Creating Safe Classroom Learning Spaces for Students Living in Urban Areas of Poverty

Kim M. Anderson, Jasmine D. Haynes, Courtney J. Wilson, and Norma E. Conner

Abstract

The current pilot study introduced trauma-informed professional development for teachers in an urban, K–8, Title I public school prior to the COVID-19 pandemic. Equipping middle school teachers with trauma knowledge and resources enabled them to modify their pedagogical approach to align better with students' emotional and academic needs shaped by living in poverty. Thematic analysis of qualitative data (i.e., 48 teacher journal entries, one focus group transcript) produced three overarching themes related to changes in teaching practices, student engagement, and classroom culture: (a) transforming to teach (i.e., teacher empathy, awareness, understanding of students' living conditions), (b) teaching to transform (i.e., teacher critical thinking about students' needs, reactions, and consequences), and (c) transforming to learn (student engagement, expressiveness, confidence). This study's findings highlight how middle school educators can effectively implement trauma-sensitive techniques in their classrooms to enhance safe learning spaces, student support, and classroom management for stress-affected young people. This study's university–community school partnership may offer a model for the design, structure, and resources necessary to implement classroom-level, trauma-informed professional development for Title I nonclinical middle school personnel.

Key Words: trauma-informed schools, teacher professional development, trauma exposed students, Title I, community schools, safe classroom learning spaces, urban poverty, middle school youth, nonclinical personnel

Introduction

Even before the COVID-19 pandemic, approximately 50–80% of children living in poverty experienced trauma, including higher violence and drug exposure rates than their more socioeconomically advantaged counterparts (Borofsky et al., 2013; Izard, 2016). Additionally, they experienced more significant chronic stress related to food insecurities, environmental hazards, and unsafe housing conditions than young people growing up in more affluent areas (Jensen, 2013; Powell & Davis, 2019). Experts highlight how the pandemic has exacerbated such adverse experiences for children residing in areas of economic disadvantage and communities of color (Claypool & Moore de Peralta, 2021, Sonu et al., 2021). Additionally, childhood exposure to domestic violence and emotional abuse increased across socioeconomic statuses in the pandemic, particularly during the period of stay-at-home orders (Bryant et al., 2020).

While children living in poverty are at heightened risk for higher numbers of adverse experiences and are more disproportionally affected by psychosocial challenges than their more affluent counterparts, protective factors can buffer the harmful effects of chronic stress (Komro et al., 2011; Raver et al., 2015; Powell & Davis, 2019; Santiago et al., 2011). Research from 60 high-poverty schools indicates the primary factor in student motivation and achievement is the *school* and *teacher* and not the student's home environment (Irvin et al., 2011). Therefore, regardless of students' living conditions, every child has the potential to learn and flourish in the classroom setting (Ginwright, 2018). However, trauma-sensitive approaches that affect student stress, facilitate safe learning spaces, and create community in the classroom are often missing from teachers' classroom management strategies (Bell et al., 2013; Yates, 2017). This is particularly true for teachers in underresourced Title I schools where mental health resources and services are insufficient to meet the needs of a student body largely affected by poverty-related adversity (Lambie et al., 2019).

This is where a university–school partnership can help in the design, structure, and providing resources necessary to implement trauma-informed professional development for teachers (Swick et al., 2021). This study's middle school personnel worked within an urban community school that included key partnerships among the school district, a leading nonprofit agency (i.e., child welfare), a university, and a health provider. The community partnership school director, a child welfare employee situated in the school, conducted monthly meetings with all partners to plan and coordinate school initiatives. An identified area of need was training and support for middle school teachers who had expressed feeling ill-equipped in the classroom to address the effects of student

trauma. The first author, a faculty trauma expert from the partner university, subsequently developed a trauma-informed professional development training to pilot and evaluate at the community school. Participating teachers received lesson plans (i.e., trauma-focused scripts, activities, student worksheets) to implement in the classroom with their students. Specialized support and expertise during and between classroom applications was also provided. The pilot study was guided by the research question: How do Title I middle school teachers perceive the changes in their teaching practices, student engagement, and classroom culture resulting from implementing a trauma-informed approach for stress-affected students living in urban areas of poverty?

Literature Review

Child developmental research has established a negative correlation between adverse childhood experiences (ACEs) and academic outcomes (Coohey et al., 2011; Duncan et al., 2010; Font & Maguire-Jack, 2013; Tanaka et al., 2015). ACEs is a concept and term coined by Felitti et al. (1998) to describe childhood experiences within the family such as "psychological, physical, or sexual abuse; violence against mother; or living with household members who were substance abusers, mentally ill or suicidal, or ever imprisoned" (p. 245). Childhood adversity also encompasses environmental influences such as living in high-poverty urban areas affected by food deserts, dangerous housing conditions, environmental pollution, and community violence (Francis et al., 2018; Halfon et al., 2017). Research indicates that Black and Hispanic youth and youth living in poverty are more vulnerable to ACEs than White youth and youth living above the poverty line (Sacks & Murphey, 2018). ACEs can lead to trauma that causes negative impacts on one's mental, physical, social–emotional, and spiritual well-being (Substance Abuse and Mental Health Services Administration [SAMHSA], 2014). For example, chronic exposure to ACEs, along with school-based stress in early adolescence, is associated with increased risk of depression, anxiety, suicidality, and decreased school connectedness for middle school students (Feiss et al., 2019; Lensch et al., 2021; Wan et al., 2019).

Being in a chronic state of stress impairs children's attentional focus, impulse control, and working memory, along with the higher-order brain functions of problem-solving and reasoning (Evans & Schamberg, 2009). Distressed students, therefore, are not learning ready because they are in a protect and defend mode rather than an information processing mode. Thus, teachers' jobs are affected as they attempt to balance instructional delivery with effective responses to lessen rather than exacerbate student stress (Souers & Hall, 2016). A meta-analysis of school-based, universal social and emotional learning (SEL) programs (*N*

= 213) found that interventions led by teachers effectively impacted a variety of student outcomes, including emotional distress, along with academic and behavior performance (Durlak et al., 2011). Such results suggest that nonclinical school staff can effectively support students experiencing trauma, yet more research is necessary to understand better how teachers may support educational success in the classroom for children living in urban poverty.

As students' trauma and adversity rates increase in high-poverty schools, social skills decrease while problem behaviors increase, creating classroom disruptions (Báez et al., 2019). Children in such states of distress are often reacting rather than responding to circumstances as they are working from the survival part of the brain, referred to as fight, flight, or freeze (Souers & Hall, 2016). Chronic stress causes response dysregulation, and thus young people may fluctuate between being out of control, withdrawn, or apathetic in the school environment (Scott, 2020). Teachers may assume that such students are defiantly acting out on purpose or are unmotivated to learn instead of understanding how these behavioral responses are related to chronic stress (Goodman et al., 2012; Overstreet & Chafouleas, 2016; Souers & Hall, 2016). Lacking awareness of trauma and its effects, educators often respond to such behaviors with standard disciplinary actions such as students being removed from the classroom or being suspended or expelled from school (Souers & Hall, 2016). In contrast, a trauma-informed educational approach enables teachers to recognize and respond to the unmet social and emotional needs of stress-affected students to ensure each child is engaged and supported in the learning environment. Trauma-informed programs in schools vary from schoolwide trauma-informed initiatives (Dorado et al., 2016) to student-specific interventions (individual or group counseling) delivered by mental health professionals (Allison & Ferreira, 2017; Kataoka et al., 2011; Mendelson et al., 2015).

Trauma-Informed Programs Based in Schools

Herrenkohl, Hong, and Verbrugge (2019) examined 28 trauma-informed programs based in schools and found that the majority encompassed individual and small group counseling (*n* =14) or full-school models (*n* = 10), rather than those at the classroom level (*n* = 4). Individual or group-focused services often involved screening students for posttraumatic symptoms, who were then referred to mental health clinicians and school professionals for counseling such as cognitive–behavioral therapy. Such services were not part of the standard academic curriculum and pulled selected students out of the classroom. In contrast, full-school models are systemwide and include multitiered interventions, such as psychoeducation and trauma training for school personnel, along with targeted services for students with trauma histories. Schoolwide

initiatives also include outreach and education to parents and service providers in the community. Classroom-level only interventions involve specialized training for teachers or school personnel on the prevalence and effects of trauma, along with student skill-building to manage their stress better, regulate their emotions, and lessen their conflict with others.

School-based trauma interventions used in high-poverty schools are found to reduce students' trauma-related symptoms such as posttraumatic stress, depression, anxiety, and aggressive behaviors, along with improving academic outcomes (Jaycox et al., 2019; Jaycox et al., 2009; Kataoka et al., 2011; Mendelson et al., 2015; Powell & Davis, 2019). The current study's professional development was guided by research on trauma-informed groups and classroom-based interventions specific to students in high-poverty schools (Herrenkohl et al., 2019; Powell & Davis, 2019). For a summary of all 28 trauma-informed school models (e.g., program components, evaluation elements, results), see Herrenkohl et al. (2019); demographics for school personnel delivering trauma-informed programming were not identified for studies reviewed.

Group-Based Trauma Interventions

Overall, group-based interventions, such as the Journey of Hope (JoH; Powell & Davis, 2019), Cognitive Behavioral Intervention for Trauma in Schools (CBITS; Kataoka et al., 2011), Support for Students Exposed to Trauma (SSET; Jaycox et al., 2009), and the Rap Club (Mendelson et al., 2015), are effective in addressing a small portion of trauma-affected students in high-poverty schools but are not efficient or wide-ranging models for addressing chronic stress within the larger student body of Title I schools (Baker et al., 2006). Such interventions are delivered primarily by school personnel with clinical training or certification who are often too few in number to serve the mental health needs of an entire school. For instance, in a study of elementary schools serving impoverished communities ($N = 1,099$ students), 56% of students were identified as having mental health needs (Baker et al., 2006). Additionally, group models often screen students for posttraumatic stress symptoms related to acute stress from a major traumatic life event rather than long-term stress from exposure to multiple traumatic events. Yet young people living in areas of urban poverty often face several concurrent ACEs over time, producing chronic stress reactions such as impaired concentration, memory problems, behavioral disruptions or withdrawal, and emotional dysregulation (Souers & Hall, 2016).

Classroom-Wide Trauma Interventions

Classroom-wide trauma-informed programming in high-poverty schools has the potential to benefit many students, improve classroom climate, and

reduce the burden on schools' limited resources for addressing mental health demands (Herrenkohl et al., 2019). Such interventions aim to enhance students' self-regulatory abilities (Brown et al., 2006; McConnico et al., 2016), psychological resources (Moore & Begoray, 2017), and relational abilities (e.g., healthy peer relationships, stable relationships with adults; Ijadi-Maghsoodi et al., 2017). Although classroom-wide interventions differ in the types offered (e.g., cognitive behavioral therapy, critical literacy programs) and the school personnel who implement them (educators or mental health professionals), overall, they are shown to be effective in improving classroom management (Herrenkohl et al., 2019). For high-poverty schools that do not have the resources to offer schoolwide trauma-informed models, classroom-based programming is an option to reach a larger scale of students than individual or group interventions. Additionally, limited empirical attention has been given to investigating a trauma-informed approach from the perspective of teachers working with trauma-impacted students (Wall, 2021).

The Current Study

The current pilot study offered trauma-informed professional development training to middle school teachers in an urban K–8 Title I public school. The first author from the partner university met with the community school's administration to determine the school's needs regarding trauma-informed programming. The school was interested in piloting a classroom-level model rather than offering clinical group-based interventions because they did not want to limit the eligibility to only a few students who could receive it. Additionally, they were interested in specialized support for their middle school teachers who had expressed feeling overwhelmed and unprepared to address the severity of social–emotional needs of students served at the school. Taking into consideration administration and teachers' needs, the first author developed a multipronged professional development including (1) training on trauma-informed care related to student development, learning, and skill-building; (2) prepared lesson plans for classroom implementation; and (3) access to support and guidance during and between classroom applications. Additionally, participating teachers provided input on lesson plans and activities throughout the process, and the curriculum was adjusted to the needs of the teachers and their students as implementation progressed.

School Setting

The community school (approximately 900 students) was in its second year of operation and was located one block from the partner university's new downtown campus, then in its first year of operation. The school had one social worker and two school counselors for the student population. Based on

school demographics for 2018–19, 84% of students were African American/ Black, 3% were White, and 13% Hispanic. Children who attended the community school lived in communities where the child poverty rate was 73%, and the median household income was approximately $15,000 (U.S. Census Report, 2019).

Training and Implementation Procedure

Teachers received three in-person, two-hour professional development modules across 12 weeks (see Table 1 for objectives, topics, and activities). Each learning module consisted of a two-hour interactive presentation, inclusive of trauma content, hands-on practice of trauma-sensitive strategies, peer discussion, and trauma expert consultation. After each module, teachers implemented the training activities with their middle school students for two to three weeks. Teachers selected one class per week for classroom implementation. The day and class period (55 minutes) stayed the same throughout the 12 weeks. The first author, who identified as Caucasian and was a 30-year licensed clinical social worker and trauma researcher, delivered the three learning modules and provided feedback on teachers' weekly self-reflective journal entries. Two social work doctoral students (one male, one female), who each identified as African American and were trained on trauma-informed care, attended the designated classes and assisted the teachers with implementation.

The professional development training encompassed children's experiences of living in poverty and how chronic stress can impact student learning and engagement. The first module included statistics on regional risk factors for students attending the Title I school (e.g., rates of poverty, unemployment, crime, homelessness, etc.). Such information was provided to contextualize the environmental stressors faced by families living in poverty and highlight their impact on students' perceptions of safety within and outside of the classroom. Creating a safe learning environment at school was underscored, including prioritizing positive and enriching teacher–student relationships (Dombo & Sabatino, 2019; Izard, 2016). An overview of trauma-informed care (TIC) was presented to raise teachers' awareness of the underlying reasons for children's behaviors and to focus more on what students are trying to communicate (fear, worry, doubt) rather than how it is communicated (acting out, resistance, inattention). Understanding the why of students' behaviors allows educators to respond in a trauma-sensitive manner rather than from a punitive stance that removes the student from the learning environment (Izrad, 2016). Teachers also received hands-on practice in stress reduction and relaxation techniques (e.g., deep breathing, guided imagery) to instruct their students on how to calm and soothe themselves.

Table 1. Trauma-Informed Training Modules

Module(s)	Lesson Objectives and Implementation Activities	
	Objectives	**Worksheets/Activities**
Module 1: Introduction to Trauma-Informed Care (TIC)	**Lesson 1** Build safe and supportive relationships for teachers and students Define and understand the meaning of stress; understand what stress looks and feels like for children living in areas of poverty	*Best Practices for Trauma-Informed Instruction* (https://wasa-oly.org/WASA/images/WASA/6.0%20Resources/Hanover/BEST%20PRACTICES%20FOR%20TRAUMA-IN-FORMED%20INSTRUCTION%20.pdf) *Signs of Stress Overload* (https://www.kiddiematters.com/helping-kids-learn-stress-management-skills/) Introduction to class stress ball
	Lesson 2 Learn and practice student relaxation skills	Deep breathing exercises and guided imagery *What is Relaxation* (https://arfamiliesfirst.com/wp-content/uploads/2013/05/Your-Very-Own-TF-CBT-Workbook.pdf) *Safe Place* (https://arfamiliesfirst.com/wp-content/uploads/2013/05/Your-Very-Own-TF-CBT-Workbook.pdf)
Module 2: Emotional Response Regulation	**Lesson 3** Define and understand what Worry and Fear/Anxiety look and feel like for children living in poverty	*What is Worry?* (https://www.therapistaid.com/therapy-worksheet/what-is-worry) *STOP Plan for Fear* (https://www.anxietycanada.com/sites/default/files/The_STOP_Plan_handout.pdf) *Anxiety Thermometer* (https://do2learn.com/activities/SocialSkills/Stress/Anger-Anxiety-Thermometer.pdf)

Module 2: Emotional Response Regulation *(Continued)*	**Lesson 4** Identify different feelings and ways to cope with feelings	*Emotional Wheel* (https://www.therapistaid.com/worksheets/wheel-of-emotions-children.pdf) *How I Feel Handout* (https://www.therapistaid.com/worksheets/how-i-feel-cbt-tool.pdf) *Feeling Jars* (https://www.intraquest.co.uk/wp-content/uploads/2015/04/Feeling-Jars.pdf)
	Lesson 5 Define anger and practice anger management	*What is Anger?* (https://www.therapistaid.com/worksheets/what-is-anger-activity.pdf) *Anger Thermometer (handout)* (https://do2learn.com/activities/SocialSkills/Stress/Anger-Anxiety-Thermometer.pdf
Module 3: Psychological Resources: Cognitive Coping, Social Problem-solving & Goal Setting	**Lesson 6** Understand the connection between Thoughts-Feelings-Actions to learn and practice changing unhelpful thoughts	*Thoughts, Feelings, and Actions* (https://www.therapistaid.com/worksheets/cbt-for-kids.pdf) *Mindfulness Mandalas* (https://www.free-mandalas.net/difficulty-level/easy-children/)
	Lesson 7 Identify thought problems and thinking errors; learn how to challenge negative thinking and navigate decision-making	*Thinking Errors* (https://www.therapistaid.com/worksheets/cbt-thinking-errors.pdf) *Thought Problems* (https://arfamiliesfirst.com/wp-content/uploads/2013/05/Your-Very-Own-TF-CBT-Workbook.pdf) *Challenge Negative Thinking* (https://www.anxietycanada.com/sites/default/files/Challenging_Negative_Thinking.pdf)
	Lesson 8 Learn social problem-solving skills and goal setting	*Lost at Sea* (http://www.humber.ca/centreforteachingandlearning/instructional-strategies/teaching-methods/classroom-strategies-designing-instruction/activities-and-games/lost-at-sea.html) *Goal Setting Worksheet for Children* (https://www.kiddiematters.com/wp-content/uploads/2015/01/goal-setting-worksheet1.pdf)

The second module provided psychoeducation on emotional dysregulation regarding children's physiological and behavioral responses to fear, including fight (e.g., act out), flight (e.g., withdrawal), or freeze (e.g., shutdown; Wall, 2021). Students in "survival mode" experience increased heart rate and blood pressure where brain energy is focused on seeking safety (Wall, 2021). It was explained if students are not emotionally regulated, they do not feel safe, and if they are not safe, they are not emotionally regulated (Souers & Hall, 2016). Thus, if this cycle is not disrupted, students' learning abilities are impeded as traumatic stress can affect executive brain functions for emotional regulation, sustained attention, reasoning, and information attainment (Cross et al., 2017). By teaching students to name their emotions and bodily responses (such as an increased heart rate, sweating, or upset stomach), they begin to understand their brain and the connections between external events, internal emotions, and triggered responses (Wall, 2021). Teachers received hands-on practice with crisis interventions techniques to de-escalate distressed students. Additionally, they learned self-regulation methods to teach their students to decompress and avoid emotional escalation (e.g., emotional containment, verbalizing emotions).

The third module included psychoeducation on students' higher-order brain functions, particularly cognitive coping (i.e., how one thinks affects what one does), social problem-solving (i.e., group decision-making), and goal setting (i.e., defining specific goals with action steps). The professional development underscored how children affected by poverty might experience unpredictable living circumstances (e.g., homelessness), making planning, goal setting, and execution difficult (Wall, 2021). As such, students may act out or withdraw to gain control in the classroom. Research was presented on how children who live in poverty view their lives and futures as having more negative than positive aspects compared with their middle-class counterparts (Jensen, 2018; Robb et al., 2009). Thus, they may have a sense of hopelessness that overflows into the classroom by seeming uninterested in school (Wall, 2021). Research was also presented on how educators operating from a deficit lens reinforce students' misconceptions about their abilities and potential (Boucher & Helfenbein, 2015). The importance of teachers cultivating possibility and promise in their students' abilities was underscored. This included helping students understand their agency in navigating school challenges and expectations, along with planning for their futures. Teachers received hands-on practice to instruct their students on how to challenge defeating and limiting thoughts (i.e., cognitive restructuring), to problem-solve as a group (i.e., team building), and to develop academic and personal goals with action steps (i.e., SMART goals).

Methods

Participants and Procedure

Participants

Participating middle school teachers included three African American females and one Hispanic male. The minimum age was 26 and the maximum was 57 years old (M = 38, SD =13.63). The number of years in teaching ranged from 2 to 16 years (M = 11, SD = 6.7). Teachers taught language arts, reading, and science for students in sixth through eighth grades. Focal class sizes included 7, 14, 17, and 30 students (M = 17, Med = 16, SD = 9.63), respectively, for a total of 54 students.

Sampling and Recruitment

This study used purposive sampling in which participants were selected based on the needs of the study (i.e., teachers working with stress-affected youth) and their potential to provide adequate information about the study's focus (Etikan et al., 2016). The school administration selected the four project participants (out of approximately 16 core subject middle school teachers) based on their interest in the study focus, students served, and the potential to fulfill the study's requirements.

Compensation

Teachers received $750.00 stipends as compensation at the study's conclusion. Additionally, each received professional development materials for future use (e.g., stress balls, electronic trauma-based curriculum, copies of handouts).

Ethics

Upon approval by the university institutional review board, teacher participants were asked to sign an informed consent form advising them of their rights, protective confidentiality measures, voluntary status, and the purpose of the study. The research team selected the following pseudonyms to maintain the confidentiality of the participants: Mr. Rafael—Grade 6, Ms. Joy—Grade 8, Ms. Harris—Grade 6, and Ms. Drew—Grade 7.

Data Sources

Self-Reflective Journal Entries

Teachers completed journal entries to document their experiences (e.g., methodologies, use of material, students' behaviors, teachers' experiences) with the training and the implementation of the interventions. Reflective journal entries were electronically submitted to the faculty trauma expert who provided feedback. A total of 12 journal entries per participant were collected (N =

48); all participants completed each journal entry, although the length varied from a few paragraphs to a few pages. Teachers responded to guided prompts, including: (1) How has the training influenced how I perceive my students' behaviors? (2) How has the training influenced the way I interact with my students? (3) How has the training influenced my teaching? and (4) What aspect of the training has been the most useful so far? Why?

Teacher Exit Focus Group Guide

The study's data collection process included an exit focus group with teacher participants to explore the totality of the professional development training. The focus group took place one week after the 12-week professional development ended. The focus group took place at a date and time agreed upon by participants and researchers. The 90-minute focus group consisted of four open-ended questions: (1) How did participating in the professional development training affect you personally and professionally? (2) Thinking back, compare you and your designated classroom before you attended the professional development and you and your classroom now. Discuss the most influential strategies. How do you know they were influential? (3) In addition to the designated classroom, how have you used these strategies in your other classroom periods? (4) As trauma training will be offered again, what recommendations do you have for future implementation?

Data Analysis

Qualitative data analysis used a constant comparison method, a procedure that identifies and extracts significant statements or "meaningful units" to be conceptualized and reconstructed in new ways (Oktay, 2012). Using inductive logic, two researchers coded the focus group transcript and teacher journals (Creswell, 2013). The two researchers then debriefed to discuss commonalities and differences among codes. After reaching a consensus on ascribed codes, the researchers collectively merged initial codes into final codes to answer the research question. This debriefing and merging of the codes helped enhance interrater reliability and the rigor of the data analysis (Creswell, 2013; Saldaña, 2015).

Initially, open coding involved searching for data related to changes in teaching practices, student engagement, and classroom culture. Next, axial coding entailed delineating subproperties for each open code category (Oktay, 2012). For example, we categorized classroom strategies and resources (*process*) that contributed to changes in teaching practices (*outcomes*). Finally, selective coding (Oktay, 2012) examined overall patterns across all sub/categories that produced three overarching themes: transforming to teach (i.e., teacher empathy, awareness, understanding toward students' living conditions), teaching to transform

(i.e., teacher critical thinking about student needs, reactions, consequences), and transforming to learn (student engagement, expressiveness, confidence).

Results

Transforming to Teach

Even though teachers shared similar racial and ethnic backgrounds as many of their students, they did not have similar childhood experiences, particularly related to economic disadvantage and adverse childhood experiences. Teachers' awareness was heightened to understand the chronic stress middle school students endure from living in high-poverty urban communities and how such environmental influences affect their learning within the school setting. Teachers reported how eye-opening it was to get a glimpse of what it was like to walk in their students' shoes.

> Participating in the trauma training really opened my eyes to being a bit more empathetic towards the students. The experiences they're going through are much tougher than what I personally went through when I was a child. It's not that they are mad or upset at us; it's just they are upset at the environment they're living in right now. (Mr. Rafael)

> I didn't come from their environment either. There was a killing over here yesterday, and I didn't have to deal with that [when I was a child]. Like I didn't have to worry about food on the table. Nothing. I didn't have to worry about any of this. So, trying to be in their shoes and realize, all right, it's just not about my work. (Ms. Joy)

Teachers came to understand the level of concern students had about the well-being of their families and the pressure they put on themselves to help out. Mr. Raphael stated, "I had some of the kids that wrote they were worried about paying the electricity bill, paying the rent, and they shouldn't have to worry about that because they are 11 and 12 years old." Teachers learned how students' short- and long-term goals were often centered on what they could do to lessen their families' burdens.

> I noticed a lot of their goals were trying to work goals that would help their family. "I want to work in the summer. I want a job to help my mom out." They're taking on a lot of responsibility, and then they're making their goals of what they can do to help with getting food in the house or helping to take care of the siblings. So, they're putting all this stuff on their little shoulders. (Ms. Harris)

Throughout intervention implementation, teachers provided students with weekly activity worksheets that often included an art component which enabled

students to externalize what they were feeling and experiencing (e.g., drawings of themselves feeling stressed or angry). Completing such handouts provided a medium for students to share and process their experiences and an avenue for teachers to gain a window into their students' inner emotional worlds. In doing so, teachers came to understand the challenges children face in navigating their lives, especially without the necessary emotional tools to do so effectively. Being aware of children's emotional burdens helped educators really "see" the student over the behavior.

> For me, it was when we did one of those first drawings with anger, and he [student] had like bumps all over his face, and his fists were just balled up, and I was just like, "Oh my God, he's walking around like that all day." He was getting kicked out of classes because the teachers were just yelling at him all day—and I was one of them, and so I really, really started to empathize with him. I think I kind of softened, and then he kind of softened, and we were able to start communicating, so I could actually see him, if it sounds strange, as a student. (Ms. Joy)

> The drawings were graphic and displayed the level of anger some of my students carry around. I realize that quite a few of them just don't know what to do with it, but then [drawing helps] also the quiet students that want to disappear. "Don't bring attention to me. Just let me be, I just want to sit here." It helps you to understand them, too. (Ms. Harris)

Teaching to Transform

Teachers came to understand students' needs and what was necessary to provide a safe and supportive learning space. Having a designated time each week for students to relax and reflect allowed them the opportunity to explore their internal worlds, so they could learn to respond differently to their external circumstances.

> They really did feel at ease in the classroom, and I'm glad I was able to provide that space for them for those 55 minutes of that day. That was one thing that I really, really noticed that they probably don't ever get. It's just a place to think about some of their feelings and why they are angry or change their thoughts. So that's something that I really felt good about. (Ms. Harris)

Prior to the professional development training, all teacher participants had a physical safe space for students in the classroom as a result of a districtwide trauma initiative. However, such spaces were often uninviting (a chair in a corner) or used instead for classroom storage. As the trauma training progressed, the classroom safe space was reconfigured to be more appealing and comforting

(e.g., added pillows, blankets, positive messaging, partitioning). Additionally, teachers directed students to use the safe space more often as a classroom management strategy to recompose themselves.

> I utilize safe space more. I may have a particular student or students that I know based on how they approach the classroom that this is an off day for him or her. So immediately they're instructed, "Go to your safe space, sit in there for a while." I may go over and have a little conversation here and there. If I realize they don't want to converse, then I say, "Okay, stay in your safe space. When you feel like you're more comfortable, then you can get back." So that has helped me to be more understanding with them and be more patient because some of them may require the entire class period. While some, they probably just need five minutes to stay there. (Ms. Drew)

Creating a safe learning space also included teaching students various methods to emotionally self-regulate and calm themselves. Intervention activities such as deep breathing exercises helped students manage their stress levels better while garnering emotional safety.

> Breathing exercises have been the most impactful strategies in my classroom. Since the first day when we introduced breathing exercises to calm stress, students have shown that they are calmer when we practice our breathing. Children like them, and I love them, personally. In the beginning, it was a joke to them [students], but as soon as they felt comfortable doing it and knowing that this exercise would lower their stress levels, at least for a short period of time, then it ran smoothly. I have students reminding me about the breathing exercises if I do forget them. When I'm looking stressed, they just tell me to go ahead and breathe because that's what they do. (Mr. Rafael)

As teachers came to understand the external factors affecting their students' actions and reactions in the classroom, they began to respond in a more trauma-sensitive manner. They gained insight into how their responses could lessen or exacerbate student stress.

> They come to us with all different kinds of issues. They're reacting to some of those things that we have no privilege to know about because they're not here when those things happen; they're just reacting to it, and then I'm just reacting unless I do something different. (Ms. Harris)

> Before the trauma training, I would find myself yelling a lot. I have to yell because when you yell, that's what they conform to. But having gone through the training, I now let them know that I understand they may

have been coming from home with a bad morning or bad starts. (Ms. Drew)

Teachers began to adapt the learning environment to support students emotionally as well as academically. Changes in their teaching practices included stepping back and asking, "What's going on with the student?" rather than "What's wrong with the student?" Reflecting on students' needs helped teachers not personalize their behaviors and thus respond in a supportive rather than a punitive manner.

> Kids are not reacting just because they do not like me, but they're reacting because that is what has been taught to them. I've noticed that I actually take a step back now, and I'm like, you need to go ahead and [ask] "What's going on?" and be a little bit more empathetic towards the kid. (Mr. Raphael)

> I'm taking a step back, and I'm looking at each of them because I know there's other situations I may not know about specifically. Like my quiet students, they're probably going through some things too that I don't know about, and they just sit there, and they never say anything. So, I make sure to acknowledge all of my students, "Hey, I didn't see you today" or "I didn't get to talk to you because so and so had all my attention, but how are you doing today?" or "You didn't come yesterday; I missed you. What's going on?" Just to let them know that they are seen. (Ms. Joy)

Transforming to Learn

With the implementation of trauma-sensitive strategies and teachers' enhanced understanding of their students' inner emotional worlds, students began responding differently in the classroom setting. They were more able to approach rather than avoid classroom situations perceived as difficult or stressful because they gained confidence in expressing themselves and connecting with others.

> Like even today, he [student] was passing my door, and he turned back, "Oh hi, Ms. Drew!" I said, "Hi, are you having a good day?" and he said, "Yes." So, like him in particular, you see the change with him. He's more into his own now. He believes in himself a little better. He's in the group; he's participating; he's smiling. So, if it's just him, then I feel satisfied because he was a very, very hard nut to crack. So, this has helped me to help him believe in himself, to do his work, to feel like, "No, I'm not alone." For him to not feel left out, you're counted. (Ms. Drew)

Students really need more time to understand their feelings and emotions and to be able to label them. I wrote it in one of my reflections that just out of the clear blue, we were talking about FSA [state testing] coming up, and [a student] was like, "I'm just ready to get it done and over with. I'm anxious." and another student was like, "Well, I'm scared. I'm nervous." and I was like…they're using the terminology from the class. I was so impressed with them. (Ms. Joy)

As students shared their experiences during classroom implementation, they realized their peers often had similar worries and concerns. As they were all learning trauma-sensitive strategies simultaneously, no student was more advanced or behind than any other student in skill development. Thus, everyone was in the same boat learning how to row through similar emotional undercurrents.

So far, the training has been substantial in helping my students. They freely express themselves about stress and what they can do when they feel stressed. They also share ideas with peers and me as we learn about each other. (Ms. Drew).

I was really impressed with the ease of sharing and how at ease the students were in expressing and saying the things they did. No one was laughing, unless it was just something funny with the whole class laughing, but nobody felt, "Oh, I don't want to say that because someone's going to say something." (Ms. Harris)

As students became more engaged and open to sharing with peers, they learned to work together toward a common goal. For instance, students completed an activity on consensus building about being stranded on a boat and lost at sea. As a group, they had to decide on their top five materials to survive living at sea. During the process, they experienced moments of conflict in which group members disagreed on the ranking of items. This conflict challenged students to express their points of view, justify their item selections, and work together to achieve consensus. Students were able to do so in a fun and supportive manner rather than a conflictual one, as was often the case before implementing trauma-sensitive strategies in the classroom.

The most impactful one would have been the last training session. They enjoyed our problem-solving [activity] when they were on the lost island, and they had to decide, everybody had their own separate number one, but then they came together and said, "Okay, this would be most important for our survival." So, it encouraged team effort and let each of them know that you're valued, and your contribution is also essential. (Ms. Drew)

Recommendations for Schoolwide Change

As participants gained awareness of students' inner emotional worlds, they realized that the burdens students carry into the classroom were much more severe and complex than they had initially realized. They perceived the school's administration was also probably unaware of the degree of unmet social and emotional needs within the student population.

> The administration needs to understand that the kids that we are actually helping in the school, they're traumatized kids; they are all going through trauma. One of my kids came in, gave me a paper, and then he just said, "Do not open it until I leave." and then I opened it when my [class] period was over, and it was him with a bunch of knives across him. And then I talked to him, and he told me, this is how I feel. And we [school staff] do not talk about those things. We're not trained for that, and as teachers, we are taking a lot in, in this type of school. I just talked to the school social worker, and I'm like, "How are you not an alcoholic?" (Mr. Rafael)

Participating teachers advocated for implementing in some manner schoolwide, trauma-based programming, even if a multitiered approach was not feasible. For instance, they recommended assigning a weekly trauma-sensitive activity for the entire school to learn and implement.

> It should be like a strategy, maybe for each day or for the week that students are working on, and the teachers are aware. So, if they're [students] acting out, or they're not doing the work, or there's an incident, and you're ready to send them out [of the classroom], that the student is directed to do this strategy, and the teacher writes down whether they did it or didn't do it with the behavior. But it can't be a different strategy for each student because nobody will keep up with trying to track it for everyone. (Ms. Joy)

Another strategy participants proposed was to offer trauma-informed skills training for students as an elective class for two nine-week periods. This would allow students the time to practice activities and build on them over time. Participants underscored how the instructor would need to be trauma-trained and have good classroom management skills.

> Like a social skills training class that they could attend [as an elective], some of them don't want to be in music, and they're just put in there because they don't have any place else for them to go. I think two nine weeks that would be their time spent in there. That would definitely take the relief out of P.E. It's 600 kids in there. Or band, he's got 75 students

that don't want to play an instrument in the band. That would definitely alleviate that issue. (Ms. Harris)

Discussion

This pilot study's findings highlight how trauma-informed professional development for educators can offer an avenue for transforming teaching practices, student engagement, and classroom culture to provide safe learning spaces for children attending high-poverty middle schools. Gaining awareness of students' internal emotional worlds helped teachers empathize with the many burdens children face while growing up in areas of urban poverty. In-class, trauma-sensitive activities allowed students to externalize their inner experiences and serve as a conduit for enriching teacher insight, empathy, and understanding. As a result, educator participants thought more critically about young people's emotional needs and transformed their teaching practices to be more responsive to students chronically affected by stress. Taking a step back and asking what is going on rather than what is wrong with the student allowed teacher participants to not personalize children's conduct, while also selecting classroom management methods that lessened rather than exacerbated the emotional load of students. As teacher–student interactions and classroom culture transformed, students became more expressive, confident, and engaged in prosocial behaviors.

An empathetic disposition is a significant characteristic of culturally responsive teachers as it creates opportunities for supportive classroom climates and student-centered pedagogy (Gay, 2013; McAllister & Irvine, 2002). In the current study, teacher participants had similar racial and ethnic backgrounds as their students; however, they differed in childhood experiences, particularly socioeconomic status. In education, this is not an uncommon trend, as few teachers come from high-poverty backgrounds themselves (Reay, 2001). It is impractical to expect educators to have all the same experiences as their students; however, as in the case of the current study, teacher empathy can be enhanced to bridge such divisions. Student completion of weekly trauma-based worksheets offered an accessible means for expressing the emotional burdens they carried into the classroom. Although teacher participants were previously aware that their students were affected by living in poverty, they did not understand the severity of stress students experienced nor how pervasive it was within the classroom until the application of trauma-informed programming. Subsequently, teachers realized the weight students were carrying on their young shoulders to help their families out while trying to focus on school.

In high-poverty schools, positive learning environments include providing safe and positive connections, along with student emotional and behavioral

self-regulation (Dombo & Sabatino, 2019). "With the right type of instruction and emotional support, traumatized children can regain their ability to achieve academic and social mastery" (Craig, 2015, p. 2). This pilot study's findings highlight the importance of offering students in high-poverty schools dedicated time to relax and have a reprieve, states of being hard to come by in their young lives. Having a designated period each week for students to explore their internal worlds helped them to process and regulate their reactive mode of functioning in the classroom. Learning to manage their stressed physiological and emotional states allowed students a sense of control and an avenue to become better prepared to learn and improve their academic aptitude.

Student engagement and peer relations are enhanced when classroom settings are transformed into trauma-sensitive learning spaces (Bell et al., 2013; Dombo & Sabatino, 2019). The current study provides insight into how such changes may occur. Implementation of activities for the entire classroom provided an opportunity for students to get to know each other beyond an academic level. As students became more expressive with each other, they realized they were not alone in their worries and fears. Seeing their peers as similar, regardless of their academic adeptness, helped them feel they were all in the same boat. As a result, students navigated conflicts and relations with each other differently. Rather than laughing, bullying, or teasing, students listened and, in many cases, encouraged each other to use their newly acquired skills (e.g., deep breathing). They came to understand and thus empathize that everybody is going through something even though it might not be known or visible to others.

Limitations

Our sampling involved teachers interested in trauma-informed instruction; thus, results may differ with teachers less interested in trauma-informed professional development or in a faculty-wide compulsory professional development setting. However, our results are reasonably consistent with other studies on trauma-based school programming regarding changes in teaching practices, student engagement, and classroom culture (Herrenkohl et al., 2019; Ijadi-Maghsoodi et al., 2017). Areas of improvement for implementing a larger scale study (e.g., increased sample size) would include student input along with assessments of academic, social, and behavioral outcomes. Initially, our study did include students' perspectives on ratings of perceived helpfulness for each of the different trauma-informed techniques and activities. However, as we did not clearly define helpfulness, students responded more from the perspective of what they enjoyed (i.e., goal setting, deep breathing) rather than how such activities affected them. Defining helpfulness and conducting student interviews of why they think the strategy was helpful would enhance study validity.

Implications

Studies using standardized trauma-based training curricula for school personnel, such as Cognitive Behavioral Intervention for Trauma in Schools (CBITS) and Support for Students Exposed to Trauma (SSET), have found cognitive behavioral therapy techniques helpful in improving students' emotional regulation, social and academic competence, and classroom behaviors (Jaycox et al., 2009; Kataoka et al., 2011). However, absent from the professional literature is the suitability of such programming within a particular social context (e.g., student economic status), level of trauma (e.g., individual, family, or community), or type of stress (acute or chronic). This study's findings address this gap by delineating cognitive–behavioral strategies specific to addressing poverty-related effects on student development and well-being.

Our stepped care approach began with teaching interventions on physiological stress reduction, then progressed toward emotional regulation, before moving toward higher-order brain functions (e.g., decision-making; Jensen, 2018; Robb et al., 2009). Presenting a hierarchy of implementation clarified for teachers the overall purpose of trauma-informed programming and the need for systematic intervention with chronically stressed children living in poverty. Future research should broaden the concept of trauma-related experiences to include poverty-related adversity and assess how integrating such content may further impact teachers' attitudes, dispositions, skills, and behaviors in Title I schools.

Caldera (2018) challenges teachers to consider contextual and cultural influences on students' behaviors and academic performance to better adapt the classroom setting for optimal learning. This study's findings highlight how educators in Title I schools need more preparation to teach in culturally safe (Varghese, 2016) and trauma-informed ways (Brunzell et al., 2015). For the current study, data on regional risk factors provided a macroview of students and their families' living conditions in high-poverty urban communities. Furthermore, research on the effects of chronic stress on children's development allowed teachers to gain an understanding of students' unmet social–emotional needs (e.g., safety, security, certainty, esteem, intimacy) and their connection to behavioral manifestations in the classroom (Dombo & Sabatino, 2019; Souers & Hall, 2016).

An issue for high-poverty schools and therefore for the preparation of teachers is "knowing" their local communities, especially for educators who come from different life experiences or viewpoints (Lampert, 2021). Replicating this study's university–community school model can enhance teachers' knowledge of students' social and emotional needs; transform teachers' attitudes, skills,

and behaviors; and address the emotional well-being of students affected by poverty. Additionally, enhancing teachers' knowledge of students' cultural and contextual experiences also requires that teachers understand the adversity, stress, and trauma that Black and Brown students often experience in schools (Anderson et al., 2019; Goldin et al., 2021). Therefore, future replication of this study should also include factors such as racism in schools, while also encouraging educators to cultivate healing-centered spaces that appreciate students' cultural identities and strengths (Blitz et al., 2020; Pickens, 2020).

The role of universities is adapting to meet increasing community needs, and how universities partner with public schools must continue to change also (Anderson et al., 2015). A community school model offers an avenue to effectively address trauma-informed professional development needs, particularly for under-resourced schools (Officer et al., 2013). A university–community school partnership can provide the necessary resources (i.e., trauma-based curriculum) and support (i.e., mentoring, support, guidance) for enhancing educators' self-efficacy in working with students affected by ongoing stress while addressing their social–emotional needs as a result of poverty adversity. However, relationships developed between higher education institutions and community schools will be effective only when both parties feel they are represented in the program planning and implementation process (Anderson et al., 2015). In the case of the current study, university faculty members' regular presence and contributions at community school partnership meetings underscored the university's commitment toward collaboration. In addition to partnership meetings, the first author attended several meetings with school administrators to discuss teachers' professional development needs and requests for enhanced trauma-informed knowledge, skills, and resources in the classroom setting.

The continuation of trauma-informed practices following the completion of the study is still helping teachers with classroom management and student engagement, allowing for more productive class time. Participants reported that the trauma training was beneficial and recommended that professional development opportunities be offered for all teachers at the school. The administration was receptive to this recommendation, and the authors provided all teachers a one-hour overview of trauma and its impact on student learning, along with a summary of the findings from the pilot study. At the request of the school administration, the trauma-informed professional development training was further developed by the first author to meet the needs of elementary school teachers and the children they serve. As a result, seven K–5 teachers were selected to participate in the 12-week professional development training the following school year. Teachers also recommended adding a separate

trauma-informed class for students to take in place of electives such as physical education or a music class; although this is under consideration, it has not yet been implemented.

Conclusion

The public education system is under-resourced to address the level of student mental health demand in high-poverty schools (Báez et al., 2019). Caldera (2018) notes that teachers need more preparation in culturally responsive trauma-informed approaches. Although there are repeated calls for mental health literacy among educators (Leschied et al., 2018), understanding is lacking on how to successfully implement trauma-informed programming at the classroom level by nonclinical school personnel (Bell et al., 2013). The current study highlights how a university–community school partnership may offer the professional development resources necessary to transform classrooms in high-poverty schools into safe learning spaces.

References

Allison, A., & Ferreira, R. (2017). Implementing cognitive behavioral intervention for trauma in schools (CBITS) with Latino youth. *Child and Adolescent Social Work Journal, 34*(2), 181–189. https://doi.org/10.1007/s10560-016-0486-9

Anderson, E. M., Blitz, L. V., & Saastamoinen, M. (2015). Exploring a school–university model for professional development with classroom staff: Teaching trauma-informed approaches. *School Community Journal*, *25*(2), 113–134. https://www.adi.org/journal/2015fw/AndersonEtAlFall2015.pdf

Báez, J. C., Renshaw, K. J., Bachman, L. E. M., Kim, D., Smith, V. D., & Stafford, R. E. (2019). Understanding the necessity of trauma-informed care in community schools: A mixed-methods program evaluation. *Children & Schools*, *41*(2), 101–110. https://doi.org/10.1093/cs/cdz007

Baker, J. A., Kamphaus, R. W., Horne, A. M., & Winsor, A. P. (2006). Evidence for population-based perspectives on children's behavioral adjustment and needs for service delivery in schools. *School Psychology Review*, *35*(1), 31–46.

Bell, H., Limberg, D., & Robinson, E. M. (2013). Recognizing trauma in the classroom: A practical guide for educators. *Childhood Education*, *89*(3), 139–145. https://doi.org/10.1080/00094056.2013.792629

Borofsky, L. A., Kellerman, I., Baucom, B., Oliver, P. H., & Margolin, G. (2013). Community violence exposure and adolescents' school engagement and academic achievement over time. *Psychology of Violence, 3*(4), 381–395. https://psycnet.apa.org/doi/10.1037/a0034121

Boucher, M. L., & Helfenbein, R. J. (2015). The push and the pull: Deficit models, Ruby Payne, and becoming a "warm demander." *The Urban Review*, *47*(4), 742–758.

Brown, E. J., McQuaid, J., Farina, L., Ali, R., & Winnick-Gelles, A. (2006). Matching interventions to children's mental health needs: Feasibility and acceptability of a pilot school-based trauma intervention program. *Education and Treatment of Children, 29*(2), 257–286.

Bryant, D. J., Oo, M., & Damian, A. J. (2020). The rise of adverse childhood experiences during the COVID-19 pandemic. *Psychological Trauma: Theory, Research, Practice, and Policy*, *12*(S1), S193.

Brunzell, T., Waters, L., & Stokes, H. (2015). Teaching with strengths in trauma-affected students: A new approach to healing and growth in the classroom. *The American Journal of Orthopsychiatry, 85*(1), 3–9.

Caldera, A. (2018). Woke pedagogy: A framework for teaching and learning. *Diversity, Social Justice, and the Educational Leader*, *2*(3), 1.

Claypool, N., & Moore de Peralta, A. (2021). The influence of adverse childhood experiences (ACEs), including the COVID-19 pandemic, and toxic stress on development and health outcomes of Latinx children in the USA: A review of the literature. *International Journal on Child Maltreatment: Research, Policy, and Practice, 4*(3), 257–278.

Coohey, C., Renner, L. M., Hua, L., Zhang, Y. J., & Whitney, S. D. (2011). Academic achievement despite child maltreatment: A longitudinal study. *Child Abuse and Neglect*, *35*(9), 688–699.

Craig, S. E. (2015). *Trauma-sensitive schools: Learning communities transforming children's lives, K–5*. Teachers College Press.

Creswell, J. W. (2013). *Qualitative inquiry & research design.* (3rd ed.). Sage.

Cross, D., Fani, N., Powers, A., & Bradley, B. (2017). Neurobiological development in the context of childhood trauma. *Clinical Psychology: Science and Practice*, *24*(2), 111.

Dombo, E. A., & Sabatino, C. A. (2019). Trauma care in schools: Creating safe environments for students with adverse childhood experiences. *American Educator*, *43*(2), 18.

Dorado, J. S., Martinez, M., McArthur, L. E., & Leibovitz, T. (2016). Healthy environments and response to trauma in schools (HEARTS): A whole-school, multi-level, prevention and intervention program for creating trauma-informed, safe, and supportive schools. *School Mental Health: A Multidisciplinary Research and Practice Journal, 8*(1), 163–176. https://doi.org/10.1007/s12310-016-9177-0

Duncan, D., Ziol-Guest, K., & Kalil, A. (2010). Early childhood poverty and adult attainment, behavior, and health. *Child Development*, *81*(1), 306–325.

Durlak, J. A., Weissberg, R. P., Dymnicki, A. B., Taylor, R. D., & Schellinger, K. B. (2011). The impact of enhancing students' social and emotional learning: A meta-analysis of school-based universal interventions. *Child Development*, *82*(1), 405–432.

Eckenrode, J., Laird, M., & Doris, J. (1993). School performance and disciplinary problems among abused and neglected children. *Developmental Psychology, 29*(1), 53–62.

Evans, G. W., & Schamberg, M. A. (2009). Childhood poverty, chronic stress, and adult working memory. *Proceedings of the National Academy of Sciences*, *106*(16), 6545–6549.

Etikan, I., Musa, S. A., & Alkassim, R. S. (2016). Comparison of convenience sampling and purposive sampling. *American Journal of Theoretical and Applied Statistics*, *5*(1), 1–4. https://doi.org/10.11648/j.ajtas.20160501.11

Feiss, R., Dolinger, S. B., Merritt, M., Reiche, E., Martin, K., Yanes, J. A., Thomas, C. M., & Pangelinan, M. (2019). A systematic review and meta-analysis of school-based stress, anxiety, and depression prevention programs for adolescents. *Journal of Youth and Adolescence, 48*(9), 1668–1685.

Felitti, V. J., Anda, R. F., Nordenberg, D., & Williamson, D. F. (1998). Adverse childhood experiences and health outcomes in adults: The ACE study. *Journal of Family and Consumer Sciences*, *90*(3), 31.

Font, S., & Maguire-Jack, K. (2013). Academic engagement and performance: Estimating the impact of out-of-home care for maltreated children. *Children and Youth Services Review*, *35*(5), 856–864.

Francis, L., DePriest, K., Wilson, M., & Gross, D. (2018). Child poverty, toxic stress, and social determinants of health: Screening and care coordination. *Online Journal of Issues in Nursing, 23*(3).

Gay, G. (2013). Connections between classroom management and culturally responsive teaching. In *Handbook of classroom management* (pp. 353–380). Routledge.

Ginwright, S. (2018). The future of healing: Shifting from trauma informed care to healing centered engagement. *Occasional Paper, 25,* 25–32.

Goodman, R. D., Miller, M. D., & West-Olatunji, C. A. (2012). Traumatic stress, socioeconomic status, and academic achievement of primary school students. *Psychological Trauma: Theory, Research, Practice, and Policy, 4*(3), 252–259.

Halfon, N., Larson, K., Son, J., Lu, M., & Bethell, C. B. (2017). Income inequality and the differential effect of adverse childhood experiences in U.S. children. *Academic Pediatrics, 17*(7S), S70–S78. https://doi.org/10.1016/j.acap.2016.11.007Mc

Herrenkohl, T. I., Hong, S., & Verbrugge, B. (2019). Trauma-informed programs based in schools: Linking concepts to practices and assessing the evidence. *American Journal of Community Psychology, 64*(3–4), 373–388.

Ijadi-Maghsoodi, R., Marlotte, L., Garcia, E., Aralis, H., Lester, P., Escudero, P., & Kataoka, S. (2017). Adapting and implementing a school-based resilience-building curriculum among low-income racial and ethnic minority students. *Contemporary School Psychology, 21*(3), 223–239.

Irvin, M. J., Meece, J. L., Byun, S. Y., Farmer, T. W., & Hutchins, B. C. (2011). Relationship of school context to rural youth's educational achievement and aspirations. *Journal of Youth and Adolescence, 40*(9), 1225.

Izard, E. (2016). *Teaching children from poverty and trauma.* National Education Association.

Jaycox, L. H., Ayer, L., Vona, P., Hehman, C., Stein, B. D., Mahmud, A., Woolley, M., Meza E., Thornton, E., & Venkatesh, B. (2019). Development and preliminary evaluation of a self-guided, internet-based tool for coping with stress and trauma: Life Improvement for Teens (LIFT). *Psychological Services, 16*(1), 85–94. https://doi.org/10.1037/ser0000277

Jaycox, L., Langley, A., Stein, B., Wong, M., Sharma, P., Scott, M., & Schonlau, M. (2009). Support for students exposed to trauma: A pilot study. *School Mental Health, 1*(2), 49–60. https://doi.org/10.1007/s12310-009-9007-8

Jensen, E. (2013). How poverty affects classroom engagement. *Educational Leadership, 70*(8), 24–30.

Kataoka, S., Jaycox, L. H., Wong, M., Nadeem, Langley, A., Tang, L., & Stein, B. D. (2011). Effects of school outcomes in low-income minority youth: Preliminary findings from a community-partnered study of a school trauma intervention. *Ethnicity & Disease, 21,* 71–77.

Komro, K. A., Flay, B. R., & Biglan, A. (2011). Creating nurturing environments: A science-based framework for promoting child health and development within high-poverty neighborhoods. *Clinical Child and Family Psychology Review, 14*(2), 111–134.

Lambie, G. W., Solomon, C., Joe, J. R., Kelchner, V. P., & Perleoni, M. K. (2019). A school-based mental health counseling intervention with students in Title I elementary schools. *Children & Schools, 41*(3), 161–168.

Lampert, J. (2021). A community-engaged framework for the preparation of teachers for high-poverty communities. *The Australian Educational Researcher, 48*(3), 449–466.

Lensch, T., Clements-Nolle, K., Oman, R. F., Evans, W. P., Lu, M., & Yang, W. (2021). Adverse childhood experiences and suicidal behaviors among youth: The buffering influence of family communication and school connectedness. *Journal of Adolescent Health, 68*(5), 945–952.

Leschied, A. W., Saklofske, D. H., & Flett, G. L. (2018). *Handbook of school-based mental health promotion*. Springer International.

McAllister, G., & Irvine, J. J. (2002). The role of empathy in teaching culturally diverse students: A qualitative study of teachers' beliefs. *Journal of Teacher Education*, *53*(5), 433–443.

McConnico, N., Boynton-Jarrett, R., Bailey, C., & Nandi, M. (2016). A framework for trauma-sensitive schools. *Zero to Three, 36,* 36–44.

Mendelson, T., Tandon, S. D., O'Brennan, L., Leaf, P. J., & Ialongo, N. S. (2015). Brief report: Moving prevention into schools: The impact of a trauma-informed school-based intervention. *Journal of Adolescence, 43*, 142–147.

Moore, A., & Begoray, D. (2017). "The Last Block of Ice": Trauma literature in the high school classroom. *Journal of Adolescent and Adult Literacy, 61*, 173–181.

Officer, S. D., Grim, J., Medina, M. A., Bringle, R. G., & Foreman, A. (2013). Strengthening community schools through university partnerships. *Peabody Journal of Education*, *88*(5), 564–577.

Oktay, J. S. (2012). *Grounded theory*. Oxford University Press.

Overstreet, S., & Chafouleas, S. M. (2016). Trauma-informed schools: Introduction to the special issue. *School Mental Health*, *8*(1), 1–6. https://doi.org/10.1007/s12310-016-9184-1

Pickens, I. (2020). A trauma-informed and culturally responsive approach in the classroom. In E. Rossen (Ed.), *Supporting educating traumatized students: A guide for school-based professionals* (2nd ed.; pp. 45–58). Oxford University Press.

Powell, T. M., & Davis, J. P. (2019). Addressing the social–emotional needs of children in chronic poverty: A pilot of the Journey of Hope. *Children and Youth Services Review, 98*, 319–327. https://doi.org/10.1016/j.childyouth.2018.11.010

Raver, C. C., Blair, C., Garrett-Peters, P., & Family Life Project Key Investigators. (2015). Poverty, household chaos, and interparental aggression predict children's ability to recognize and modulate negative emotions. *Development and Psychopathology*, *27*(3), 695–708.

Reay, D. (2001). Finding or losing yourself? Working-class relationships to education. *Journal of Education Policy, 16*(4), 333–346.

Robb, K. A., Simon, A. E., & Wardle, J. (2009). Socioeconomic disparities in optimism and pessimism. *International Journal of Behavioral Medicine*, *16*(4), 331.

Sacks, V., & Murphey, D. (2018). *The prevalence of adverse childhood experiences, nationally, by state, and by race or ethnicity.* Child Trends. https://www.childtrends.org/publications/prevalence-adverse-childhood-experiences-nationally-state-race-ethnicity

Saldaña, J. (2015). *The coding manual for qualitative researchers*. Sage.

Santiago, C. D., Wadsworth, M. E., & Stump, J. (2011). Socioeconomic status, neighborhood disadvantage, and poverty-related stress: Prospective effects on psychological syndromes among diverse low-income families. *Journal of Economic Psychology*, *32*(2), 218–230.

Scott, K. (2020). *Trauma-informed practices in schools* [Doctoral dissertation]. Lindenwood University. https://digitalcommons.lindenwood.edu/dissertations/45/

Sonu, S., Marvin, D., & Moore, C. (2021). The intersection and dynamics between COVID-19, health disparities, and adverse childhood experiences. *Journal of Child & Adolescent Trauma*, *14*(4), 517–526.

Souers, K., & Hall, P. (2016). *Fostering resilient learners: Strategies for creating a trauma-sensitive classroom.* Association for Supervision and Curriculum Development.

Swick, D. C., Powers, J. D., & Cherry, J. (2021). University–school partnerships: 10 lessons learned over the past 10 years. *Journal of Community Engagement and Scholarship*, *14*(1), 1–8.

Substance Abuse and Mental Health Services Administration. (2014). *SAMHSA'S concept of trauma and guidance for a trauma-informed approach*. https://store.samhsa.gov/system/files/sma14-4884.pdf

Tanaka, M., Georgiades, K., Boyle, M., & MacMillan, H. (2015). Child maltreatment and educational attainment in young adulthood: Results from the Ontario Child Health Study. *Journal of Interpersonal Violence, 30*(2), 195–214.

United States Census Bureau. (2017). *Selected characteristics of the uninsured in the United States–2017: American Community Survey 1-year estimates*. https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_17_1YR_S2702&prodType=table

Wall, C. R. (2021). Relationship over reproach: Fostering resilience by embracing a trauma-informed approach to elementary education. *Journal of Aggression, Maltreatment & Trauma, 30*(1), 118–137.

Wan, Y., Chen, R., Ma, S., McFeeters, D., Sun, Y., Hao, J., & Tao, F. (2019). Associations of adverse childhood experiences and social support with self-injurious behaviour and suicidality in adolescents. *The British Journal of Psychiatry*, *214*(3), 146–152.

Varghese, R. (2016). Teaching to transform? Addressing race and racism in the teaching of clinical social work practice. *Journal of Social Work Education, 52*(sup1), S134–S147.

Yates, N. (2017). *Teachers' perspectives on children's mental health service needs in Title I elementary schools* [Doctoral dissertation]. Walden University.

Kim M. Anderson is a professor in the School of Social Work at the University of Central Florida. Her research agenda includes assessment of risk and resiliency in trauma populations and implementation of strengths-based mental health practice. Her scholarship bridges gaps between theory and practice by offering conceptual frameworks that captures the interplay of trauma and resilience for survivors of family and community violence. Correspondence concerning this article may be addressed to Kim M. Anderson, PhD, LCSW, School of Social Work, University of Central Florida, HS1-212, 12805 Pegasus Drive, Orlando, FL 32816-3358, or email kim.anderson@ucf.edu

Jasmine D. Haynes is an assistant professor of social work at the University of North Florida. She explores the influence of trauma-informed professional development training for educational professionals serving underserved youth and young adults. Her research also promotes the elevation of racially minoritized youth voices to inform practices, programs, and policies that support their social–emotional well-being.

Courtney J. Wilson is an assistant professor in the School of Social Work within the Robert Stempel College of Public Health & Social Work at Florida International University. Dr. Wilson has worked with marginalized high school student groups and individuals to provide guidance to help them overcome societal barriers in education, allowing for inclusion in higher education institutions not previously thought

attainable. His current research focuses on the incorporation of geographic information systems in understanding social and economic barriers to academic success.

Norma E. Conner is associate dean for academic excellence, and professor at the University of Central Florida College of Nursing. Her area of research focuses on understanding and improving access to health care among vulnerable and underserved populations.