

ELLS in a Trauma-Informed Classroom

by

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Abstract

English language learners enter our schools with many experiences. Some of these students move from war torn areas or move in order to stay alive. At a very young age, students are exposed to traumatic events that have cognitive, emotional, and social impacts. Educators need to be equipped with the tools to support ELLs with trauma in the classroom. This study aims to provide educators and school staff with strategies to create a trauma-informed classroom. The literature reviewed for this capstone discusses the adverse experiences children face and the impact that has on their education. Research asserts that when implementing trauma-informed practices, all students benefit. In order to further educate, there will be a PD for educators, classroom support staff, and any other school staff about how to create a trauma-informed classroom. The goal of the PD is for participants to develop an understanding of what a trauma-informed classroom looks like and how to support ELLs with trauma. The PD also examines literature that supports how trauma can impact students learning, their own teaching, and how to create a trauma-informed action plan for their classroom. The expected outcome from this PD is an increased knowledge of supporting ELLs with trauma in the classroom. More research should be conducted to determine how to support ELL families in order to prevent adverse behaviors in the classroom.

Keyterms: English Language Learners, ELLs, Adverse Childhood Experiences, ACEs, trauma-informed classroom.

Chapter 1: Introduction

I heard a third grader say, “*back in Afghanistan, I had to cut my hair so I looked like a boy; then I was allowed to go to school.*” In that moment, I had a major paradigm shift. Standing in front of me was an 8 year old who had been through more traumatic experiences in her 8 years than I had in my 24. The worst part was, this student did not even know it was trauma. Trauma is a serious issue that affects many ELLs (English Language Learners). Many ELLs and refugees come from war-torn countries such as: Sudan, Iraq, Pakistan, and Afghanistan. Researcher has been done to determine the impacts these experiences have on ELLs. Stevens (2001) conducted a study to determine the impact of trauma on the mental health, their learning, and their cognitive function of refugees. The results of the study showed that 91% of the participants had symptoms that are commonly associated with PTSD and depression. The study showed that these participants also experienced headaches, low concentration, and memory loss that negatively impacted their learning and cognitive functioning (2001).

A person does not need to be diagnosed with PTSD to have trauma. In this capstone, I will use Miles and Bailey- McKenna (2012) definition of trauma, “an experience that overwhelms an individual’s ability to cope, and can include acute (discrete) or chronic (over and over again) events” (p. 118). In addition, throughout this capstone I will refer to educators as classroom teachers or general education teachers. I will refer to ELLs’ English as a new language teacher as ENL teacher. This vocabulary will appear frequently throughout this work.

According to researchers, school-aged children who have experienced trauma may display signs of PTSD that can be mistaken for common classroom challenges such as inability to focus, low engagement, constantly moving or daydreaming (Schmidt, 2019). As educators, classroom teachers and ENL teachers need to create a system that is better equipped to support

and educate refugee students who have trauma or display signs of trauma in the classroom (Miles & Bailey-McKenna, 2016).

Significance of the Problem

There is a large population of refugees that have settled in Upstate New York. According to the Office of Temporary and Disability Assistance (OTDA, 2020) of NY, 770 refugees and Special Immigrant Visa holders arrived in Upstate NY in 2020. Of those, 103 settled in Monroe County. In one district in Monroe County, there was a 90% minority enrollment in the school year 2019-20 and there were 3,805 K-12 students enrolled in the ELL program.

ELLs have greater linguistic challenges and greater social/emotional needs. When students are experiencing signs of trauma, this can impact their academic performance. The ELL program in Upstate New York schools include push-in/push-out services, assessments, and evaluations. We expect these ELLs to perform their best and teachers find themselves frustrated when they do not. The reason for this might not be a language or cultural barrier; it could be trauma.

Refugees and immigrants experience the many cultural differences between the United States and their home country. Darragh and Petrie (2019) equate teaching ELLs in the current political climate to, “teaching in a landmine” (p. 181). Students may experience trauma in their home country as well as in the United States. Former President Trump’s administration deported 13,767 undocumented immigrants who may have left school age USA children in our schools. The media reported horrifying accounts of parents dropping their children off from school and then being taken by immigration services immediately after. The fear that your parent could be taken from you at any second is a lot for a K-12 student to carry on their shoulders while trying to learn fractions (Darragh & Petrie, 2019).

Purpose

Classroom teachers worry that they are not qualified to handle the level of trauma ELLs have. However, there are classroom practices that can be implemented to support ELLs with trauma and create a trauma-informed classroom. I will be designing a professional development (PD), for general education teachers, literacy specialists, math specialists, and any other educational professionals who work with ELLs. The PD will inform these educators of trauma ELLs may be experiencing, how trauma impacts academic/social performance, and what teachers can do to provide high-quality education for all students in the classroom.

The first day of the PD will consist of general information about trauma: How can we define it? What can cause it? What are the symptoms/signs? With a PowerPoint presentation, teachers will learn about the three most common symptoms of trauma such as, hyperarousal, re-experiencing, and avoidance (Schmidt, 2019).

The second day of the PD will be evaluating the ways that trauma can manifest itself in our students. Using professional literature to support, we will discuss common classroom behaviors that may appear due to unhealed trauma.

The last day of the PD will provide teachers with strategies and resources that they can use and implement into the classroom and educational practices. This will be done through hand-outs, presentations, and group discussions.

The goal of this PD is to build the capacity of practitioners and school leaders on how much trauma can impact their ELLs on a daily basis. Also, to understand how important it is for educators to know how to support students with trauma in the classroom. Teachers will walk away with pre-made materials that can easily be applied to their students. However, if teachers

choose not to include these strategies they will have been exposed to the literature and research supporting how trauma is impacting our students on various levels.

Summary

ELLs often face many challenges including linguistic, cultural, and educational. In addition, ELLs often are subject to more assessments and evaluations than their native English-speaking peers. ELLs often have experienced events that can be labeled as traumatic before they even arrive to the United States. The impacts of this trauma can present itself as distracted behaviors, loss of memory, inability to focus, and many more academic challenges. Educators need to be conscious of these experiences and know how to support ELLs with trauma and signs of PTSD. The PD that I have created aims to provide classroom teachers with information, strategies, and materials that will prepare them to teach ELLs with trauma in the classroom.

In chapter two, the literature review will focus on the significance of this problem in our schools and classrooms. In chapter three I will provide a more detailed description of the PD. I will explain the rationale behind the PD and how it mediates the problem identified in the introduction. Lastly, I will discuss my intended outcome for the PD. Finally, in chapter four I will discuss any implications for student learning and teaching; as well as recommendations for future research.

Chapter Two: Literature Review

Introduction

ELLs enter our classrooms with a myriad of experiences. Some of these experiences may have been traumatic. As previously stated, trauma is an experience that overwhelms an individual's ability to cope, and can include acute (discrete) or chronic (over and over again) events (Miles & Bailey-McKenna, 2016). The term ELLs will be used to describe English Language Learners.

There are many language acquisition theories that attempt to explain how ELLs learn a second language. Krashen (1982) developed his Affective Filter hypothesis. This hypothesis states that motivation, self-confidence, and anxiety play a role in language acquisition. When an ELLs affective filter is higher, they have a harder time processing and receiving language input. This capstone applies Krashen's Affective Filter hypothesis and Second Language Acquisition (SLA) is the theoretical lens that will guide my claim. If a child is experiencing anxiety and other symptoms based on past traumas, their learning process will be stunted.

In this literature review, there are four main topics that will be discussed: Connection between past Traumas and Current Triggers, The Impact of Trauma on Learning, The Impact of Trauma on Teaching, and Strategies to Support ELLs with Trauma in the Classroom.

Connection Between Past Traumas and Current Triggers

Cprek et al. (2020) discusses Adverse Childhood Experiences (ACEs) as a measure to determine the impact that traumatic events have had on an individual. The list of events include: socioeconomic hardship, divorce/parental separation, death of a parent, parent served time in jail, witnessed domestic violence, victim or witness of neighborhood violence, lived with someone who was mentally ill or suicidal, lived with someone with a drug/alcohol problem, and treated/judged unfairly due to race/ethnicity. These researchers state, "Children who were

exposed to adverse events at a younger age experience higher rates of PTSD, social, and emotional problems during childhood.” (p. 1). Cprek et al. designed a cross-sectional study to determine the impact of ACEs and developmental, social, and behavioral delay in children ages 1-5 years old. The participants of this study were 21,139 children ages 1-5. Race was broken into three categories: white, black, and other. The data was collected through a survey completed by the children’s guardians. The results of this study show that when a child had 4 or more ACEs they were 42.2% likely to be at risk for social, behavioral, or developmental delays. In addition, the study found that when examining ACEs against race, 32.0% of children who identified as another race had higher risks of delays. This study supports that students who are exposed to traumatic events and situations at a very young age can continue to have challenges that impact their development. These results can be applied in the school system to support students with trauma. This work suggests that the ACE questionnaire be given to incoming kindergarteners to determine any possible delays due to traumatic experiences. School systems should use early intervention to prevent the lasting negative impacts of traumatic experiences on young children.

Past traumatic events have an impact that lasts for years. One impact trauma can have is on your neural pathways. Gordon (2011) explains that the field of cognitive psychology found that traumatic events can negatively impact a persons’ fight or flight response. Your fight or flight response is how you brain reacts to a dangerous situation. The fight or flight mechanism in an individual with PTSD will interfere with general functioning. For example, a loud noise may trigger their fight or flight response when it is not needed. They have a heightened sense of danger and their brain goes through the trauma response as if it were experiencing it for the first time. Gordon labels this human action as retriggering. When the fight or flight mechanism is in action, that area of the brain is firing at a very rapid pace. While this is happening, it is impacting

the same part of the brain that is responsible for language acquisition. As a result, when a person with trauma is feeling terror or fear, they will not be able to process and achieve new learning.

The Impact of Trauma on Learning

Everyone handles challenging times differently. Schmidt (2019) categorizes traumatic stress symptoms into three categories: hyperarousal, re-experiencing, and avoidance. All three of these symptoms have an impact on learning and teaching. "... the process of immigration and acculturation can cause further damage" (p. 3). ELLs who have moved to the United States may have experienced trauma before, during, and after their journey. This trauma is often viewed as a challenge. Schmidt argues that ELLs with trauma in the classroom may display trauma response behaviors that manifest as: lack of interest in school, poor memory, withdrawal, aggressiveness, attention-seeking, loss of trust, and many other cognitive, behavioral, and emotional responses. All of these behaviors present challenges for student learning as well as for teachers to deliver instruction.

From a young age we want children to be exploring their world and discovering new things. Craig and Stevens (2016) highlight that infants use their sensory motor skills to discover. When infants explore their environment they quickly learn what experiences they enjoy and what they do not. As a child grows, they begin to use gestures to symbolize what they want and soon words. Through this growth, the child is learning how to interpret others' behaviors, words, and facial expressions. Craig and Stevens point out that this is why a baby can recognize their favorite blanket or when their mother smiles. When a child experiences trauma early on, the child struggles to consistently interpret others' behaviors because they are unpredictable. Object permanence is a concept that we want all children to develop. This is the idea that an object can still exist even when out of sight. This is why peek-a-boo is a fun game for young children.

However, Craig and Stevens note when a child is exposed to frequent unreliable behaviors from a caregiver, their object permanence acquisition is impacted. By extension, a child may think that an object, a person, or even themselves no longer exist when out of sight. This lack of object permanence can impact a child's ability to develop empathy. When someone or something is out of sight, it is gone. In the classroom, we want students to be able to develop and display empathy. A student who has experience trauma may display very little or too much empathy. For instance, a student may not try to help someone who is in pain or in need of help. On the other hand, a student may be over too empathetic and attempt to heal their own pain by over-empathizing with another. In the classroom, this can impact student friendships.

ELLs trauma-driven behaviors should not be misunderstood. A teacher may interpret the negative behaviors a child displays as a challenge. In the general education classroom, students with behaviors are at risk for being misidentified and misclassified for special education services. Attention is a topic that classroom teachers face. Craig (2008) highlights the impact that trauma can have on attention. Attention is much more than watching and listening to what a teacher is saying at any given moment. Craig's definition of attention includes the ability to responding to one's environment, taking in new information and then recalling that information when needed. Attention can be very useful as a defense or safety mechanism. When needed, we give our attention to danger or safety needs. When a student experiences repeated trauma where the safety of their life is at risk, their attention will be impacted. When a child struggles with attention it impacts their academic and social experience. The author goes on to say that academically students with attention challenges will often struggle to focus on a task. On the other hand, a student with attention challenges may have a harder time making friends due to the negative behaviors that often accompany attention deficits.

From birth, we want children to have a primary caregiver that they feel comfortable and safe with. When a child is facing abuse, maltreatment, or other traumatic experiences, their trust and safety will not be as secure. Craig and Stevens (2016) point out that the source of childhood trauma or maltreatment are usually parents or caregivers. This trauma can impact a students' ability to learn and function in a school setting. First, when a child is mistreated by their primary caregiver, this can foster a lack of trust in all adults. As a result, these students may be resistant to teachers and other school professionals and display negative or defiant behavior. ELLs are often misdiagnosed with learning disorders due to their language development patterns. In addition the authors claim ELLs with trauma are often misdiagnosed with attention deficit disorder (ADD) and oppositional-defiant behavior disorder. When students are misdiagnosed, the real problem is often overlooked and the long-lasting impacts of trauma can bleed into a child's adult life. The authors state that as a result, the National Child Traumatic Stress Network (NCTSN) revised a diagnosis that supports children with trauma at an early age. This diagnosis is called developmental trauma disorder (DTD). Craig and Stevens research indicates that some of the behaviors that must be present for a diagnosis are, "triggered dysregulation in response to traumatic reminders, stimulus generalization, and the anticipatory organization of behavior to prevent the recurrence of the trauma impact" (p. 21). In a school setting this can look like aggression, lack of trust in adults and weak self-regulation. All of these behaviors impact a students' ability to learn and be successful in a school setting.

Trauma and Language Development

ELLs in the classroom face a language barrier. Trauma can impact a child's language development. Our brains form connections and pathways that are very complex. Regardless of a child's L1, if they are provided healthy and consistent care these pathways will develop

appropriately. For example, when a child sees a dog for the first time the caregiver might say the word “dog” to the child. In the brain, the child is connecting the experience of seeing, hearing, touching the dog and the word, “dog.” This experience is stored in that child’s brain and can be accessed the next time they see a dog. Craig and Stevens (2016) indicate that this process occurs internally and supports self-talk. The authors note that self-talk is incredibly useful for language development. However, when a child experiences an unstable caretaker or inconsistent parental support, the pathways in their brains are not formed properly. According to the authors, this results in an inability to turn those experiences into mental images in their brains. These traumatized children cannot put their negative feelings or experiences into words. The authors state, “The survivor is haunted by an unnarrated past” (p. 48).

In the classroom, if a child comes to you not knowing how to verbalize their feelings, they will react negatively and lash out similar to a baby who cannot speak yet. Perlman (2020) specifically highlights Southeast Asian refugees and how in that culture they handle mental health very differently than in the Western cultures. For example, in the Southeast Asian cultures mental health is still taboo and religious beliefs prevent the separation of mental and physical health. Perlman notes the cultural disconnect as in the United States we support the freedom to seek mental health services if needed. In addition, the author points out another example which is the freedom of speech and the ability to speak up for yourself. However, this is not something that is acceptable for people, especially women, in Southeast Asian cultures to do. Therefore, they often end up suffering in silence similar to the students discussed above. “...Language is not always used to give a voice to both past and ongoing pain and suffering” (p. 4). This increases the importance of understanding how trauma manifests itself in young children and how it can

stay with them throughout their life if it goes unheard. Educators need to understand how their students' learning will be impacted by trauma and how to cultivate a trauma-informed classroom.

The Impact of Trauma on Teaching

Crosby et al. (2018) emphasize ELLs with trauma require support without re-traumatization. According to the authors, one way to do this is through trauma-informed teaching. This method includes understanding what childhood trauma is and how it can be presented in the classroom. For teachers, one way to implement trauma-informed teaching is by creating a flexible classroom space. This may include flexible seating, adjusted classroom management, and differentiated instruction. Crosby et al. assert that administrators must work to create a school culture that is supportive and safe for students with trauma. This can look like professional developments informing teachers about trauma and collaboration between mental health specialists and teachers.

Classroom management is an important aspect of every classroom. In a trauma-informed classroom, teachers must be aware of how their classroom management system impacts students with trauma. Dadds and Tully (2019) outline how to use Time Out From Positive Reinforcement (TOPR) with children who have a history of trauma. TOPR is anything that results in a decrease of negative behavior by reducing available reinforcements for a period of time. This can be sitting out during recess or losing iPad time. Many people have argued that TOPR is not appropriate for students with trauma. However, Dadds and Tully disagree. They state that TOPR is appropriate for children with acute trauma but not complex trauma. Acute trauma is trauma from a small traumatic event. Whereas complex trauma is trauma resulting from multiple chronic traumatic events that occur at an early age. The concern with using TOPR with students who have trauma is the fear of retraumatizing them. The authors argue that when used correctly,

TOPR can actually serve as a calming strategy that could help students work through their trauma. They emphasize that if TOPR is used consistently and correctly, the child will not feel scared or angry but calm and in control. This strategy can be applied in trauma-informed classrooms. Teachers should have a consistent management plan that the students are aware of and understand. The consistency will help the students to feel safer and more secure.

Engagement is another key aspect of teaching. Parker and Hodgson (2020) define engagement as, “a construct involving three dimensions: behavioral (involvement); affective (personal attachment to others); and cognitive (application to learning)” (p. 247). Engagement is much more than participation. Parker and Hodgson conducted a study to determine the practices that are most effective in engaging students with deficits in SEL and who have experienced trauma. The participants of this study were 6 educators who specialized in behavior and student engagement. The data was collected through in-person interviews. The results of this study revealed 9 categories that the participants all agreed support engagement with students with trauma.

In the next section I will discuss in details six of the nine categories that emerged from the Parker and Hodgson study as they provide insight to classroom management issues for ELLs with trauma. The first is safety. According to Parker and Hodgson, this includes physical, personal, and psychological safety. A classroom that supports physical safety could include flexible or preferential seating, visual cues, and other accommodations that meet the student needs.

Personal safety is creating a classroom environment where students feel comfortable and have no fear of being bullied or judged. Creating this type of environment supports all students, including ELLs. However, when ELLs have experienced trauma, they may have a hard time

opening up and sharing their feelings. In practice, this can look like team building and community building exercises.

In addition, the authors indicate that psychological safety requires educators to know their students backgrounds and triggers. This also includes understanding ELLs ability to self-regulate and balance emotions. Having informal conversations with ELLs is a great way to learn about their history and family. In addition, house visits are extremely beneficial to psychological safety. Going into an ELLs home, meeting their family, seeing where they live, and experiencing their culture can give teachers a greater understanding of the students and their background.

The second category is relationships and connections. One of the participants in the study stated, “a relationship is the number one factor that either inhibits or helps engagement” (p. 251). Creating relationships can pave the way for all other academic experiences. When a child feels as if they cannot trust their teacher, very little engagement and learning will occur. For ELLs with trauma, this relationship is even more important. If a teacher can create a close connection and relationship with their ELLs with trauma, the students will feel more comfortable stepping out of their comfort zone. In addition, the teacher will understand how to provide a student with support that will work best for the individual.

Third category is expertise and skill. The participants in this study argue that knowing how childhood trauma manifests itself will ultimately allow teachers to plan better for the varying needs of their students. Parker and Hodgson argue that when teachers understand why certain behaviors occur and how students are developing, they can adjust classroom management and instructional plans to fit the needs of ELLs with trauma. This expertise and skill can be strengthened through professional development opportunities and educational resources provided to teachers.

The fourth category is resources. The participants in the study emphasize that this means more than educational resources. This can include physical resources such as food and water adding that students come from varying socioeconomic levels. If a student does not get fed breakfast in the morning, this will impact their engagement throughout the day; not to mention, it will impact their growing bodies. Teachers in the study stated that resources can also look like financial support for field trips or other school-related activities. If there are specific activities that students cannot afford, this can result in a feeling of separation and segregation. This separation can lead to a decrease in social connections and loss of engagement. Schools should provide support for families that cannot afford these extracurriculars.

Time is the fifth category. This category includes student-teacher time and also acknowledging time and its role in development and growth. As previously mentioned, connections and relationships are crucial to supporting ELLs with trauma in the classroom. However, the authors observe that this takes time. In a busy school day it can be hard to find time to meet with students 1-1. In their study the authors urge teachers to meet with students 1-1 or in small groups throughout the day. Giving students your time supports relationships and connections and shows the student that they are worthy of your time. In addition, the authors emphasize that growth and change take time. This mindset will help students and teachers recognize that changes do not happen overnight. This can take pressure of students to be perfect and will help to keep them engaged throughout the school year.

Lastly, managing external pressures is the sixth category. The participants define external pressures as, families, friends, school community, administrator expectations, and legislative boundaries. Parker and Hodgson report that when there are various outside pressures, it takes away from the child. Teachers are often focused on the grades that their students receive because

that is how they are judged as a teacher. Ultimately, this results in a disservice to the teacher and the student. The student is receiving pressure from the teacher who is receiving pressure from multiple external forces. The participants assert the belief that what is best for the students is more important than pleasing parents or the community.

The overall results of this study suggest that while there are overarching categories that have been shown to support ELLs with trauma, they are not one-size-fits all. In other words, the strategy used to increase student engagement should be tailored to fit the needs of the specific student.

Strategies to Support ELLs with Trauma in the Classroom: Social/Emotional

Educators strive to provide the best possible education for all their students. As previously stated, ELLs can be resistant to challenging themselves or taking risks. Taking risks and facing challenges is how we grow and learn. However, if a child does not feel safe, they will not take those risks. According to Ilyas (2019) one way to build trust between the teacher and the student is through building routines. The author emphasizes the importance of having a routine in the classroom. When there is a schedule, the learners know what is coming next. This can eliminate the confusion students may feel if each day is different. Another strategy to build trust is giving ELLs breaks throughout the day. Giving breaks will show that you understand and respect your students. Incorporating short breaks will increase stamina and avoid fatigue.

In addition to routines, Ilyas recommends that classroom teachers should create a welcoming environment for their ELLs. The environment should foster tolerance and acceptance. The author suggests incorporating humor into your days. It is important to laugh with your classmates and make connections through humor. Whether it is telling jokes or

watching a humorous clip, laughter can be a great way to connect with classmates and feel comfortable in your classroom.

Schmidt (2019) also supports the importance of creating a safe environment for ELLs. One key component of a safe classroom environment is creating a sense of trust and safety between the teacher and the student. The author asserts that trust can be built through meaningful conversations and reflective practices. These activities provide ELLs who have experienced trauma a space to work through their trauma safely. Schmidt also references the ACEs measure and points out that students with more ACEs are more predisposed to challenges in school. ELLs and refugee students are more likely to have experienced events that qualify as adverse experiences at a young age.

Similarly, Brunzell et al. (2016) identified two pedagogical practices to support ELLs with trauma in the classroom: repairing regulatory abilities/addressing stress responses and repairing attachment abilities. This study consisted of nine teachers who implemented strategies to address the two pedagogical practices previously mentioned. These were addressed through self-regulation practices, mindfulness, and de-escalation tactics. The results of this study showed that teachers who supported ELLs through these practices yielded more positive results. The students had better emotional-regulation abilities.

Self-care plays a large role in emotional regulation. Ilyas (2019) studied the effecting providing ELLs information on health related information and instruction. In a study conducted in New Zealand, English learners were enrolled in a course that provided health-related information and instruction. The goal of these class was to inform ELLs how understanding their health can benefit their overall quality of life while integrating the English language. The teachers in this study modeled how to eat more fruits and vegetables and the importance of 6

hours a sleep each night. Eating healthy and sleep seem so elementary; however, they had a large impact on the participants in this study. As a result, the students were able to keep a log of what they ate, if they moved their body, and if they got enough sleep. The ELLs could track their days. This process allowed the students to objectively look at their mood and see if there was something lacking in their day (good food, sleep, exercise) that may be contributing to their mood. In return, the students were able to better regulate their emotions and take control of their own health. While this study was conducted with adult ELLs, this can be modified and adapted to fit younger grades.

In agreement, Craig (2008) specifically highlights the deficits that appear in a child's ability to regulate emotions when they have experienced an insecure attachment figure. A secure attachment figure looks like a parent who responds to a child's needs quickly, appropriately, and consistently. Therefore, when a child experiences this care whenever needed, the right hemisphere of the brain, which is responsible for emotional regulation, stays organized. According to Craig, when a child experiences trauma, the emotional regulation part of the brain does not do its job properly. As a result the child is in a constant state of hyperarousal. In this state the child experiences fear and often display very negative emotions. To mitigate this problem, Craig suggests educators provide additional support during challenging tasks to students who struggle with emotional regulation. In addition, she suggests that children learn how to identify their window of tolerance. For example, students asking for a break when they are feeling overwhelmed to avoid any unwanted behaviors.

Szente et al. (2006) also support the importance of emotional regulation when working with ELLs and ELLs with trauma. The authors note that emotions should be taught and named in the classroom. At the primary grades, this can be done with pictures of faces expressing different

emotions. At the intermediate level, this can be done through direct conversations with the students. Providing a space where ELLs can experience their emotions without fear of judgement will help build the trust that was mentioned above.

Strategies to Support ELLs with Trauma in the Classroom: Academic

Teachers also must attend to the varying academic needs that ELLs with trauma have. Szente et al. (2006) outlines suggestions to support students academically. When a child first enters the school/classroom, there should be a translator provided. This service allows ELLs to feel comfortable speaking a native language and allows the teacher to get to know the student better. In addition, the classroom teacher should encourage group work such as cooperative learning. Working together with peers who are native English speakers can be very effective; especially during the silent period of language development.

Billings and Walqui (2020) are two of many who have done extensive research that supports the claim that there are many benefits to bilingualism. According to these authors, when ELLs join our classes, they are coming to us with different language exposure and experience. As educators, we need to know the best practices for incorporating our students' native languages into teaching English. As previously stated, knowing some words in your students' first language will help to support a safe and welcoming environment. The authors assert that some of the academic benefits that come with bilingualism are greater academic aspirations and success. According to the New York State Education Department (NYSED), higher math and overall GPA scores have been shown to have a positive correlation with bilingualism. The authors also highlight that in writing, students who use their L1 in the primary grades will produce higher quality writing in the L2 later on. Providing the opportunity for ELLs to read, write, and interact with their native language will keep them connected to their family and

culture. As previously stated, many ELLs who immigrate to the USA have left family back in their home country. The authors emphasize that this in itself can be traumatizing. Therefore, creating a safe space for ELLs to use their L1 will not only support their academics but also allow students to continue developing their cultural beliefs.

Small group settings can support ELLs with trauma in the classroom. When teaching literacy instruction to ELLs there are already many modifications and supports in place to accommodate the varying levels of proficiency. Gersten et al. (2007) recommend using small-group settings when addressing an ELLs reading challenges. Small group settings will allow students to feel more comfortable taking risks, asking questions, and making mistakes. For students with trauma, feeling safe is a key component to success. These small group settings also benefit the teacher. In these small groups, teachers should address any language deficits they may observe.

Conclusion

When a student enters our classroom with trauma, it feels overwhelming and out of control for a teacher. However, when educators understand the cognitive, emotional, and academic implications of trauma, they are able to provide a higher-quality education. The best way to support ELLs with trauma is by having a trauma-informed classroom. There are many ways past trauma manifests itself in children in the present. In order to avoid retriggering, teachers should learn and know a students' trigger. This will help the child to feel safer in school.

In addition, we want our students to learn. When a child experiences trauma at a young age it stunts their learning process. Children are born explorers. When children experience trauma, they are less likely to explore due to fear and lack of trust. This exploration is necessary for learning. Language development in ELLs is a spectrum. Self-talk is one skill that we want

our ELLs to develop and practice. When a child grew up in a space where they were not seen or heard, they learn to stay quiet. This stunts their ability and desire to self-talk.

As teachers, it is not our job to fix our student's trauma. Teachers can provide flexible seating and a classroom management system that encourages positive reinforcement. Also, teachers should create a safe space where students feel comfortable and willing to take risks. To support ELLs with trauma in the classroom educators must tend to the social-emotional needs of their students. Extra support should be provided during challenging tasks and self-care practices should be taught.

Lastly, our student's native language should be incorporated into the classroom whenever possible. Keeping their native language present not only encourages bilingualism, but also keeps them connected to their family and culture. There are many ways to support ELLs in a trauma-informed classroom outlined in this chapter.

In chapter three I will outline the daily agenda for the PD. Chapter three will also include rationale behind the activities that will be done each day of the PD.

Chapter 3: Professional Development

Introduction

The purpose of this PD is to inform teachers about educating and supporting ELLs in a trauma-informed classroom. This PD will be three days long and will include research that supports the benefits and strategies involved in a creating and sustaining a trauma-informed classroom. This PD is for all educators, administrators, and specialists that work with ELLs and mainstream students. General education teachers and ENL teachers will be attending this PD. The PD is conducted in August before the school year starts. The handouts and tools for the PD are labeled as Appendix A, B, C, and D.

Professional Development Agenda- Day One

Outcome	Your participants will gain the knowledge and skills to support a trauma-informed classroom and will inform future practices.
Learning Goals	Your participants will: <ol style="list-style-type: none"> 1. Develop an understanding of what a trauma-informed classroom looks like and how it can support ELLs with trauma. 2. Examine literature that supports how trauma can impact their students learning and their own teaching. 3. Create a trauma-informed action plan for their classroom.
Agenda Items	Opener: 10 minutes <ul style="list-style-type: none"> - Pass out the ACEs measure and ask all participants to complete it. - Share the story about the young student from Afghanistan who had to pretend she was a boy in order to go to school. - Explain the goal and purpose of the first day of the PD.

	<p>Day One Activities: 40 minutes</p> <p>Learning Goal(s): What is a trauma-informed classroom? What is trauma-informed teaching?</p> <ul style="list-style-type: none"> - Explore: Share presentation with literature and discuss key terms (ACEs, trauma-informed classroom) (20 minutes). - Small-group discussion about challenging behaviors participants have faced (10 minutes). - Large-group discussion about participants discussions (10 minutes). <p>Closing:</p> <ul style="list-style-type: none"> - Reflect: What did you learn from your ACEs score? <p>Next Steps:</p> <ul style="list-style-type: none"> - Participants will be asked to think about the question, “What does a trauma- informed classroom mean to you?” until the next PD. - The next PD will be applying what was learned on the first day and creating a trauma-informed action plan for classrooms.
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Day 1 Opener

The participants will discuss in pairs the following questions, have you ever wondered why a student may react to getting in trouble by running and hiding? Or yelling? Or using violence?; and then I will present the research on trauma response. This may be a trauma response. According to the research conducted by Cprek et al. (2020), 63.9% of adult Americans have experienced at least one adverse childhood experience. The Adverse Childhood Experiences (ACEs) study is an ongoing study conducted by the Centers for Disease Control and

Prevention (CDC, n.d) that aims to determine the impact traumatic events have on adults. We have students in our classrooms every year that have one or more ACEs. Studies have shown that if a child experiences a traumatic event at a young age their risk for PTSD and social emotional challenges increases during their young life. When we understand where, why, and how a child has experience trauma, we can provide them with an education that is tailored to fit their needs. This is the basis of a trauma-informed classroom.

Day 1 Activities

On the first day of the PD participants will be introduced to the term “trauma-informed classroom,” ACEs, and where these terms originate. I will present this information in a PowerPoint presentation. I chose a PowerPoint presentation so that I could easily share it with the participants after the PD has ended so they could reference it. This presentation will discuss the work of Craig and Stevens (2016) and their perspective on the importance of a trauma-informed classroom.

This presentation will also introduce ACEs with a handout (see Appendix A) and the participants will take the ACEs quiz (see Appendix B). This section of the PD will be supported by Cprek et al. (2020) and their research surrounding ACEs and the lasting impacts they have on children. The ACEs scores will not be shared or seen by anyone other than themselves. The purpose of administering the ACEs measure is for the participants to gain some perspective on what their students are experiencing or have experienced.

The goal of the first day is for the participants to become familiar with terms that will be used throughout the rest of the PD and to reflect on their own ACEs score. Understanding their own ACEs score will provide a different lens for what their students have experienced. It is important to provide research-based information during the PD that can be applicable to teachers.

While there is a lot of research that could be applied to this PD, I chose to use literature that directly connects to classroom teachers and how they can support ELLs with a trauma-informed classroom style. After the presentation, participants will break off into small groups and discuss examples of student behavior or situations that have been challenging and how they might handle them through a lens of trauma-informed teaching.

There will then be a large group discussion about what the participants discussed. This day will end with a reflection on their ACEs score. The participants will have the opportunity to share how they felt, what they think, and what they wonder about their ACEs score. They will not be asked to share their ACEs score.

Day 1 Closing

The participants will also be asked to reflect on the question, “What does a trauma-informed classroom mean to you?” This question will be discussed at the start of the second day of the PD.

Professional Development Agenda- Day Two

Outcome	Your participants will gain the knowledge and skills to support a trauma-informed classroom and will inform future practices.
Learning Goals	Your participants will: <ol style="list-style-type: none"> 1. Develop an understanding of what a trauma-informed classroom looks like and how it can support ELLs with trauma. 2. Examine literature that supports how trauma can impact their students learning and their own teaching. 3. Create a trauma-informed action plan for their classroom.

Agenda	Opener: 10 minutes
Items	<ul style="list-style-type: none"> - Presenter and participants will discuss the question, “What does a trauma-informed classroom mean to you?” <p>Day Two Activities: 60 minutes</p> <p>Learning Goal: What strategies will support a trauma-informed classroom?</p> <ul style="list-style-type: none"> - Teachers watch a video by Dr. Meredith Fox. (20 minutes) - Explore: Literature- <i>Trauma-Informed Schools</i> by Susan Craig (10 minutes) - Apply: Creating action plan (30 minutes) <p>Closing:</p> <ul style="list-style-type: none"> - Reflect: What aspects of writing the action plan were challenging? What aspects were easy? How can you support students with an “invisible backpack”? <p>Next Steps:</p> <ul style="list-style-type: none"> - The last day of the PD will be a day for peer evaluations. Everyone will read another participants trauma-informed classroom plan and provide them with feedback.

Day 2 Opener

The second day of the PD will begin with revisiting the question, “What does a trauma-informed classroom mean to you?” Participants will have the opportunity to share their responses.

Day 2 Activities

After the opening, participants will independently view a TED Talk by Dr. Meredith Fox. The focus of this video is trauma-informed teaching, real-life stories, and how trauma-informed teaching can impact students now and later in life. The purpose of viewing this video is to hear about trauma-informed teaching in action. Dr. Meredith Fox experienced trauma herself and she discusses how she had to work through that and how her teachers impacted this journey. She also introduces a term, invisible backpack, that will be used during the rest of the second day.

After the video, there will be a discussion amongst the participants about the content of the video. The purpose of this is to integrate some cooperative learning opportunities. After reflecting, the participants will create their own trauma-informed classroom action plan (see Appendix C). This plan will include five research- based strategies to support ELLs with trauma that they have learned throughout the PD. This action plan will be created independently. The action plan will be shared on the last day of the PD.

Day 2 Closing

Participants will be asked to reflect on the following questions, what aspects of writing the action plan were challenging? What aspects were easy? How can you support students with an invisible backpack? Their thoughts will be shared on the last day of the PD.

Professional Development Agenda- Day Three

Outcome	Your participants will gain the knowledge and skills to support a trauma-informed classroom and will inform future practices.
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<p>Learning Goals</p>	<p>Your participants will:</p> <ol style="list-style-type: none"> 1. Develop an understanding of what a trauma-informed classroom looks like and how it can support ELLs with trauma. 2. Examine literature that supports how trauma can impact their students learning and their own teaching. 3. Create a trauma-informed action plan for their classroom.
<p>Agenda Items</p>	<p>Opener: 10 minutes</p> <ul style="list-style-type: none"> - Mini-lecture on quick strategies for helping a student who is experiencing traumatization or extreme stress. <p>Day Two Activities: 60 minutes</p> <p>Learning Goal 1: How can we apply/implement strategies that support a trauma-informed classroom?</p> <ul style="list-style-type: none"> - Explore: Role play strategies discussed in mini-lesson and share ideas with a peer (25 minutes). - Apply: Share action plans (45 minutes). <p>Closing:</p> <ul style="list-style-type: none"> - Reflect: Complete post-workshop survey. <p>Next Steps:</p> <ul style="list-style-type: none"> - The participants will all walk away with their own trauma-informed classroom action plan.

Day 3 Opener

The last day of the PD will begin with a mini-lecture that will teach some techniques for supporting students with trauma in the classroom. The participants will share with someone how they could use the techniques that were discussed in their classroom.

Day 3 Activities

After the opener, participants will break off into groups of two or three and share their action plans that were created on the second day. They will be asked to also reflect on the two questions asked at the end of the second day. The goal sharing action plans is for participants to learn something new from each other and to reflect on their own action plan. It is expected that participants will give each other feedback regarding their action plans.

Day 3 Closing

The PD will conclude with a post-workshop survey (see Appendix D) modeled after Anderson et al. (2015). This survey asks the participants: (1) two things they learned from the workshop, (2) two things they want to learn more about, (3) their biggest takeaway about the importance of trauma-informed teaching. The goal of this survey is for the participants to reflect on their experience during the PD and for the presenter to reflect on what went well during the PD and what needs to change.

In a future PD session participants will be asked to explore how we can support ELLs families who have experienced trauma. In addition, there will be a session that looks at the workplace climate/culture and this impacts educating students with a trauma-informed mindset. I will conclude this capstone with implications for student learning and teaching. Lastly, I will include some recommendations for future research that should be done in this area.

Chapter 4: Conclusion

Introduction

The question researched in this capstone is, how can teachers support ELLs with trauma in the classroom? Students with trauma enter our classrooms and require different support. When educators work with ELLs with trauma, it is important to understand the impact previous trauma has on students emotionally, academically, and socially. This problem is significant in the greater Rochester area as there are a large population of refugees and immigrants that settled here and may have experienced trauma prior to entering school. As educators, we must support ELLs with trauma informed practices and instruction.

Conclusion

ELLs with trauma benefit from a classroom that is welcoming and relationship-focused. There are practices that teachers can put into place that will prevent retriggering. In the professional development (PD), I provide a handout that teachers can use as a guide for a trauma-informed classroom. In addition, participants create a classroom action plan for themselves that they can walk away and apply in their own classrooms. With group discussions, participants connect with others and talk about shared experiences they have had with students with trauma.

Through my research I found that there are very few resources for teachers to learn how to support students with trauma in the classroom. While there is a push for social emotional learning (SEL), there is not a lot of focus on trauma-informed teaching. In areas with a large refugee population there should be resources in the school and community for families and students in need. As mentioned throughout the capstone, relationship building is key to supporting students with trauma. There should be an emphasis on building family relationships

as well. This can be done through home visits or conferences. This time allows the teacher to build relations between home and school. In addition, these relationships help to keep the family involved in the school community which will support their student's education.

Implications for Student Learning

When students are instructed in a trauma-informed classroom, they will benefit emotionally, academically, and socially. Often, ELLs trauma-driven behaviors are misunderstood. When educators understand that trauma has an impact on students' attention. Craig (2008) highlights how attention is not just listening, it is also being aware of one's surroundings at all times. When a student comes from a place of danger and uncertainty, they will be on high alert at times they do not need to be. This makes learning a challenge. In addition, if a student is on high alert, they may be retriggered easily by loud noises in the classroom. When a teacher frames his or her classroom as a trauma-informed classroom, ELLs with trauma will benefit.

Trust and connections are important in the classroom. For students with trauma, building secure connections can be a challenge if they did not have a constant caregiver when they were very young. This trauma will prevent students from making secure connections with their teachers and other school professionals.

Language development is a key aspect of instructing ELLs. Craig and Stevens (2016) researched the impact trauma has on the right hemisphere of the brain; the part of the brain responsible for language development. They found that in students with trauma, did not have the self-talk skills necessary to develop healthy brain pathways. Self-talk is how students put experiences into mental images into their brains. Therefore, students with trauma cannot

verbalize their feelings. If students have negative thoughts clouding their brain, they will not perform their best academically.

In the PD, the resources that are provided (see Appendices A-D) give teachers many resources and practices to support ELLs with trauma. Students will benefit from the practices that were taught and the information that is provided over the course of the PD.

Implications for Teaching

When we have ELLs in our classroom, the main focus is usually language support. However, ELLs also need social and emotional support. As educators, we can create a trauma-informed classroom that will support students with and without trauma. Crosby et al. (2018) discusses flexible seating, differentiated instruction, and adjusted classroom management as three practices that benefit ELLs with trauma. As mentioned before, students with trauma struggle with attention. As a teacher, we want our students to stay engaged throughout instruction. Parker and Hodgson (2020) synthesized many key ways to support engagement for students with trauma. Highlighted in detail in chapter 2, these aspects of engagement can help to build connections, relationships, time, and manage external pressures of the job. Teachers may feel unqualified to handle the psychological needs of ELLs with trauma. Therefore, it is important to have a resource that can be counted on when needed. Lastly, teachers should make their classroom a warm and welcoming environment. ELLs and refugees who come from another country often feel separated from their native English-speaking peers. If teachers make their classroom a welcoming and trauma-informed place, their students will flourish despite the challenges they have faced.

In the PD, teachers discuss and practice ways to support ELLs with trauma in the classroom. Through research-based practices, participants walk away with more knowledge on

trauma. This will not only benefit ENL teachers, but also general education teachers and special education teachers. The practices discussed during the PD are shown to support ELLs with trauma but are also of use for students without trauma.

Recommendations

More work should be done that impacts the high rates of misdiagnosing in the ELL community. ELLs are more likely to be diagnosed with behavioral disorders when as the research found in this capstone state that it could be a trauma response. More research should be conducted to determine how much trauma gets passed down through generations and how this impacts our students in the classroom. There should be more resources that will support ELLs and their families in our communities.

Final Thoughts

Sadly, there will be students who enter your classroom with trauma. As educators it is our responsibility to understand how trauma manifests in children and how we can support ELLs with trauma in the classroom. We now know that there are practices that can be put into place that will support students with trauma. When we understand our students and learn more about their history, we can develop a greater understanding as to who they are as people. Knowing a few practices such as, 1-1 time, flexible seating, and adjusted classroom management, students with trauma will be better supported. As mentioned previously, we are not therapists. However, we have the knowledge to support the students with trauma in our classrooms every single day.

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Appendix A

Day 1- ACEs Handout

Adverse Childhood Experiences (ACEs)

An Adverse Childhood Experience (ACE) is defined as surviving any of the following categories of abuse, neglect or loss prior to the age of 18 (Larkin, 2021):

- Emotional abuse by a parent
- Physical abuse by a parent
- Sexual abuse by anyone
- Emotional neglect
- Physical neglect
- Loss of a parent
- Domestic violence
- Growing up with an alcohol and/or drug abuser in the household
- Living with a family member experiencing mental illness
- Experiencing the incarceration of a household member

An ACE score is found by adding the number of “yes” responses (0-10).

The ACE study determines the relationship between ACE score and a later-life health risks.

Some of these risks include:

- Substance abuse
- Depression
- Lung, heart, and liver disease.

- Homelessness
- Criminal justice involvement

Appendix B

Day 1: ACEs Measure

Prior to your 18th birthday:

1. Did a parent or other adult in the household **often or very often**... Swear at you, insult you, put you down, or humiliate you?

or

Act in a way that made you afraid that you might be physically hurt?

Yes No

2. Did a parent or other adult in the household **often or very often**... Push, grab, slap, or throw something at you?

or

Ever hit you so hard that you had marks or were injured?

Yes No

3. Did an adult or person at least 5 years older than you **ever**...

Touch or fondle you or have you touch their body in a sexual way?

or

Attempt or actually have oral, anal, or vaginal intercourse with you?

Yes No

4. Did you **often or very often** feel that ...

No one in your family loved you or thought you were important or special?

or

Your family didn't look out for each other, feel close to each other, or support each other?

Yes No

5. Did you **often or very often** feel that ...

You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you?

or

Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?

Yes No

6. Was a biological parent **ever** lost to you through divorce, abandonment, or other reason ?

Yes No

7. Was your mother or stepmother:

Often or very often pushed, grabbed, slapped, or had something thrown at her?

or

Sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard?

or

Ever repeatedly hit over at least a few minutes or threatened with a gun or knife?

Yes No

8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?

Yes No

9. Was a household member depressed or mentally ill or did a household member attempt suicide?

Yes No

10. Did a household member go to prison?

Yes No

Now add up your “Yes” answers:

_____ **This is your ACE Score**

Questionnaire modified from: Larkin, H. (2021). *The Ace Study* . ACE Response.

www.aceresponse.org.

Appendix C

Day 2: Trauma-Informed Classroom Action Plan

Trauma-Informed Classroom Action Plan

Goal: _____

Tasks to Achieve Objective	Resources Needed	Potential Barriers	Notes

Notes:

Appendix D

Day 3: Post-Workshop Survey

	Strongly Agree	Agree	Disagree	Strongly Disagree
1.Student disruptive behaviors may be linked to changes related to a traumatic past.				
2.When an adult uses a loud voice or a stern tone it can trigger a high stress response in some students making the behavior worse.				
3.Often, students will only stop negative behavior if an adult uses an aggressive tone or strong words.				
4.The information I learned in this PD will be helpful in my work.				
5.I plan to talk to others at my school about this PD and the information shared.				
6. The adults in the school give supportive, corrective feedback to one another when witnessing an adult handling an incident with a student harshly.				
7. I generally feel respected and heard in the work-place.				
8.My colleagues consistently demonstrate respect for one another.				
9.The adults in the school help each other develop creative, strengths-based responses to difficult problems or issues.				
10.I generally consider my classroom to be a calm and peaceful environment.				

Survey Modified From: Anderson , E. M., Blitz, L. V., & Saastamoinen, M. (2015). Exploring a School–University Model for Professional Development With Classroom Staff: Teaching Trauma-Informed Approache. *School Community Journal*, 25(2), 113–134.