from WSU-AHEC provided the narrative for inductive and interpretive analysis.

In addition to qualitative interviews, observations were conducted as appropriate for the purpose of the study. These observations included monthly complex trauma professional development trainings, grade level collaboration meetings, and classroom visitations. The purpose of participating in the monthly complex trauma training was to record the content and activities of the training as well as the participants' responses and interactions. Observations of these meetings allowed me to document the school's problem solving protocol used to address the needs of traumatized children. School and classroom visitations allowed me to observe adult to student interactions during the morning greeting time, as well as the routines and rituals throughout the school day (ie., classrooms, hallways, playground, cafeteria). As I conducted my observations, I used what I had learned in the trauma trainings with the Willow staff and the information from my literature review to anchor my narrative notes. Throughout my observations, I attempted to be very intentional in creating field notes that were comprehensive and descriptive so that I could easily reference back to them as I conducted my analysis. In order to ensure that multiple forms of data were used in this study, several different types of documents were collected. This comprehensive data collection included WSU-AHEC presentations, handouts, and presenter notes, results from the spring 2011 AHEC Incidence and Prevalence Study, written communications from the principal to staff, school discipline data, special education referral data, and state-wide assessment data.

Data Analysis

Miles and Huberman (1994) provide guidance when conducting a data analysis. They describe three themes or "flows of activity." The first is data reduction. This is a process of selecting, focusing, and simplifying the data using a systematic coding process

that allows the researcher to begin to identify the emerging themes. “Data reduction is a form of analysis that sharpens, sorts, focuses, discards, and organizes data in such a way that ‘final’ conclusions can be verified...it can also be seen as data condensation” (Miles & Huberman, 1994, p. 11). The second step of analysis is data display. During this part of the analysis the researcher organizes the information in a way that allows for drawing conclusions. Data displays are a major avenue for organizing information into accessible chunks of information that allows the researcher to draw some initial conclusions. The third theme is conclusion drawing and verification. During this phase of analysis, the researcher refers back to field notes, observation and interview data, and any other documentation that is needed to verify the themes and conclusions identified from the data sources. I used this model to anchor my work in analyzing the research data.

The specific research questions that guided this study and the data analysis are:

(a) What is the impact of the complex childhood trauma professional development training on the teachers, specialists, and principal in regard to their school-wide programs and practices and classroom practices? (b) How has the complex trauma professional development training influenced the beliefs about and responses to children who have experienced traumatic events?, and (c) What is the role of leadership in supporting teachers’ and specialists’ abilities to respond appropriately to children who have experienced complex trauma?

Case studies generate a large amount of data which must be stored comprehensively and systematically. Therefore, as the researcher, I had to develop a plan to effectively collect, organize, and analyze the data. Creswell (1998) views “data collection as a series of

interrelated activities aimed at gathering good information to answer emerging questions” (p. 110). Hancock and Algozzine (2006) state:

In case study research, making sense of information collected from multiple sources is a recursive process in which the researcher interacts with the information throughout the investigative process...unlike some forms of research in which the data are examined only at the end of the information collection period, case study research involves ongoing examination and interpretation of the data in order to reach tentative conclusions... (p. 62).

Data from interviews, observations, and documents were coded using an open-ended coding process (Denzin & Lincoln, 2000). All data were organized around the major research questions. I began my systematic analysis by reviewing the transcribed interviews. My initial coding of the interviews involved identifying, categorizing, classifying, and labeling the initial patterns in this data (Patton, 2002). I assigned each of these major themes a code. I first created a matrix identifying the research questions and listed each major theme below the questions. I then placed the evidence under each theme and categorized them further into sub-categories within each theme. In conjunction with this, I also created a codebook that allowed me to track my data analysis as it evolved. This codebook served as a journal with notes to myself as each piece of data were analyzed. As I read through my field notes, I color coded the areas aligned with the major themes that emerged through the interviews. New ideas that were not present in the interviews were coded separately. I also made notes in the margins regarding alignment to the different themes. This process allowed me to analyze and triangulate the data to find common themes and patterns aligned to the research questions. I used categorical aggregation to

identify a collection of instances from the data with the goal of identifying issue-relevant connections. According to Patton (2002),

...you first make the observation that something important or notable is occurring and then you classify or describe it...it provides us with a link between a new or emergent pattern and any and all patterns that we have observed and considered previously. (p. 463)

I used a constant comparison method (Ryan & Bernard, 2003) to find the similarities in the data. Guba (1978) speaks to the importance of analyzing the “convergence” of data. As I reanalyzed the data at several different points of analysis, I found that the major categories and subcategories consistently appeared across the multiple data points. To analyze these themes, I built upon what I had learned about childhood complex trauma through the WSU-AHEC professional development, as well as my examination of the literature addressing the impact of childhood trauma on the learning experiences of students. After reviewing all data sources, I identified the connections within the data, and have drawn some conclusions from my research that provide insight into how the complex childhood trauma professional development offered by WSU-AHEC impacts Willow Elementary School teachers, specialists, and the principal in regard to their school-wide programs and practices, and classroom practices. The analysis also highlights the collective shifts that staff have made as a result of this training in their beliefs about and responses to children who have experienced traumatic events. Finally, the analysis demonstrates that school leadership matters. This study found that the leader

plays a significant role in supporting the teachers' and specialists' abilities to respond appropriately to children who have experienced complex trauma.

Ethical Considerations

As I entered into this qualitative research study, I employed strategies that reduced the opportunity for harm due to unwarranted discomfort by those participating in this study. The school staff who were interviewed were recruited based on their willingness to participate. I gave a presentation to the staff regarding this study and then the principal followed up with a personal invitation providing additional details about the study and the interviews, including dates and times. Several school staff volunteered to be a part of this study. After the participants were identified, I followed up with a written explanation of my work. I identified my role in this research project and that I was not working for the district or WSU-AHEC. I discussed that the results of this study would be shared with district leaders.

Maintaining confidentiality of the participants and school was a concern for me as a researcher since the study examined a school in the Spokane region, which was one of only six schools in the WSU-AHEC CLEAR Initiative. This issue was discussed at length with school district administration and permission was given to provide a detailed description about the school for the purpose of giving the reader a thorough understanding of the context of the school. Additionally, the interviews included the Willow Elementary School principal and one AHEC staff member assigned to the school. I discussed this dilemma with those involved, and participants agreed that they were willing to be involved in the study and were anxious to have their work with WSU-AHEC highlighted. All participants

expressed a desire to be a part of a study that raises awareness in the educational community about the prevalence of trauma impacted students in our schools today. They were also interested in providing guidance to schools about the school-wide programs and practices, classroom practices, and leadership actions that have been instrumental in creating a trauma-informed/trauma-sensitive learning environment.

Participants were given informed consent agreements for participation. They were given assurance verbally and in writing that interviews could be stopped at any time. In addition, participants were given assurances that they would not be linked to their words in any way and that pseudonyms would be used to provide anonymity.

Since this is a case study, the collection of data and the interpretation of the stories told are biased by my subjectivity and knowledge of the school and staff. A strict interview and transcription protocol was used to limit the bias and protect confidentiality. This was a critical factor for validity of the study, as the staff from this elementary school have a close working relationship with the staff from AHEC that provide the complex trauma training. I also needed to exercise the care, sensitivity, and transparency about the nature of this study with WSU-AHEC, since the results of this research will be shared broadly. Yin (2009) states, "The study of a contemporary phenomenon in its real-life context obligates you to important ethical practices akin to those followed in medical research" (p. 7).

Chapter Summary

This chapter outlined the methodological choices I made as a researcher. I provided a rationale for the use of a case study approach and discussed the rationale for using face-to-face semi-structured interviews, observation data, and a collection of documents as

primary data sources to examine the research questions. In this study I have described the study site in detail so that the readers understand the uniqueness and complexity of this school building. Participants in this study were selected based on specific criteria outlined in this chapter. Lastly, I provided a detailed description of the process I used for data collection, analysis, and interpretation. In the next chapter, I provide an analysis of the data obtained from the multiple data sources and identify the major themes that emerged as I unpacked, coded, and triangulated the results of the data.

CHAPTER 4

ANALYSIS

Introduction

My primary goal in conducting this qualitative case study was to examine one public elementary school in Spokane, Washington that has received significant complex trauma professional development training provided by Washington State University Area Health Education Center (WSU-AHEC). The study explored teachers', specialists', and the principal's perceptions of the impact of complex childhood trauma professional development training on the school-wide programs and practices, classroom practices, and the beliefs about and responses to children who have experienced traumatic life events. This study also examined the role of school leadership in supporting staff efforts to create a trauma-informed/trauma-sensitive learning environment. Data sources included face-to-face semi-structured interviews, observations, and documents. Through the data analysis process described in Chapter 3, I found that the complex trauma professional development gave teachers and the principal a variety of tools that have been used school-wide and in the classroom to appropriately address the needs of students who have experienced traumatic childhood events. In addition, as teachers, specialists, and the principal gained more knowledge through the WSU-AHEC CLEAR Initiative professional development regarding the needs of children of trauma, their ability to appropriately identify and respond to a variety of student cues, triggers, and behaviors was greatly enhanced.

Analysis of the data yielded three major themes. The first theme, *implementation of trauma-sensitive programs and practices*, explores the impact that the WSU-AHEC complex

trauma training has had both in the classroom and in regard to school-wide programs and practices. Sub-categories under this theme are: (a) the power of relationships school-wide, (b) routines and rituals, (c) creating a safe place for learning, (d) club time, (e) classroom practices, and (f) the journey. The second theme, *the power of "WE,"* examines the collective beliefs of the Willow staff that serve as the anchor for the complex trauma work. Sub-categories under the second theme are: (a) using a trauma-sensitive filter to enhance collaborative practices, (b) every teacher owns every child, (c) staff supporting staff, and (d) case study collaboration. The third theme, *leadership matters,* spotlights the role of leadership in creating, fostering, and supporting a trauma-sensitive learning environment. Throughout each of the following theme discussions, I will share stories of how the Willow Elementary students and staff have benefitted from the programs, practices, and leadership actions which have been put into place as a result of the complex trauma professional development. All names used in these discussions are pseudonyms.

Implementation of Trauma-Sensitive Programs and Practices

Willow Elementary School, with the support of WSU-AHEC, has implemented several trauma-sensitive programs and practices that provide students with a safe, predictable, and nurturing learning environment. The following subcategories highlight the trauma-sensitive work at Willow Elementary School.

The Power of Relationships School-wide

According to Cole (2005), it is critical that traumatized children have the opportunity to form meaningful relationships with caring adults in the school. To accomplish this, schools must develop infrastructures that encourage and allow time for

adults to establish relationships with children both in the academic and non-academic setting. There is powerful evidence from the research to support the link between social emotional learning, relationship building, and academic learning. Rossen and Hull (2013) note that when schools adopt trauma-sensitive practices that are focused on the social and emotional learning of students the entire school culture changes. In these schools specific skills like self-awareness, self-management, empathy, perspective talking, and cooperation are emphasized. These authors also point out that social-emotional learning and adult to student positive relationships facilitate academic learning and create an optimal learning environment.

When talking about the investment and time it takes to build meaningful relationships with students, Becky, the WSU-AHEC facilitator assigned to Willow Elementary, told the staff, “If you take a month to build this relationship with a student, then you can spend the rest of the year skill building.” Connie, who is in her sixth year as principal at Willow Elementary, told me that the notion of putting relationships before academics can be difficult for some teachers because they are stressed about the academic requirements and the accountability that comes with state assessments. Brad, a 7th grade teacher, stated that one of his biggest concerns is balancing the reality of a child’s situation with the academic requirements needed to be ready for high school. Leslie, a 3rd grade teacher in her third year of teaching, said that she feels like the trauma-sensitive strategies used by the staff help maintain high academic and behavioral expectations. “We have the same expectations for all our students, how they achieve the expectations may be different, but the expectations never change.” Brad has seen the power of building relationships and pointed out, “You have to try to establish great relationships because once you have the

relationship then you can begin to impact the student's belief about his/her academic success." He also noted that he has seen a change in the mentality of staff regarding the importance of relationship building. He represented all interviewees by saying, "Relationship building is at the heart of the trauma training and is the most essential component to creating a trauma sensitive learning environment."

At Willow Elementary the staff have restructured the school day with relationship-building in mind. When talking about the importance of building relationship with students, every staff member interviewed spoke about the "morning greetings" and "Willow Time." All staff interviewed were quick to point out that both of these trauma-sensitive activities were a result of the complex trauma professional development.

Every morning students at Willow Elementary are greeted as they enter the building by the principal and staff members. There is also an expectation in this school that students will be greeted at the classroom door with a handshake, hug, high five or fist bump. Principal Connie has made a commitment to be at the entrance of her school every morning. She told me, "greeting students at the entrance is my priority; it fills my bucket and allows me to connect with students daily." On several occasions throughout this study, I had the opportunity to be a morning greeter. Although the students did not know me, it was clear that they have come to enjoy this morning ritual and openly accepted my morning greeting with smiles, handshakes, high fives, and hugs. I also observed that additional morning greetings took place in the cafeteria during breakfast and on the playground.

Willow Elementary teachers all greet the students at their classroom door with a morning comment like, “Good morning, I am glad you are here” and eye contact is always made with every student. Marissa, a 1st grade teacher, points out “that is definitely something that came directly out of our trauma training....I cannot tell you enough how shaking hands and greeting students has changed the whole tone to the start of the day, the kids get a positive contact the minute they walk in the door.” Leslie loves the morning greetings and says that it sets the tone for the entire day. “That personal three seconds of looking a child in the eyes and saying ‘I see you, I know that you are here, I care about you, I am ready to be here for you today, come in and let’s have a great day’.” Leslie explains that the greeting time allows her to “catch” any unusual behaviors that may signal to her that a child needs some additional attention during the 15 minutes of Willow Time.” All staff interviewed view the morning greeting time as a proactive step which allows teachers to address individual needs of their students. Megan, a speech and language pathologist, points out that the morning greetings both at the entrance of the school and the classroom give staff the time to check in with students. They also allow the principal and teachers an opportunity to do a “temperature check.” Often the home environment in the evening is the source of trauma resulting in kids coming to school not ready to start their day.

Willow Time is a 15 minute time block at the start of each day where students are given time to prepare themselves for learning. During this time teachers have the opportunity to meet with kids individually or in small groups. Kids have a chance to check in with one another, organize their materials for the day, finish homework, or spend the time alone reading a book. Theresa described Willow Time as, “a chance for a student to self-modulate, to ease into their learning and leave some of that stress behind before the

academics start for the day.” George, a 5th grade teacher, said that Willow Time “gives me permission to spend the time I need to build those strong relationships with my kids.” Marissa agreed and said, “Now we don’t have to start the day by saying to the kids, ‘quick, quick, you have an entry task that needs to be done, hang up your backpacks and get to work’...Willow Time allows for white space.” She goes on to say, “The trauma training validates my belief that relationship building will directly impact educational outcomes.” Leslie, who teaches 3rd grade, agreed with Marissa and reported that, “Willow Time has been a life changer.” Before the development of Willow Time, Leslie said she started her class time telling the kids, “hi, good morning, okay, let’s go, let’s go.” Even as a teacher new to the profession Leslie felt pressure to not waste any valuable teaching time. “The opportunity and permission to interact with students at the start of each day has changed my teaching practices completely.” Samantha, a health and fitness teacher, feels that trauma training has raised the awareness of the staff regarding the issues of childhood trauma and the importance of being very intentional and consistent in their efforts to build meaningful relationships with students. She feels that Willow Time is valued by staff and has been instrumental in changing the climate in the classroom and school. “In my opinion the staff believes that relationships are key.”

Principal Connie shared with me that if a child still needs some additional attention after Willow Time, teachers will send them to her. She shared a specific example with me:

Yesterday, I greeted a second grade student at the entrance. I could see that he was visibly upset. He shared with me what had happened the previous evening and told me he wanted to have breakfast and go to the classroom. At the end of Willow Time

he was still not ready to learn so his teacher sent him to me. In my office I have several tools that help children with modulation. The ones used most often by students are the headphones to block out noises, the Zen rock garden and the weighted blanket. I tell the kids they have five minutes and then we talk about their feelings. This particular student was concerned about his mom, so I had him call home to talk to her. He went back to class; I checked on him at 2 P.M., he gave me a thumbs up. This kind of thing happens with students about once a day. If they come in here to spend time with me, I never see them back again that day.

Connie learned these strategies through the complex trauma training and her participation in several workshops on creating a trauma-sensitive learning environment.

All those interviewed voiced that Willow's participation in the CLEAR Initiative greatly influenced their thinking about childhood trauma and gave them the tools to effectively address the individual needs of students. Each teacher, specialist, and the principal agreed that morning greetings and Willow Time have impacted their ability to create meaningful relationships with students that have translated into academic achievement. When discussing student achievement, Megan stated:

We just won the Washington State Achievement award. Our scores continue to go up. We don't let the kids fail. Failure is not an option here. We have high expectations for kids but we love them to death. Kids will work when they know that someone cares for them and will still be there for them the next day.

Routines and Rituals

In an effort to provide a consistent, caring, and nurturing school environment the school also worked to create routines and rituals throughout the school day. George, a 5th grade teacher, pointed out, “We want kids to feel safe because a lot of time at home things are not comfortable or predictable, we provide a security blanket here.” One of the hardest things for kids of trauma is transitions from one event to another. Megan, the speech and language teacher tells me:

Taking away some of the transitions has helped kids slow down and take a deep breathe to self-regulate their body. Often times for children of trauma their home life is crazy and unpredictable, so when they get here we want to keep things calm, structured, with clear and consistent expectations across the building. Kids know that they are going to show up every day and their teachers will have the same expectations.

Each morning at the same time, directly following Willow Time, Connie, the principal, signals the start of the learning day with soothing music followed by morning announcements. Staff teach agreed upon lessons on expected behaviors throughout the school day using the school Pride code (**P**Practice safety, **R**React responsibly, **I**Improve daily, **D**Develop skills for success, **E**ducation is important). There are “zero voices” in the hall, so that classes are not disrupted, and office staff work hard to limit classroom interruptions. To further minimize unpredictability, class schedules are posted, and students who need more guidance are given personalized daily schedules. Many children have adults that

“check in/check out” with students several times throughout the school day. Students receive WOW cards to recognize student growth. Character assemblies are held monthly to reinforce the school Pride code and honor students from each classroom.

As the principal of Willow Elementary, Connie communicates often with her staff regarding expectations for maintaining a trauma-sensitive learning environment. In a staff weekly communication dated April 8, 2013, immediately following a week long student break, Connie reminds the staff:

Take time to go over expectations in your classroom, in the hall, and on the playground today. It states in our student handbook that expectations will be reviewed with students after every break. Remember that our trauma kids are returning from a chaotic environment with no clear expectations. Review classroom consequences for teacher talk vs. office referral. Students should only be sent to office after a classroom intervention/consequence has been given for the same or similar behavior. Review and use our school-wide think time procedure.

Recently, as a result of the complex trauma professional development, the school implemented WIN (What I Need) time. In an effort to add additional predictability to the students’ day, the school has added a daily 30 minute block of time where students receive individualized interventions, special services, and acceleration. Teaming, and the use of volunteers, is a critical part of WIN time. Since this is a new program, the staff acknowledged that there are “glitches” that need to be worked out. Nikki, a 6th grade teacher, pointed out, “We are intentionally working to implement school-wide practices that are directly aligned to the philosophy of trauma-sensitive schools. I really believe that

WIN time has great potential for providing additional supports for our students. It isn't perfect by any means, but it is a good start."

Creating A Safe Place for Learning

According to Theresa, the school counselor, one school-wide lesson that has been most impactful for students at Willow Elementary is that they have learned that there are many "safe places" for them to be at school. "Whether it's a safe place in the room, another teacher's room, in the hall or the office, the children know there are places they can go and calm down and they know they are not in any trouble." Through the complex trauma training staff have been taught to identify the signals that a student's behavior is escalating, as well as the antecedents that trigger a student's behavior. Theresa points out that, "We have a variety of tools that we've made available to teachers, such as weighted blankets, headsets for kids that have sensory issues and just need to block out noise, legos, and alternative seating accommodations." Willow Elementary has created a learning environment where students have empathy for others who may need additional supports. Lessons about honoring everyone in the school family are taught by the counselor and reinforced by the entire school staff. Samantha, a health and fitness teacher stated, "We really try to teach that we're a family here at Willow. We teach the kids that their school family is a safe place. Students in this school will say 'Oh, that's just what he needs'; kids don't have a stigma about why a child would need a calm down strategy."

Club Time

Often children who have experienced traumatic events find it hard to be in situations that may be more unstructured. A good example of this is recess and after school time. As the staff looked at the discipline data, they found that many of their trauma impacted students had escalating behaviors during these unstructured times. Principal Connie worked with staff and key community stakeholders and created a pool of volunteers who were willing to work with small groups of students to share their own personal hobby or interest. To develop the clubs, children were closely matched with adults and other students who had similar needs and/or interests. Many Willow staff members also volunteered to participate in Club time. Willow Elementary now has a gardening club partnering with WSU Master Gardener's Program, a karate club, a chess club, and Dan the Train Man comes on a regular basis to share his love of trains. Nikki pointed out, "Club Time is an opportunity for small groups of kids to come together around a common interest and have small group time with a significant adult." Connie shared with me, "Kids seem to thrive during Club time, which then spills over into their ability to make successful transitions back into class."

Classroom Practices

One of Becky's responsibilities as the AHEC complex trauma training facilitator is to visit classrooms to observe student behaviors and give teachers feedback on the use of trauma-sensitive classroom practices. When asked how she thought the trauma training had impacted classroom practices, Becky was quick to respond, "I think staff are much more sensitive. They are more intentional about how they individualize for students

within their class and are trying to connect information that they have about students with student behaviors and needs.” Becky noted that one major change that has happened in the classrooms is how teachers organize and set up transitions. Routines and rituals are taught to students, and any changes to the classroom daily structure are carefully planned and communicated to students. Based on her observation, she felt that teachers were much more sensitive to the needs of traumatized students and worked to establish meaningful relationships that created a trusting bond. When inappropriate behaviors were displayed, teachers used multiple methods to redirect the student.

Greatly influenced by AHEC’s professional development training, there are school-wide protocols and expectations for how all staff respond to inappropriate behavior. First, school staff need to attempt to determine exactly what is driving the behavior and what are the unmet needs of the child. Second, the trauma training reminds everyone to never take inappropriate student behavior personally and always use strategies that de-escalate the behavior in a proactive manner. Classroom teachers have been taught how to become attuned to themselves, learning to identify the triggers that can push them over the edge. Becky has noticed that the certificated and classified staff are much more patient with students. When they are talking about students, the staff depersonalizes the student’s behaviors by asking questions such as: “What is the need of the student?” and “What is he/she trying to fix?”

All staff members interviewed believed that while they began the complex trauma professional development with a strong “toolkit” of instructional strategies, these have been enhanced by the AHEC training. Nikki, a 6th grade teacher, reports that she uses the

icebreaker and modulation activities learned through the CLEAR Initiative trauma training. She finds these activities especially helpful at the start of the school year, on Mondays, and after any breaks from school. “I use humor, heart, and help and tell my kids I am always here for them.” George works to create a classroom environment with structure and routines. “I try to model everyday what I am looking for in my kids. I try to show them that mistakes are going to happen but it is how you react to them that makes the difference.” When reflecting on her practices as a 1st grade teacher, Marissa felt that because of AHEC’s training she is more sensitive to students that are exhibiting the effects of trauma:

Before the complex trauma training if I saw any kind of physical aggression I would say: STOP, you need to go to time out, we are not talking about this right now...end of report. But now I realize that you cannot look at these kids through your lens. Kids of trauma perceive something different than what you saw. Now I will take the time to step back and try to use the attunement strategies that we have learned. One good tip that I learned and use instead of lecturing is to ask, ‘is there anything wrong with that?’ I am also more intentional about my wait time and in giving kids time to circle back around.

Brad, a 7th grade teacher, was quick to point out that staff rarely send their kids to the office when inappropriate behavior is displayed; instead there are several interventions that are put into place within the classroom. Many of these strategies have been discussed during the complex trauma professional development training. Part of the protocol used by teachers is to say to students:

Maybe you need a minute to go and relax in another space, maybe you need to go and journal to write down your feelings, maybe you need to go to a quiet space and do some deep breathing or modulation activities, or maybe you need to go visit your adult buddy?

It is an expectation that such interventions are implemented before a student is sent to the office (with the exception of safety issues). George, who has been teaching at Willow as a 5th grade teacher for three years, sees this as a huge shift in teachers' behaviors and beliefs:

When a student's behavior arises that needs to be addressed we have been trained to ask ourselves, What happened to cause this? What did your evening or morning look like, because you are obviously not ready to be here?...You don't see interactions anymore where teachers are in kids' faces, you don't see teachers freaking out and sending kids out to the hall or to the office. Children at Willow Elementary know when they make mistakes here they get to start over and they are still cared about.

Theresa, the school counselor, shared with me her global view of the work of Willow staff. She states:

I definitely see a trauma filter with our staff. There has been a mind shift from labeling "bad kids" and "good kids," or "bad behavior" or "good behavior." All teachers have been given the tools to ask the questions, "What is driving the behavior?" "What can we do to stabilize or help kids digest the trauma that is

happening to them so they're better able to come to school and learn the pro-social behaviors that will eventually help them work through their trauma?"

Principal Connie acknowledges that the staff has collectively made huge strides in classroom behavior interventions and in their overall approach to inappropriate student behaviors. In her interview with me she talked about school-wide and classroom behavior intervention practices:

Three years ago, students would be sent to the office for a variety reasons, there was very little consistency with classroom expectations. Now a student is sent to the office only when all interventions have been exhausted. I rarely see students in my office for classroom behavior.

The data on students with aggressive behavior is impressive. During the months of January to April 2011, Willow Elementary had 83 referrals for aggressive behavior (defined as pushing, hitting, and fighting). During that same time period in 2012, after complex trauma training, the school had 13 referrals. Connie and the Willow staff view inappropriate behaviors as an opportunity to learn the school's expectations. Their behavior intervention model works to keep students at school in a safe, nurturing, learning environment, and is grounded in elements of the Response to Intervention Model¹(RtI) and the Positive Behavioral Interventions and Support Model²(PBIS). In addition, although the enrollment continues to grow with the new K-8 configuration, the school's special education referrals

¹ Response to Intervention (RTI) is defined as the practice of providing high-quality instruction and interventions matched to student need, monitoring progress frequently to make decisions about changes in instruction or goals, and applying child response data to important educational decisions. Based on a problem-solving model, the RTI approach considers environmental factors as they might apply to an individual student's difficulty, and provides services/intervention as soon as the student demonstrates a need.

² Positive Behavioral Interventions and Supports (PBIS) is based on a problem-solving model and aims to prevent inappropriate behavior through teaching and reinforcing appropriate behaviors. Positive Behavioral Interventions and Supports (PBIS) is a process that is consistent with the core principles of RTI. Similar to RTI, PBIS offers a range of interventions that are systematically applied to students based on their demonstrated level of need, and addresses the role of the environment as it applies to development and improvement of behavior problems.

are the lowest in the district. Willow submitted only two referrals during the academic year for students who have been in the school continuously.

Principal Connie is proud of the work of her staff and their ability to take the tools given to them through the WSU-AHEC complex trauma training and use them in creating a trauma-sensitive learning environment for students. She cited two major shifts in teachers' practices, both in the classroom and school-wide. The first shift is that the staff at Willow Elementary are much more attuned to the students. Teachers and specialists have been taught how to identify behaviors that are potential red flags. With this understanding they can help students, using a variety of tools learned in the trauma training, to self-modulate before the behavior escalates. When teachers are attuned to children they can accurately and empathically respond to children's actions, needs, and feelings. The second shift that Connie has seen is that the staff are much more consistent in their responses to students who have experienced traumatic life events. She notes that "staff are very intentional in their efforts to provide a predictable, safe, and nurturing classroom."

The AHEC complex trauma professional development training has given the Willow staff a better understanding of how the brain and body respond to trauma. Megan, who offers speech and language services at Willow, speaks to how collaboration with WSU-AHEC and participation in the CLEAR Initiative has changed the focus of the school. "We have gone from a focus of teaching to a focus of learning that addresses the whole child. Our focus is on keeping kids in schools and providing all the supports needed to do that." Marissa, a 1st grade teacher states, "The trauma training has really impacted me and I know if it has impacted me, I will pass this on to my kids in the classroom."

The Journey

There are variety of trauma-sensitive programs and practices that have been implemented at Willow Elementary. Many of the staff interviewed, including Principal Connie, wanted the readers of this study to know that the implementation of school-wide trauma-sensitive programs and practices is not easy work. Leslie, a 3rd grade teacher in her third year of teaching, talked candidly about how staff felt when they started the complex trauma professional development:

When we got the complex trauma grant and started to have conversations about the impact of trauma on our students, it literally rocked our world of how we view structure and support for all our kids...When it first came, I believe that everyone was excited and overwhelmed at the same time because trauma is a huge topic that doesn't fit each kid the same way...It kind of put the weight of our students on our shoulders. We asked ourselves, "How are we going to do this?"

Brad, a 7th grade teacher, said that over the last several years he has witnessed the crumbling of the family structure. Many of the students at Willow have upheaval in their lives. "Kids see drug and alcohol abuse, violence, and lack of structure. They live in extreme poverty, and often do not have adults in their lives that can be counted on." He added that the role of teaching has become much more complex, especially when the social and emotional needs of students are so great.

George, a 6th grade teacher, shares his frustrations, "There are days when despite all my best efforts, using all the trauma sensitive strategies I know, that nothing works. Those days can be emotionally draining." Megan, the speech and language pathologist, agrees

that there are still a number of highly impacted trauma kids who are not meeting their goals. Teams of teachers continue to struggle to find strategies that work. In a recent trauma training, I had the opportunity to sit with a third grade team of teachers who were brainstorming how to get the child to complete his work. As they talked they identified all the trauma-sensitive strategies they had used. They expressed frustration because no one strategy was consistently successful. The team worked with Becky, the AHEC complex trauma training facilitator, and together they brainstormed some short term goals for working with the student.

Brad believes that the heart of the complex trauma training is in the right place but said, “You can draw up battle plans, but when the bullets are flying and you are in the mud, it is just a different reality.” Principal Connie laughed as I shared Brad’s analogy with her and commented, “He’s right, we all have those days.” Both Becky, the AHEC facilitator, and Connie continually remind staff that “the trauma training is not a ‘silver bullet’.” What the complex trauma training has done for staff is raise their awareness regarding the needs of students who have been traumatized and has created opportunities for the Willow staff to problem solve, collaborate and support one another as they work to create a trauma-sensitive learning environment.

The Power of “WE”

The staff at Willow Elementary School believe that the collective efforts of the entire school community have greatly impacted their students. The following sub-categories demonstrate how Willow Elementary capitalizes on the “collective wisdom” of every staff member to meet the needs of their students.

Using a Trauma-Sensitive Filter

In my interviews I asked staff how the WSU-AHEC complex trauma training had influenced their work collectively with children who have experienced traumatic life events. George, a relatively new teacher, was excited when he stated, “AHEC staff and the training really are the ones that are getting the conversations going around the issues of childhood trauma.” He feels that the trauma training has sparked great conversations and has given the staff an opportunity to try new strategies in a “safe” environment. “We ask questions and try to learn new things as a staff.” Leslie, who currently teaches 3rd grade, identified one of her strengths as being very collaborative with colleagues and stated, “I think the complex trauma training has helped our staff become closer; we have amazing communication in our school.” As new teachers, both George and Leslie felt supported by their colleagues. They agreed that the conversations around the needs of students with trauma have been extremely helpful in informing their own classroom practices. George explained that an added bonus of the AHEC professional development is that teachers now feel like they have permission to say to their colleagues or principal, “I need to call a meeting because my student is shutting down and I can’t figure out why...I need help.”

The data from the interviews also indicated that staff felt the complex trauma training created a forum for collaborative conversations in large staff meetings and in grade level teams. The ARC framework and the lessons learned from the complex childhood trauma training gave the staff a sharper focus for addressing the specific needs of children of trauma. Nikki, a 6th grade teacher with 26 years of experience, describes the collaborative nature of the meetings:

This is a time for all staff to hear about a student and then brainstorm possible solutions for their needs. Our goal is to identify wrap-around services. We identify people who will look out for the student at lunch time or who can be their buddy all day. Who is the person best positioned to build a relationship with this child...and how do we as a staff provide support to the staff member?

The staff has also carved out time to conduct all-school data team meetings. This is a time when the Willow staff come together as grade levels to discuss every student's academic and social/emotional achievement. Specific student needs and interventions are identified to be implemented for a six to eight week period. Interventions are reviewed throughout the cycle and modifications are made when necessary. Samantha, the health and fitness teacher, talked about the power of this collaborative approach to meeting the needs of trauma students:

We do have whole staff meetings on the top ten percent of our kids who have experienced trauma. We intentionally reach out to those kids and make them feel safe, wanted, and included. This is a place where people care about every student. Sometimes it's the only place that cares.

All staff interviewed, including Connie, identified time and financial resources as major obstacles to consistently conducting the data-team meetings.

Every Teacher Owns Every Child

The Willow Elementary staff have made a commitment to “own” every student in every classroom across grades level throughout the building. Brad, currently a 7th grade teacher, discusses the building protocol:

If you’re in the hall and a child’s out there alone, a teacher doesn’t just pass the student thinking to him/herself “that’s not my student.” The building expectation is to check in with the student and ask (when appropriate), “Can I help you? Is there, something that you need? I can see you might be upset, do you need a glass of water?”

Nikki, a 6th grade teacher, concurs and said, “If you are on your prep and you see a student sitting in the hall it is your responsibility to talk to the student. Depending on the look on their face, you will know if talking will make it better or worse.”

In my observations and conversations with the Willow Elementary staff, I observed a unified belief and sense of moral purpose about how they collectively wrap their arms around students. At this school there is a conviction that every staff member owns all the students and everyone has ownership in their success. Leslie, who teaches 3rd grade, articulated the “WE” philosophy by stating, “If we have kids in this building that aren’t functioning, that’s not the teacher’s fault, it’s our fault and we have a collective responsibility as a staff to create solutions for this student and the teachers.”

Staff Supporting Staff

Through collaboration and professional development the staff at Willow Elementary have bonded and support one another in a school-wide effort to create a trauma-sensitive learning environment. Leslie shared a specific example with me:

When we have students who exhibit behaviors that stem from trauma, we work as a staff to offer support to one another. We've have colleagues that will say to each other, "Why don't you send your child to me? You know, I have a relationship with that child, send them to me every day for a half hour, or I'll check in with him at recess." I mean there's just so much collaboration between staff, so you don't have a stigma that if you can't control your class that you're a bad teacher. It just means you need support.

Principal Connie has worked hard to develop a culture where staff support each other in a variety of ways and is quick to compliment the staff for their collegial support of one another:

Each staff member has three or four colleagues that wrap their arms around each other. This job is tough and no one person can go it alone, working with traumatized children can be emotionally draining. Support of colleagues is critical.

Teachers at Willow feel supported by Connie as well. Marissa said she always feels supported in her role as a first grade teacher:

If I am having a tough day and feel like I need a break, I know I can call Connie and she will cover my class, with no questions asked, it is like respite, without the

stigma...you know, in a lot of schools it's still very stigmatizing if a teacher can't control their children, and so teachers close their door and hope nobody notices. In our school we work to support one another. Connie always says "they are all our kids." She models this and expects the same from all school staff.

George gave me an example of the collaborative teamwork of the staff and how the complex trauma training has encouraged staff to feel safe to bring their struggles forward and look beyond themselves for resources. He shared his story:

I have a student with autism and I was really struggling to make any headway with this student. I brought this student forward to the problem solving team and the speech and language pathologist took me aside and said "I have a great idea for you." So we met and she gave me some ideas and tools for developing social stores for this student. Since I began using this strategy with the student, the behaviors have changed significantly.

George goes on to tell me, "The biggest tool that the trauma training has given me is that I am not alone. Trying to do tackle situations by yourself is the fastest way to fail."

Case Study Collaboration

In January of 2013, WSU-AHEC implemented professional development around the "case study" approach. Input from the Willow staff indicated that they wanted professional development that took theory into practice. Becky, the AHEC facilitator, Connie, the principal, and the school's leadership team identified trauma impacted students who had not responded positively to classroom and school-wide interventions. Once a student is

identified for a case study, all those who know the child come together to write a case study description that includes the child's history, behavioral patterns, and interventions that have been used. Case studies are then shared during the complex trauma professional development meetings. The purpose of the case study approach is to use the collective wisdom of school staff when brainstorming alternative proactive intervention strategies. Theresa, the school counselor, reported:

In the past kids were sent to the special education team to see if they qualified because there were limited intervention options. The case study approach coupled with the complex trauma training has given staff the tools and permission to be creative about the interventions. Now we employ several trauma-sensitive strategies before we refer to students to special education. We see this program as a last resort. This is a major shift in thinking for our staff.

Principal Connie recalled a case study where staff were able to work together to find solutions for the student:

We had a 3rd grade girl that had been in several foster care situations, she is low academically. She was falling asleep every day in class. I called the parent and found out that she was sleeping on the couch because she did not have a bed. The school was able to get a bed donated to the family. I have really seen a difference in her now. Our complex trauma work gave us the tools to respond to students' needs. The staff worked to get a bed donated to the student, and now she comes to school ready to learn every day. I could tell you 100 stories like that.

She went on to tell me that she will do whatever it takes to get the students to school. “We don’t accept them not coming anymore, we don’t wait for the truancy laws to come into play.” Connie told me she makes phone calls in the evening and on weekends to parents asking, “Where has your child been? They need to be at school, do you need assistance with getting them here?”

Marissa gave me an example of a student that she brought forward to the staff as a case study:

I had a girl come into my classroom that was considered mute, she could speak but hadn’t since she had been in school. I wanted to bring this case to the staff because I needed help. One of our staff members had some expertise with mute children so she asked if she could meet with the child. This teacher spent her free time with the child playing games and drawing pictures. After a while she got the girl to talk, “she cracked her open.” Now she will say a few words to me and she giggles a lot.

As I talked with Willow staff members about the case study approach, they all agreed that developing case studies and bringing them to the entire staff allowed staff to be proactive problem solvers focusing on all the things they can do for students. Theresa stated, “You can’t sit around and just admire the problem anymore. The trauma training has created an awareness and demand that calls for action.”

Leadership Matters

As I conducted my interviews, the third common theme that threaded throughout every conversation was the principal's commitment to the process of creating a safe and supportive trauma-sensitive learning environment. Principal Connie's direct engagement with children, families, and the entire Willow Elementary staff was noted and complimented by all those who were interviewed, as well as other staff members who approached me during my school visits. Becky, the AHEC facilitator stated, "She has a caring and compassionate heart. She makes sure everyone is taken care of. Relationships are at the core of who she is." I heard several comments about Connie's leadership that I was able to see in action during my several visits to Willow. First, Connie's priority is making sure kids know they are loved and cared for. She has a vision for how a trauma-sensitive school functions and uses her passion to create a safe, supportive, and nurturing learning environment with high expectations for everyone in the school. Second, one teacher described Connie as a "bulldog" who will go after anything that benefits students. "She is not afraid to ask district administration for resources and utilizes the community connections that are available. She is a person who thinks 'outside the box' to find solutions for students." Leslie, a 3rd grade teacher, expressed to me that she feels like Connie is very attuned to the staff, "she is always there to support me." Marissa stated, "I have never in my life met a principal who knows the name of every child in the building. She greets them by name and knows a little bit about them, it's remarkable...that kind of leadership is inspirational."

When I asked Brad about how Connie's leadership has supported him in his efforts, he told me that when he arrived at Willow from another school in the district, she made it very clear what her expectations were for him as a teacher in a trauma-sensitive school. Brad also told me that he admires Connie's work ethic and called it "amazing":

She is not afraid to roll up her sleeves to communicate with parents on our behalf. She holds kids accountable because failure is not an option at Willow. If she says she is going to do something she does it and she will never ask me to do something that she wouldn't do herself.

Brad went on to say that there is no doubt in his mind or the minds of his colleagues why Connie is a great leader. "She is not here for the big bucks, she is not here for the power or glory, and she genuinely cares about the well-being of all the students at Willow...and also her staff." At Willow Elementary there is an expectation that everyone will behave in a trauma sensitive way.

Theresa, the school counselor, has worked with Connie for over 15 years. She sees Connie as a "role model for all us" who is "so superior to anyone else I've ever worked with." She went on to describe Connie as approachable, trustworthy, consistent, and energetic. "She is in high gear all day, making sure the needs of students and staff are taken care of."

The analysis in this case study reflects the importance given to principal leadership in the literature. Marzano, Waters, and McNulty (2005) state: "Given the perceived importance of leadership, it is no wonder that an effective principal is thought to be a

necessary precondition for an effective school” (p.5). The principal’s leadership sets the tone of the school. If the school is a vibrant, innovative, and child centered place where children flourish academically, socially and emotionally, one can almost always point to the principal’s leadership as one of the keys to student and school success. The data in this study support this view.

Chapter Summary

This chapter described the themes that emerged from the study. Data from face-to-face interviews with the AHEC facilitator, teachers, specialist, and the principal from Willow Elementary School, along with observations over a one year period, and a collection of documents were analyzed. The first theme discussed the implementation of trauma-sensitive programs and practices, and explored the impact that the WSU-AHEC complex trauma professional development training had both on classroom and school-wide programs and practices. The second theme described the collective beliefs of the Willow staff that have served as the anchor for the complex trauma work. Collaborative practices and system-wide support were included in this theme. The third theme highlighted the role of leadership in creating, fostering, and supporting a trauma-sensitive learning environment. Chapter 5 will outline the conclusions and implications from this analysis, as well as my personal reflections on this study.

CHAPTER 5

CONCLUSIONS, IMPLICATIONS, AND REFLECTIONS

Introduction

The purpose of this qualitative case study was to examine one public elementary school in Spokane, Washington that has received significant complex trauma professional development training provided by Washington State University Area Health Education Center (WSU-AHEC). The study explored teachers', specialists', and the principal's perceptions of the impact of complex childhood trauma professional development training on the school-wide programs and practices, classroom practices, and the beliefs about and responses to children who have experienced traumatic life events. This study also examined the role of school leadership in supporting staff efforts to create a trauma-informed/trauma-sensitive learning environment. I used face-to-face interviews, observations, and documents as data sources for the study. Analysis of the qualitative data resulted in three major themes, as discussed in Chapter 4. The first theme, *implementation of trauma-sensitive programs and practices*, explored the impact that the WSU-AHEC complex trauma training has had both in the classroom and in regard to school-wide programs and practices. The second theme, *the power of "WE,"* examined the collective beliefs of the school staff that serve as the anchor for the complex trauma work. The third theme, *leadership matters*, spotlighted the role of leadership in creating, fostering, and supporting a trauma-sensitive learning environment.

In this chapter I will discuss the conclusions of the study based on the three themes. The implications for state and local policy, educational practice, and further research will

also be presented. This chapter closes with my personal reflections on the implications of this research study on my own professional practice.

Conclusions

The analysis of the data in Chapter 4 would indicate that Willow Elementary has a well-functioning staff with a strong leader who has high expectations of herself, staff, and students. It is a fact that Willow Elementary has experienced success both in academics and managing student behavior, but the staff acknowledges that despite all the professional development and school-wide and classroom interventions, they still struggle with aspects of student behavior, lack of student motivation, and encouraging parent involvement. The childhood complex trauma training provided by AHEC created opportunities for the Willow staff to increase their awareness around the issues of childhood trauma and develop a “tool kit” of evidenced-based practices to more effectively meet the needs of traumatized children.

The findings from this study suggest four main conclusions: (a) complex trauma professional development training appears to be valuable in supporting school staff as they create a trauma-sensitive learning environment; (b) two critical aspects of a trauma-sensitive school are building relationships with children and creating a safe and predictable learning environment; (c) leadership support is an essential component to creating a trauma-sensitive school; and (d) successfully meeting the needs of children who have experienced traumatic life events is difficult work that requires a collaborative school culture. Each of these conclusions will be discussed in more depth in the following sections of this chapter.

Complex Trauma Professional Development

Threaded throughout the data analysis are multiple examples of how the AHEC complex trauma professional development training has impacted the classroom and school-wide programs and practices at Willow Elementary School. All the staff interviewed cited specific trauma-sensitive practices that have been implemented throughout the school day over the past two years. Examples include a focus on building meaningful relationship with students, establishing consistent routines and rituals, creating multiple “safe” places for children, and addressing student behavior with a trauma-sensitive lens. Implementation of these practices has resulted in fewer student discipline incidents and special education referrals, more focused collaborative practices, and an increased overall school belief that trauma-sensitive practices can mitigate the harmful effects of trauma while children are at school.

In the book *Helping Traumatized Children Learn*, Cole et al. (2005) note that childhood trauma professional development training should emphasize: (a) the role of the staff in diminishing trauma symptoms, (b) strategies that assist children in self-regulating (modulation activities), (c) strategies for creating predictable and safe classroom environments using consistent routines and rituals, and (d) research regarding the connection between childhood trauma and inappropriate behaviors. The AHEC professional development model incorporates these principles, and this study has established its effectiveness.

Previous to this study, there were no qualitative case studies in the literature that explored the impact of this type of professional development on school-wide programs and

practices, classroom practices, and the beliefs about and responses to children who have experienced traumatic life events. The results of this qualitative case study contribute to the research by providing detailed and specific data regarding the impact of complex trauma professional development in one elementary school.

Relationships and Safety

The results of this study demonstrate the importance of relationships and a sense of safety in addressing the needs of children who have experienced complex trauma. The staff at Willow Elementary School are very intentional in creating school routines and rituals that allow multiple opportunities throughout the day to build meaningful relationships with students. In addition, the structures built within the day create a school culture that fosters a sense of safety and predictability for children. The staff attributes much of their success in creating a trauma-sensitive school to these efforts. Nuefeld and Mate (2004) note that attachment to a teacher is paramount if children are to acquire the academic skills needed to be successful in school. According to the National Child Traumatic Stress Network (2012), research clearly shows that schools can impact the effects of childhood trauma. Sensitivity to routines, rituals, and transitions, coupled with the goal of building meaningful relationships, creates a school culture that is predictable, safe, and nurturing. This study demonstrates that schools can be successful in developing these trauma-sensitive practices if provided with appropriate professional development.

Leadership is Critical

The third conclusion of this study focuses on the importance of the school leader in promoting and supporting school-wide efforts that create a trauma-informed/trauma-sensitive learning environment for students. This study demonstrates that an effective school leader keeps the vision of a safe and supportive school in the forefront within the hectic day-to-day-work of the school and that such a leader has a hands on approach. In this study, the principal directly participated alongside staff in collaborative problem-solving and in designing programs and practices that created a nurturing, predictable, and safe learning environment for students. This finding reflects Cole's (2005) argument that the principal should lead staff in reviewing policies and practices using a trauma-sensitive lens and openly discuss the barriers to learning that currently exist in the system. In addition, this finding reflects the general importance attributed to leadership in the literature. According to Marzano, Waters, and McNulty (2005), "Given the perceived importance of leadership, it is no wonder that an effective principal is thought to be a necessary precondition for an effective school" (p.5).

Collaborative Practices

The final conclusion of this study is that becoming a trauma-sensitive school involves high levels of collaboration on the part of the school staff, and further, that engaging together in intensive professional development facilitates these collaborative practices. The staff at Willow Elementary felt empowered by their collaborative efforts to meet the needs of traumatized children. They acknowledged that working with children of trauma can sometimes be difficult and frustrating. However, every staff member who

participated in this study offered success stories where trauma-sensitive practices positively impacted a student. This conclusion corroborates the importance given to collaboration in the literature. Becoming a trauma-informed/trauma-sensitive school involves several interrelated collaborative staff and school-wide practices which include: (a) understanding the pervasiveness of the trauma, (b) establishing protocols and procedures to identify and address issues of trauma, (c) having a collective commitment by all staff to seek to understand the connection between the child's behaviors or actions with the individual's past trauma experience, and (d) developing school routines and classroom practices that are organized around the goal of successfully addressing the trauma-based needs of students (Cook et al., 2005; NCTSN, 2007).

In summary, addressing the issues of childhood trauma is no easy task. It takes teamwork, patience, and perseverance to create and sustain a trauma-sensitive learning environment. While these conclusions are local, that is, they represent the experiences of the staff at Willow Elementary in regard to working with traumatized children in schools, they suggest broader implications for educational policy and practices.

Implications

The findings in this study lead to implications for possible school reform initiatives at both the state and local levels. In addition, the study results regarding the impact of the WSU-AHEC complex trauma training on school-wide programs and practices, classroom practices, and leadership actions have implications for educational practices at the district, school, and classroom level.

Implications for State and Local Policy

Everyone pays a price for childhood trauma. Children, families, communities, schools, the legal system, and social service agencies are all negatively impacted when childhood trauma is left unaddressed. Untreated trauma has far reaching implications including its relationship to poverty, crime, low academic achievement, addiction, mental health problems, and poor health outcomes. Every year, billions of dollars are spent in the United States to address the consequences of ignoring childhood trauma. Policy makers at the state and local level should become better informed about the issues of childhood trauma and more supportive of programs that address the issues in schools. For example, more funding is needed to support professional development programs like the Collaborative Learning for Educational Achievement and Resilience (CLEAR) Initiative that was the focus of this study.

The National Child Traumatic Stress Network (NCTSN) (2011) states:

Policymakers play a critical role in ensuring that funding for the assessment and treatment of traumatized children is integrated across systems and programs. In short, policy decisions are pivotal in determining whether communities successfully overcome the negative consequences of childhood trauma, or whether caring for traumatized children continues to be simply a “good idea” that is realized in a few discrete places with select populations, while millions of other children and their families are left without the care they need. (para. 3)

In addition to funding for professional development, policy makers could have an impact on pre-service training. University course work for teachers and administrators should, at

a minimum, require a seminar on the impact of trauma on a child's academic performance, behavior, and social/emotional well-being.

Implications for Educational Practice

Schools are expected to be the “rapid responders” for the prevention of and interventions for trauma. In a school district, support of this work starts at the school board and superintendent level. Resources and support must be given to schools that allow for the implementation of trauma-sensitive programs and practices. According to Cole et al., (2005),

District leaders must put the issue of traumatized children in the classroom squarely on the table, discuss it openly, and then advocate for the resources necessary to ensure that students have the support they need to reach their highest potential. (p. 78)

Given the current state of school resources, school staff must rethink how existing school-wide and community resources are used, and how these are woven together to develop a comprehensive and cohesive approach to addressing trauma and reducing the barriers to learning.

Another implication for educational practice is the importance of taking the time to build meaningful relationships with students. Children impacted by traumatic experiences need to establish a safe, caring, and predictable relationship with adults in the school. It is also important to have a whole-school approach to establishing relationships with traumatized children. The larger the group of engaged adults, the higher the likelihood of

finding a staff member who can connect with a student based on interest. As illustrated at Willow Elementary, the core focus of staff work is their commitment to establishing meaningful relationships with students throughout the school.

Regarding classroom practices, teachers should provide opportunities for students to calm down by providing them with a “safe space,” offering them a chance to move around, and alerting them to loud noises. In addition, teachers need to maintain high academic expectations for children of trauma and establish a behavior management system that is grounded in an understanding of the child’s trauma and the cause for inappropriate behavior. Teachers can help a traumatized child by providing structures within the child’s day when he/she has choices. Allowing for choices helps the traumatized child overcome the feeling of being powerless that is often present with trauma. Lastly, children who have experienced a traumatic life event can often express themselves in ways that are hard to understand. As Cole et al. (2005) point out,

A traumatized child’s disruptive behavior often is not a matter of willful defiance, but originates in feelings of vulnerability. Once teachers grasp this critical insight, they will be able to work toward responding to what the child is feeling, rather than solely on the problematic behavior. (p.57)

As educators work to establish trauma-sensitive schools, it is important that this work be supported by research.

According to Rossen and Hull (2013), educators should be aware that a trauma-sensitive school:

(a) provides all students with a safe school environment, (b) increases staff understanding of and ability to mitigate the potential impacts of traumatic experiences on students' learning and behavior, (c) encourages all school staff to work together to meet the needs of students in the school, (d) addresses student needs in relationship development, self-regulation, academic competency, and health and well-being, (e) ensures that all students are included in and connected to the school community, (f) adapts school planning and operations to the ever-changing needs/demands of students, and (g) includes community resources and parents in the support network in addressing student needs. (p. 254-255)

Implications for Research

There is an abundance of research on childhood trauma. Multiple studies have been conducted that examine the extent, cost, and impact of complex childhood trauma. There are also newer pieces in the literature that identify frameworks and critical components for creating a trauma-informed/trauma-sensitive school. The work of organizations like UCLA Mental Health in Schools, the National Child Traumatic Stress Network, and Washington State University Area Health Education Center have created a forum for those in education to have collaborative conversations nationally about how districts, schools, and classrooms work to create trauma-informed/trauma-sensitive learning environments. However, previous to this study there have been no case studies that explore the impact of complex childhood trauma professional development training on school-wide programs and

practices, classroom practices, and the beliefs about and responses to children who have experienced traumatic events, nor were there case studies that examine the role of leadership in supporting staff efforts to create a trauma-informed/trauma-sensitive learning environment. This case study of the impact of professional development in one elementary school begins to fill this gap in the literature.

Much more research is needed to identify the aspects of complex trauma professional development that have the greatest impact on teachers, specialists, and the school principal. Future studies that build on this case study and the research of others are needed to continue to identify the exemplars of professional development that support school-wide reform. Projects such as the CLEAR Initiative create a demand and a call for action around the issues of childhood trauma in schools. As educators work to create trauma-informed/trauma-sensitive schools, more research is needed to inform professional development efforts that contribute to our collective thinking regarding changes in school programs and practices, classroom practices, and our beliefs about and responses to traumatized children.

Reflections

There is a growing need for those in education to rise to the moral imperative of becoming individually and collectively more knowledgeable and sensitive about the pervasiveness of childhood trauma and its effects on a child's academic performance and social/emotional well-being. Trauma crosses all boundaries of race, gender, and socio-economic status. Children who have experienced traumatic life events are coming into our

schools every day across our nation, often unbeknownst to us. Given the staggering statistics of childhood trauma, it is quickly becoming a major public health concern for our youth. Creating trauma-informed/trauma-sensitive educational systems that reduce the barriers to learning is an imperative step which must be taken to meet the growing needs of our children. More schools today are acknowledging the issues of trauma and are developing school cultures, practices, and procedures that create a trauma-sensitive learning environment promoting meaningful relationships, predictability, and safety. According to Evers, (2012), in trauma-sensitive schools every staff member learns about the pervasiveness and impact of childhood trauma.

Conducting the literature review for this study, my participation in the complex trauma professional development at Willow Elementary, and the interviews with the school staff, greatly impacted me personally and professionally. This new learning has caused me to rethink how I can better support schools in their efforts to address childhood trauma and reduce the barriers to learning. My position as assistant superintendent allows me to work with staff at all levels in the organization. There are multiple venues in which I will have the opportunity to raise awareness about the pervasiveness of complex childhood trauma in our schools. The AHEC complex trauma training that I have received, coupled with the information from this qualitative case study, have given me the tools to work with schools in creating a trauma-informed/trauma-sensitive learning environment. The study has transformed my thinking about how we work with traumatized children in our schools. Now that I have been armed with this knowledge regarding the issues of childhood trauma, I feel it is my moral obligation, and new mission as an educator, to bring the issues of complex childhood trauma to the forefront of the work we do as an educational system.

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APPENDIX A

LETTER TO WILLOW ELEMENTARY STAFF

To: Staff at Willow Elementary

From: Terrie VanderWegen, Doctoral Student, Washington State University

RE: Interviews for Dissertation

Date: 2-6-13

Willow Elementary Staff,

This year I have been working to complete my dissertation which has focused on examining the impact of the WSU-AHEC complex childhood trauma professional development on school-wide programs and classroom practices. I am also examining the role of leadership in supporting your efforts in establishing trauma-informed/trauma-sensitive learning environments.

Your school was recommended to me as an ideal school to examine in my case study. With the assistance of your principal, you have been selected to be interviewed as a part of my study. The criterion for selection was grade level, years of experience teaching, years of experience at Willow Elementary, and participation in the WSU-AHEC complex childhood trauma professional development training. The initial interview will last approximately one hour. There are multiple options for completing your interview. These options will include before school, after school, or during the day using a roving substitute teacher. In addition to the interviews, I will also be visiting your classroom so that I can document your great work in creating a trauma-informed/trauma sensitive learning environment for students. Your school has been recognized for the past three years by the state as a school of distinction. Your work in addressing the issues of complex trauma, while making great academic gains is commendable and worthy of recognition in my study.

It is my hope that you will be willing to participate in this work. All information from the interview is confidential and names remain anonymous. Please know your participation is completely optional. I have included additional information about my study. Please email me at tvanderwegen@cvsd.org or if you have any questions. I value your time and hope that you will be willing to contribute to this work around creating trauma-informed/trauma-sensitive learning environments.

Thank you,

Terrie VanderWegen

APPENDIX B

CONSENT TO PARTICIPATE IN INTERVIEW

Complex Childhood Trauma and School Responses: A Case Study of the Impact of Professional Development in on Elementary School.

Researcher: Terrie A. VanderWegen

You have been asked to participate in a research study conducted by Terrie VanderWegen from Washington State University. The purpose of the study is to explore how the Washington State University-Area Health Education Center (WSU-AHEC) complex trauma professional development training has impacted the school-wide programs and classroom practices. Information will all be gathered regarding the role of leadership in supporting teachers' efforts to create trauma-informed/trauma-sensitive learning environments. The results of this study will be included in Terrie VanderWegen's Doctoral Thesis. You were selected as a possible participant in this study because of your participation in the WSU-AHEC complex childhood trauma professional development offered through the CLEAR Initiative. You should read the information below, and ask questions about anything you do not understand, before deciding whether or not to participate.

- This interview is voluntary. You have the right not to answer any question, and to stop the interview at any time or for any reason. We expect that the interview will take approximately one hour.
- The information you tell me will be confidential. Your name will not be included in the report of study. You will be given a pseudonym for your name to protect your confidentiality.
- I would like to record this interview so that I can use it for reference while proceeding with this study. We will not record this interview without your permission. If you do grant permission for this conversation to be recorded, you have the right to revoke recording permission and/or end the interview at any time.
- You will have the opportunity to review the accuracy of my interpretations of the interviews.

All interview recordings will be stored in a secure work space for one year. The recordings will then be deleted from all records.

I understand the procedures described above. My questions have been answered to my satisfaction, and I agree to participate in this study. I have been given a copy of this form.

(Please check all that apply)

I give permission for this interview to be recorded.

I give permission for Terrie VanderWegen to use direct quotes from my interview.

Name of Subject:

Signature of Subject_____ Date_____

Signature of Investigator_____ Date_____

Please contact Terrie VanderWegen, 509-570-2842 with any questions or concerns.

APPENDIX C
INTERVIEW PROTOCOL
TEACHERS AND SPECIALISTS

The following are sample interview questions. This interview process will be open-ended, therefore questions may be added or rephrased in order to gather the information needed to conduct a comprehensive study.

Introduction:

1. Name, position, years of experience, years teaching at this school?

Your School:

2. What would you like the readers to know about your school?
3. How has your school changed over the last three years?
4. To what extent does trauma impact children at your school?
5. Can you site some examples of the kinds of trauma that children in your school have faced?

WSU-AHEC Complex Childhood Trauma Training (CLEAR Initiative) Classroom Practices:

6. What has the AHEC training provided through the CLEAR Initiative been like for you and your colleagues? Cite Examples
7. Do you think the AHEC training provided through the CLEAR Initiative professional development has impacted your instructional practice, beliefs, and understandings? Cite examples
8. If you practices have been impacted, can you give me examples or stories about the ways in which your instructional practice, beliefs and understanding have been impacted? (Be alert to evidences/products)
9. If has not impacted your practice, do you have suggestions for WSU AHEC on what more is needed to make this professional development meaningful?
10. Has the trauma professional development impacted how you respond to student behavior? Cite examples.
11. What have been the biggest “take aways” for you as a result of trauma training?

12. Can you give specific examples or stories of students (behaviors, attitudes, academics) (no names) that have been impacted as result of classroom or building trauma sensitive practices?

School Level Changes:

13. Based on what you have learned in the trauma training what changes have been made at the school level to become a more trauma sensitive learning environment?
14. What additional changes in the school should be made to become a more trauma sensitive learning environment?
15. What are the barriers that exist to becoming a trauma sensitive classroom and school?

Administrative Support:

16. How has your administrator supported you and your colleagues in developing a trauma-informed/trauma-sensitive learning environment in the classroom and school-wide? Can you cite examples or stories to support this?

Conclusion:

17. Is there anything else that you'd like to share? Anything you'd like to provide in summary.
18. Are there other staff that you suggest I interview?

APPENDIX D

INTERVIEW PROTOCOL AHEC STAFF

Introduction:

1. Name, position, years of experience with AHEC? What is your involvement with this school

School of Study:

2. What would you like the readers to know about this school?
3. How has this school changed over the last two years?
4. What are the specific dynamics of this school that allowed AHEC to include this school in the CLEAR Initiative?
5. To what extent does trauma impact children at this school?
6. Can you site some examples of the kinds of trauma that children in this school have faced?

Impact of CLEAR Professional Development on Classroom and School-wide Practices:

7. Do you think the AHEC training provided through the CLEAR Initiative professional development has impacted teacher instructional practice, beliefs and understandings?
8. If so can you give me examples or stories about the ways in which the teacher's core instructional practices, as well as leadership practices, beliefs and understandings have been impacted? (Be alert to evidences/products)
9. What have been the biggest "take aways" for you as you deliver the trauma training?
10. Based on school and classroom visitations, have students been impacted at this school as a result of the AHEC complex trauma training?
11. Can you give specific examples or stories of students (behaviors, attitudes, academics) (no names) that have been impacted as result of classroom or building trauma sensitive practices?
12. Based on your observations, has the trauma professional development impacted how teachers respond to student behavior? Cite examples.

School Improvement efforts:

13. Based on your observations how has trauma professional development impacted the school-wide efforts to be a trauma-informed trauma-sensitive school?

Examples

14. Based on your observations, what changes have been made at the classroom and school-wide level to become a more trauma-informed/trauma-sensitive learning environment?

15. Based on your observations, what changes in the school should be made to become a more trauma-informed/trauma-sensitive learning environment?

16. What are the barriers that staff face in this school to becoming a trauma sensitive classroom and school?

Administrative Support:

17. How has the administrator supported staff in developing a trauma sensitive learning environment both in the classroom and school-wide? Can you cite examples or stories to support this?

Closure:

18. Is there anything else that you'd like to share? Anything you'd like to provide in summary.

19. Are there other staff that you suggest I interview?

APPENDIX E

INTERVIEW PROTOCOL PRINCIPAL

Introduction:

1. Job assignment, association with school being studied.
2. Tell me about your school and how it has changed over the last three years?
3. To what extent does trauma impact children at your school?
4. What else can you tell me about your school so that I better understand the context?
5. Can you site some examples of the kinds of trauma that children in your school have faced?

WSU AHEC Complex Trauma Training: Classroom and Leadership Practices:

6. How has the trauma training influenced your teachers' classroom practices?
7. Are there school-wide programs or practices that have been implemented as a result of the complex trauma training?
8. What has the AHEC training provided through the CLEAR Initiative been like for you and your staff? Cite Examples
9. In what ways has this professional development been helpful to you and your staff? Cite Examples
10. If there has been an impact, can you give me examples or stories about the ways in which teacher instructional practice, beliefs and understanding, as well as your leadership practices have been impacted? (Be alert to evidences/products)
11. What are some examples or stories of how your leadership has changed.
12. What have been the biggest "take aways" for you as a result of trauma training?

Student Impact:

13. How have students been impacted at your school as a result of the AHEC complex trauma training?
14. Can you give specific examples or stories of students (behaviors, attitudes, academics) (no names) that have been impacted as result of classroom or school-wide trauma sensitive practices?

15. Has the trauma professional development impacted how you and staff respond to student behavior? Cite examples.

School-wide Changes:

16. How has trauma professional development impacted the school?

17. Based on what you have learned in the trauma training what changes have been made at the school level to become more trauma sensitive?

18. What changes in the school should be made to become a more trauma sensitive learning environment?

19. Do you think your administrative support has fostered an environment that embraces trauma-informed/trauma-sensitive practices? Can you cite examples or stories to support this?

20. What are the barriers that currently exist to becoming a trauma sensitive learning culture?

Closure:

1. Is there anything else that you'd like to share? Anything you'd like to provide in summary.

2. Are there other staff that you suggest I interview?