

**Trauma Informed Teaching Research  
Factsheet  
2016**

**HISTORY OF TRAUMA CAN MANIFEST ITSELF IN THE CLASSROOM IN SEVERAL WAYS:**

- Internalized and externalized behaviors
- Inability to self-regulate
- Inappropriate boundaries
- Inability to cognitively process information
- Inattentiveness
- Need for constant redirection
- Need to move
- Unexpected reactions to triggers

**COURT-INVOLVED STUDENTS ARE/HAVE:**

- Less likely to do their homework
- Lower scores on standardized achievement tests
- More than twice as likely to fail a grade
- Assigned to special education services with greater frequency
- Higher discipline referral rates, suspensions, and expulsions
- Lower GPAs
- Higher school absences
- Lower high school graduation rates
- Lower IQs
- Lower self-esteem

**MAINTAINING SAFETY, SUPPORTIVE CONNECTIONS, AND MANAGEMENT OF EMOTIONS ARE CRITICAL OBJECTIVES TO ENSURING CLASSROOM SUCCESS**

**TEACHERS WORKING WITH TRAUMATIZED STUDENTS REPORTED:**

- School staff are rarely trained in their college curricula or in post-degree professional development to understand how to effectively work with traumatized youth
- Being uncertain about their roles
- Challenges associated with meeting student classroom needs
- Needing more skills and information
- Needing more support

*The mission of Clara B. Ford Academy (CBF) is to engage our students in a safe, innovative learning environment within Southeast Michigan that will enable them to function as contributing adults.*

**RESULT OF IMPACT OF TRAUMA INFORMED TEACHING PROFESSIONAL DEVELOPMENT ON STUDENTS:**

- In pilot year, there was a significant difference in the pre-test (M= 22.70, SD= 10.31) and post-test (M= 20.16, SD= 9.39) scores on the Child Report of Post-traumatic Symptoms (CROPS);  $t(69) = -2.53, p < .05, r = .30$ .
- For years 2012-2015, there was a significant decrease in CROPS pre-tests (M= 37.60, SD= 14.47) and post-tests (M= 27.92, SD= 17.95) scores for post-traumatic stress symptoms;  $t(108) = 6.07, p < .01, r = 0.60$ .
- Students described their teachers and school staff much more positively (e.g., supportive, caring) than students at the comparison school (e.g., disrespectful, uncaring)
- In second year, students reported moderate to high levels of perceived teacher support, school involvement, and school attachment during the intervention period and increases in school attachment were associated with decreases in students' trauma symptoms.
- In second year, students also reported low levels of social support from classmates, which was associated with significant increases in students' trauma symptomology. This may indicate a need for more peer-to-peer intervention and modeling of positive peer behavior.

**RATIONALE FOR NEED FOR ALTERNATIVE TO SUSPENSION: IMPLEMENTATION OF THE MONARCH ROOM**

- Out of School Suspension is the most commonly recognized method of addressing conduct infractions in middle and high schools across the country
- Disproportionately impacts students of color, special education, and court-involved students.
- There are over *3 ¼ million students suspended annually across this country – with over 100,000 of these in Michigan*
- 7% of the entire school population in Michigan misses at least 1 school day/year due to suspension/expulsion – a figure that has doubled since the 1970s
- *Actual % are higher as in-school suspension statistics are not tabulated nationally*

**WHAT IS THE MONARCH ROOM?**

- Separate room
- Facilitated by trauma-informed professionals
- Available all day
- Incorporates sensory-motor interventions
- Short-term: goal is to return to class in 10 minutes
- Seen as a support system; not punitive intervention by either staff or students
- Extensive data is collected and analyzed weekly and monthly

**RESULTS OF MONARCH ROOM INTERVENTION SINCE IMPLEMENTATION (EARLY STUDY)**

- 270 students (38%) used the *Monarch Room* intervention
- Mean use was 10.36 visits over the observation period (or 5 visits per academic year)
- Students who experience multiple stays in the residential treatment center were significantly more likely to use the monarch room than those who only experience one stay in residential treatment.

- The odds of having a history of suspensions/expulsions are 4.2 times more for students who have experienced multiple stays in the residential treatment center than for students who only experienced a single stay
- Ninth graders seem to be the highest users of the Monarch room intervention (54%)
- 48% CBF students are enrolled over multiple years.
- 35 total suspensions experienced over the course of the observation period, 32 occurred in year 2. Many of the students who experienced these suspensions were repeat offenders. Eleven students in the sample experienced 2 or more suspensions during year 2, accounting for a total of 24 suspensions, or 75% of all suspensions given that year. The number of suspensions significantly decreased in year three of the observation period, with only 3 suspensions given, and none of these students who experienced a suspension in that year were given more than one.
- Students who experienced an average of 10 or more absences over the reporting period were more likely to have a history of suspension/expulsions than students who experienced an average of less than 10 absences.
- All of the students who experienced suspensions/expulsions were exposed to the Monarch room intervention prior to being suspended/expelled; attempts are made by the school to address behavioral concerns before resorting to putting students out of school
- In year 2014-2015, students had a significant increase in minutes spent in the Monarch room over the course of the school year, demonstrating that students and teachers utilize this resource—from an average 24.79 minutes in the first three months of school to an average of 53.00 minutes during the middle three months of the school year.
  - Only 2 of the students in this sample received an out-of-school suspension
  - Students viewed the Monarch room as a positive resource that improves their functioning, and suggested that students take greater ownership over their behavior

## QUALITATIVE STUDENT RESPONSES

### Ways that Students Respond to a Negative Mood

*“Sometimes I do [fight]. When I’m in a bad mood, if someone that I don’t like comes in the puzzle and just rubs me the wrong way, I feel like fighting them, that’s just how I am.”*

*“...I give them [other students] the same reaction I would give anybody else on the street because you’re my age, you’re close to my age, and you think that you can just come to me any kind of way. I have a low tolerance for BS, so I come to them how they come to me...I become very disrespectful and very aggressive.”*

### Things that Impact Students’ Moods

Students explained that their classmates greatly impact negative changes in their moods.

*“Like this morning, perfect example, I got called ‘crazy’... I got really upset because society has already labeled me as crazy because of the mental illness I’ve already been labeled with. So I’m already labeled as crazy, I don’t want to hear my peers call me ‘crazy’ because that’s something that triggers me. Because I’m not crazy. I’m very smart, very intelligent, very insightful, and that’s just who I am. But*

*people see my outer self— they don't get a chance to get to know me as a person”.*

*“Say for instance, you were taken away from your mom and her rights were terminated. They [peers] will say, ‘Oh, that’s why you can’t live your mom’, ‘Your mom’s B-word’, ‘Your mom’s a crack-head’, or something like that...that’s a trigger...”*

### **Student Perceptions of Their Trauma Trained Teachers**

*“Some of them [teachers] are more supportive and ask you if you need to go to the Monarch Room, ‘Do you want to step out in the hallway and talk to me?’, ‘Is there someone you would like to talk to’, stuff like that or ‘Just let me know if you need anything’ and stuff like that. Some of them are supportive.*

*“A lot of our teachers have been here for at least two years and we have maybe one or two that have just started this year but they got the hang of it, that we’re placement kids, and they know that we have issues. So they try not to say something [negative] because they never know what’s going on with us...”*

### **Student Perspectives on the Impact of Monarch Room**

*“In the Monarch Room, she [MR staff person] kinda gives you space to yourself, and then she asks you, ‘Are you ready to talk? Do you want to talk?’. Other than that, she just gives you space...there’s puzzles in there to help get your mind off of different things...and then she allows you to take that stuff into other classrooms too. So you got people, like me, who always gotta move....you can concentrate on that [puzzles] and it helps you stay still.”*

*“I feel like, in some cases, it’s a good thing to have the Monarch Room here in this specific environment...the girls that are disruptive and got attitudes and just set a negative mood in the room can get away from everybody...don’t nobody want to be around that. At the same time, they [disruptive girls] are not learning, they’re not in class, they’re not doing no work. So sometimes it’s just like you need to just give them a limited time to be in there [the MR], and tell them to get their self together. Do whatever they need to do for fifteen, twenty minutes, and go back to class.”*

### **Staff Perspective on Working with these Challenging Students**

*“I think shutting down is one of my more difficult ones [student behaviors]... to try to engage them when they’re shut down, their head is down sometimes they’ll use profanity to get you away from them. That’s the hardest for me to try to get them engaged when they’re in that mode.” ‘*

*“When they [students] are loud and they’re cussing me out, or they’re showing aggression, then I feel like I can verbally de-escalate them, and I can get in a nonthreatening posture towards them ... once I open up and I show them basically open palms that ‘I’m not trying to hurt you, I just want to get the issue resolved,’ that sometimes calms them back down.”*

*“...sometimes the student will come in so irate if they misplaced things that belong to them. It could be a special pencil, a special note book, anything- it would just set them off ... It becomes a big issue with them.”*

*“ ... I’m a teacher, I don’t have training for psychology or social work or something like that, but the kids almost expect that from you, especially in an environment like this. ... It’s difficult; it’s hard to find that balance without that training.”*



*“I’ve overcome the barrier of trying to suspend everybody ... ‘I will put you all out so that I don’t have to deal with the problem ... but the problem is going to come right back in the next 3 days, so that’s one thing I had to overcome.’”*

*“ ... sometimes the lesson is secondary to how a student is feeling, how a student is able to cope with what they’re dealing with that day ... so it [the training] allowed me to feel more comfortable taking time out to build relationships... instead of just coming in and saying ‘OK we’re going to learn, learn, learn today.’”*

*“I learned that the trauma that our students have experienced affects- has an effect on their learning. And you have to be conscious of that while teaching, it has to be trauma informed, it has to be gentle teaching, you have to keep that trauma part in the front.”*

*“They [students] might not be able to articulate why they’re acting like that, they can’t tell you why, but through these professional developments we see behind the scenes a little bit more. They might not be able to say ‘I’m acting like that because somebody beat me up last year.’”*

#### **WEB Sites**

[www.monarchroom-traumainformededucation.com](http://www.monarchroom-traumainformededucation.com) (Evidence Behind Model: Publications)

[www.cbfacademy.com](http://www.cbfacademy.com)

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**Trauma-Informed Education Agency**

A trauma-informed philosophy already found its way into mental health agencies. Frameworks for providing trauma-informed care are found in the literature. The Center for Social Innovation identified five components consistent throughout the literature among the various in trauma-informed frameworks:

1. Providing trauma training and education
2. Establishing safe and welcoming environment
3. Developing trusting relationships
4. Focusing on delivery of trauma-informed services
5. Adapting policies and procedures to trauma informed perspective

The following summaries how a traditional approach differ from a trauma-sensitive one:

<b>Traditional</b>	<b>Trauma-sensitive</b>
Hierarchical; rules to be followed	Decrease hierarchy, less rigidity; less power struggles; increased flexibility, shared power
Views behaviors negatively; e.g., <i>out to get me</i> , manipulating	Sees behaviors as adaptation; ways to get needs met
Treatment goals defined by others	Goals defined by both consumer and professional; self-efficacy
Reactive and crisis driven	Proactive; attempt to avoid future crisis
Views people as broken	Focuses on strength; choices
Philosophy that those people providing services are the experts; know best	Partnership between client and professional

This focus of trauma-informed care, although not in school settings, appeared to align itself very well with current educational challenges, including developing alternatives to suspensions strategies, increasing student achievement, and addressing the needs of the whole child. Upon reflection, the trauma-informed framework fits very well with CBF and Vista Maria’s mission to treat, heal, and educate its clients.

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## What Makes CBF Different?

The following are systemic, i.e., school-wide interventions

1. Trauma-Informed Agency
  - a. Physical—inviting and aware of possible “triggers”
  - b. All employees are exposed to trauma theories and interventions
  - c. Emphasis on Self Care both within and outside the school building
2. Administrative Support and Risk Taking
  - a. Mission and vision focused—willing to take stand and risks to support these students
  - b. Creative budget for trauma focus
  - c. Acceptance to be innovative and acceptance if fail (important is reflection)
  - d. Administration has social work background
3. Focus on Whole child-
  - a. socio-emotional
  - b. physical
  - c. educational
4. Flexible Curriculum
  - a. Geared towards specific needs of student population
  - b. Focus on overarching/”power standards”
  - c. Emphasis on soft skill development
  - d. Real life application
  - e. Thinking innovatively to create end goal
5. Developing Responsible Behavior
  - a. One size does not fix all
  - b. Focus on consequences and structure not punitive power and control reactions
  - c. Monarch Room-Dream Catcher Room
    - i. Non punitive
    - ii. Supportive
    - iii. Sensory-integration
6. Supportive Interventions to meet high needs of staff and students
  - a. Small class sizes (up to 15 students)
  - b. Paras and/or Teaching Assistants in each classroom
  - c. Single service delivery system (not special education vs general education)