Leveling Up: Implementing Supportive Practices to Address the Needs of Students Impacted by Trauma in An Urban Charter School

Altovise Boyd
University of Mississippi

Follow this and additional works at: https://egrove.olemiss.edu/etd

Recommended Citation

This Thesis is brought to you for free and open access by the Graduate School at eGrove. It has been accepted for inclusion in Electronic Theses and Dissertations by an authorized administrator of eGrove. For more information, please contact egrove@olemiss.edu.
LEVELING UP: IMPLEMENTING SUPPORTIVE PRACTICES TO ADDRESS THE NEEDS OF STUDENTS IMPACTED BY TRAUMA IN AN URBAN CHARTER SCHOOL

A Dissertation
presented in partial fulfillment of requirements for the degree of Doctor of Education in the Department of Educational Leadership The University of Mississippi

by

ALTOVISE L. BOYD

August 2023
ABSTRACT

Childhood trauma is a worldwide issue impacting children as young as toddlers and infants. Children exposed to traumatic events are at a greater risk of having cognitive and academic concerns. Additionally, children impacted by trauma are more likely to exhibit internalizing and externalizing behaviors than their peers who have not been exposed to a traumatic event. The purpose of this mixed-methods applied research study was to support the social-emotional needs of students impacted by trauma by implementing trauma-informed practices. An action plan was developed and implemented to address the three elements of the action plan. The first element was the implementation of a counseling program designed for students who have been impacted by trauma. The second element was the implementation of a daily wellness check-in platform. The third element was progress monitoring of the student's attendance, disciplinary infractions, and academic performance in math and reading. A program evaluation was used to measure the effectiveness of the interventions implemented at a charter school in an urban community. Surveys, interviews, and a review of student data were used in the study. The study's findings showed success in implementing trauma-informed interventions to support the social-emotional needs of students. Quantitative and qualitative data showed increased academic gains, decreased student absences, and disciplinary infractions for students who participated in the study.
DEDICATION

This dissertation is dedicated to the memory of my mother, Birdie Marie Boyd, whose unwavering love, strength, and sacrifices guided me throughout my journey. She was not only my mother but also my guiding light, my pillar of strength, and my ultimate inspiration. As a single parent, she faced countless challenges, yet she never wavered in her determination to provide me with the best opportunities. Her unconditional love and selflessness laid the foundation for my growth and ensured I had every opportunity and resource to pursue my academic and career dreams. Her resilience and determination were my inspiration during moments of self-doubt and challenges. I am grateful for the values she instilled in me—resilience, perseverance, faith, and a passion for knowledge. She taught me the importance of hard work and the belief that no dream is too big to pursue and always to pray and trust God.

Although she is no longer physically present, her spirit continues to guide me, and I carry her memory with me every step of the way. This dissertation is a testament to her unwavering belief in my potential and her everlasting impact on my life. Mom, thank you for shaping me into the person I am today. Your memory will forever be cherished, and your legacy will continue to inspire me in all my future endeavors. This accomplishment is as much yours as it is mine, and I dedicate this work to honor your memory and the profound impact you had on my life.

To all of the children who have been impacted by trauma, whether it be physical, emotional, or psychological, I dedicate this dissertation to you as a promise to amplify your voices and advocate for the support and resources you deserve. I fervently hope this research's findings will inform policies, interventions, and practices that nurture your growth, foster your
healing, and create school environments that empower you to thrive. Your experiences have shed light on the urgent need for effective interventions and support systems to help you navigate the complexities of your journey.
ACKNOWLEDGEMENTS

First, I would like to thank God for guiding me throughout this challenging yet rewarding journey of completing my dissertation. For every frustrated moment and tear I cried, he always provided a ram in the bush and gave me a sense of peace. I am grateful to God for putting all the right people in my life to support, encourage, guide, and love me during this journey. Second, I would like to thank my father, Isiah Boyd Jr., for his encouragement and for pushing me to pursue my doctoral degree. Thank you for instilling in me the importance of education.

Third, I would like to express my heartfelt gratitude to my siblings and extended family for their love and support. The countless words of encouragement, prayers, and well wishes they offered were a source of motivation and inspiration. Fourth, I would like to thank my friends, Carolyn Benson, Thelma Bolden, Marvetta DuRant, Beverly Leigh, Dr. Andrea Mayfield, Dr. Isaiah Pickens, Patricia Myers, Dr. Debra Reid, Chandra Ward & The Calhoun Family. I am truly blessed to have you in my life. Your unwavering support, understanding, friendship, laughter, and willingness to listen during moments of frustration and self-doubt was vital to balance and rejuvenation during this three-year journey.

Fifth, I would like to thank Cohort 6. When we met, it was in the middle of a global pandemic. I am grateful for the spirit of collaboration that defined our cohort. The late nights spent working together via Zoom© on group projects, reviewing each other’s assignments so we wouldn’t receive any blue markups on our assignments😊. The time we spent provided a sense of community and has made this challenging journey more enjoyable, and I will be forever grateful
for the lessons learned and new friendships established. Seventh, I would like to thank my editor, Dr. Candace Chambers who guided and motivated me when I needed her.

Finally, I sincerely thank my dissertation committee members for their invaluable guidance, expertise, and unwavering support throughout my research and writing process. Dr. Cabrera-Davis, thank you for serving as my chair. Your unwavering support during the most challenging moments and refusal to allow me to give up gave me the confidence to tackle and overcome all of the obstacles during this journey. Dr. Perryman, Dr. Pulley and Dr. Mungal, thank you for pushing me to think outside of the box and for your guidance during my writing and interpreting the results.
TABLE OF CONTENTS

ABSTRACT ........................................................................................................................................ ii
DEDICATION ........................................................................................................................................ iii
LIST OF TABLES ........................................................................................................................... xii
LIST OF FIGURES .......................................................................................................................... xiii
CHAPTER I: INTRODUCTION ..............................................................................................................1
  Statement of the Problem .............................................................................................................. 1
  Background to the Problem ......................................................................................................... 2
  Significance of the Problem ....................................................................................................... 5
  Significance for the Audience ................................................................................................... 8
  Research Method ...................................................................................................................... 10
  Purpose Statement .................................................................................................................. 11
  Research Questions ................................................................................................................ 12
  Summary ....................................................................................................................................... 13
CHAPTER II: LITERATURE REVIEW ..................................................................................................15
  Introduction ............................................................................................................................... 15
  Definition of Trauma ................................................................................................................. 15
  Types of Trauma ........................................................................................................................ 17
  Adverse Childhood Experiences ............................................................................................... 17
  Role of COVID-19 Pandemic on Child and Adolescent Trauma ........................................... 30
  Nationwide Racial Trauma During the Pandemic .................................................................... 34
<table>
<thead>
<tr>
<th>Chapter Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Educating the Whole Child Through Trauma</td>
<td>36</td>
</tr>
<tr>
<td>Maslow’s Hierarchy of Needs</td>
<td>37</td>
</tr>
<tr>
<td>Social Emotional Learning</td>
<td>38</td>
</tr>
<tr>
<td>Trauma-Focused Cognitive Behavioral Therapy</td>
<td>41</td>
</tr>
<tr>
<td>Cognitive Behavioral Interventions for Trauma in Schools</td>
<td>43</td>
</tr>
<tr>
<td>Summary</td>
<td>46</td>
</tr>
<tr>
<td>CHAPTER III: METHODS</td>
<td>47</td>
</tr>
<tr>
<td>Development of the Action Plan</td>
<td>48</td>
</tr>
<tr>
<td>Description of the Action Plan</td>
<td>58</td>
</tr>
<tr>
<td>Element I- Implementation of Trauma Counseling Curriculum</td>
<td>59</td>
</tr>
<tr>
<td>Element II- Implementation of Emotional Wellness Platform</td>
<td>65</td>
</tr>
<tr>
<td>Element III- Progress Monitoring</td>
<td>68</td>
</tr>
<tr>
<td>Demographics of the Research Site and Participants</td>
<td>69</td>
</tr>
<tr>
<td>Program Evaluation</td>
<td>71</td>
</tr>
<tr>
<td>Data Collection and Analysis</td>
<td>73</td>
</tr>
<tr>
<td>Data Triangulation</td>
<td>76</td>
</tr>
<tr>
<td>Program Evaluation Standards</td>
<td>76</td>
</tr>
<tr>
<td>Delimitations of Study</td>
<td>79</td>
</tr>
<tr>
<td>Summary</td>
<td>80</td>
</tr>
<tr>
<td>CHAPTER IV: RESULTS</td>
<td>81</td>
</tr>
<tr>
<td>Introduction</td>
<td>81</td>
</tr>
</tbody>
</table>
Study Participants....................................................................................................................82
Research Question One ...........................................................................................................83
Research Question Two ........................................................................................................86
Research Question Three .....................................................................................................87
Research Question Four .......................................................................................................88
Research Question Five ......................................................................................................91
Research Question Six ..........................................................................................................91
Research Question Seven ....................................................................................................93
Research Question Eight ......................................................................................................95
Conclusion ..........................................................................................................................96

CHAPTER V: DISCUSSION ....................................................................................................97

Introduction ..........................................................................................................................97

Element I- Implementation of Trauma Counseling Curriculum ...........................................98
Element II- Implementation of Emotional Wellness Platform .............................................98
Element III- Progress Monitoring .......................................................................................99

Limitations of Study ............................................................................................................99

Program Evaluations Standards ..........................................................................................101

Recommendations for Future Research .............................................................................103

Recommendation for Dawkins Farms Collegiate Schools ..................................................104

Recommendations for Policy ...............................................................................................105

Researcher’s Reflection ......................................................................................................106
<table>
<thead>
<tr>
<th>Conclusion</th>
<th>108</th>
</tr>
</thead>
<tbody>
<tr>
<td>LIST OF REFERENCES</td>
<td>110</td>
</tr>
<tr>
<td>APPENDIX</td>
<td>128</td>
</tr>
<tr>
<td>APPENDIX A: MEETING AGENDA</td>
<td>129</td>
</tr>
<tr>
<td>APPENDIX B: CATS YOUTH REPORT</td>
<td>130</td>
</tr>
<tr>
<td>APPENDIX C: PHONE SCRIPT</td>
<td>132</td>
</tr>
<tr>
<td>APPENDIX D: PARENT PERMISSION-TRAUMA SCREENER</td>
<td>133</td>
</tr>
<tr>
<td>APPENDIX E: REMINDER MESSAGE</td>
<td>134</td>
</tr>
<tr>
<td>APPENDIX F: ORAL ASSENT SCRIPT WITH RECORD OF CHILD’S (AGED 7-13) RESPONSE</td>
<td>135</td>
</tr>
<tr>
<td>APPENDIX G: BOUNCE BACK© SESSION TOPICS</td>
<td>136</td>
</tr>
<tr>
<td>APPENDIX H: PARENT PERMISSION- COUNSELING</td>
<td>137</td>
</tr>
<tr>
<td>APPENDIX I: BOUNCE BACK© MATERIALS LIST</td>
<td>138</td>
</tr>
<tr>
<td>APPENDIX J: NOTIFICATION AND OPT-OUT FORM FOR DAILY CHECK-IN</td>
<td>140</td>
</tr>
<tr>
<td>APPENDIX K: PROGRESS MONITORING DATA TRACKER</td>
<td>141</td>
</tr>
<tr>
<td>APPENDIX L: SCHOOL COUNSELOR INTERVIEW QUESTIONS</td>
<td>142</td>
</tr>
<tr>
<td>APPENDIX M: PARENT PERCEPTION SURVEY-COUNSELING</td>
<td>144</td>
</tr>
<tr>
<td>APPENDIX N: STUDENT PERCEPTION SURVEY-COUNSELING</td>
<td>145</td>
</tr>
<tr>
<td>APPENDIX O: STUDENT PERCEPTION SURVEY-RHITHM©</td>
<td>146</td>
</tr>
<tr>
<td>APPENDIX P: STAFF PERCEPTION SURVEY-RHITHM©</td>
<td>147</td>
</tr>
<tr>
<td>APPENDIX Q: STUDENT BEHAVIOR- TEACHER SURVEY</td>
<td>148</td>
</tr>
</tbody>
</table>
LIST OF TABLES

1. Element 1 .................................................................................................................. 58
2. Element 2.................................................................................................................. 58
3. Element 3.................................................................................................................. 59
4. Logic Model/Evaluation Plan .................................................................................... 73
5. Students’ Average Responses to the Bounce Back © Perception Survey ............... 85
6. Parents’ Average Responses to the Bounce Back © Perception Survey ................. 86
7. Students’ Number of Absences Pre and Post Intervention ..................................... 87
8. Students’ ELA & Math Grades .................................................................................. 88
9. Students’ Disciplinary Infractions in DeansList© and PowerSchool© ....................... 89
10. Teachers’ Average Responses to the Bounce Back © Perception Survey ............... 91
11. Students’ Average Responses to the Rhithm© Perception Survey ........................... 93
LIST OF FIGURES

1. Adverse Childhood Experience (ACE) Questionnaire…………………………………….21
2. Maslow’s Hierarchy of Needs………………………………………………………………38
3. CASEL Wheel …………………………………………………………………………………..40
4. Student Participation in Bounce Back© Program Flow Chart………………………….57
CHAPTER I: INTRODUCTION

Statement of the Problem

Childhood trauma continues to be a silent epidemic as it can impact a child as they enter adulthood and become productive citizens. Research has shown at least two-thirds of children experience at least one traumatic event before the age of 16 (Fondren et al., 2020). In addition, before reaching adulthood, many children have been exposed to potentially traumatic events (i.e., physical assault, sexual assault, and witnessing violence) (Connell et al., 2018). Childhood trauma has been shown to affect a child’s biological stress system and the development of their brain and cognitive skills (De Bellis & Zisk, 2014). Additionally, a child’s social-emotional learning (SEL), cognitive, and academic growth can be extremely impacted when exposed to trauma and chronic stress (Ganzel & Morris, 2011). Children impacted by trauma are more likely to be disciplined by school officials for exhibiting problematic behavior (Fondren et al., 2020). Furthermore, children with a history of trauma have been described as exhibiting more internalizing and externalizing behaviors than their peers who have not been impacted by trauma (Perfect et al., 2016). Finally, research has shown a connection between childhood trauma and developing a mental disorder later in life (Kessler et al., 2010).

A group of children is outside playing with each other, and suddenly they hear sounds which appear to be multiple gunshots. The children immediately begin to run and hide behind the playground equipment. As the children run toward safety, they are screaming and crying. One child frantically states, “I want my mommy.” As the tires on several
vehicles make a screeching sound and drive away; a child suddenly yells, “my sister has been shot.” Ten minutes later, the area where the children used to gather after school and on the weekends to play has now become a memorial site where one of the children took her last breath. Two weeks later, the victim’s sibling returns to school and is greeted by her teacher, only to feel confused, lonely, and angry. Although she had just experienced a traumatic event, she is expected to stay focused, complete assignments, and exhibit scholarly behaviors at school. As her classmates console her and give positive words throughout the day, one of her classmates accidentally bumps into her, and she immediately begins punching the classmate in the face. She has now received a referral to the office. After meeting with the principal and school counselor and apologizing to her classmate, she is cleared to return to class. Two days later, she is referred again to the office after throwing multiple desks in the classroom, destroying the bulletin boards, and pushing several classmates to the point of having to be seen by the school nurse. This time she is not cleared to return to the classroom but is given an out-of-school suspension notice with the threat of being recommended for expulsion if the behavior continues.

Like this true story, many children across the United States have been exposed to or fallen victim to community violence. A southern city known for its music and food has had its fair share of children being affected by community violence. Between January 2021 through October 2021, more than 100 children were treated for gunshot wounds at a local children’s hospital (Butkovich & Testino, 2021). In addition, the local police department reported 25 homicides with children as the victims (King, 2021).

**Background to the Problem**

“As a new organization, we will be flying while building the plane; there are times when you will be the pilot and other times the air traffic controller” (A. Matthews, personal
communication, May 10, 2013). My former area superintendent said these words to me as I sat in the room with two other individuals during my second round of interviewing at Armanda Metro Schools. As one of the founding employees of the new region under Armanda Metro Schools and now Dawkins Farms Collegiate Schools, I served as the Director of Student Services. As the Director of Student Services, I was responsible for developing, managing, and leading the core programs of student-centered supports and services across Dawkins Farms Collegiate Schools. These student-centered programs include attendance, discipline, SEL support, student health services, athletics, wrap-around services, and compliance with all local, county, state, and federal guidelines.

Established on January 23, 2020, after spinning off from Pinevalley Schools, Dawkins Farms Collegiate Schools is a Charter Management Organization in Tennessee. Dawkins Farms Collegiate Schools receives public education funding, grants, and donations from various philanthropic organizations. The organization has one support office and three schools in the metropolitan area serving approximately 1,672 scholars in grades Pre-K through eight. The three schools are as follows: Butler Mae Wilkins Academy, which serves grades PreK-8; Mayfield School, which serves grades K-8; and Jennette Academy, which serves grades K-5. The original organization, Pinevalley Schools, was founded in 1998 and is based in California. Two of the three schools, Butler Mae Wilkins Academy and Mayfield School, are currently under the Infinity School District. The third school, Jennette Academy, is under the umbrella of one of the largest school districts in the state of Tennessee.

Butler Mae Wilkins Academy was the location of interest for this study. Butler Mae Wilkins Academy is in a community where the first Black neighborhood was built by and for Black Americans. While pride in the community remains strong, it faces challenges like other
urban, racially isolated neighborhoods (i.e., lack of economic opportunity, blight, low educational attainment among adults, and a legacy of underperforming public schools). The population in 2019 for the neighborhood was 5,890, and the average household consisted of 8.5 people compared to 2.5 in the city (City Data, 2020). Single mothers in the community head approximately 25.9% of the households compared to 18.2% of the entire city.

The median household income for the community of $28,678 is just over half of the statewide median of $56,071 and a little under the city median of $43,794. The poverty rate is higher in the city than in the entire county. Among all individuals in the United States, 12.3% live below the federal poverty rate compared to 16.8% in the neighborhood where Butler Mae Wilkins Academy is located, 21.7% citywide, and 13.9% statewide. The percentage is higher for children under 18: 16.8% in the United States, 35.0% citywide, 19.7% statewide, and 25.9% within the county (Delavega & Blumenthal, 2020). Although the metropolitan city continues to deal with poverty, the decline in poverty across the nation has allowed the city to decrease its overall poverty rate and the child poverty rate for 2019 compared to previous years (Delavega & Blumenthal, 2020).

In March 2021, the unemployment rate for the city of New Jack was 6.3% compared to 6.8% countywide (Tennessee Department of Labor and Workforce Development, 2021). Not only does the city deal with poverty, but the crime rate in the city continues to increase. At the end of 2020, the overall crime rate had decreased by 2.9 % compared to previous years. However, the crime rate had increased by 23.1%. There were 2,382 reported incidents to the local police department within a one-mile radius of Butler Mae Wilkins Academy in 2020. These incidents included but were not limited to aggravated assault, vandalism, burglary, shoplifting, murder, possession of drugs/narcotics, arson, and other misdemeanor and felony crimes. As of
March 31, 2021, there were 474 reported incidents to the police department within a one-mile radius of the school since January 1, 2021 (Memphis Data Hub, 2021).

Current enrollment at Butler Mae Wilkins Academy is 656 students, with 19 being in Pre-K. The Pre-K program is contracted through a local organization known for early childhood programs within the city. The current demographic breakdown for Butler Mae Wilkins Academy is 96.49% Black, 1.98% Hispanic or Latino, 0.91% White, 0.15% Multiple Races, and 0.46% Asian. Since all of the schools fall under the Community Eligibility Provision and families, exceed a certain threshold of families receiving the Supplemental Nutrition Assistant Program (SNAP), free lunch is extended to all students. The staff is comprised of 36 teachers, five administrators, and 13 personnel serving as support personnel in the areas of counseling, instructional aids, intervention specialists, etc. During previous years, the teacher attrition rate was significantly high but has recently continued to decline as Dawkins Farms Collegiate Schools implements strategies to help teachers feel a sense of belonging during their employment. Also, several local businesses and organizations within the community, such as Sequoia Fellowship World Ministries, PurpleZone, Grace Community Health Center, Walls King High School, and Walls King High School Alumni, partner with Butler Mae Wilkins Academy through volunteering, offering after-school programs, and providing mental and physical health services to students and families.

**Significance of the Problem**

Low academic achievement, IQ scores, and delayed language and vocabulary have been linked to childhood trauma (Perfect et al., 2016). Research has shown children who are exposed to traumatic experiences are at risk of having academic difficulties and behavior and emotional problems (Holt et al., 2007). Not only do trauma and adverse childhood experiences (ACE)
impact a child’s academics, but they can also impact their attendance at school, leading them to be chronically absent. The definition of chronic absenteeism often differs across states and school districts (Hobbs et al., 2018). Specifically, Tennessee defines chronic absenteeism as a student missing 10% or more of instruction days. These absences are excused and unexcused (Tennessee Comptroller of the Treasury, 2022).

Stempel et al. (2017) conducted a secondary analysis of data from the 2011-2012 National Survey of Children’s Health to determine if there was a connection between a child having ACEs and chronically being absent from school. The study consisted of 58,765 school-age children between the ages of six and 17. The authors concluded there was an association between a child having ACEs and being chronically absent from school. In addition, children who had been impacted by neighborhood violence were largely impacted chronically absent from school. This public health issue is essential in education because children continue to experience multiple stressors outside of the school building and sometimes may not have access to resources to help them deal with the issue. However, the rate at which children and adolescents use mental health services is lower than the estimated number of mental health disorders (González, 2005).

Over the past seven years, Butler Mae Wilkins Academy’s students have encountered numerous traumatic events. Some of these experiences have resulted from direct exposure or indirect, also known as secondary trauma. Direct exposure is when an individual experiences or witnesses trauma (Zimering et al., 2006). Secondary trauma is “the experience of negative affective, cognitive, and behavioral states that result from extended and close contact with others who have been traumatized” (Motta, 2012, p. 257). Exposure to secondary trauma can lead the child to negative psychological experiences due to the child’s close relationship with the
traumatized person. This individual can be anyone with whom the child had an emotionally close relationship (Motta, 2012).

In May 2018, students at Butler Mae Wilkins Academy witnessed medical personnel trying to revive the lifeless body of a five-year-old hit by a car as she walked home from school. In January 2020, students witnessed a drive-by shooting which left a 10-year-old dead. The school team at Butler Mae Wilkins Academy saw an increase in challenging behaviors from students who witnessed the murder of their classmates (J. Isom, personal communication, February 19, 2020). Many teachers felt helpless and unaware of how to support the students. They referred them to the school administrators, which sometimes resulted in the students receiving harsh disciplinary such as suspensions or recommendations for expulsion. Not only have the students at Butler Mae Wilkins Academy have to deal with the trauma associated with community incidents, but when school doors shut in March 2020, students had to navigate through a global pandemic. When Butler Mae Wilkins Academy fully opened its doors after being closed for 17 months due to the Novel Coronavirus Disease (COVID-19) pandemic, several students reported to the school counselors they had lost a loved one to COVID-19.

During the first full year of returning to in-person learning after COVID-19 during the 2021-2022 school year, teachers at Butler Mae Wilkins Academy reported a total of 1,335 behavior infractions in DeansList©, a platform Dawkins Farms Collegiate Schools uses to track disciplinary referrals. A total of 98 students were suspended, including 15% of the student population who received at least one out-of-school suspension. The suspensions were issued for behavior infractions ranging from violation of rules, fighting, and zero tolerance offenses. Additionally, four students were remanded to an alternative school setting. Disciplinary data for
2019-2020 and 2020-2021 were excluded since schools were closed due to the COVID pandemic.

As Dawkins Farms Collegiate Schools begins a new journey and fulfills part of its mission by cultivating a safe, positive, and joyous learning environment, a road map is needed for addressing childhood trauma and implementing trauma-informed practices to help serve our students, families, and community members. In 2021-2022, Dawkins Farms Collegiate Schools partnered with an agency to provide trauma-informed training and culturally responsive approaches to teachers and school leaders at all campuses for three years. Although a plan is in place to address the awareness and provide training, a strategy is needed to determine how schools will proactively support students impacted by trauma. Furthermore, Dawkins Farms Collegiate Schools lacks a consistent referral process for identifying students impacted by trauma and giving their students the needed SEL support. Sometimes teachers and parents make referrals. At other times, school counselors, school psychologists, and behavior specialists do not intervene until the student has exhibited behavioral challenges, been suspended, or expelled.

Significance for the Audience

The audience for this applied research study included five groups of stakeholders. The first group of stakeholders was students enrolled at schools at Dawkins Farms Collegiate Schools campuses. Although the focus of the study was at Butler Mae Wilkins Academy, all of the Dawkins Farms Collegiate Schools campuses have students who have been impacted by trauma. Students who have been impacted by traumatic experiences were able to receive supportive services within the learning environment. Additionally, students were able to learn coping strategies to help them manage the stress associated with a traumatic experience versus internalizing and externalizing their emotions related to the traumatic event.
The second group of stakeholders was the parents/guardians of the students participating in the counseling program. Parents/guardians were able to learn what trauma is and some of the behaviors children exhibit when responding to trauma. Parents also learned strategies they could implement in the home environment to help their children cope with traumatic events. Finally, parents could be connected to community agencies if additional support was needed beyond the in-school counseling program.

The third group of stakeholders were members of the school’s student services team. These members included school counselors, school psychologists, and behavior specialists. School counselors and school psychologists had access to a counseling curriculum to implement effective interventions with students who might be exhibiting internal or external behaviors as a result of being impacted by a traumatic experience. In addition, behavior specialists could implement effective behavior practices for students impacted by trauma and exhibiting behavior challenges.

The fourth group of stakeholders was school leaders. School leaders are often tasked with leading a school culture which is safe and offers a sense of belonging for students, staff, and families. To do this, school leaders play a critical role in supporting and leading their staff through the implementation of programs to ensure the psychological wellness of students is met while in the brick-and-mortar building. Sometimes school leaders are challenged with deciding on whether to allocate resources such as funding, time, and personnel to academic or nonacademic programs. Therefore, this study informed school leaders on ways to allocate resources to ensure children who are struggling emotionally have equitable access to academic and social emotional support. Finally, having the ability to support the social emotional needs of
The fifth group of stakeholders would be the Dawkins Farms Collegiate Schools Support Office. Members of the support office include team members who provide support in the areas of operation, school finances, student services, and academics at Dawkins Farms Collegiate Schools. This action research will help change Dawkins Farms Collegiate Schools’ disciplinary policies to ensure all students receive equitable disciplinary dispositions. Furthermore, the results of this research may be able to address how the finance team should allocate funding to hire additional SEL support personnel or invest in SEL programs and external partnerships to help address childhood trauma in the school environment. Also, the benefit of this study would be for members of the Senior Leadership Team (SLT) to ensure the support for students who experience trauma is a part of the annual strategic plan.

Research Method

To address the social-emotional needs of students who have a history of traumatic or adverse childhood experiences, the research process began by collaborating with Butler Mae Wilkins Academy administration and the student services team. The problem for the action research was first identified after Butler Mae Wilkins Academy staff shared qualitative data regarding previous traumatic events which have impacted the school community within the last three years. First, the members of the student services team shared with me the number of students who have self-reported or parents who have reported their child having a history of being impacted by a traumatic event. Second, the school service team shared the supportive services they have provided to students impacted by trauma. Third, the student services team and the school principal expressed their desire to provide trauma support to students but were not
sure of additional resources which could be provided in the school setting. Finally, the team identified at least 10-15 students in grades kindergarten through eight who have been impacted by trauma since May of 2022 due to having a parent or family member die suddenly from an illness or community violence.

After collaborating with Butler Mae Wilkins Academy staff, an action plan was created, implemented, and evaluated. Through program evaluation, improvements can be made by responding to the needs of stakeholders (Yarbrough et al., 2011). In addition, using a program evaluation will help the researcher understand the stakeholders’ needs at Butler Mae Wilkins Academy to provide supportive services for students impacted by trauma proactively. If the plan is successful, Butler Mae Wilkins Academy will proactively be able to provide behavioral and social-emotional support for students who have been impacted by traumatic experiences. Additionally, it will also allow the researcher to make effective decisions about the proposed trauma counseling curriculum and the student wellbeing check-in platform before implementing them at Dawkins Farms Collegiate Schools’ two additional campuses. The action plan was implemented for 12 months.

Purpose Statement

The purpose of this applied research study was to support the social-emotional needs of students who have been impacted by trauma through the implementation of trauma-informed practices. Like other schools in urban communities, Butler Mae Wilkins Academy’s current population has students who have been impacted by at least one traumatic experience or adverse childhood experience. To strategically address the need of stakeholders, one must have a list of continuum support which can be provided to the stakeholders. Unfortunately, Dawkins Farms Collegiate Schools, particularly Butler Mae Wilkins Academy, lacks a menu of multitier
interventions for students who have been impacted by trauma. Students’ experiences with trauma often lead to an increase in disciplinary referrals and punitive disciplinary dispositions such as suspensions or expulsions. In addition, academic or behavioral support is often not provided to these students until a parent openly shares the information with school administrators or members of the student services team or during a re-entry meeting from a suspension or an expulsion.

**Research Questions**

To address the central phenomenon of supporting the social-emotional needs of students who have been impacted by trauma through the implementation of trauma-informed practices, this applied research was guided by eight research questions. They were as follows:

1. What were the school counselor, students, and parents’ perceptions after implementing the Bounce Back© counseling curriculum for students impacted by trauma?
2. Did the Bounce Back© counseling program help to increase the participant’s school attendance?
3. Did the Bounce Back© counseling program help to increase the participant’s school academic grades in ELA and Math?
4. Did the Bounce Back© counseling curriculum help to decrease the participant’s disciplinary infractions?
5. To what extent, if any, did the Rhithm© wellness check-in platform help the student services team proactively support the social-emotional well-being of the group participants?
6. What were the students’ perceptions of the Rhithm© wellness check-in platform?
7. What were the student service team members’ perceptions of the Rhithm© wellness check-in platform?

8. In what ways can professional development be improved for the student services team?

The first question addressed the perception of the counseling program from the student, parent, and members of the student services team. Answers to questions two through four provided information about how the Bounce Back© counseling program impacted the participants’ attendance, academic progress, and behavior at school. Question five explored how the student services team was proactively able to support students’ social and emotional needs using a wellness check-in platform. Questions six and seven gauged the perception of the wellness check-in platform from the student and members of the student services team.

Summary

This applied research was aimed at understanding how one charter school in an urban community proactively supports the social-emotional needs of students who have been exposed to traumatic events. In Chapter I, this study established a need for implementing trauma-informed practices to support the social-emotional needs of students. Chapter II provides a review of the literature associated with childhood trauma, including how a child’s academic, behavior, and emotional needs can be impacted after being exposed to a traumatic situation. In addition, the chapter presents proactive measures a school can take to address the social-emotional needs of students exposed to trauma or who have adverse childhood experiences. Chapter III provides an overview of the development and implementation of the action plan. Chapter IV details the findings used to answer each research question. Finally, Chapter V will conclude with a discussion of the limitations of the research and recommendations for future
research regarding implementation in schools to support students who have been impacted by trauma.
CHAPTER II: LITERATURE REVIEW

Introduction

In this chapter, I will first explore trauma, its definition, and the various types of trauma. Second, I will discuss adverse childhood experiences, provide an overview of the adverse childhood experience study, and explain how race/ethnicity influences adverse childhood experiences. Third, I will discuss the effects of trauma in the school environment, including cognitive skills, academic achievement, behavioral challenges, and school attendance. Fourth, I will discuss how the Novel Coronavirus Disease (COVID-19) pandemic has impacted child and adolescent trauma. Fifth, I will discuss nationwide racial trauma during the pandemic. Sixth, I will discuss the role of schools supporting students impacted by trauma through a whole-child approach, including the use of Maslow’s Hierarchy of Needs. Finally, I will describe how SEL learning (SEL), trauma-focused cognitive behavioral therapy, and cognitive behavioral intervention for trauma in schools can support students who have been impacted by trauma.

Definition of Trauma

The definition of trauma varies across different fields of practice. For example, medical personnel use the word trauma to describe a person with critical or life-threatening injuries. The word trauma comes from the Greek word “trauma,” which means wounds (Zhukova, 2020). Furthermore, the word trauma surfaced in medical practice during the 1650s, and in the 1890s, the term began to appear in psychology and psychiatry (Zhukova, 2020). Berardi et al. (2019)
defined the word trauma as “simply a term to describe the aftermath or impact of an event, whether real or perceived, that interrupts a person’s ability to maintain a sense of psychological and/or physical safety and well-being” (p. xiii).

The Guideline Development Panel for the Treatment of PTSD in Adults (2019) defined trauma as being the overwhelming and shocking events posing a significant threat in the areas of physical, emotional, or psychological to the safety and well-being of a victim or the victim’s friends and loved ones. The Diagnostic and Statistical Manual of Mental Disorders, fifth edition (American Psychiatric Association, 2013) revised the definition of trauma from the fourth edition to specially define trauma as exposure to actual or threatened death, serious injury, or sexual violence in one (or more) of the following ways:

- Directly experiencing the traumatic event(s); witnessing, in person, the traumatic event(s) as it occurred to others; learning that the traumatic event(s) occurred to a close family member or close friend (in case of actual or threatened death of a family member or friend, the event(s) must have been violent or accidental); or experiencing repeated or extreme exposure to aversive details of the traumatic event(s). (p. 271)

The Substance Abuse and Mental Health Services Administration (SAMHSA) provides a framework for defining trauma, allowing different systems to develop their definition of the word as long as it describes three factors: effects, events, and experiences (Substance Abuse and Mental Health Services Administration, 2014). A literature review has shown the word trauma interchangeable with terms such as child maltreatment, traumatic event, traumatic stress, and adverse childhood experiences.
Types of Trauma

Trauma can be classified into two categories: simple and complex. Simple trauma (type one) is described as a single unanticipated short-lived event. Examples of simple trauma include natural disasters, car accidents, and the death of a loved one (Brunzell et al., 2015). Complex trauma (type two), sometimes referred to as relationship trauma, involves multiple occurrences, and exposure to the traumatic event is longer. Examples of complex trauma are child abuse, domestic violence, or sexual assaults (Brunzell et al., 2015). Complex trauma occurs during the early and adolescent years of a child’s life and is done by an adult within the caregiver system responsible for the child’s well-being (Lawson & Quinn, 2013). Unfortunately, victims of complex trauma do not receive the same kind of immediate care response as they do in simple trauma incidents. Often, victims are blamed for the incident in complex trauma (Brunzell et al., 2015). Specifically, children impacted by type one traumatic events can remember the event and give clear and precise detail (Terr, 1991). Unlike type two traumatic events, children who are victims of these incidents sometimes may use the coping defense mechanisms of denial and repression by numbing, dissocializing, and self-hypnosis from the trauma which occurred in their life (Terr, 1991).

Adverse Childhood Experiences

An estimated one in three children has been identified with at least one adverse childhood experience (ACE) (Zarei et al., 2022). ACE is a term which can best describe any traumatic experiences, such as abuse and neglect, occurring to a person under the age of 18 (Goddard, 2021). The ACEs are grouped into three major categories: (1) abuse, (2) household challenges, and (3) neglect. Each category is divided into multiple subcategories. The first category includes physical abuse, sexual abuse, and emotional abuse. The second category includes substance
abuse in the household, mental illness in the home, parental separation or divorce, and the mother being treated violently. The third category includes emotional neglect and physical neglect (Centers for Disease Control and Prevention, 2020). In addition, ACEs have broadened to include community violence, family dysfunction due to illness, incarceration, substance abuse, absence of a parent due to death, divorce, incarceration, domestic violence, and natural disasters (Van der Kolk, 2005).

Jacob et al. (2019) described ACEs as continuous exposure to circumstances or events beyond a child’s control which can negatively impact their well-being. Results from the 2011-2012 National Survey of Children’s Health showed 22.6% of children ages zero through 17 nationwide had two or more ACEs (Bethell et al., 2014). Over the last several years, research has shown increased reports of children and adolescents experiencing ACEs (Zhou et al., 2022). ACEs are also sometimes referred to as traumatic events which can impact a child immediately or lifelong (Felitti et al., 1998). However, research has also shown not every child who has been impacted by ACEs results in trauma. This can be attributed to the child’s nurturing relationships, supportive family, and community (Brown & Shillington, 2016).

However, there are times when a child cannot recover from ACEs, leading to barriers in the education environment. A child’s exposure to ACEs has been connected to an increased chance of exhibiting both internalizing and externalizing behaviors. Examples of internalizing behaviors include anxiety and depression. An example of externalizing behaviors includes aggression (Hunt et al., 2016). Additionally, the number of ACEs to which a child has been exposed has been connected to a student’s academic performance.

Burke et al. (2011) conducted a study to examine ACEs’ impact on youth residing in low-income urban communities. Data from 701 medical charts at Bayview Child Health Center
during its first two years of operation were reviewed. The average age of the participants was eight years, with most of the participants being females. Blacks accounted for 58% of the population, followed by Hispanic at 12.5%. Each medical chart was reviewed, allowing the researchers to document information from the “progress notes,” “confidential,” and “social services” sections. The information documented in the patient’s chart about obesity, learning, behavior concerns, and exposure to an ACE was coded and analyzed by the researchers. Key findings of the study revealed 471 of the participants had experienced at least one or more categories of ACEs. Eighty-four participants had experienced four or more ACEs. Finally, the study concluded children with an increased ACE score had a higher risk of learning and behavior problems in addition to obesity.

**Adverse Childhood Experience Study**

The Centers for Disease Control and Prevention (CDC) and Dr. Vincent Felitti joined together to conduct the ACE study, one of the most significant research endeavors between 1995 and 1997, to investigate if there was a connection between ACEs and health issues in adulthood. The study, known as the CDC-Kaiser ACE Study, took place at Kaiser Permanente’s San Diego Health Appraisal Clinic, where more than 45,000 regular medical exams are conducted annually for adults (Felitti et al., 1998). Patients who were members of the Kaiser Health Plan and had completed a medical evaluation at the clinic between August through November of 1995 and January through March of 1996 were invited to participate in the study. Additionally, patients who were examined between June and October of 1996 were eligible to participate, requiring the administration of the study survey to be administered in two waves. After excluding surveys for various reasons, 17,337 participants were involved in the study (Felitti et al., 1998). Results of the study concluded individuals with a high adverse score had increased health risks. Individuals
with four or more ACEs were more likely to be smokers, and have an increased risk of heart disease, chronic lung disease, cancer, liver disease, severe obesity, attempted suicide, and depression mood for two or more weeks (Felitti et al., 1998). This pioneering study found approximately 60% of Americans have a history of experiencing at least one ACE (Felitti et al., 1998).

The CDC-Kaiser ACE Study was the birth of the ACEs questionnaire (see Figure 1). Questions from the published surveys administered to the participants were used to construct the questionnaire (Felitti et al., 1998). The questionnaire is a ten-item self-report assessment measuring exposure to household dysfunction and emotional, physical, and sexual abuse during the responder’s first 18 years (McEwen & Gregerson, 2019). The assessment is often used by mental and physical healthcare providers.
Adverse Childhood Experiences and Ethnicity

As ACEs continue to remain widely prevalent among youth, the prevalence of this global issue varies by race/ethnicity. According to Hampton-Anderson et al. (2021), the experience of ACEs is not equal across racial groups. For example, Slopen et al. (2016) conducted a study to examine racial/ethnic and income differences among children from birth to 17 years of age whom an adverse childhood experience had impacted. Results of the study concluded among the 85,000 participants, Black and Hispanic children were more likely to be exposed to two or more

---

**Figure 1**

*Adverse Childhood Experience (ACE) Questionnaire*

---

<table>
<thead>
<tr>
<th>ACE Question</th>
<th>Yes/No Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Did a parent or other adult in the household often or very often…</td>
<td></td>
</tr>
<tr>
<td>2. Did a parent or other adult in the household often or very often…</td>
<td></td>
</tr>
<tr>
<td>3. Did an adult or person at least 5 years older than you ever…</td>
<td></td>
</tr>
<tr>
<td>4. Did you often or very often feel that…</td>
<td></td>
</tr>
<tr>
<td>5. Did you often or very often feel that…</td>
<td></td>
</tr>
<tr>
<td>6. Was a biological parent ever lost to you through divorce, abandonment…</td>
<td></td>
</tr>
<tr>
<td>7. Was your mother or stepmother:</td>
<td></td>
</tr>
<tr>
<td>8. Did you live with anyone who was a problem drinker or alcoholic, or who</td>
<td></td>
</tr>
<tr>
<td>9. Was a household member depressed or mentally ill, or did a household</td>
<td></td>
</tr>
<tr>
<td>10. Did a household member go to prison?</td>
<td></td>
</tr>
</tbody>
</table>

Now add up your "Yes" answers: ______ This is your ACE Score
ACEs versus White children. In addition, Black children reported more ACEs than Hispanic and White children. Also, children with immigrant parents were less likely to have a high exposure level to ACEs compared to children born to United States-born parents (Slopen et al., 2016).

In another study, Mersky et al. (2021) used data from the National Longitudinal Study of Adolescent to Adult Health to investigate how prevalent ACEs are by race/ethnicity and poverty status. Results of the study concluded ACEs were more prevalent among participants who were poor and received assistance from the federal government compared to families who did not. Additionally, ACEs were more common among minority ethnic groups. Blacks were more likely to report a history of sexual abuse, physical neglect, and parental incarceration than Whites. American Indians were more likely to report physical and sexual abuse, substance use, parental incarceration, and violent crime victimization than Whites. Hispanics were more likely to report neglect, parental incarceration, the death of a family member, and violent crime victimization than Whites. Finally, females were more likely to be exposed to sexual and emotional abuse, the death of a family member, and household mental health problems than males.

Similarly, Maguire-Jack et al. (2020) sought to understand whether combinations of ACEs are faced equally across racial groups. The key findings concluded Black children were more likely to experience all forms of ACEs except mental illness and parental drug abuse than Latino and White children. In their study, the researchers found 34% of the Black participants experienced two or more ACEs compared to 14% of White Children and 22% of Latino children. When Blacks are more vulnerable to adverse childhood experiences, contextual factors can impact their mental and physical health with time (Hampton-Anderson et al., 2021).
Effects of Trauma on the School Environment

Childhood trauma’s impact on a child’s performance has received attention from various child-serving systems (Crosby, 2015). ACEs and traumatic events can impact a school-age child in various areas, such as academics, behavior, school attendance, and relationships with peers and teachers. A literature review has shown a child’s exposure to various types of trauma has been linked to numerous adverse outcomes, including adverse effects on academic performance, school-related behaviors, cognitive functioning, attention, and memory (Maynard et al., 2019). Students who experience trauma can suffer adverse effects such as low school grades and higher mental health diagnoses (Porche et al., 2016). When reacting to trauma, an individual can experience mild and minor short-lived disruptions to severe debilitating lasting for months and years after the original traumatic event occurred. Children who have experienced trauma may show shock, distress, anxiety, and social disconnection after a traumatic experience (Berger et al., 2022). The school environment, which is responsible for young people’s development, is often where the impacts of childhood adversities are encountered daily (Duke, 2020).

Effects of Trauma on Cognitive Skills

A review of the literature has shown cognitive deficits have been linked to experiencing severe traumatic events during childhood. Bosquet Enlow et al. (2012) conducted a study to examine the relationship between childhood exposure to interpersonal trauma and cognitive development. The study’s participants included the mother and child recruited for the Minnesota Longitudinal Study of Parents and Children. Mothers in the third trimester of their first pregnancy were recruited between 1975 and 1977. In order to be eligible for the study, participants had to be English-speaking and qualified for public assistance for prenatal care and delivery.
A total of 206 women participated in the study, and the mean age of participants was 20.67 years. Most women were single, separated, divorced, or widowed. Child participants were primarily White, at 65.5 percent, followed by multiracial at 17 percent and Blacks at 12 percent. The authors assessed childhood maltreatment using home observations, laboratory observations, maternal interviews, and medical and child protection records reviews. Exposure to interpersonal violence was measured by interviewing the mothers, conducting home observations, and administering questionnaires. Cognitive functioning was assessed using various instruments such as the Bayley Mental Development Scale at 24 months of age, the Wechsler Preschool and Primary Scale of Intelligence at 64 months of age, and the Wechsler Intelligence Scale for Children-Revised at 96 months of age. Results of the study indicated children exposed to interpersonal trauma during infancy and preschool ages scored significantly lower on the Wechsler Intelligence Scale for Children, Bayley Mental Development Scale and the Wechsler Preschool and Primary Scale of Intelligence compared to children who did not have any exposure to interpersonal trauma.

In another study, Bücker et al. (2012) examined cognitive function in school-aged children with early trauma history. The researchers hypothesized children with trauma would perform worse on cognitive tests and exhibit more psychiatric symptoms than same-age and sex children who did not have any history of childhood trauma. A total of 60 children between the ages of five and 12 were recruited for the study. Thirty students were part of the trauma group, and the remainder were part of the control group. In order to be eligible, the children had to have a history of severe early trauma, have been referred by the Child Protection Program, and have been in a foster care home in south Brazil between October 2008 and October 2009. Children without a history of trauma were recruited from community primary health care centers as well.
as a school and the pediatric clinic of the University Hospital located in Porto Alegre, Brazil, between January 2009 to January 2010.

A history of traumatic experiences was defined as being a victim of maltreatment, neglect, or sexual abuse (Bücker et al., 2012). Consent was obtained from each child’s parent or legal guardian. Additionally, court authorization was obtained for the researchers to invite each child to participate in the study. Structured interviews were used to assess psychiatric symptoms and diagnoses. A two-subtest short form of the Wechsler Intelligence Scale for Children– III Edition (vocabulary and block designs) was used to assess each child’s IQ. In addition, the Wisconsin Card Sorting Test was used to measure executive function for each child. Participants under six did not undergo the full battery because some tests were not valid for this specific age group. Results of the study indicated there was a significant connection between early trauma and the presence of psychiatric symptoms in association with cognitive impairment. Additionally, school-aged children exposed to early traumatic experiences showed poor performance on cognitive assessments in attention, immediate verbal recall, and working memory (Bücker et al., 2012).

**Effects of Trauma on Academics**

When a child’s neurophysiological and social adaptions are triggered, there is an association between the child’s unhealthy coping mechanisms, deviant/identifications, unhealthy relationships, emotional and behavioral disorders, and cognitive deficits and learning (Johnson, 2018). Academic achievement can be influenced by a mixture of interactions between various biological, social, and environmental factors, including the home environment during a child’s academic years (Evans et al., 2020). A review of the literature has shown trauma may have an impact on a child’s academic performance. Children suffering from traumatic stress may
sometimes exhibit emotional and behavioral disorders, which can be harmful to academic achievement (Johnson, 2018).

Duplechain et al. (2008) conducted a study to explore the relationship between childhood trauma exposure and reading achievement. The study consisted of 162 elementary students from eight elementary schools in grades second through fifth located within the Midwest region. To be included in the study, students had to have standardized achievement data for three years and traumatic exposure data for the first year. Students with an Individual Education Plan were excluded from participating due to inadequate cognitive functioning. The study included 65-second graders, 90 third graders, and seven fifth graders. Two instruments were used in the study: the Traumatic Exposure Scale and standardized achievement tests. The Traumatic Exposure Scale measured the participant’s exposure to traumatic events. The standardized achievement tests, the Iowa Test of Basic Skills, and the California Achievement Tests were used to measure the student’s reading levels. The La Prueba de Riverside en Espanol was used to measure Spanish-speaking students’ school achievement. Results of the study revealed students exposed to violence were negatively impacted regarding their reading skills. Although there was a difference between the two groups of students who experienced levels of trauma, both groups experienced a decrease in reading skills.

In another study, Porche et al. (2016) conducted a data analysis to determine the connection between family adversity and academic outcomes. Data obtained for the 2011-2012 National Survey of Children’s Health was developed by the Maternal and Child Health Bureau. Data were collected during a cross-sectional random digital telephone survey within all 50 states and the District of Columbia. The sample used for the data analysis consisted of 65,680 children between the ages of six and 17. Results of the data analysis revealed 53.4% of parents who
participated in the survey reported their child had one or more family adverse experiences. Furthermore, family adversity was not associated with a student’s engagement at school but did have an impact on a student being retained and having an Individual Education Plan.

Blodgett and Lanigan (2018) conducted a study to examine the impact ACEs have on a child’s academic performance. The participants included a random sample of 2,101 students from schools with grade levels of kindergarten through sixth grade from four school districts in a Northwestern Metropolitan area. Schools were first recruited after staff at the school had attended professional development training about adverse childhood experiences. After receiving final approval from the school district, ten schools were selected for the study. The demographics of the student participants included 50% being male and 50% female. Seventy-eight of the students identified as White, six percent more than one race, four percent as Native American, four percent as Hispanic, three percent as Black, two percent as Asian, one percent as Pacific Islander, and two percent did not self-report their race. The researchers collected data from school personnel (classroom teachers and counselors) who knew the student’s academic, attendance, and life history. Neither the child nor their caregivers were involved in the data collection. A version of the Adverse Childhood Experience Survey was modified to assess the factual knowledge of the school staff about the students experiencing any adverse expressions, including but not limited to child protection referrals, parental separation, exposure to domestic violence, etc. Additionally, the school staff was asked to identify if the selected students had any problems with academics, attendance, or challenging behaviors. Results of the study indicated 44% of the students had been exposed to an adverse childhood experience, with 13% of the students experiencing three or more adverse childhood experiences. Additionally, the study’s
results indicated a linear relationship between the number of ACEs, exposure and academic failure, attendance problems, and school behavior challenges.

**Effects of Trauma on School Behavior**

In addition to trauma impacting a child’s academics in school, a child exposed to trauma or ACEs can exhibit internal and externalizing behaviors. Symptoms of externalizing behaviors can be described as disruptive behaviors, aggression, hyperactivity, and defiance (Perfect et al., 2016). Symptoms of internalizing behaviors can include anxious feelings, withdrawn behaviors, sadness or depression, and low self-esteem (Perfect et al., 2016). Educators are in a unique position to support students who have been impacted by trauma, as they sometimes see students who have been impacted by trauma exhibiting academic and challenging behaviors. When childhood trauma symptoms go unnoticed, undiagnosed, and untreated by an adult, a child can exhibit future problems at school (Bell et al., 2013).

Additionally, the child may be viewed as a child with problem behaviors without consideration of the effect of trauma. These students are sometimes at risk of receiving repeated suspensions or expulsion and dropping out of school (Dorado et al., 2016). Children who have experienced trauma may appear disruptive, angry inattentive, confused, and disengaged to school staff (Mulholland & O’Toole, 2021). According to Van der Kolk (2005), children who are traumatized multiple times sometimes exhibit behaviors in multiple ways, such as aggressive and sexual acting out, being fearful, avoiding, and having the inability to control their emotional reactions. Children may also exhibit what is known as self-protective behavior (anger response, fight/flight, and withdrawal) (Howard, 2019). When a child is not able to gain an understanding of what is going on or can change it, they sometimes go from being fearful to having a fight, flight, or freeze response (Van der Kolk, 2005).
Also, children impacted by trauma can sometimes develop a sensitized dissociative pattern and use the freeze mechanism when they feel anxious. Sometimes this can be labeled as opposition defiant disorder (Perry et al., 1995). For example, if an adult asks a child to comply with directions and the child refuses. The adult may ask the child again but advance the directive to include a form of threat. The threat may make the child feel anxious, out of control, and threatened (Perry et al., 1995). Behaviors such as defiance, acting out, hyperactivity, fighting, or other physical aggression, are often fight reflexes responding to the neural networks signaling danger (Berardi et al., 2019).

Hunt et al. (2016) studied how ACEs are connected to behavior problems in middle childhood. The authors used the Fragile Families and Child Wellbeing Study, which included over 3000 children, to assess ACEs and behavior problems. Children who had experienced ACEs from childhood abuse (emotional and physical), neglect (emotional and physical), parental domestic violence, anxiety or depression, substance abuse, or incarceration by age five were selected to participate in the study. Internalizing and Externalizing behaviors were measured using the Child Behavior Checklist. Results of the study concluded children who had exposure to ACEs were more likely to exhibit both externalizing and internalizing behaviors. Girls were more likely to demonstrate externalizing behaviors. Additionally, boys were likely to demonstrate both externalizing and internalizing behaviors.

**Effects of Trauma on School Attendance**

Despite students being required to attend school daily by state law, truancy continues to be a rising issue for many school districts. Many factors can contribute to a child being truant, including the effect of a traumatic experience. Learning to cope with traumatic experiences and elevated distress can sometimes push a child into a shell, causing them to isolate themselves
from others. Literature has shown children who have witnessed neighborhood violence, reside with family members with a history of substance abuse, and have multiple ACEs are prone to truancy issues (Stempel et al., 2017). Students diagnosed with mental health disorders such as depression and anxiety are also connected with increased school absences due to children attempting to avoid school (Cheah et al., 2021). The higher the ACE score, the higher the likelihood of truancy, grade repeats, behavioral referrals, and problems with school engagement (Crouch et al., 2019).

A study was conducted in Pennsylvania with a group of seventh and eighth-grade students enrolled in 36 middle school students (Rankine et al., 2022). The students were referred by school personnel for having a history of trauma as defined by witnessing violence exposure. The participants completed a trauma history questionnaire to assess their prior exposure to different types of violent crimes. In addition, students were asked to provide details regarding the number of days they missed school. Both unexcused and excused absences were recorded for each student. Results of the study concluded out of the 587 participants, 45.5% of the participants had missed two or more days of school within a 30-day timeframe prior to the beginning of the study. This allowed the study to reduce inaccuracies as students were asked to report their absences. Additionally, the study concluded there was an association between exposure to violence and school absenteeism (Rankine et al., 2022). As stakeholders continue to promote school attendance, monitoring school attendance for students impacted by trauma or ACEs should be considered a priority.

**Role of COVID-19 Pandemic on Child and Adolescent Trauma**

November 17, 2019 was the day people worldwide gave their attention to Wuhan Province in China, where the first case of a new illness, later known as COVID-19, was reported
After rapidly spreading to different countries, it eventually made it to the United States. In March 2020, a disruption to the school environment occurred, forcing schools to close their doors indefinitely after the spread of COVID-19. The pandemic had an overwhelming impact on families, school staff, and school-age children (Watson et al., 2022). The unexpected pandemic imposed the urgency for school administrators and educators to be creative and develop a plan on how to deliver instruction to students virtually as many schools across the United States shifted to virtual/online teaching for the remainder of the 2019-2020 school year and the following academic year. This global pandemic forced families to adapt to the new norm of social isolation, wearing protective equipment, working remotely, and being creative with hosting milestones such as birthdays, graduations, and weddings. Adults and children were “forced to stay at home for a shorter or longer time and upturn their lives as the home became the school, the workplace, the playground, sports facility, and family sanctuary” (Romani et al., 2021, p. 268-269). Additionally, children had to adjust to being quarantined in their homes and the new ways of learning as they learned to navigate using Zoom© and Microsoft Teams© to attend school virtually and interact with their teachers and classmates through a computer screen versus face-to-face due to school closure (Tsujimoto et al., 2022). Through children were less vulnerable than adults to COVID-19 during the initial outbreak, children and adolescents had been impacted psychologically and were exhibiting behavioral problems. These problems included having uncertainties, being fearful, and being physically and socially isolated from others (Jiao et al., 2020).

A literature review showed the number of referrals for mental health services decreased at the initial start of the pandemic and increased as the pandemic continued (Verlenden et al., 2021). Tedja et al. (2022) conducted a study to explore the changes in the demand for youth
mental health services in Brisbane, Australia, following COVID-19. The study’s results saw a decline in referrals to the acute response team in the emergency department at Queensland Children’s Hospital from March to May 2020. However, over 50% of referrals for mental health care increased between August and December 2020.

The CDC provided a report on the impact of attending school online versus in person during the pandemic. Results showed children who attended school virtually were more likely to have psychosocial stressors (e.g., parents’ emotional distress, child’s mental and physical well-being) compared to children who participated in a hybrid model (mix of online and in-person learning) and those who attended school completely in-person (Verlenden et al., 2021). In a study by Tsujimoto et al. (2022), the researchers sought to understand how the recent pandemic impacted school-age children with and without mental health challenges during virtual and in-person learning. Children and adolescents ages six through 18 who were already participating in an ongoing longitudinal study regarding the impact COVID had on youth mental health were selected to participate in this study. Participants for the longitudinal study were initially recruited from local clinical and community agencies in Ontario, Canada, who had been referred for mental health concerns including but not limited to depression and anxiety disorders, obsessive-compulsive disorder, disruptive behavior disorders, autism spectrum disorders, intellectual disability, and Attention-Deficit-Hyperactivity Disorder. A total of 1011 children in grades kindergarten through 12 grade participated in the study.

Assessments such as the Revised Child Anxiety and Depression Scales, the Screen for Child Anxiety-Related Disorders, and the Strengths and Weaknesses of Attention-Deficit/Hyperactivity Disorders were used to measure depression, anxiety, and Attention-Deficit/Hyperactivity Disorders for the participants. In addition, a five-point Likert scale
administered online to parents and children was also used to measure their perspectives about in-person and virtual learning and how they received education during the 2020-2021 mental health disorders in children and adolescents. Both parents and children completed the online assessment. Results of the study concluded children who had no history of mental health conditions and attended school virtually exhibited the same mental health symptoms as children previously diagnosed with mental health conditions. In addition, children with no previous mental health conditions and who attended school in a hybrid in-person format experienced less hyperactive behaviors than their same-age peers with prior mental health conditions. As schools recover from the pandemic, it is important to examine the impact of school experiences during the pandemic on students' mental health outcomes (Tsujimoto et al., 2022).

During the COVID-19 pandemic, children with neurodevelopmental medical conditions such as Intellectual Disability, Autism Spectrum Disorder, Cerebral Palsy, and Attention Deficit/Hyperactivity Disorder were more vulnerable to stress due to changes in routines and the lack of access to services (Masi et al., 2021). In addition, access to healthcare for children was significantly impacted by the COVID-19 pandemic resulting in a decrease in pediatric emergency department visits, hospitalizations, and primary care physicians (Cahan et al., 2022). As the United States approaches the third anniversary of when the American education system turned upside down due to the pandemic,

some children will remember the coronavirus pandemic as a time when they got to spend more time with their parents, put together puzzles, play board games, and had to see their friends in Internet classrooms rather than in school. But for other children, this pandemic will potentially heighten their risk for adverse childhood experiences (ACEs). (Bryant et al., 2020, p. S193)
Nationwide Racial Trauma During the Pandemic

In addition to trying to survive the impact of the COVID-19 pandemic, children and adolescents had to endure heightened racial trauma as the accumulation of various racial trauma incidents would forever impact the United States. Racial trauma refers to “the severe mental and emotional injury caused by the cumulative traumatic effect of racism experienced throughout one’s life” (Williams et al., 2021, p. 168.). Racial trauma can also be referred to as the events of danger related to real or perceived experiences of racial discrimination (Comas-Díaz et al., 2019). These events can include threats of harm and injury, humiliating and shaming events, and witnessing harm to others due to actual or observed racism (Carter, 2007). Furthermore, “racial trauma can fit the definition of PTSD as defined by the DSM-5 when it involves a Criterion A event, such as a racially motivated assault” (Saleem et al., 2020, p. 3). Racial trauma can exist at the individual, community, and cultural levels allowing the trauma to be experienced directly or indirectly (Handford et al., 2022).

For example, on February 23, 2020, the trauma of being a black runner began to unfold as Ahmaud Arbery, a young Black male, was doing something to make his life stronger and healthier. While jogging through a suburban neighborhood, Ahmaud was murdered by two White individuals (Fausset, 2020). As individuals grieved for the young man, many began healing from the secondary trauma incident by running 2.23 miles in remembrance of him (Ebrahimji, 2020). Nineteen days later, on March 13, 2020, the innocent life of Breonna Taylor was cut short as police officers entered and raided her home resulting in the shooting death of Breonna (Cecil, 2022; Greene-Hayes, 2021). Finally, on May 25, 2020, the police brutality which led to the murder of George Floyd was enough to make the Black community release their anger by protesting and making the second phase of the Black Lives Movement shake the world
as the internet and social media covered the stories of these incidents and showed images and videos (White & Ferrandino, 2022).

The first phase of the Black Lives Movement began after an 18-year unarmed Black man named Mike Brown was killed by a former police officer in August 2014 in Ferguson, Missouri. Like George Floyd’s incident, videos and images of the 18-year-old body lying in the street circulated on social media (Williams, 2021). Viewing social media of these tragic events allowed adults and children to be exposed to secondary trauma. Witnessing racially traumatic events multiple times can create secondary traumatic experiences (Jernigan & Daniel, 2011).

Racial trauma can cause psychological and physiological effects like any trauma. These effects include somatic expressions such as heart palpitations and headaches. In addition, individuals can experience hypervigilance to threats, such as nightmares, flashbacks, avoidance, and suspiciousness (Comas-Díaz et al., 2019). Although symptoms displayed by someone impacted by racial trauma are similar to post-traumatic stress disorder (PTSD), racial trauma is different. Racial trauma involves ongoing exposure to injuries and reoccurring stress based on race (Comas-Díaz et al., 2019).

Literature has shown racial trauma can impact children’s mental health and education outcomes negatively (Grimes & Roosma, 2022). Fisher et al. (2000) conducted a study to examine racial discrimination’s impact on adolescents’ distress levels. The study included 177 students attending an urban high school. The age of the participants ranged from 13 to 19. The ethnicity of the participants included African American, Hispanic, East Asian, South Asian, and non-Hispanic white students. The Adolescent Discrimination Distress Index, a 15-item measurement developed for the study, was administered to the students to measure their level of distress in response to racial scenarios. Students were asked to indicate if they had experienced
any discrimination similar to the case scenarios used in the Adolescent Discrimination Distress Index. Students were also asked to rate how much the incident had upset them using a five-point scale ranging from not at all to extreme. Analysis of the Chi-square measurement used in the study indicated no significant differences in the students’ ethnicity distribution by grade level and gender. Results of the study indicated the students from all ethnic backgrounds had reported distress after encountering a racial discrimination incident. Most students reported at least one of their primary caregivers had emigrated to the United States from another county. Students who self-identify as non-Hispanic white adolescents reported less discriminatory distress within an educational and institutional setting. Although the research on racial trauma continues to grow, “many children do not receive clinical treatment that is tailored to healing these hidden wounds” (Handford et al., 2022, p. 4). Therefore, as schools continue to bounce back from the recent pandemic, they should incorporate trauma-informed approaches, which are adopted by school personnel, including teachers, school administrators, school counselors, and school psychologists, to support students impacted by racial trauma (Handford et al., 2022).

**Educating the Whole Child Through Trauma**

To help reduce the effects of childhood trauma displayed in the school environment, school leaders and educators need to implement systems and structures to meet all children’s academic and behavioral needs. Schools are critical in improving educational outcomes for children impacted by trauma (Crosby, 2015). In this era of public education, educators are having a conversation about children’s academic growth and personal growth (Haymovitz et al., 2018). Using a whole-child approach allows schools to focus on a child’s social, emotional, physical, mental, and cognitive development needs (Slade & Griffith, 2013). This approach is essential, especially when supporting the development of children exposed to trauma (Dotson
Davis, 2019). Such an approach allows schools to provide the basis for each child and help them to fulfill their potential and become future citizens (Slade & Griffith, 2013).

**Maslow’s Hierarchy of Needs**

One way schools can begin to implement the whole child to address trauma is through the use of Maslow’s (1943) Theory of Motivation, also known as the Human Hierarchy of Needs. This theory is often represented as a five-level pyramid (see Figure 2). The needs of humans are categorized into different levels, which build upon themselves from the bottom up. The first level is physiological needs. This level includes basic physical requirements such as air, food, water, warmth, and rest for human survival. The second level is safety needs. This level describes the security and safety needs such as a positive home environment, a routine, adequate resources, financial security, and good health. According to Maslow (1943), children demonstrate their need for safety in a predictable and orderly environment. The third level is social needs. This level involves relationships with family and friends and the need for love from them. The fourth level is esteem needs which involves having respect from others, feelings of accomplishment, and self-confidence. The final level is self-actualization which involves the individual realizing their full potential. As each need is fulfilled, the levels play a more significant role in motivating behavior (Basford et al., 2021; Maslow, 1943). When children’s basic psychological and physiological needs are met, they are more likely to engage in school, uphold the school’s goals and values, contribute to the school and community, achieve academically, and develop social skills (Slade & Griffith, 2013).
Social Emotional Learning

A review of the literature has shown implementation of SEL learning in schools allows schools to have a whole school structure to support the development of positive relationships and SEL skills systematically (Hatchimonji et al., 2022). Additionally, SEL learning programs can effectively promote protective factors for students exposed to ACEs (Sanders et al., 2020). According to Taylor et al. (2017), “SEL interventions are a form of PYD (positive youth development) asset development that focuses primarily on positive outcomes including school, career, and life success while also showing evidence of effective protection from negative outcomes” (p. 1157).

The Collaborative for Academic, Social, and Emotional Learning (CASEL) defines SEL learning as the process used by individuals to acquire and successfully apply the knowledge, skills, and attitudes to support the management and understanding of healthy identities, manage emotions, show empathy toward others, establish and maintain positive relationships, make responsible decisions, and establish and achieve personal goals (Collaborative for Academic, Social, and Emotional Learning, 2020). The SEL framework includes five competencies, also
known as CASEL 5 (Collaborative for Academic, Social, and Emotional Learning, 2020). These competencies include self-management, responsible decision-making, relationship skills, social awareness, and self-awareness and are often displayed in an image of a wheel (see Figure 3). Self-Management is the process of an individual’s ability to regulate their emotions, thoughts, and behaviors in difficult situations. This includes motivating oneself, controlling impulses, and effectively managing stress. Key behaviors demonstrated by this competence include identifying and using stress-management strategies, taking the initiative, implementing planning and organization skills, and showing self-discipline and self-motivation (Collaborative for Academic, Social, and Emotional Learning, 2020). Responsible Decision Making is the ability to make constructive and respectful choices about social interactions and personal behavior based upon safety concerns, ethical standards, social norms, and the realistic evaluation of consequences of actions. This competence’s key characteristics are the ability to identify solutions for social and personal problems, evaluate the consequences of one’s actions, evaluate interpersonal, community, and institutional impacts, and make a clear judgment after analyzing all information, including data and facts (Collaborative for Academic, Social, and Emotional Learning, 2020).

Relationship Skills is the capacity to establish and maintain healthy relationships with diverse individuals and groups. These relationships exemplify clear communication, cooperation, active listening, and the ability to negotiate conflict. The critical behaviors demonstrated by this competence are the ability to communicate effectively, resolve conflicts positively, demonstrate leadership within a group, and advocate and stand up for the rights of others (Collaborative for Academic, Social, and Emotional Learning, 2020). Social Awareness is the ability to empathize with others and view from their point of view. This includes individuals from diverse backgrounds and cultures. The key behaviors demonstrated by this competence include
demonstrating empathy and compassion for others, understanding the influences of organizations and systems on behavior, considering the perspectives of others, and understanding and expressing gratitude (Collaborative for Academic, Social, and Emotional Learning, 2020). Finally, self-awareness is the process of individuals accurately recognizing their own emotions, values, and thoughts and how they can influence their behavior. Some key characteristics of this competence are examining prejudices and biases, identifying emotions, and having a growth mindset and a sense of purpose (Collaborative for Academic, Social, and Emotional Learning, 2020).

**Figure 3**

*CASEL Wheel*

Báez et al. (2019) conducted a program evaluation to evaluate the impact of SEL programming on challenging behaviors and social skills building for students in low-income neighborhoods. The study also evaluated SEL outcomes for students impacted by trauma. A mixed-method intervention, the explanatory sequential design, was used to review the connection between SEL and student trauma in two community schools in New York City. A single group pre- and post-test quantitative assessment was used after Wediko Children’s
Services, a local community agency, provided multi-tiered trauma-informed interventions. Over 500 students from two schools in a low-income urban neighborhood participated in the evaluation. Results of the evaluation showed students exposed to a higher level of traumatic experiences had low social skills and significant behavioral challenges. The evaluation also showed students with a higher level of traumatic experiences showed an increase in behavior challenges over the school year.

**Trauma-Focused Cognitive Behavioral Therapy**

School-based psychosocial treatment models have been shown to be cost-efficient and valued if they are able to improve academic achievement and mental health symptoms (Sumi et al., 2021). One treatment model is Trauma-Focused Cognitive Behavioral Therapy (TF-CBT). TF-CBT is an evidence-based treatment approach based on traditional CBT used to treat traumatized children (Chipalo, 2021). According to Sumi et al. (2021), “Cognitive behavior therapy (CBT) is based on the premise that thoughts, emotions, and behaviors are all interconnected with each other and influence one another” (p. 681). TF-CBT is a short-term treatment for children ages four through 18 which involves individual sessions with children and parents and joint parent-child sessions. The significant components of TF-CBT include psychoeducation, parenting skills, relaxation training, affective expression and modulation skills, cognitive processing skills, trauma narrative and processing, in vivo mastery of trauma reminders, conjoint child-parent sessions and enhancing safety future and development (Little et al., 2009). The acronym “PRACTICE” is often used to refer to the components of the TF-CBT treatment model (Cohen et al., 2017).

Psychoeducation is the first component of TF-CBT. It is introduced at the beginning of treatment and continues with the child and caregiver throughout the therapy process.
Psychoeducation aims to help normalize the child and parent’s responses to traumatic events. Additionally, common behavioral and emotional responses to the traumatic event during the psychoeducation stage are discussed (Cohen et al., 2017). Parenting skills are the second component of TF-CBT. When a child is experiencing trauma, parents can have a difficult time as they are helping their child navigate through the traumatic experience. The third component is relaxation skills. Relaxation skills help reduce the physiological side effects of stress and post-traumatic stress disorder (PTSD). These side effects include but are not limited to a fast heartbeat, difficulty sleeping, an increased adrenergic tone, agitation, and hypervigilance. In order to help the child and caregiver to manage stress during treatment, relaxation skills are taught early in treatment. Affective Expression and Modulation Skills is the fourth element of the TF-CBT. Children who have been impacted by trauma have different feelings about the experiences. Sometimes children may become overwhelmed by their feelings, and young children may not have the language skills to express their feelings about traumatic events. Affective Expression and Modulation teaches children how to express and manage their feelings in an effective manner (Cohen et al., 2017).

The fifth component is teaching children how to utilize cognitive coping skills to recognize and share internal dialogue. The cognitive triangle is often used in this component which helps the child and parent show the relationship between thoughts, emotions, and behavior. Trauma Narration and Processing is the sixth component. One goal of creating a trauma narrative is to unlink reminders, thoughts, and discussions of the traumatic events from negative emotions such as anger and anxiety. During this stage in treatment, the child can describe the traumatic event in detail. The seventh component is In Vivo Mastery of Trauma Reminders. During this component of treatment, the child is exposed to an innocuous situation,
which causes the child to be fearful and avoid it. These situations can include returning to school where the traumatic event occurred or sleeping in their bed. Conjoint Child-Parent Sessions are the eighth component. During this stage of therapy, both the parent and child are in a conjoint counseling session. The child shares their narrative of the traumatic event with their parent allowing questions to be answered by both parties and improving the communication between the parent and child. The final component of CBT is enhancing future safety and development. During this component, the therapist works with the child to develop a sense of safety by helping to develop a safety plan and teaching them safety skills (Cohen et al., 2017).

**Cognitive Behavioral Interventions for Trauma in Schools**

Another popular model used to treat trauma in the school environment is Cognitive Behavioral Intervention for Trauma in Schools (CBITS). CBITS has been referred to as an evidence-based intervention to support the reduction of PTSD symptoms (Jaycox et al., 2012). The birth of CBITS began in the late 1990s when the Los Angeles Unified School District partnered with a community-university to address the effects of violence exposure on recent immigrant students (Stein et al., 2003). CBITS was initially designed for fourth through eighth-grade students but has been adapted to serve older students (Jaycox et al., 2012). This evidence-based intervention was designed specifically for treating children ages 11 through 15 who have symptoms after experiencing trauma (Sumi et al., 2021). CBITS is aimed to be delivered as a school’s Tier 2 or Tier 3 intervention within a Multi-Tiered System of Supports (MTSS) for students who have been identified to have symptoms of psychological distress (Hoover et al., 2018).

The counseling program consists of 10 one-hour group sessions, one to three individual sessions with the child, two group educational meetings for parents, and one education session.
for teachers. These sessions are held with a school-based mental health professional, such as a school social worker or a school psychologist. The CBITS program incorporates traditional cognitive-behavioral skills to combat posttraumatic stress symptoms, anxiety, and depression among symptomatic children (Jaycox et al., 2012). In addition, through role-playing, social problem-solving techniques, and coaching activities, therapeutic practices can help destigmatize the students of trauma and reduce the child’s maladaptive thoughts (Sumi et al., 2021).

Implementing CBITS allows the detection of youth with symptoms of PTSD can be done which may or may not be recognized by teachers, school counselors, and parents. In addition, having the ability to have an early warning system allows schools to help students to learn skills and coping strategies to reduce behaviors following trauma exposure. Implementing CBITS programs begins with selecting students who have experienced trauma and are having symptoms of PTSD. Students are then screened using a screening tool to assess exposure to trauma and current symptoms of PTSD. Best practices for screening students include obtaining parental consent since some screening questions are related to violence occurring in the home environment and the student’s potential reaction to those questions (Jaycox et al., 2012).

Several studies have shown the use of CBITS effective in lessening PTSD symptoms in students who have experienced trauma. Hoover et al. (2018) examined the effectiveness of the implementation of CBITS statewide for two years. The Connecticut Department of Children and Families spearheaded the program. The CBITS program was implemented for 10 weeks. The program included 10 weekly group sessions, three individual counseling sessions for each student, and psychoeducation sessions provided to the parents and teachers. Twenty mental health professionals led the groups from various providers of mental health services in the schools (two community mental health agencies with clinicians based in the schools, two school-
based health centers, and one school district with school social workers serving as CBITS clinicians) in the state of Connecticut. A total of 316 students participated in the CBITS program. The majority of the participants were females (60.3%). Ethnically the participants included 26.2% of the students being Black/African American, 43.7% White, 30.1% Other, and 66.9% Hispanic/Latino. The average age of children was 12.2 years old of age. Results of the program implementation concluded there was a reduction of PTSD symptoms in the students.

In another study by Sumi et al. (2021), the researchers examined the impact of a CBITS program on the academic and behavioral outcomes of middle school (grades six through eight) students. Students were recruited from 12 middle schools in an urban district in northern California. During the fall of each school year, beginning with the academic year of 2011 to 2015, the research team met with school administrators, teachers, and school social workers to recruit students since the study was primarily focused on students in the sixth grade. Screening consents to identify students who had experienced traumatic events were sent home to parents of students only in the sixth-grade level. After administering the screener, students who self-reported experiencing one or more traumatic events and had accompanying traumatic stress symptoms were eligible for the counseling program. A total of four students were ineligible due to an occurrence of sexual abuse or were unable to participate in the group.

Before implementing the CBITS Program, all clinicians participated in a two-day CBITS trending. Additionally, school social workers received weekly 90 minutes of clinical supervision sessions. As a result, the CBITS groups had at most nine students who met weekly to engage in activities focused on cognitive behavioral therapy interventions. The study concluded students participating in the CBITS group reported significantly reduced post-traumatic stress symptoms
and internalizing and externalizing behavior problems. Finally, students who participated in the CBITS group significantly improved on the standardized literacy and math exams.

**Summary**

The literature review revealed many issues and barriers students have when impacted by trauma. These barriers can impact a child’s academic achievement, behavior, and SEL wellness. The research reinforces the critical need for schools to implement trauma-informed strategies and support services for students impacted by trauma. To address the achievement gap and behavior challenges displayed by youth impacted by trauma, schools will benefit from implementing best practices to ameliorate issues even as students continue to cope with their traumatic experiences. This research will look at how a charter school in an urban community implements trauma-informed practices to address the social and emotional needs of the students impacted by trauma. This chapter provided an overview of the literature on trauma and how trauma can impact a child’s success in the school environment. The next chapter will discuss the methodology for implementing an action plan involving three elements to support the social-emotional needs of students impacted by trauma.
CHAPTER III: METHODS

This chapter presents the design of the applied research and the methods employed in this research. The purpose of this research study was to support the social-emotional needs of students who have been impacted by trauma through the implementation of trauma-informed practices. The Bounce Back© is a curriculum for children exposed to trauma in school settings. Rhithm© is a brief wellness tool that supports the social-emotional wellness of students allowing school personnel to support students in real time. The following research questions guided the research study and data collection:

1. What were the school counselor, students, and parents’ perceptions after implementing the Bounce Back© counseling curriculum for students impacted by trauma?
2. Did the Bounce Back© counseling program help to increase the participant’s school attendance?
3. Did the Bounce Back© counseling program help to increase the participant’s school academic grades in ELA and Math?
4. Did the Bounce Back© counseling curriculum help to decrease the participant’s disciplinary infractions?
5. To what extent, if any, did the Rhithm© wellness check-in platform help the student services team proactively support the SEL well-being of the group participants?
6. What were the students’ perceptions of the Rhithm© wellness check-in platform?
7. What were the student service team members’ perceptions of the Rhithm© wellness check-in platform?
8. In what ways can professional development be improved for the student services team?

This chapter is divided into three sections. The first section presents a description of the development of the action plan. In addition, Chapter I provides an overview of the collaboration among the stakeholders to develop an action plan to provide emotional and behavioral support to students impacted by traumatic experiences. Finally, this section provides an overview of the internal data reviewed to create and the timeline for implementing the action plan.

The second section presents details of the four elements of the action plan. The goal of the action plan was to develop a systematic way of addressing the social-emotional needs of students who have been impacted by traumatic experiences. One of the means of doing this was to implement four elements in the action plan. The first element was the implementation of a trauma-informed counseling curriculum to help students build their toolkits with coping strategies and skills to promote positive behavior in the school environment. The second element was implementing a student wellness check-in system to assess students’ emotional needs and provide support as needed. Finally, the third element was progress monitoring of behavioral infractions and attendance for students participating in the counseling program.

The final section of Chapter III focuses on how the action plan was evaluated. Upon completion of the action plan, a program evaluation was performed to determine if the overall goal of the action plan was achieved. A formative and summative assessment was conducted using qualitative and quantitative data for each element. The data was used to analyze and answer each research question.

Development of the Action Plan

Throughout the 2021-2022 school year, I consistently reviewed disciplinary referrals, expulsion cases, and suspension appeals, which came across my desk. I recognized a problem
within Dawkins Farms Collegiate Schools’ disciplinary policy. Students were suspended and recommended for expulsion without being screened for trauma and offered support to address their traumatic experiences. I also had the opportunity to learn of additional issues within Dawkins Farms’ schools by attending their Step-Back meetings which are held quarterly and include members of the senior leadership team, principals, and individuals from the support office on the academic and special education teams.

During Dawkins Farms Collegiate Schools’ second quarter Step-Back meeting in January 2022, school leaders expressed concerns the students who were impacted by the COVID-19 pandemic were exhibiting challenging behaviors and needing additional SEL support. Additionally, the school leader at Butler Mae Wilkins Academy was concerned because students had recently witnessed a traumatic community event which impacted the school community several days before schools closed their doors indefinitely due to the pandemic. In addition, the neighborhood where the school is located has been impacted by the prevalence of community violence.

During a series of meetings, I assisted in the development of an action plan to address the needs of the students. The first meeting was held in February of 2022 with Butler Mae Wilkins Academy’s school principal and middle school counselor. During the meeting, we discussed the need to address the traumatic needs of students since 2021-2022 was the first full year of in-person learning after being closed due to the COVID-19 pandemic. We brainstormed interventions which could be implemented at the school, including offering specific counseling sessions for students impacted by the pandemic and referrals to external community agencies. We agreed further discussion was needed with the remaining members of the Student Services and Administration teams. We also decided to reconvene in the summer of 2022 as the school
team would meet to develop the school’s strategic plan for the upcoming school year. Unfortunately, the second meeting was not held because the teammates I initially met with were no longer employed at Butler Mae Wilkins Academy. In late August of 2022, I met with the interim principal and updated her on the previous conversation. We identified the next steps to continue developing an action plan for supporting students impacted by trauma at Butler Mae Wilkins Academy.

Upon the return from Fall Break in October 2022, I created an agenda (Appendix A) to guide the conversation concerning supporting students who had been impacted by trauma before reconvening with the team, which included me, the Butler Mae Wilkins Academy student services team, and school principal. I also shared with the team an overview of the conversation from the conference held in February 2022. I began the meeting by sharing the disciplinary data for Dawkins Farms Collegiate Schools as an organization and as a Butler Mae Wilkins Academy school site. I explained to the team during the last school year, there was an increase in disciplinary infractions, suspensions, and expulsions. As a result of the pandemic and increased community violence in the school neighborhood, it was critical for us as a school and organization to begin providing evidence-based support to students impacted by ACEs and trauma to improve the disciplinary data. Next, I shared with the team my “why” for focusing on trauma, my belief about the importance of addressing the social-emotional needs of students impacted by trauma, and how supporting these students may shape their trajectory in life. The team agreed with the need to develop a plan of action to help students impacted by trauma or ACEs as schools begin to see students exhibit challenging behaviors and issues with emotional regulation after the reopening of schools.
Since all members of the student services team supported students’ social and emotional needs, I asked them to elaborate on the current specific supports provided to students impacted by trauma. The school counselors and school psychologist shared they provide individual and group counseling services to the students. Students are also referred to community agencies for in-home and family counseling. The behavior specialist shared he checks in with students referred to him and on his caseload. Some of the students he conducts check-ins with have been impacted by traumatic experiences and have both behavior and emotional regulation challenges. When asked what system he uses to check in with students, he shared a copy of a behavior chart he distributes and collects from teachers when he visits the classrooms.

The following two questions to the team asked them to share how students who have been impacted by trauma are identified and how many of these students are currently enrolled. The middle school counselor shared there is no robust way of identifying the students. Both school counselors and the school psychologist stated students are referred by their teachers, parents, or self-referral. The team also shared if an incident occurred in the community (i.e., murder or shooting), and they recognize the identification of the victim or offender from social media or the news. They will then follow up with the family and determine if the student was impacted in any way. The team estimated the school site currently has approximately 25 students who have experienced some traumatic or adverse childhood experience.

The final question asked the team to identify the additional resources the school site and the organization need to support the emotional needs of students impacted by trauma. The school counselors shared there was no availability of a counseling curriculum which could be used with students impacted by trauma. The middle school counselor stated the counseling team could benefit from a recommended counseling curriculum designed to be used with students exposed
to trauma versus having to research and produce different activities for the counseling sessions.
The interim principal stated the school site could benefit from having an official way of
identifying students who have been impacted by trauma. In addition, the identification process
would be helpful to the school sites for appropriate academic and SEL support to be provided to
students as they maneuver through their traumatic experiences. Finally, the team suggested
having an effective way of checking in with students daily to assess their emotions could
decrease disciplinary infractions. For example, the group believed knowing if a child was angry
at the beginning of the day and providing them with coping strategies could help them refrain
from engaging in aggressive or noncompliant behaviors.

The second meeting with the team was held the following week and focused on
developing an action plan to support the social and emotional needs of the students impacted by
trauma at the school site. I began the meeting by sharing a link to two counseling curricula
clinicians in the schools use with students who have been impacted by trauma. I explained to the
team the two curriculums were selected after previously speaking with our consultant, who is
currently providing trauma training to all staff at Dawkins Farms Collegiate Schools. The
middle school counselor shared with the team she previously received training to implement the
CBITS© counseling curriculum but has never implemented the counseling curriculum for
students due to a lack of time and resources.

In addition to the Bounce Back© curricula, the Cognitive Behavioral Interventions for
Trauma in Schools© is also a curriculum used in school settings for children exposed to trauma.
The Bounce Back© curriculum is shown to be effective with younger children who have been
impacted by trauma. A study was previously conducted at four elementary schools located in
California using the Bounce Back© counseling curriculum. The purpose of the study was to
evaluate the effectiveness of the intervention. Results of the evaluation indicated the symptoms of post-traumatic stress and anxiety significantly improved in the students who participated in the counseling program. Although the study had limitations, the program could be valuable for younger students and families, mainly urban and ethnic minority students who have problems accessing mental health services for various reasons (Langley et al., 2015).

After reviewing the content in the curriculum, the team agreed both curricula would be appropriate to use with students at Butler Mae Wilkins Academy. Additionally, the team liked the fact both curricula required the use of a trauma screening before implementing the curricula. The second component of the action plan required the team to identify which students identified during the last meeting should receive priority from attending the counseling program since the curricula are meant to be used during small-group counseling sessions. To determine the priority list of students, the team agreed it was necessary to define what was meant by trauma and what specific traumatic experience we wanted to focus on since traumatic experiences are broad. The team listed various ways (physical abuse, sexual abuse, a victim of community violence, the death of a family member suddenly, death of a family member via community violence) a child can be impacted by trauma. The team agreed to focus on supporting students who had lost a parent/guardian or family member suddenly or to community violence since there was an increase in counseling referrals for grief.

A review of counseling referrals for students who were referred for grief issues was completed to gather the list of students who would benefit from the program. In addition, the team identified students, based on their knowledge, who had experienced grief as defined by having a parent or family member die suddenly from illness or violently who had not been referred to the school counselor or school psychologist. A total of 12 out of the original 25
students were identified as meeting the criteria above, with most of the students being a sibling group and enrolled in various grade levels. On November 14, 2022, I briefly reconvened the student services team to ask if there were any additional students they would recommend out of the remaining 13 students who were not impacted by grief and could benefit from participating in the counseling program. I explained to the team since the program would begin the second semester, previous enrollment history within the organization has shown students transferring schools after Winter Break. I advised the team to refrain from recommending students impacted by trauma due to any form of abuse due to this type of trauma being sensitive. However, I informed the team any students fit this description and need immediate counseling services to follow up with the family and make a referral to an external agency. The school psychologist identified two additional students who had recently lost their grandmothers, with one committing suicide and the other grandmother being ill. Ten students from the original list of students were over the age of 11 and had higher cognitive skills. Two students were added to the waiting list since the program was designed for five to seven students. Since the school counselor and I would both be facilitating the sessions, we agreed to provide services to a maximum number of 14 students.

After identifying the list of students, the third step was for the team to officially decide which curricula would be implemented in the current school year. The school psychologist shared with the team since the ages of identified students varied from five to 12, both curricula would need to be implemented. I shared with the team for both curricula to be implemented, support from both school counselors would be required. After only receiving a verbal commitment from the elementary school counselor due to the middle school counselor serving as the testing coordinator, the team agreed to implement the Bounce Back© counseling curriculum.
Additionally, students older than 11 who had a lower cognitive level could also participate in the group. Finally, implementing the curriculum for the older students would be done next school year, allowing the middle school counselor and the interim principal to adjust the counselor’s duties to have time to provide the counseling services. I informed the team any student who exhibited immediate stress related to the traumatic experience would need to be referred to a community agency after discussing the referral with the student’s parent/guardian.

The action plan's fourth step was addressing the interim principal’s concerns regarding a trauma screener. A review of the literature has shown conducting school-based screening for exposure to trauma allows a school team to assess all students, including individuals who are not yet exhibiting academic, behavioral, or emotional challenges. This allows a school team to identify students early who could benefit from academic and behavioral interventions (Gonzalez et al., 2016). Due to time constraints of the implementation of the action plan and the counseling curriculum requiring students to be screened before attending the counseling sessions, the team discussed piloting the selected trauma screener, which would be used as part of the counseling curriculum to evaluate if the screener would be appropriate before officially recommending the screener to the Dawkins Farms Collegiate Schools senior leadership team for adoption.

The fifth step of the action plan was to address the stakeholders’ concerns about having an efficient method of checking in with students daily to assess their emotions to support students in decreasing disciplinary infractions proactively. I shared with the team several platforms, (i.e., Rhithm©, and Rhithm©), which several local schools used with their students. The team set aside time in the meeting to review the various platforms and provide feedback. The team also visited the website for each platform as a group. Various videos were available for some platforms in order for the team to view and learn more information about each program.
After reviewing each platform, Rhithm© was selected since it is cost-efficient to implement with the students participating in the counseling sessions. By implementing with these selected students, the platform can be evaluated before adopting it across the Charter Management Organization and making a financial investment into the software.

Before ending the meeting, I asked members of the student services team if they were interested in helping implement the various components of the action plan. The elementary school counselor again agreed to support with components of the action plan. Additionally, the behavior specialist expressed interest since most of the action steps were part of their daily role. During the week of October 31, 2022, an additional meeting was held with these two stakeholders to review and identify additional steps for the action plan. In addition, progress monitoring was recommended by the school counselor to ensure the components of the action plan would impact the student’s attendance, behavior, and academics. Finally, the team and I developed a flow chart (see Figure 4) to demonstrate how students would enter and exit the program to share with teachers and other stakeholders at the school site.
As a result of the team’s collaborative efforts, the study’s elements were developed. The first element is the implementation of the Bounce Back© counseling curriculum with a sub-element of administering a trauma screener. Although the ages of the students with a history of traumatic experiences range from five to 12 years of age, the team believed the chosen curriculum would be appropriate due to the academic and cognitive levels of the students being on an elementary level. In addition, the willingness and availability of the school counselor would help contribute to the fidelity of the counseling sessions being held. For older students with a higher cognitive level, services would be provided to them in the future. The second element is the implementation of the Rhithm© platform. Since the program is free and more reliable than the school’s current daily check-in process. Since Dawkins Farms Collegiate Schools can pilot the program for free for 60 days, Rhithm© would be the appropriate platform.
to monitor the student participants’ social-emotional needs during the counseling program. The final element is progress monitoring attendance, disciplinary data, and academic grades in English Language Arts (ELA) and Mathematics.

**Description of the Action Plan**

**Table 1**

*Element 1*

<table>
<thead>
<tr>
<th>Element</th>
<th>Goal</th>
<th>Timeline</th>
<th>Stakeholder</th>
<th>Costs</th>
<th>Resources</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bounce Back© Counseling Curriculum</td>
<td>Students learn coping skills, relaxation techniques, and how to problem solve and identify their feelings.</td>
<td>Five Weeks</td>
<td>School Counselor</td>
<td>$125.00</td>
<td>Curriculum Training, Counseling Curriculum Counseling Room</td>
</tr>
</tbody>
</table>

**Table 2**

*Element 2*

<table>
<thead>
<tr>
<th>Element</th>
<th>Goal</th>
<th>Timeline</th>
<th>Stakeholder</th>
<th>Costs</th>
<th>Resources</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rhithm©</td>
<td>Conduct daily wellness checks for students participating in the counseling program</td>
<td>February 2023- April 2023</td>
<td>Director of Student Services</td>
<td>$0</td>
<td>Rhithm© platform</td>
</tr>
</tbody>
</table>

School Counselor

Behavior Specialist
Table 3

Element 3

<table>
<thead>
<tr>
<th>Element</th>
<th>Goal</th>
<th>Timeline</th>
<th>Stakeholder</th>
<th>Costs</th>
<th>Resources</th>
</tr>
</thead>
<tbody>
<tr>
<td>Progress Monitoring of Academics, Attendance &amp; Behavior</td>
<td>Analyze disciplinary infractions and attendance of students who participated in the counseling program.</td>
<td>February 2023 - April 2023</td>
<td>Director of Student Services</td>
<td>$0</td>
<td>Discipline Data from DeansList©, Attendance and Academic Data from PowerSchool ©</td>
</tr>
</tbody>
</table>

Element I- Implementation of Trauma Counseling Curriculum

The first element in the action plan was the implementation of a counseling curriculum for students who had been impacted by traumatic experiences. Many students at Butler Mae Wilkins Academy do not receive a referral to outpatient mental health services or support from the school counselor or school psychologist until there is a student support meeting, disciplinary re-entry meeting, or parent conferences for the student. This is believed to be because some parents are not forthcoming about their children’s behavior and not wanting the stigmatization of receiving mental health services. Offering trauma counseling sessions at Butler Mae Wilkins Academy was an additional level of support the student services team offered students. In addition, screening students for trauma as part of the counseling program ensures the student is not under immediate stress and does not need to be referred to an external agency.

Trauma Screening

Before beginning the counseling program, the curriculum’s authors recommend a screening is completed for all potential group members to measure the level of exposure to traumatic events and current post-traumatic stress symptoms. The selection of the screener is left up to the discretion of the provider of the services. Since Dawkins Farms Collegiate Schools...
does not currently use a trauma screener, I contacted the consultant to obtain a list of screeners. As a result, the Child and Adolescent Trauma Screen (CATS) was recommended instead of the ACEs screener.

The purpose of the CATS is to screen for potential exposure and Post-Traumatic Stress Disorder (PTSD) symptoms based on the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (Sachser et al., 2016). The CATS (Appendix B) is a 15-item survey containing potentially traumatic events where the responder has two possible responses of “yes” or “no.” The additional 20-item survey questions measure post-traumatic stress symptoms of the potentially traumatic event (Sachser et al., 2016). Survey items inquire about a range of potentially traumatic events, including someone close dying suddenly or violently or being attacked, stabbed, shot at, or hurt badly. The 20 items are rated on a rating scale with the responses being “Never,” “Once in a while,” “Half the time,” and “Almost Always.” Each response has a score attached, ranging from zero to three. In addition, survey items query a range of stress symptoms related to the potentially traumatic event, such as being jumpy, trouble falling or staying asleep, etc.

**Goals.** The goals of administering a trauma screening were to measure the exposure to traumatic events and current post-traumatic stress symptoms and determine if the identified students were candidates for the counseling program.

**Timeline.** Questions from the CATS were embedded into Qualtrics© during the week of November 14, 2022. After returning from Thanksgiving Holiday Break, the school counselor and I contacted the parents of all identified students who had been referred after being exposed to a traumatic event, as indicated by the student losing a parent/guardian to death or witnessing traumatic events in the community. Also, the school counselors and I used a phone script
(Appendix C) to explain the purpose of the screener to the parents. After receiving verbal permission to send home the information, an active permission form (Appendix D) to administer the screener to students was sent to the parents of the students. Students had three weeks to return the permission slips. A reminder message (Appendix E) was sent to the parents to complete the screener and return the permission form to their child’s school using ParentSquare©. ParentSquare© is a platform Butler Mae Wilkins Academy uses to communicate with families about school events. Prior to screening students with parental consent, the school counselor and I met with each student in order for them to obtain assent (Appendix F). On the screening days, the school counselor and I utilized her office to conduct the screenings. First, the school counselor retrieved students whose parents provided written consent from their classrooms. Two to four students were retrieved at a time. Before pulling the students for screening, the classroom teacher was notified of the time the student would be screened to ensure there was no conflict with the student’s academic schedule. The school counselor and I ensured the tables were spread across the room far enough so students could not hear or see one another’s responses. Once the screening was completed, each student received an additional 100 points in DeansList. Then, I escorted each student back to their classroom while the school counselor retrieved the next group of students.

After receiving the completed screeners, I spent two weeks analyzing the CATS. An analysis was done to determine which results from the student survey failed in the Moderate trauma-related distress or Probable PTS range to determine if any students needed follow-up from the school counselor to determine if immediate social-emotional support is needed. All students completed the trauma screener on January 23, 2023. The analysis of the trauma screener was completed on January 30, 2023.
Costs. It took 45 minutes or less to administer the screener to each group of students. The ParentSquare© platform allows users to schedule a date and time for messages to be sent to recipients. Therefore, it took 20 minutes or less to schedule the reminder messages to parents. Finally, to encourage the students to return their permission slips for screening, all students who returned their permission forms were recognized by receiving 100 positive points in DeansList©.

In addition to using DeansList© to track disciplinary infractions, the platform also tracks positive behavior. A component of Butler Mae Wilkins Academy’s Positive Behavior Intervention and Supports Plan allows students to use earned positive points to purchase items from the school’s reward store and attend fun Friday activities.

Responsible Party. Dawkins Farms Collegiate Schools does not have a permission protocol to screen students for trauma. Therefore, I created an active permission slip to screen the students. I sent the document to the Vice President of Finance and Operations and Dawkins Farms Collegiate Schools’ legal team for approval. After receiving approval to use the form, the school counselor and I administered the CATS. Both school counselors served as the school designee for collecting the returned parent permission forms from the students.

Resource Needed. I needed access to Qualtrics© to build and distribute the survey to the students. Although the CATS is available in paper version, I wanted to ensure submission of the screener was easy for participants and confidentiality was maintained. Therefore, the survey was administered electronically. Since each student at Butler Mae Wilkins Academy is provided with a computer, students utilized their assigned devices to complete the screener.

Counseling Curriculum

Bounce Back© is an adaptation of Cognitive Behavioral Intervention for Trauma in Schools© (CBITS) used with older students. CBITS© is delivered in a group format to a small
group of children to address symptoms of Post-Traumatic Stress Disorder (PTSD), depression, and anxiety resulting from exposure to violence (Stein et al., 2003). Participants in the counseling program learn new skills and techniques, engage in activities, and have homework assignments to work on between sessions (Stein et al., 2003).

The Bounce Back© counseling program was designed to be used with elementary school-age children ages five through 11 whom traumatic experiences had impacted. The curriculum adapts similar therapeutic interventions to the CBITS© but is designed specifically for younger children (Langley et al., 2015). The program consists of 10 weekly group sessions, two to three individual counseling sessions, and one to three educational sessions with parents (Distel et al., 2019). Group sessions focus on various topics (Appendix G), including identifying feelings, problem-solving, and conflict resolution. During the individual counseling sessions, students complete a trauma narrative to process the memory of the traumatic experience to share with their parents. Finally, the parent education sessions focus on educating the parent on techniques to help their child cope with traumatic events (Langley et al., 2015).

I met separately with the school counselor, who co-facilitated the counseling sessions, to ensure the details of the action plan were clear. After discussing the school counselor’s capacity to support the implementation of the counseling curriculum, we decided to eliminate the psychoeducational parent sessions. The school counselor and I decided it would be best to increase the individual counseling sessions from two to three and invite the parent to the student’s third counseling session in order for the student to share their trauma narrative story. In addition, instead of holding one group session per week, the research team facilitated two group sessions for five weeks.
**Goals.** The counseling curriculum aims to facilitate counseling sessions and teach students skills. These skills include coping, relaxation techniques, problem-solving, and identifying their feelings.

**Timeline.** The counseling program began the week of February 27, 2023, with an end date of April 28, 2023. Group counseling sessions were delivered twice a week, and individual sessions were scheduled throughout quarter four. The school counselor and I began the self-paced training beginning the week of November 7, 2022 and completed the training in January of 2023.

**Costs.** The cost to attend the six-hour self-paced training for each participant was $35.00 for a total of $70.00. I was responsible for covering the cost of the training for the elementary school counselor and myself. Group counseling sessions lasted between 50-60 minutes, and individual counseling sessions lasted between 30-50 minutes (Langley et al., 2015). The total time estimated to facilitate the group counseling component of the Bounce Back© program was 20 hours. This included time for preparing and facilitating the group counseling sessions. The total number of hours for facilitating the individual counseling component was estimated to be 21 hours. This time included preparing and providing three individual counseling sessions to a total of five students.

**Responsible Party.** The elementary school counselor and I were responsible for completing the online training by January 31, 2023. In addition, the school counselor and I were responsible for facilitating the group counseling sessions and individual counseling sessions. We were also responsible for obtaining active permission (Appendix H) from parents. In the past, I found it to be effective when sending communication home to parents in the student’s backpack in a colorful envelope for easy recognition. Therefore, the school counselor and I distributed the
letter to the potential students for the counseling program. The school counselor was responsible for collecting the returned permission forms and monitoring which students returned their signed permission forms and called parents to remind them to return the permission forms.

**Resources Needed.** The resources needed for this component include materials (Appendix I) identified in the Bounce Back© manual to implement the counseling curriculum. The second resource was training for the researcher and the school counselors to implement the counseling curriculum with fidelity. The training for implementing the counseling program was offered virtually (self-paced) and in-person by a trainer. As a counseling clinician with more than 15 years of experience, I felt comfortable with the school counselor and myself receiving the training virtually. In addition to training, access to a room at Butler Mae Wilkins Academy to facilitate the counseling sessions in a confidential space has been secured.

**Element II- Implementation of Emotional Wellness Platform**

The second element of the action plan was implementing daily check-in sessions through an emotional wellness platform. As a Charter Management Organization, Dawkins Farms Collegiate Schools’ strategic goal was to have 75% of the students have a sense of belonging at school. Students are administered an 11-item questionnaire regarding their sense of belonging. Examples of the questions focus on feeling safe at school, belonging at school, and having an interest in things at school. Using the emotional wellness platform added additional resources to our existing SEL interventions. Although an emotional wellness platform was only used by students enrolled in the trauma counseling program, the goal is for the platform to be used for all students at Dawkins Farms Collegiate Schools campuses.
**Daily Check-In**

Rhithm© is a platform designed to be used by students to check in daily regarding their SEL wellness and was used by students participating in the counseling program. Rhithm© is designed to be completed in under five minutes. Students first describe how they were feeling in their head (i.e., dull, foggy, clear, focused, distracted, racing). Next, the students selected how much energy they had (exhausted, tired, good, energized, hyper, out of control). Third, the students selected how they felt (sad, happy, anxious, angry) at the time of completing the assessment. Fourth, the students described how their bodies felt (i.e., sick/injured, hungry, meh, good, or great). The final question asked the students to describe how their social life was going (bad, meh, good, great, disagreement, or conflict). Depending on the student’s selections, the platform asked if they wanted to talk to an adult or if they wanted to select an SEL activity that would be helpful (i.e., breathing activities, journaling, etc.). The school counselor, behavior specialist, and I were able to review the results immediately and provide immediate support for students whose daily check-in indicates they need immediate support. Although Rhithm© is compliant with the Family Educational Rights and Privacy Act (FERPA), I still needed permission from the parents of the students participating in the program to upload the student’s demographic information into the platform. Approval to upload students’ demographics was already obtained from the Vice President of Finance and Operations. However, the permission form (Appendix J) needed to be approved by Dawkins Farms Collegiate Schools’ legal team before sending it to the parents. Additionally, the contract to pilot the platform had to be approved by Dawkins Farms Collegiate Schools Board of Directors.

**Goal.** The short-term goal of using the Rhithm© platform was to conduct daily wellness checks for students participating in the counseling program.
**Timeline.** The usage of Rhithm© was for the duration of quarters three and four of the 2022-2023 school year while the Bounce Back© counseling curriculum is being implemented.

**Costs.** The cost of Rhithm© was free. The company agreed to allow Dawkins Farms Collegiate Schools to pilot the program for 60 days. The estimated time for students to complete the components of the daily check-in program was five minutes a day. In addition, the school counselor and behavior specialist needed to set aside a minimum of 45 minutes to an hour to follow up with students who needed additional support after completing their daily check-in. Finally, 30 minutes was needed to show students how to use the Rhithm© platform. Using Rhithm© and progress monitoring was in place for the duration of the counseling program.

**Responsible Party.** I developed a consent form for parents to permit the student’s demographic information (i.e., name, date of birth, age, and grade level) to be uploaded into the Rhithm© platform. After developing the consent form, I submitted it to Dawkins Farms Collegiate Schools’ legal team for approval before receiving passive parental permission. Next, the Vice President of Finance and Operations presented the contract to Dawkins Farms Collegiate Schools’ Board of Directors during the meeting on December 12, 2022, for approval. On January 10, 2023, Dawkins Farms Collegiate Schools Data Manager collaborated with Rhithm© technical team to upload the students’ demographics into the Rhithm© platform. On January 31, 2023, I received training on how to use the Rhithm© platform. On February 8, 2023, I provided training to the behavior specialist and the school counselor on how to use the program and conducted check-in sessions with students participating in the counseling program. The school counselor and the behavior specialist were responsible for checking in daily with the 67 students participating in the counseling program. In addition, the school counselor, behavior specialist, and I worked together to train the students on how to use the Rhithm© platform.
Resources Needed. Since students had to complete the daily check-in electronically, they used their assigned computer devices to complete the activity. In addition, access to a classroom was needed to have a central location for students to come and check in with the school counselor or behavior specialist. Finally, for each student to access Rhithm©, the student’s demographic information such as name, date of birth, and email address was collected from PowerSchool©, the Dawkins Farms Collegiate Schools student management system, after obtaining written consent from parents of students participating in the counseling program. The behavior specialist and school counselor were provided with a list of activities they could refer to when checking in with students who need additional support.

Element III- Progress Monitoring

The last element of the action plan is progress monitoring. Progress monitoring lets a clinician know whether or not their client is responding to treatment (Overington & Ionita, 2012). This element allowed the school counselor and I to evaluate the counseling program’s effectiveness on the student’s attendance, academics, and behavior. This element was vital because it allowed the school counselor and me to monitor these areas and advocate for additional support from the school team in the three areas being monitored.

Progress Monitoring

Through progress monitoring, the school counselor and I monitored domains such as academics, behavior, and student attendance in the counseling program. A data tracker (Appendix K) was created for each student to monitor the identified domains. In addition, every Monday, the disciplinary, academic grades, and attendance data were pulled for each student enrolled in the counseling program. This allowed the classroom teacher and office assistant to
have time to input data from the previous week into DeansList© for behavior and PowerSchool© for attendance and grades.

**Goal.** The progress monitor aimed to analyze disciplinary infractions, academics, and attendance of students who participated in the counseling program.

**Timeline.** Progress monitoring occurred during quarters three and four while the counseling program and the emotional wellness platform were implemented.

**Costs.** It was estimated the school counselor and I would spend two hours a week pulling information for various platforms in order to conduct progress monitoring for the student’s attendance and disciplinary infractions.

**Responsible Party.** The school counselor and I pulled attendance and disciplinary data from the respective platforms and entered the information into the tracking form in Microsoft Excel©.

**Resource Needed.** I already had access to DeansList© and PowerSchool© to download disciplinary and attendance data.

**Demographics of the Research Site and Participants**

The location for this study was Butler Mae Wilkins Academy, a K-8 school located in an urban community in West Tennessee. Butler Mae Wilkins Academy’s enrollment is 656 students. For this study, students in grades kindergarten through eighth grade who had been identified as being exposed to traumatic events via the loss of a parent or family member due to sudden death or community violence and who met the criteria for the counseling program were the preliminary subjects. All students who returned their permission forms to be screened, participate in the counseling program, and permission to have their demographic information uploaded into Rhithm© were the official students partaking in all elements of the action plan. In
addition, the parents of the selected students also participated in a component of the action plan. Finally, the school counselor and behavior specialist participated in the action plan. These professionals served as part of the school’s student services team.

The student services team included the school counselor, school psychologist, and behavior specialist. The student services team was responsible for the academic, social, and emotional development needs of the students enrolled at Dawkins Farms Collegiate Schools. Butler Mae Wilkins Academy is fortunate to have two school counselors, one for the lower grades and another for the upper grades. All student services team members participated in various components of the action plan, including collaboration, development, and implementation.

The school counselor for the elementary grades is a Black female who has been a school counselor for four years. In addition, she has been an employee at Butler Mae Wilkins Schools for three years serving in various roles. The middle school counselor for the middle grades is a Black female who has been a school counselor for 11 years and has been employed at Butler Mae Wilkins schools for nine years. The school psychologist is a Black female with 11 years of experience as a school psychologist and has been employed at Butler Mae Wilkins for six years. The behavior specialist is a Black male with five years of experience in the role of a behavior specialist. He has been employed at Butler Mae Wilkins for four years. Finally, the interim school principal is a Black female with 13 years of educational experience. The interim school principal has previously served as a teacher, intervention specialist, after-school program director, and assistant principal and was recently appointed the interim school principal for the current school year.
The primary researcher in this study is a doctoral student at the University of Mississippi who serves as the Director of Student Services. She is in her mid-40s, Black, and middle class, with 19 years working in urban schools and 21 years as a social worker. The first nine years were spent working as a school social worker at one of the largest school districts in Tennessee. She was primarily responsible for serving as a student services team member, providing evidenced-based interventions during individual, group, family, and whole-classroom therapy sessions. In addition, as a former medical social worker at the local children’s hospital, seeing the aftermath of a child being exposed to trauma is nothing new, as the trauma pager appeared never to stop beeping when being paged to respond to an incoming trauma case. These cases ranged from infants to young children being abused, shot, and murdered, as many failed. Some were physically or sexually abused, requiring the child to be admitted to the Intensive Care Unit. Since serving as the director of student services for the last ten years, developing trauma-informed schools through implementing trauma-informed practices and supporting the whole child has been her goal. This goal will help all students have equal access to support to be successful and productive during their matriculation at Dawkins Farms Collegiate Schools.

**Program Evaluation**

Program evaluation aims to help stakeholders make decisions about programs, including their components (Yarbrough et al., 2011). Implementing program evaluation is vital to stakeholders because it helps ensure a program is accountable by inspecting its implementation and improvement (Yarbrough et al., 2011). Program evaluation can be formative, which helps to improve the program, or summative, which evaluates the program’s overall effectiveness and outcomes (Yarbrough et al., 2011). This program evaluation aims to determine if the action plan will address the social and emotional needs of students impacted by trauma through the
implementation of trauma-informed practices. The three elements in the action plan included implementing a trauma counseling program with a sub-element using a trauma screener to ensure the identified students have been refereed. The second and third elements are implementing a SEL wellness platform and progress monitoring.

**Logic Model**

The following logic model (Table 4) lists the elements involved in the research action plan. In addition to the elements, the table lists the goals for each element, the timeline for implementing the elements, stakeholders involved in the action plan, and data sources used to evaluate whether the goal was achieved.
Table 4

Logic Model/Evaluation Plan

<table>
<thead>
<tr>
<th>Elements</th>
<th>Goals</th>
<th>Timeline</th>
<th>Stakeholder</th>
<th>Evaluation Data Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Counseling Curriculum</td>
<td>Students learn coping skills, relaxation techniques, and how to problem solve and identify their feelings.</td>
<td>February 2023-April 2023</td>
<td>School Counselors</td>
<td>Parent Survey</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Director of Student Services</td>
<td>Student Survey</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Students</td>
<td>School Counselor Interview</td>
</tr>
<tr>
<td>Rhithm©</td>
<td>Conduct daily wellness checks for students participating in the counseling program.</td>
<td>February 2023-April 2023</td>
<td>School Counselors</td>
<td>Daily Check-In Data</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Behavior Specialist Students</td>
<td>Behavior Specialist Interview</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Students</td>
<td>School Counselor Interview</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Student Survey</td>
</tr>
<tr>
<td>Progress Monitoring of</td>
<td>Analyze disciplinary infractions and attendance of students who participated in the counseling program.</td>
<td>February 2023-April 2023</td>
<td>Director of Student Services</td>
<td>Discipline Data</td>
</tr>
<tr>
<td>Academics, Attendance &amp; Behavior</td>
<td></td>
<td></td>
<td>School Counselor</td>
<td>Attendance Data</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Data Collection and Analysis

This applied research study used quantitative and qualitative data collection methods. This section will provide an overview of the data collection methods used for each element and how the data was analyzed. Data for each action plan element was collected using several methodologies. These methodologies included the administering of assessments and surveys, along with the conducting of interviews with participants in the research study.
Counseling Curriculum

The first form of data for this element included the results from the trauma screener administered to the students prior to beginning the counseling sessions. The results from the screener were analyzed to determine which students were exhibiting potentially traumatic events and the presence of Post-Traumatic Stress symptoms. Scores from the CATS can fall into the range of normal-not clinically elevated, moderate trauma-related distress, and probable PTSD. For any scores falling in the range of probable PTSD, the school counselor was alerted to connect with the student and parent to assess and determine the next steps for supporting the SEL needs in addition to the student participating in the Bounce Back© counseling program.

In order to answer research question one, the school counselor was interviewed (Appendix L) to gain her perception of the counseling curriculum. Additionally, parents were asked to complete a parent survey (Appendix M) to give their perceptions after their child participated in the program. Finally, students were asked to complete a student survey (Appendix N) to give their perceptions of the counseling program. Data from the surveys were analyzed to develop a theme about the students’ and parents’ perceptions of the counseling program. Analysis from the data collection for this element helped the school counselor and me to determine what modifications were needed before implementing the counseling curriculum at all current and future school sites under Dawkins Farms Collegiate Schools.

Rhithm©

Data collection for this element included emotional health tracking data from the Rhithm© platform. The behavioral specialist and school counselor reviewed the data daily to determine which students may need immediate SEL support based on the responses the students selected during their morning check-in session. This information helped to address research
question four on how members of the student services team were proactively able to support the SEL needs of the counseling program participants. Additionally, I was able to analyze and understand the trend of various emotions the students participating in the counseling program are feeling.

Finally, data were collected from the students, behavior specialists, and the school counselor on their perception of the program. The students completed a survey (Appendix O) about their perception of the platform. In addition, the school counselor and behavior specialist (Appendix P) were interviewed regarding their perceptions of the platform. The interview results helped the school counselor and me establish themes about the SEL wellness platform. Data from this element helped support my proposal to the Senior Leadership Team on the need to implement the platform across the charter network and purchase the inclusive version of the program.

**Progress Monitoring**

Data collection for the last element answered research questions two and three. The school counselor and I monitored each student participant’s attendance, behavior, and academic progress for the duration they were receiving counseling. Attendance data was monitored for the number of absences, including unexcused and excused. Academic data was monitored for the student’s progress in Mathematics and English Language Arts. Additionally, the number of disciplinary infractions the student received weekly, and suspensions were monitored. The quantitative data for every three areas were collected to determine a baseline before implementing the counseling intervention.

Qualitative data were collected from each student’s teacher post-intervention (Appendix Q). Teachers were asked to provide a descriptive annotation of the student’s behavior and answer
quantitative questions on the student’s behavior post-counseling intervention. Obtaining data from the teacher and reviewing data in the disciplinary platform allowed the school counselor, behavior specialist, and I to compare and contrast the behavior data the teacher reports on the survey and the data in the disciplinary platform. Collecting the data helped determine if the Bounce Back© counseling curriculum effectively increased student attendance, improved student academics, and decreased disciplinary infractions among students impacted by trauma.

**Data Triangulation**

Data collected was triangulated for each element of the action plan. Triangulation is defined as “the process of corroborating evidence from different individuals (e.g., a principal and a student), types of data (e.g., observational fieldnotes and interviews), or methods of data collection (e.g., documents and interviews) in descriptions and themes in qualitative research” (Creswell & Creswell, 2018, p. 266). When data sources are triangulated, validity is added to the study (Creswell & Creswell, 2018). Data for the first element was triangulated by interviewing the school counselor facilitating the counseling program and administering a survey to the students and parents participating in the counseling program. The data for the second element was triangulated by surveying the students, reviewing data from the emotional wellness platform, and interviewing the behavior specialist and school counselor. Finally, the data for the third element was triangulated by reviewing the student participants’ attendance, disciplinary and academic data. Additionally, teachers completed weekly data behavior reports.

**Program Evaluation Standards**

The data collected for the program evaluation aligned with the 30 program evaluation standards developed by the Joint Committee on Standards for Educational Evaluation (Yarbrough et al., 2011). To evaluate the effectiveness of the implementation of the elements in
the study, program evaluation standards were used to measure the program evaluation utilized in this study. These standards included utility, feasibility, propriety, accuracy, and accountability. The next session detailed how the action plan related to each program evaluation standard. The 30 program standards were organized into five groups (Yarbrough et al., 2011). Using the program standards provided guidelines to stakeholders and myself involved in the implementation of the elements to ensure there was quality during the evaluation of the action plan. The next session detailed how the action plan related to each program evaluation standard.

Utility

This standard helped to increase stakeholders’ knowledge of how the evaluation meets their needs. With this knowledge, stakeholders can understand the program and its goals, which leads to them making informed decisions to lead to improvement (Yarbrough et al., 2011). This standard was met by allowing the principal and members of the student services team at Butler Mae Wilkins Academy to have a voice in what counseling curriculum and wellness platform would be implemented as a part of the action plan. In addition, the stakeholders were allowed to identify students who would benefit from participating in the elements of the action plan.

Feasibility

This standard focuses on the program’s logistics to ensure the evaluation is effective and efficient. Costs and resources are essential for this standard (Yarbrough et al., 2011). To ensure the action plan was successful, the costs of the counseling program and the wellness check-in platform was considered by the stakeholders before making a selection. In addition, to ensure the counseling program was successful, the school principal agreed to monitor and ensure the daily job duties of the two stakeholders were balanced for the duration of the program’s
implementation. Finally, a plan detailing the roles and responsibilities was created for each stakeholder to ensure there was balance in implementing the elements of the action plan.

**Propriety**

This standard ensures safeguards and ethical practices are adhered to during the program evaluation (Yarbrough et al., 2011). Ethical considerations were implemented throughout the research and data collection procedures. To begin implementing the elements of the study, I submitted the research proposal to my committee and the University of Mississippi Institutional Review Board (IRB) for approval of the research. All consent forms and protocols were submitted to the IRB. In addition to receiving IRB approval, approval was obtained from the Charter Management Organization’s Executive Director in April of 2021.

I participated in the Collaborative Instructional Training Initiative (CITI) in June 2021. All participants were protected through Family Educational Rights and Privacy Act (FERPA) and IRB protocols. Since minors were the primary participants in the study, a three-stage active parental consent process was implemented for the administration of the screener, participation in the counseling sessions, and for demographic information to be uploaded into the Rhithm© platform. Students participating in the counseling program gave assent permission. In addition, adult participants were given an informed consent form, including the purpose of the study. All participants were informed of their rights and the right to withdraw from the study. Furthermore, a request for permission to record the audio elements of the study was obtained. To ensure the confidentiality of all participants, pseudonyms were used to protect the identity of all participants and the location of the school site, and data collected from the trauma screener was assigned a unique code that was only accessible to me. A review of the permission form to upload student demographic information was reviewed by the Dawkins Farms Collegiate Schools legal team.
since only a selected number of students’ demographic data was being uploaded to the Rhithm© platform. Surveys were administered to students anonymously to protect their identity of the students.

**Accuracy**

The fourth standard focuses on the accuracy of the findings and ensures they are reliable and free of bias and errors (Yarbrough et al., 2011). Data for the action plan was collected through various methods. These methods included interviews, surveys, assessments, and focus groups. Notes from the audio recordings were reviewed with participants to ensure accuracy. Finally, written responses to surveys and assessments were transcribed to maintain the integrity of the evaluation.

**Accountability**

The final standard focuses on adequate documentation of evaluations and the entire evaluation process. Accountability refers to “the responsible use of resources to produce value” (Yarbrough et al., 2011, p. 226). Precautions were taken to secure and maintain the confidentiality of all study participants’ responses to all protocols, including survey responses. Additionally, the school counselor and I maintained counseling notes in a secured location at Dawkins Farms Collegiate Schools’ support office. All documents related to the study were stored in a secure double-lock file cabinet. Additionally, all electronic protocols and surveys were password protected.

**Delimitations of Study**

While developing the action plan, the stakeholders made several delimitations concerning the parameters of the action plan. The first decision was on the type of trauma students had experienced. Therefore, students who had been impacted in a traumatic way, as evidenced by
being physically or sexually abused, were excluded from this study. This prevented the stakeholders involved in implementing the action plan elements from having to develop disclosure strategies and protocols if a student disclosed past abuse during counseling sessions. Although students with a history of abuse were excluded from the study, those students were referred to a community agency for additional support by the school counselors after receiving parental consent. The second decision was to exclude the counseling curriculum’s parent and teacher psychoeducation sessions. Due to the time allocated for the implementation of the counseling program, stakeholders agreed to invite the parents of participating sessions during their last counseling session and to provide a brief overview of the group to the teachers of the students who would be participating in the group.

**Summary**

The development of the action plan involved stakeholders at Butler Mae Wilkins Academy who are on the front line daily, supporting the emotional needs of all students. My action plan aims to support the SEL needs of students impacted by trauma by implementing various trauma-informed approaches. Through the implementation of these additional supports, the student services team at each school site will have additional tools in their toolkit to support students who show internal or external behaviors as a reaction to the traumatic experience. Chapter IV will present the results of my research findings.
CHAPTER IV: RESULTS

Introduction

The primary focus of Chapter IV is to provide details of the data analysis conducted for each element of the action plan discussed in Chapter III. As stated in Chapter III, this mixed-methods applied research study aimed to support the social-emotional needs of students impacted by trauma through the implementation of trauma-informed practices. These included implementing a counseling program, Bounce Back©, and a daily wellness check-in platform, Rhithm©. A program evaluation was used to measure the effectiveness of the interventions implemented by Butler Mae Wilkins Academy’s (BMWA) student services team members. To be eligible to participate in the counseling program, students had to have been impacted by trauma, as evidenced by experiencing grief due to the death of a parent/guardian or a close family member.

BMWA is a Pre-K through 8th-grade school in an urban community in Tennessee. BMWA serves approximately 656 students. BMWA’s demographic breakdown of the student population is 96.49% Black, 1.98% Hispanic or Latino, 0.91% White, 0.15% Multiple Races, and 0.46% Asian. The staff comprises 36 teachers, five administrators, and 13 personnel serving as support personnel in counseling, instructional aids, intervention specialists, etc.

Eight research questions were formulated to provide evidence of implementing the action plan outlined in Chapter III and demonstrate the effectiveness of trauma interventions in
addressing students’ social-emotional needs. The researcher collected and analyzed quantitative and qualitative data to answer the following research questions:

1. What were the school counselor, students, and parents’ perceptions after implementing the Bounce Back© counseling curriculum for students impacted by trauma?
2. Did the Bounce Back© counseling program help to increase the participant’s school attendance?
3. Did the Bounce Back© counseling program help to increase the participant’s school academic grades in ELA and Math?
4. Did the Bounce Back© counseling curriculum help to decrease the participant’s disciplinary infractions?
5. To what extent, if any, did the Rhithm© wellness check-in platform help the student services team proactively support the SEL well-being of the group participants?
6. What were the students’ perceptions of the Rhithm© wellness check-in platform?
7. What were the student service team members’ perceptions of the Rhithm© wellness check-in platform?
8. In what ways can professional development be improved for the student services team?

**Study Participants**

The participants in the study were students enrolled at BMWA during the 2022-2023 school year and were between the ages of nine and 13. Additional participants in the study included the parents of the students who participated in the program, their classroom teacher(s), the school counselor, and the behavior specialist. Initially, 14 students were identified and invited to participate in the counseling program. For the 14, the school counselor and the researcher sent home consent forms for students to participate in the counseling program. Of the
14 contacted, seven received parental consent and provided assent to participate in the program by completing their permission forms.

After making multiple phone calls to the parents of students who had yet to return their permission forms, the researcher and the school counselor agreed to move forward with the seven participants who had parental permission and had given assessment permission to the researcher. However, two of the seven students were unable to participate in the evaluation of the programs due to withdrawing from the school and transferring out of state. Also, various reasons, such as students withdrawing along with parents and/or the child not wanting to participate, were recorded for low enrollment into the counseling program compared to the original number of students for which the school counselor and researcher intended to provide counseling services. Finally, the school counselor who was co-leading the counseling sessions resigned after the program had been in session for several weeks and, therefore, could only provide some sessions for the counseling program. Therefore, a total of five students participated in the study. Finally, four of the participants in this study were students with disabilities. The disabilities categories for some of the students include specific learning disability to intellectual functioning. Finally, each student with a disability had an Individualized Education Plan (IEP).

Research Question One

What were the school counselor, students, and parents’ perceptions after implementing the Bounce Back© counseling curriculum for students impacted by trauma?

School Counselor Interview

An interview was attempted several times to gain the school counselor’s perception of the Bounce Back© counseling curriculum. Unfortunately, due to the school counselor’s resignation
from BMWA and declining participation in the interview, her perception of the counseling program could not be obtained.

**Students and Parents Survey**

The researcher administered a survey to the students to gain their perceptions of implementing the Bounce Back© counseling curriculum at the end of the counseling program. The first section of the survey contained four open-ended questions to allow for additional commentary into the insight of the counseling program. A common theme from question one was most students learned how to control themselves when they become upset with others. Additional students indicated they learned how to express their feelings to an adult. Also, making new friends and leaving the classroom was a common theme in question two regarding the most valuable part of attending the group. All five students responded yes to question three, saying they would tell their friends about the group. For question number four, the students indicated they would recommend that the researcher bring snacks and provide services for them daily to improve the group sessions.

The second section of the survey was comprised of the 4-Point Likert rating scale, which included very satisfied (4), somewhat satisfied (3), somewhat dissatisfied (2), and very dissatisfied (1). The average response for question five was 4, indicating the students were very satisfied with the statement, “I enjoyed attending the Bounce Back© counseling sessions.” The average response for question number six was 4, indicating the students were very satisfied with the statement, “The coping skills I learned in my counseling sessions will help me solve my problems.” The average response for question seven was 3.6, indicating the students were somewhat satisfied and very satisfied with the statement, “Attending the Bounce Back©
counseling program will help me act better at school.” See Table 5 for the students’ average responses to the student’s perception of the counseling program.

**Table 5**

*Students’ Average Responses to the Bounce Back © Perception Survey*

<table>
<thead>
<tr>
<th>Survey Question</th>
<th>Average Rating for the Bounce Back Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>I enjoyed attending the Bounce Back© counseling sessions.</td>
<td>4</td>
</tr>
<tr>
<td>The coping skills I learned in my counseling sessions will help me solve my problems.</td>
<td>4</td>
</tr>
<tr>
<td>Attending the Bounce Back© counseling program will help me act better at school.</td>
<td>3.6</td>
</tr>
</tbody>
</table>

The parent of each student was administered the survey to gain their perception of their child’s behavior after attending the Bounce Back© counseling program. Like the survey administered to the students, the survey contained a 4-Point Likert scale comprised of ratings that included very satisfied (4), somewhat satisfied (3), somewhat dissatisfied (2), and very dissatisfied (1). Unlike the student survey, the parent survey contained no open-ended questions. The average response for question number one was 4, indicating the parents were very satisfied with the in-school counseling services provided to their child. The average response for question two was 4, indicating the parents believed the Bounce Back© Program effectively improved their child’s coping skills. The average response for the third question was 4, indicating their child enjoyed participating in the counseling program. The average response for the fourth question was 4, indicating they enjoyed participating in their child’s counseling sessions. Finally, the average response for the fifth question was 5 indicating the handouts from the group sessions were helpful to them. See Table 6 for the parents’ average responses to the parent’s perception of the counseling program.
Table 6

*Parents’ Average Responses to the Bounce Back © Perception Survey*

<table>
<thead>
<tr>
<th>Survey Question</th>
<th>Average Rating for the Bounce Back Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>I was satisfied with the in-school counseling services provided to my child.</td>
<td>4</td>
</tr>
<tr>
<td>The Bounce Back© Counseling Program effectively improved my child’s coping skills.</td>
<td>4</td>
</tr>
<tr>
<td>My child enjoyed participating in the counseling program.</td>
<td>4</td>
</tr>
<tr>
<td>I enjoyed participating in my child’s individual counseling sessions.</td>
<td>4</td>
</tr>
<tr>
<td>The handouts from the group sessions were helpful to me.</td>
<td>4</td>
</tr>
</tbody>
</table>

**Research Question Two**

Did the Bounce Back© counseling program help to increase the participant’s school attendance? Students who participated in the counseling program had their absence documented before and after participating in the counseling program. Table 7 provides an overview of each participant’s school attendance pre- and post-counseling intervention. Attendance baseline data was calculated from the beginning of the school year, August 2022, until the beginning of the counseling program, which was February 2023. During the final weeks into the third quarter, when the Bounce Back© counseling program was implemented and until the end of the school year, some of the participants’ absences had decreased, increased, and showed no changes due to participating in the Bounce Back© counseling program.

Student A had 15 absences pre-intervention and 12 absences post-intervention. The difference for this student was three absences less than pre-intervention. Student B had 14 absences pre-intervention and 15 absences post-intervention. Therefore, Student B had an increase of one absence post-intervention. Student C had seven absences pre-intervention and
seven absences post-intervention. There were no changes in the number of absences for this student. Student D had 15 absences pre-intervention and ten absences post-intervention. Finally, Student E had five absences pre-intervention and five absences post-intervention. There were no changes in the number of absences for this student.

To understand why students were absent while participating in the counseling program, qualitative data were reviewed from BMWA’s student information system, also known as PowerSchool©. Some students were absent due to illness, doctor appointments, lack of transportation, and family matters. The data did not provide specifics about family matters, leading to the student being absent. The absences in Table 7 reflect both unexcused and excused absences.

Table 7

Students’ Number of Absences Pre and Post Intervention

<table>
<thead>
<tr>
<th>Student</th>
<th>Pre-Intervention</th>
<th>Post Intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student A</td>
<td>15</td>
<td>12</td>
</tr>
<tr>
<td>Student B</td>
<td>14</td>
<td>15</td>
</tr>
<tr>
<td>Student C</td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td>Student D</td>
<td>15</td>
<td>10</td>
</tr>
<tr>
<td>Student E</td>
<td>5</td>
<td>5</td>
</tr>
</tbody>
</table>

Research Question Three

Did the Bounce Back© counseling program help to increase the participant’s school academic grades in ELA and Math? The researcher conducted a review of each student’s grades from quarters one through four. While one student's grades in ELA improved, four of the student
showed no gains. In Math, three students showed academic gains, and two students did not.

Table 8 will show each participating student's grades in English Language Arts and Math for all four quarters during the 2022-2023 school year.

**Table 8**

*Students’ ELA & Math Grades*

<table>
<thead>
<tr>
<th></th>
<th>ELA</th>
<th></th>
<th></th>
<th></th>
<th>Math</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Q1</td>
<td>Q2</td>
<td>Q3</td>
<td>Q4</td>
<td>Q1</td>
<td>Q2</td>
<td>Q3</td>
<td>Q4</td>
</tr>
<tr>
<td>Student 1</td>
<td>B</td>
<td>C</td>
<td>C</td>
<td>D</td>
<td>C</td>
<td>C</td>
<td>A</td>
<td>D</td>
</tr>
<tr>
<td>Student 2</td>
<td>C</td>
<td>D</td>
<td>C</td>
<td>D</td>
<td>F</td>
<td>D</td>
<td>D</td>
<td>B</td>
</tr>
<tr>
<td>Student 3</td>
<td>C</td>
<td>C</td>
<td>C</td>
<td>D</td>
<td>B</td>
<td>B</td>
<td>B</td>
<td>D</td>
</tr>
<tr>
<td>Student 4</td>
<td>C</td>
<td>C</td>
<td>D</td>
<td>C</td>
<td>D</td>
<td>D</td>
<td>C</td>
<td>C</td>
</tr>
<tr>
<td>Student 5</td>
<td>B</td>
<td>A</td>
<td>A</td>
<td>A</td>
<td>B</td>
<td>B</td>
<td>NG</td>
<td>A</td>
</tr>
</tbody>
</table>

*Note. Q= Quarter NG= No Grade*

**Research Question Four**

Did the Bounce Back© counseling curriculum help to decrease the participant’s disciplinary infractions? The researcher reviewed DeansList© and PowerSchool©, two platforms BMWA uses to record disciplinary infractions. DeansList is often used by classroom teachers to record all minor and major infractions. The school administrators use PowerSchool to record suspensions and expulsions. After thoroughly reviewing both data platforms, several incidents were recorded in DeansList© and PowerSchool© for the students, which is reflected in Table 9.
Students’ Disciplinary Infractions in DeansList© and PowerSchool©

<table>
<thead>
<tr>
<th></th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>DL</td>
<td>PS</td>
<td>DL</td>
<td>PS</td>
</tr>
<tr>
<td>Student 1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Student 2</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Student 3</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Student 4</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Student 5</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Note. PS = PowerSchool© DL = DeansList© Q=Quarter

Students one, two, three, and five had no minor disciplinary infractions recorded in DeansList© or any suspensions or expulsions recorded in PowerSchool©. However, student five had one incident recorded into DeansList© on August 10, 2022, for fighting and on January 13, 2023, for threatening to assault another student. As a result of the incident on January 13, 2023, the student was suspended for five days, and the information was recorded in PowerSchool©.

The teachers of each student completed the survey to gain their perceptions of their students’ behaviors after attending the Bounce Back© counseling program. A total of six teachers completed the survey. The first section of the survey contained two open-ended questions to allow for additional commentary into the insight of the counseling program. A teacher for one student completed the open-ended comments section of the survey. The ELA and Math teacher for student four reported prior to attending the counseling program, the student had issues following expectations and staying focused during instruction. Additionally, they stated the student was out of his seat a lot, and multiple phone calls had to be made home weekly due to his behavior. The student seemed more engaged after attending the counseling program and wanted to do well academically and behaviorally. Finally, concerning student four, teachers
reported since attending the counseling session, his ability to use self-control strategies had improved, as evidenced by using coping skills such as counting backward from 10 when he became upset and frustrated.

Like the survey administered to the students and parents, the survey contained a 4-Point Likert scale comprised of ratings that included strongly agree (4), agree (3), disagree (2), and strongly disagree (1). The average response for question three was 2.8, indicating the teachers believed the counseling program effectively improved the student’s challenging behavior. The average response for question three was 2.8, indicating the teachers believed the counseling program effectively improved the student’s emotional regulation difficulties. The average response for the fifth question was 3, indicating the counseling program effectively improved the student’s attendance. Finally, the average response for the sixth question was 2.6, indicating the counseling program effectively improved the student’s academics. See Table 10 for the average responses to the teacher’s perception of the counseling program.
Table 10

*Teachers’ Average Responses to the Bounce Back © Perception Survey*

<table>
<thead>
<tr>
<th>Survey Question</th>
<th>Average Rating for the Bounce Back Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Bounce Back© counseling program effectively improved the student’s challenging behavior.</td>
<td>2.8</td>
</tr>
<tr>
<td>The Bounce Back© counseling program effectively improved the student’s emotional regulation difficulties.</td>
<td>2.8</td>
</tr>
<tr>
<td>The Bounce Back© counseling program was effective in improving the student’s attendance.</td>
<td>3</td>
</tr>
<tr>
<td>The Bounce Back© counseling program was effective in improving the student’s academics.</td>
<td>2.6</td>
</tr>
</tbody>
</table>

**Research Question Five**

To what extent, if any, did the Rhithm© wellness check-in platform help the student services team proactively support the SEL well-being of the group participants? This research question is best answered under research question number seven.

**Research Question Six**

What were the students’ perceptions of the Rhithm© wellness check-in platform? To answer this question, the researcher surveyed the students to understand the Rhithm© program. Although the Rhithm© wellness check-in platform was piloted by all of the students enrolled at BMWA, the researcher wanted to ensure students who were receiving counseling regarding trauma were assessed daily to ensure students were able to quickly be supported by members of
the student support team as they were discussing details of the traumatic event. Therefore, only data from the five student participants were evaluated for this study.

The first section of the survey contained four open-ended questions to allow for additional commentary into the insight of the wellness check-in platform. A common theme for question one was the students liked the emojis for each question. Additionally, the students stated they could express how they were feeling by writing their responses and were able to share their feelings without other students talking about and laughing at them. A common theme from the responses to questions number two regarding what was helpful about the program was the activities they were able to do after completing the assessment, the games in the program, and if I said I was sad about anything, a staff member pulled me out of class to talk to me. One student said, “One day, I was hungry, and the principal gave me a snack.” Responses to question number three on the survey included the following comments: “You should complete the program when you are sad.” “You can do the program when you are having a bad day.” "The program reports your feelings to the people in charge." "This program is better than I-Ready." Finally, a student stated, "The behavior specialist came and got me when I said I was mad with a friend last week." In regard to question number four, the students stated the only recommendation they would give to improve the use of the Rhithm© program is being allowed to complete the program several times a day because their feelings can change during the day. One student recommended students complete the program on the weekend in order for a teacher to call them on the weekend to check on them.

The second section of the survey was comprised of the 4-Point Likert rating scale, which included very satisfied, (4) somewhat satisfied (3), somewhat dissatisfied (2), and very dissatisfied (1). The average response for question five was four, indicating the students enjoyed
completing a daily wellness check-in program via the Rhithm© platform. The average response for question number six was four, indicating the students enjoyed completing the self-guided activities in the Rhithm© program. Each time students logged into the platform, they could complete the five assessment questions independently. After completing the brief assessment, the Rhithm© program provided individualized lessons based on the student's responses to the assessment questions. The average response for question number seven was four indicating the Rhithm© wellness program helped the student to regulate their emotions. Finally, the average response to question eight was 4, indicating that the students could speak to an adult about their feelings after completing the daily check-in using the Rhithm© program. See Table 11 for the students’ average responses to the students’ perceptions of the Rhithm© wellness check-in platform.

**Table 11**

*Students' Average Responses to the Rhithm© Perception Survey*

<table>
<thead>
<tr>
<th>Survey Question</th>
<th>Average Rating for the Bounce Back Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>I enjoyed completing a daily check-in using the Rhithm© program.</td>
<td>4</td>
</tr>
<tr>
<td>I enjoyed completing the self-guided activities in the Rhithm© program.</td>
<td>4</td>
</tr>
<tr>
<td>Using Rhithm© helped me to regulate my emotions.</td>
<td>4</td>
</tr>
<tr>
<td>I was able to speak to an adult about my feelings after completing my daily check-in using the Rhithm©.</td>
<td>4</td>
</tr>
</tbody>
</table>

**Research Question Seven**

What were the student service team members' perceptions of the Rhithm© wellness check-in platform? The student services team at BMWA consisted of two school counselors (one for K-4 grades and another for 5-8 grades), one school psychologist, and one behavior specialist.
As discussed in Chapter III, the school psychologist and the middle school counselor's involvement in the research was limited to developing the action plan. Due to the elementary school counselor resigning prior to data collection, the student services team consisted of the behavior specialist.

The behavior specialist shared he has been in his role for five years. Using the Rhithm© platform allowed him to identify early signs of disruptive behavior from students before they had an episode. Not only was he able to proactively check in with the students who were receiving counseling for trauma, but also for students who were on caseload because they currently had a behavior support plan or were referred to him by the school administration team, parent or a member of the student services team. This allowed him to be proactive versus reactive, which is sometimes familiar with student services team members. When asked how the platform could help him be more proactive, he shared he was first able to identify what was going on with them, allowing him to address the issue before it turned into an "explosive" situation.

The behavior specialist shared that the easiest part of implementing the emotional wellness platform was the students, as early as third grade, could go into the platform on their own, navigate through the components of the check-in activity, understand the question, and provide written responses. The most challenging part of the platform was helping students with lower cognitive skills understand the questions. Therefore, he had to assist the students with completing daily check-in sessions. When asked if the program would be easier to implement by others, he said yes. Finally, the behavior specialist was asked if there was a need for a daily wellness program to be implemented in school and widely organized, and he stated yes. Lastly, the behavior specialist shared that even students not on his caseload allowed him to identify students who needed assistance, especially those in middle school grade levels.
Research Question Eight

In what ways can professional development be improved for the student services team? Since the researcher of this study is responsible for facilitating professional development (PD) for the student services team, there are several ways in which PD can be improved. The first way is to ensure a component of the scope and sequence for training focus on supporting students with a history of mental health illness. The Mental Health First Aid for Youth (Y-MHFA) is a training member of the student services team who would benefit from attending. Y-MHFA is a modified version of Mental Health First (MHFA) developed to support adults with potential mental health crises (Sánchez et al., 2021). The MHFA is a 12-hour course which was launched in 2001. The course was created to teach individuals of the public how to support an individual experiencing a mental health crisis and help them to receive professional support (Kelly et al., 2011). Y-MHFA trains adults to support children ages 12-18 experiencing a mental health crisis (Sánchez et al., 2021). The course was designed to train adults who work with adolescents with the goal of improving literacy on mental health for students.

Another way PD can be improved for student services team members is for BMWA to continue its partnership with the current consultant. For the last two years, BMWA has partnered with iOpening Enterprises© to help staff and families understand how to support students impacted by trauma in various ways. These ways have included facilitating monthly meetings with the implementation team, which consists of school administration, teachers, and student services team members. Additionally, training sessions on trauma-informed practices are provided to all staff at BMWA. Furthermore, iOpening Enterprises© has developed a trauma curriculum that can be used with students allowing school counselors to have the option to use
this specific curriculum and the Bounce Back© counseling program to support the social and emotional needs of students who have been impacted by trauma.

Conclusion

The findings of this mixed-methods applied research study show evidence of the success of implementing trauma-informed interventions to support the social-emotional needs of students impacted by trauma. Despite the challenges associated with the study, the increase in academic gains and decrease in student absences for some students highlighted the impact of the program’s efficacy. Additionally, the program showed a decrease in disciplinary infractions for the participating students. Additionally, qualitative data collected from the teachers and the behavior specialist supported the achievement of the interventions for the students in the counseling program. Chapter V will discuss conclusions drawn from the study, further implications for future study, limitations, and recommendations.
CHAPTER V: DISCUSSION

Introduction

The purpose of this mixed methods applied research was to support the social-emotional needs of students impacted by trauma by implementing trauma-informed practices. In Chapter I, the need was established in the school site for implementing trauma-informed practices for students impacted by trauma. Chapter II provided relevant research exploring the types of childhood trauma, the effects of trauma on the school environment, and the effects on cognitive skills, academics, school behavior, and school attendance. Additionally, Chapter II provided literature on how the recent pandemic, COVID-19, has impacted child and adolescent trauma. Finally, Chapter II provided research on trauma-informed practices used in schools to help students impacted by trauma. Chapter III presented the action plan's collaborative development and evaluation methods for the study. Chapter IV provided an overview of the study's evaluation results.

Chapter V will include a discussion of the findings with connections to the research. Additionally, this chapter will discuss barriers and limitations encountered throughout the implementation of the action plan. Furthermore, the researcher will address the program evaluation standards: Utility, Feasibility, Propriety, Accuracy, and Evaluation Accountability. Finally, recommendations will be made for future practice research implications.
Element I- Implementation of Trauma Counseling Curriculum

The first element of this research study was implementing a trauma counseling curriculum. Before the researcher implemented this study, neither BMWA nor DFCS had a curriculum for school counselors, school social workers, or school psychologists to use when working with students impacted by trauma. The clinicians at BMWA often used resources found on Teachers Pay Teachers© or other online counseling resources during their counseling sessions. Therefore, having a specific curriculum for students impacted by trauma allowed the students in the study to learn evidenced-based strategies and coping skills when dealing with their trauma. A literature review has shown CBITS is an effective intervention when working with students impacted by trauma.

Element II- Implementation of Emotional Wellness Platform

The second element was the implementation of an emotional wellness platform called Rhithm©. In the past, when checking in with students, members of the student service team would use a method called Check-In and Check-Out which was paper-based. The staff member was responsible for meeting with the student every morning and identifying at least two to three goals for the day. As the student attended classes throughout the day, the teachers, including elective teachers, would give students points based on how well the student behaved in class. The student had to check out with their assigned staff member, and the number of points was calculated to determine whether the student had met their goal.

Although the Rhithm© platform is designed to check on the wellness of students and not to measure if the student has met their behavioral goals, the usage of the platform allowed members of the student services team to proactively check on students after their arrival at school to ensure the students were not having any barriers to learning for the day. Before
implementing the program with the students, members of the Senior Leadership Team had an opportunity to participate in a platform demo. After receiving their support for implementing the program, the Rhithm© program was implemented during DFCS Summer Learning Program allowing all students to pilot it. The pilot allowed the school counselors working the program to intervene with several students who needed emotional support during the summer program.

**Element III- Progress Monitoring**

The final element of the action plan was progress monitoring. Progress monitoring included the students’ attendance, grades, and behavior. As a former school social worker, monitoring the student’s behavior and disciplinary infractions was a higher priority than attendance and grades. As the researcher of this study, it was essential to monitor all three areas to ensure the trauma-informed practices implemented were contributing to the student’s success and not causing harm. Based on the data collected, some students did make progress in attendance and academic gains in ELA and Math. However, some students stayed the same or regressed.

**Limitations of Study**

The current study had several limitations. The first limitation was that the number of students who participated in the study was lower than the initial number of students identified by the student services team who met the criteria to participate. During the development of the action plan, 14 students were identified who would benefit from participating in the counseling program. However, some parents did not want their children to participate for various reasons, and/or the students did not want to participate. These factors contributed to the low enrollment in the counseling program. Some of the reasons the parents declined for their child to participate were because either their child did not need any counseling despite the child showing
externalizing symptoms of grief (crying, refusing to do work) or they wanted to ask their child for their opinion and never followed back up with the researcher or the school counselor. Students declined to participate because some expressed that counseling had never helped them and felt the program would be boring.

The second limitation of the study was the decision of the Local Education Agency (LEA) to regain control of BMWA after the school had been under the Infinity School District for the last 10 years. After BMWA personnel were informed of the decision, staff morale declined, impacting the other schools under DFCS. As staff heard about BMWA’s return to the original LEA, many school personnel began to resign and look for employment outside of DFCS due to the uncertainty of their career. This led to the resignation of the school counselor, a main stakeholder who helped implement the action plan. Due to the school counselor's resignation, some data could not be collected.

Additionally, the student services team and school administrators began to observe the increase in student behavior and social-emotional support needs beyond the students in the counseling program. As students and families were informed about the transition, school administrators shared how students often questioned what would happen to the staff. One school administrator reported that a student asked what would happen to her and if she would have money to feed her family. After hearing this statement, it made the researcher realize not only did the students have to deal with their level of trauma, but they had taken on the trauma of the adults whom some considered to be role models. Would this be a repeat of the pandemic three years ago, where students felt isolated when they could not have contact with their teachers? Would students feel like their teachers had abandoned them? Hearing some teachers would still
be working at BMWA under the new LEA gave the researcher hope the students would be okay with seeing some familiar faces and not feeling abandoned.

The third limitation of the study is that although the student services team consisted of four members, who helped to develop the action plan. Only two of the team members could participate in implementing the action plan. This was primarily due to the school counselor for the middle school grade levels being assigned the testing coordinator for the school site, which limited her ability to provide social and emotional support for students. Finally, due to numerous students at BMWA being referred for academic challenges, the school psychologist had to primarily focus on evaluating these students to ensure they received appropriate interventions and services for their academic difficulties.

**Program Evaluations Standards**

As discussed in Chapter III, the researcher used the five program evaluation standards (utility, feasibility, propriety, accuracy, and accountability) to evaluate the implementation of the action plan. The five program evaluation standards provide a valuable way to examine the caliber of a program to build capacity in response to the needs of the stakeholders, which ultimately leads to the improvement of the program and contributes to the organization's value (Yarbrough et al., 2011). According to Yarbrough et al. (2011), the utility standard examines the extent to which the evaluation processes and products are valuable in meeting the stakeholder's needs. The implementation of the counseling program allowed students impacted by trauma to learn coping skills, relaxation techniques, and how to problem-solve and identify their feelings. Implementing the daily check-in wellness program allowed members of the student services team and school administrators to proactively identify students who may have been experiencing
some challenges with their well-being, allowing them to intervene earlier before behavior challenges escalated.

The following program standard utilized to evaluate the program was the standard of feasibility. Yarbrough et al. (2011) described feasibility as "the extent to which resources and other factors allow an evaluation to be conducted in a satisfactory manner" (p. 288). In order to implement the program successfully, several resources were required. These resources include the willingness of students, parents, and school personnel to engage in the program, time, and access to various school platforms such as DeansList© PowerSchool©, Bounce Back© counseling program, and Rhithm©). Several of these resources helped the researcher to track the student's academic and behavioral progress.

The third program standard, propriety, speaks to the program's fairness, legality, and ethics (Yarbrough et al., 2011). To ensure the program was enacted using all the attributes of propriety, the researcher received Collaborative Instructional Training Initiative (CITI) training before developing the program. The training included several modules focused on protecting the rights of students and participants, federal regulations, informed consent, privacy, and confidentiality, as well as ethical principles. In addition to the CITI training, the research received approval from the University of Mississippi's Institutional Review Board (IRB) before conducting the program evaluation. The approval also required the consent of the researcher's dissertation chair. Each participant was informed of his/her rights regarding the study and the right to withdraw at any time. To maintain compliance, all surveys were completed anonymously. Finally, the researcher and the school counselor followed their professional, ethical guidelines (American School Counselor Association and National Associate of Social Workers) when working with the students and parents.
The fourth standard is accuracy. This standard addresses the element of integrity in conclusions and findings. Accuracy attends to approximately eight standards, including reliability, validity, reduction of error and bias, data collection, data analysis, logic, conclusions, and communication (Yarbrough et al., 2011). Various types of data were collected during this study. Data included an interview with the behavior specialist and completing surveys by the students, teachers, and parents. The data collected can be validated through recordings and Dawkins Farms Collegiate Schools records obtained with participants' permission and from parents/guardians of minor participants.

The final program standard used was accountability. According to Yarbrough et al. (2011), accountability examines the study's methodology. Both qualitative and quantitative data were analyzed according to the methods identified in Chapter III. All findings reported are supported by the data collected throughout the evaluation process.

**Recommendations for Future Research**

Individuals serving as school administrators and district/charter network levels are responsible for making decisions that impact the school’s budget and decide how funds are distributed to various funding categories. Future research on trauma-informed practices could focus on the knowledge of these stakeholders. For example, if school district leaders were aware of how trauma can impact a student’s academic performance and attendance, would they be willing to allocate funding in the schools’ budget to support students who are impacted by trauma? Supports and resources could be provided, such as hiring additional mental health personnel to provide counseling services to students or developing a resource center in connection with a community agency for families to come to get support for the student and family beyond the school day. Furthermore, future research could also focus on the professional
development school mental health clinicians received regarding Cognitive Behavioral Interventions for Trauma in Schools (CBITS) and how teachers use trauma-informed practices in their classrooms. Since it has been three post the COVID-19 pandemic, future research should explore how schools have implemented trauma-informed practices for students impacted by the COVID-19 pandemic. Additionally, research should explore how these practices have supported students impacted by nationwide racial trauma.

**Recommendation for Dawkins Farms Collegiate Schools**

It is recommended Dawkins Farms Collegiate Schools include a goal of addressing students who have been impacted by trauma as part of the annual strategic plan. Components of the strategic plan should include school personnel who is responsible for addressing the social emotional needs of students to receive additional training in trauma interventions. These school personnel include school counselors, school psychologists, and school social workers. These stakeholders should be allowed to receive training to implement the Bounce Back© counseling curriculum and on CBITS. The second component of the strategic plan should include a method for identifying students who have been impacted by trauma. Currently, DFCS does not have a way of identifying students who have been impacted by trauma unless the traumatic event has been disclosed by the student, the parent, or heard from community stakeholders.

It is also recommended DFCS adopt the Rhithm© platform beyond the pilot period and implement the daily wellness platform as an extension to the organization’s social-emotional learning imitative. Having a daily wellness platform will not only help the student services team members but also school administrators and teachers to proactively intervene with all students who may be experiencing any emotional needs prior to the start of the school day, regardless of if they have been impacted by trauma or not. Finally, it is recommended that DFCS continues its
partnership with the current external consulting company in order for school personnel to continue to receive training on supporting and teaching students who have been impacted by trauma. Although the focus of the study was at BMWA, the school will no longer be a part of DFCS. The other two schools within DFCS Charter Network have identified students who have been impacted by trauma since the reopening of schools post the COVID-19 pandemic.

**Recommendations for Policy**

As childhood trauma continues to increase, the need for schools to step up and support students continues to grow. Various research has shown an association between a child experiencing trauma in their childhood and their academic function. As a result, addressing childhood trauma at the school level has caught the attention of policymakers (Boyd, 2022). In contrast, several states mandate teachers and school personnel to receive training specific to childhood trauma (Srivastav et al., 2020). In 2019 the State of Tennessee Legislator passed a bill requiring local education agencies (LEA) and public charter schools to develop a trauma-informed discipline policy and conduct an ACE assessment before suspending, expelling, or requiring a student to attend in-school suspension or an alternative school (Adverse Childhood Experiences Program, H.R. 0982, 2021). However, it is unlikely all schools are following the policy.

Since legislators have the ability to create policies, this puts them in a position to lead the campaign of addressing the growing public health topic of childhood trauma. It is recommended that policymakers within the state of Tennessee continue to develop policies schools and districts must follow when working with students who have been impacted by Adverse Childhood Experiences (ACE) or childhood trauma. One approach is the use of the Whole School, Whole Community, Whole Child (WSCC) framework (Srivastav et al., 2020). The WSCC is more
student-centered and emphasizes supporting the student's physical, mental, and cognitive strengths from a community perspective. Using the WSCC framework allows states to provide more guidance to schools on addressing trauma. In doing so, policymakers at the state level follow seven principles. These principles include establishing a vision for school safety, establishing a task force to help develop the concept, and ensuring school staff has a basic knowledge of trauma (Srivastav et al., 2020).

Additionally, policymakers should adopt a policy requiring schools to provide mental health services to students who have experienced ACEs or childhood trauma. To do this effectively, this would require schools to hire additional school counselors. Currently, the school counselor ratio is 1:500 for grades Kindergarten through sixth and 1:350 for grades seventh through twelfth (Tennessee Department of Education, 2017). It is the researcher's aspiration with the new funding for schools, Tennessee Investment in Student Achievement (TISA). Schools are able to hire additional school counselors in order to decrease the current student-to-counselor ratio to address the social-emotional needs and provide services to the students who have been impacted by trauma.

**Researcher’s Reflection**

After conducting the research at BMWA, I reflected on the program's overall success. As the researcher, I do not believe the implementation of the counseling program was as robust as I would have wanted it to be. The interruption of the LEA and the state's Department of Education having BMWA in a custody battle led to the resignation of one critical stakeholder in implementing the program, despite the future of BMWA impacting the morale of the school personnel. The battle brought out the empathy side of students as students showed concern for their teachers, wanting to know about their careers and livelihood. Finally, my role began to
change as I was pulled to provide support at another campus because the school no longer had any school counselors.

Implementing the Rhithm© wellness program was successful, although it was studied with a small group of students. After the study was completed, Dawkins Farms Collegiate Schools continued piloting the program during the summer learning program with approximately 350 students and 40 summer program personnel. Feedback from the staff was positive and made me realize the need to advocate for the purchase and implementation of the program for the upcoming school year. The program will be introduced to school leaders in the upcoming weeks to get their feedback on the program.

Implementing the elements of the study made me realize there is room for growth in supporting students who have been impacted by trauma. One particular area is having a structured way of screening students impacted by trauma. Each year, we should administer a brief screening to parents as part of school registration for the school's student support team and school administrators to identify students early to ensure they have the social-emotional and academic support to be successful. Yes, BMWA is doing some interventions to help students impacted by trauma. However, one question remains unanswered: How can we receive additional funding to continue implementing additional interventions to support the whole child?

Despite the research having some challenges, there were some positive outcomes. The first outcome was my relationship with the parents motivated the parents to participate in their child's counseling sessions. BMWA parent engagement at events other than reward ceremonies and graduation is shallow. Additionally, sometimes it is hard to get families within the Black community to participate in counseling and to talk about traumatic events. This was a success, and the relationship between the students and their teachers improved, an observation I noticed
during my study was although there was not a dramatic change in the behavior of the students participating in the counseling program. The qualitative statements provided in the surveys by the teachers showed the improvement of the student and teacher relationships. Some of the teachers reported how the students were less defensive while participating in the counseling program, which helped the students and teachers have a more positive relationship with each other. To effectively support students impacted by trauma or adverse childhood experiences, relationships with the students and families have to be nurtured to help the student overcome their traumatic journey and succeed in life.

If given another chance to redo this study, I would have implemented it with a larger population of students and implemented it at all three schools under Dawkins Farms Collegiate Schools. This would have given the stakeholders an overview of how trauma and adverse childhood experiences can impact students and school environments based on the location of the school site. For example, the schools in the other communities have more community supporters and provide the schools with additional support. I would also ensure the participants in the study included more nonstudents with disabilities. Although the program was extended to all students, the majority of the students with an Individualized Education Plan primarily participated in the program.

Conclusion

Completing this study allowed me to gain valuable information on how trauma can impact a child and how important it is for schools to provide mental health interventions for this unique population of students. Furthermore, it increased the researcher's understanding of how school-aged children's academics, behavior, and school attendance can be impacted for children whom Adverse Childhood Experiences or any other traumatic event has impacted. Identifying
students impacted by trauma is critical in helping them receive early interventions to prevent the traumatic event from hindering their success. Although supporting students impacted by trauma can be challenging for school personnel, creating a trauma-informed school and using trauma-informed approaches is a way schools can support these students.

Finally, as I close the chapter of being the Director of Student Services at Dawkins Farms Collegiate Schools, this research has taught me no matter what career path I decide to take, I will always be an advocate and a social worker for the unprivileged and the silent voices. My passion for fighting for the rights of Black and Brown children will never go away. I hope the seeds I planted through this research will continue to be watered, nurtured, and grow, allowing all students impacted by trauma and attending DFCS to receive the support earlier versus later. Finally, as the incoming Director of Human Resources at Dawkins Farms Collegiate Schools, this research will allow me to ensure the staff we are hiring have the heart and desire to want to support and work with students whose life may not be as straight and narrowed but full of bumps and curves just needing to be loved and supported to help them spring back into their selves before trauma interrupted their life.
LIST OF REFERENCES
References


https://doi.org/10.1080/23794925.2019.1565501

https://doi.org/10.1007/s12310-016-9177-0


Hampton-Anderson, J. N., Carter, S., Fani, N., Gillespie, C. F., Henry, T. L., Holmes, E., Lamis,


Kelly, C. M., Mithen, J. M., Fischer, J. A., Kitchener, B. A., Jorm, A. F., Lowe, A., & Scanlan,


Mulholland, M., & O’Toole, C. (2021). When it matters most: A trauma-informed, outdoor


56. https://doi.org/10.1016/j.amepre.2015.06.013


https://doi.org/10.1111/cdev.12864


https://www.tn.gov/content/dam/tn/education/ccte/counseling/ccte_counseling_implementation_guide.pdf


standards for program educational evaluation – The program evaluation standards: A guide for evaluators and evaluation users. Sage Publications, Inc.


APPENDICES
### APPENDIX A: MEETING AGENDA

Student Services Team Meeting Agenda  
October 20, 2022  
1:30 pm-3:00 pm

<table>
<thead>
<tr>
<th>Topic</th>
<th>Guiding Questions(s)/ Statement(s)</th>
<th>Allocated Time</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Check-In</strong></td>
<td>Share one activity you did over Fall Break</td>
<td>10 Minutes</td>
</tr>
</tbody>
</table>
| **Why the focus?** | Increase of disciplinary infractions, suspensions, and expulsions after reopening school due to pandemic  
                      Staff is currently receiving trauma training, but how are we supporting students? | 25 Minutes     |
| **Current Process** | What specific supports are provided to students who have been impacted by trauma?  
                       How are students identified who have been impacted by trauma?  
                       How many students are currently enrolled? | 20 Minutes     |
| **Future Planning** | What additional resources does the school site and organization need to support the emotional needs of students impacted by trauma? | 20 Minutes     |
| **Next Steps**   | When is the time available to meet again to develop an action plan for supporting students impacted by trauma at the school site? | 5 Minutes      |
Child and Adolescent Trauma Screen (CATS) - Youth Report

Name:  
Date: ____________

Stressful or scary events happen to many people. Below is a list of stressful and scary events that sometimes happen. Mark YES if it happened to you. Mark No if it didn’t happen to you.

<table>
<thead>
<tr>
<th>Event</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Serious natural disaster like a flood, tornado, hurricane, earthquake, or fire</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Serious accident or injury like a car/bike crash, dog bite, or sports injury</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Threatened, hit or hurt badly within the family</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Threatened, hit or hurt badly in school or the community</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Attacked, stabbed, shot at or robbed by threat</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Seeing someone in the family threatened, hit or hurt badly</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Seeing someone in school or the community threatened, hit or hurt badly</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Someone doing sexual things to you or making you do sexual things to them when you couldn’t say no. Or when you were forced or pressured.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. On line or in social media, someone asking or pressuring you to do something sexual. Like take or send pictures.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Someone bullying you in person. Saying very mean things that scare you</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Someone bullying you online. Saying very mean things that scare you</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Someone close to you dying suddenly or violently</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Stressful or scary medical procedure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. Being around war</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. Other stressful or scary event?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Describe:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Turn the page and answer the next questions about all the scary or stressful events that happened to you.
Mark 0, 1, 2 or 3 for how often the following things have bothered you in the last two weeks:

0 Never  /  1 Once in a while  /  2 Half the time  /  3 Almost always

1. Upsetting thoughts or pictures about what happened that pop into your head. 0 1 2 3
2. Bad dreams reminding you of what happened. 0 1 2 3
3. Feeling as if what happened is happening all over again. 0 1 2 3
4. Feeling very upset when you are reminded of what happened. 0 1 2 3
5. Strong feelings in your body when you are reminded of what happened (sweating, heart beating fast, upset stomach). 0 1 2 3
6. Trying not to think about or talk about what happened. Or to not have feelings about it. 0 1 2 3
7. Staying away from people, places, things, or situations that remind you of what happened. 0 1 2 3
8. Not being able to remember part of what happened. 0 1 2 3
9. Negative thoughts about yourself or others. Thoughts like I won’t have a good life, no one can be trusted, the whole world is unsafe. 0 1 2 3
10. Blaming yourself for what happened, or blaming someone else when it isn’t their fault. 0 1 2 3
11. Bad feelings (afraid, angry, guilty, ashamed) a lot of the time. 0 1 2 3
12. Not wanting to do things you used to do. 0 1 2 3
13. Not feeling close to people. 0 1 2 3
14. Not being able to have good or happy feelings. 0 1 2 3
15. Feeling mad. Having fits of anger and taking it out on others. 0 1 2 3
16. Doing unsafe things. 0 1 2 3
17. Being overly careful or on guard (checking to see who is around you). 0 1 2 3
18. Being jumpy. 0 1 2 3
19. Problems paying attention. 0 1 2 3
20. Trouble falling or staying asleep. 0 1 2 3

<table>
<thead>
<tr>
<th>CATS 7-17 Years Score &lt;15</th>
<th>CATS 7-17 Years Score 15-20</th>
<th>CATS 7-17 Years Score 21+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Normal. Not clinically elevated.</td>
<td>Moderate trauma-related distress.</td>
<td>Probable PTSD.</td>
</tr>
</tbody>
</table>

Please mark “YES” or “NO” if the problems you marked interfered with:

1. Getting along with others  □ Yes □ No  4. Family relationships  □ Yes □ No
2. Hobbies/Fun  □ Yes □ No  5. General happiness  □ Yes □ No
3. School or work  □ Yes □ No
Hello.

My name is XXXXXX, and I am XXXXXX. Your child was referred to the school counselor because he/she recently has been impacted by the loss of a family member or have experienced some other form of traumatic experience. I am calling today because the school counselor and I will facilitate a counseling program for students impacted by trauma called Bounce Back.

The program consists of ten group counseling sessions, three individual counseling sessions. During the counseling sessions, your child will talk about past stressful events and learn coping skills to help them feel better and function better after stressful events. If you would like your child to participate, we will need you to complete three permission forms.

The first permission is written consent from you to administer a trauma screener. We will ask your child: "Have you seen someone attached, stabbed, shot at, hurt badly, or killed?" "Has someone close to you died suddenly or violently?" In addition, we will ask your child whether he or she has trouble falling asleep. Finally, you have the right to inspect, upon request, the survey document and any materials used in connection with the survey before the survey is administered to your child.

The second permission is for your child to participate in the counseling sessions.

The third permission is for your child's demographic information to be uploaded into a program called Rhithm©. Only your child's name, email address, birth date, gender, school of attendance, and grade level will be provided to Rhithm©. Rhithm© is a digital emotional wellness tool that helps students share their feelings and needs and enables educators to respond.

Rhithm allows students to practice emotional awareness, understanding, and regulation through a fun, daily check-in and a library of self-guided activities.

If you do not want your child to participate, it will not impact your child in any way. If you choose to have your child participate, I will send home the permission forms for you to complete and return to the school the next day. Does this sound like a program you would like your child to participate in? Do you have any questions?

☐ Parent is interested in having their child to be screened
☐ Parent is not interested in having their child to be screened

Notes:________________________________________________________________________
___________________________________________
___________________________________
______________________________________________________________________________
Dear Parent/Guardian,

Your child, ______________________, has been identified as a student who has recently experienced stressful events. Research has found that students who have experienced trauma as victims or witnesses often suffer from a unique kind of stress called traumatic stress. It could show up in the form of your child not wanting to go to school or as having difficulties with schoolwork and concentration.

Traumatic incidents may occur inside or outside of school. Some examples of potentially traumatic events include: experiencing violence (e.g., school shootings, abuse in the home, community violence); the death of a close family, or other physical, emotional, or life-threatening events that have lasting adverse effects on a school-aged youth’s mental, physical, social, or emotional health.

We would like your permission to ask your child some questions about whether he or she has experienced or witnessed stressful events. Examples of questions that we will ask your child are “Have you seen someone attached, stabbed, shot at, hurt badly, or killed?” “Has someone close to you died suddenly or violently?” In addition, we will ask your child whether he or she has trouble falling asleep. You have the right to inspect, upon request, the survey document and any materials used in connection with the survey before the survey is administered to your child.

The information we collect will not be a part of your child’s school record. In addition, all information will be kept confidential and in accordance with student safeguards defined by the Family Educational Rights and Privacy Act (FERPA), and LA Revised Statute 17.3914, or the Health Insurance Portability and Accountability Act (HIPPA), if applicable.

If we find that your child has been a victim or witness to a stressful event, you will be notified by XXXX, and the next steps will be discussed regarding participation in a short-term counseling program called Bounce Back that will be held at your child’s school and facilitated by the school counselor or school psychologist. Your child’s participation is voluntary. Choosing not to take part, or stopping participation, will not impact your child.

If you would like your child to participate in the screening, please sign the bottom of this form and return to your child’s school. If you have any questions related to the screening or would like to receive a copy of the questions that we will be asking your child, please contact me at XXXXXXX or via phone at XXXXXX.

☐ YES, you have permission to screen my child.

☐ NO, you do not have permission to conduct an individual screening on my child.

Parent/Guardian Signature: ______________________________  Date: ___________________
APPENDIX E: REMINDER MESSAGE

Greetings Parents/Guardian,

This is a reminder to please return the following permission forms if you would like for your child to participate in the Bounce Back© Counseling Program. Unfortunately, we do not have permission on file for the reason(s) bolded.

- Permission for Trauma Screening
- Permission for Counseling
- Permission to Disclose Demographic Information to Rhithm©

If you have any questions, please contact the counseling team at 901-598-1579 or via email at aboyd@myjourneycs.org. We look forward to working with you and your child.
APPENDIX F: ORAL ASSENT SCRIPT WITH RECORD OF CHILD’S (AGED 7-13) RESPONSE

I would like to ask you to help me with a project that I am doing for one of my classes at The University of Mississippi. If you agree, you will complete an assessment and participate in a trauma counseling program. The counseling program will consist of 10 group sessions and three individual counseling sessions. The last counseling session will be with your parent/guardian, where you will narrate your trauma story to your parent/guardian. The school counselor and I will lead the counseling sessions together. Additionally, you will complete daily emotional wellness check-ins with the behavior specialist using a platform.

What questions do you have about what you will do for me?

Will you do this? ☐ Yes ☐ No

Name:__________________________________________ Date:_________________________
## APPENDIX G: BOUNCE BACK© SESSION TOPICS

<table>
<thead>
<tr>
<th>Section #</th>
<th>Topic</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Group Counseling Sessions</strong></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Treatment Expectations, Introductions, and Psychoeducation</td>
</tr>
<tr>
<td>2</td>
<td>Rationale, Feelings and Positive Activities, and Normalizing Common Reactions</td>
</tr>
<tr>
<td>3</td>
<td>Body Feelings (Physiological Arousal) and Relaxation Training</td>
</tr>
<tr>
<td>4</td>
<td>Using Helpful Thoughts</td>
</tr>
<tr>
<td>5</td>
<td>“I Can Do It Ladder” (In vivo Exposure Hierarchy)</td>
</tr>
<tr>
<td>6</td>
<td>Review Coping Skills</td>
</tr>
<tr>
<td>7</td>
<td>Social Support and Problem Solving</td>
</tr>
<tr>
<td>8</td>
<td>Practice with Problem Solving</td>
</tr>
<tr>
<td>9</td>
<td>Review, Check Hierarchy Progress, Relapse Prevention</td>
</tr>
<tr>
<td>10</td>
<td>Graduation/Celebration</td>
</tr>
<tr>
<td><strong>Individual Counseling Sessions</strong></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Creating the Trauma Narrative &amp; Trauma Processing</td>
</tr>
<tr>
<td>2</td>
<td>Continued Trauma Narrative Processing, Preparing for Joint Session</td>
</tr>
<tr>
<td>3</td>
<td>Parent Meeting/Conjoint Session (Child shares trauma narrative)</td>
</tr>
</tbody>
</table>
Dear Parent/Guardian,

Your child XXXXX is invited to participate in the Bounce Back Counseling Program. The Bounce Back Counseling Program is a program for students who have been exposed to traumatic experiences. Your child will learn new ways to cope with stressful experiences in their lives (an accident, loss of a loved one, witnessing or being the victim of violence, etc.) that get in the way of being successful in school, at home, or in the community. The Bounce Back Counseling Program consists of 10 group sessions, 3 individual sessions, and 2 parent education sessions.

The program will be facilitated by the school counselor, XXXXXX, and the Director of Student Services, XXXXXX. For questions regarding the program, you may contact the school counselor at XXXXXX.

I understand the following:

- My child’s counselor will keep information gained during counseling sessions private but will inform me about the child’s general progress and involve me immediately if needed to avert danger to my child. While the school counselor will need to confer with school staff and the Director of Student Services, the school counselor will not share any information my child or I have asked to be kept in confidence. The school counselor’s immediate supervisor or Director of Student Services may observe counseling sessions to determine best practices for counseling services.

- If child abuse, elder abuse, dependent adult abuse, intent/ thought to harm self or others is suspected, the school counselor is required by law to inform the proper authorities so that protective measures can be taken.

- Counseling services are voluntary, and I understand my child or I have a right to discontinue counseling services at any time.

- There is no charge to my child for these counseling services or me. Counseling sessions will consist of 10 group sessions, 2 individual sessions, and 2 parent education sessions.

- If joint legal custody: I understand that as a parent with joint legal custody, I must inform the other legal custodian that our child is participating in counseling at XXXX XXXXX School. I understand that the other legal custodian may seek information or records about this counseling or may object to counseling for the minor(s).

I, _____________________________________, as the parent(s)/legal guardian who has/have sole/joint legal custody of __________________________, give permission for my child to participate in XXXXX counseling.

____________________________________  ______________________
Parent/Legal Guardian Signature            Date
## APPENDIX I: BOUNCE BACK© MATERIALS LIST

<table>
<thead>
<tr>
<th>Section #</th>
<th>Materials To Bring/Purchase</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Group Sessions</strong></td>
<td></td>
</tr>
</tbody>
</table>
| 1 | • Written group schedule  
• Whiteboard or poster board and markers for agenda and group rules  
• Confidentiality forms  
• M&M’s or Skittles  
• Goals Worksheet  
• Parent handout Session 1 |
| 2 | • Whiteboard or poster board and markers (post agenda)  
• Common Reactions Handouts  
• Feelings Flashcards  
• Feelings Grab Bag  
• Feelings Poster  
• Feelings Thermometer  
• Practice Sheet Session 2  
• Parent handout for Session 2 |
| 3 | • Whiteboard or poster board and markers (post agenda)  
• Poster Board with Body Feelings  
• Practice Sheet Session 3  
• Parent handout for Session 3 |
| 4 | • Cave people cartoon picture  
• Cartoon pictures 1-6  
• Blank Courage Cards  
• Practice Sheet for Session 4  
• Parent handout for Session 4 |
| 5 | • Ladder handout  
• Practice Sheet for Session 5  
• Parent Handout for Session 5 |
| 6 | • CBT Triangle  
• Treasure Hunt Clues (envelopes optional)  
• For Treasure Hunt Stations: Feelings chart, Body Feelings Poster, stuffed animals, courage card, cartoon thought bubble scenarios, I can Do It Ladder, “A Terrible Thing Happened” Book, a small prize for each child Practice Sheet for Session 6  
• Parent handout for Session 6 |
<table>
<thead>
<tr>
<th>Session</th>
<th>Materials</th>
</tr>
</thead>
</table>
| 7 | * The Invisible String picture book  
  * For 5-8 year olds construction paper and pens/crayons  
  * Who is on Your Team Handout  
  * What to do when your Feeling Thermometer is Rising Handout (LARGE)  
  * Practice Sheet for Session 7  
  * Parent handout for Session 7 |
| 8 | * What To Do When Your Feeling Thermometer is Rising Worksheet (Large laminated)  
  * Role Play cards  
  * Empty child size milk carton  
  * Practice Sheet for Session 8  
  * Parent handout for Session 8 |
| 9 | * CBT Triangle  
  * Review Game Questions  
  * Practice Sheet for Session 9  
  * Parent handout for Session 9 |
| 10 | * Materials for skit, poem, song, commercial, drawing or other consolidation project  
  * Rewards that students have earned  
  * Relapse Prevention Practice Sheets  
  * FILLED OUT Parent handout for Session 10 |

**Individual Sessions**

<table>
<thead>
<tr>
<th>Session</th>
<th>Materials</th>
</tr>
</thead>
</table>
| 1 | * My Story pages  
  * Crayons, markers, pencils, lined and unlined paper  
  * Parent handout for Individual Session 1 |
| 2 | * My Story pages  
  * Crayons, markers, pencils, lined and unlined paper  
  * Parent handout for Individual Session 1 |
| 3 | * Student’s completed trauma narrative |
APPENDIX J: NOTIFICATION AND OPT-OUT FORM FOR DAILY CHECK-IN

Dear Parent or Guardian,

During Quarter 3 of the 2022-2023 school year, students can participate in an online daily check-in app called Rhithm©. Students will be asked to respond to questions indicating how they feel physically, emotionally, and socially. The daily check-in app is designed to help us make informal and timely decisions that support our students' SEL needs and development.

If you consent to your child using the daily check-in app, no action is required. If you do not consent to your child using the daily check-in app, please complete the form and return it to your child’s school no later than January 31, 2023. If you do not have access to a printer, you may pick up a copy of this form in the front office at your child’s school. For more information about the daily check-in app, please visit https://rhithm.app/parent-faq/ or contact your child’s professional school counselor.

Respectfully,

Altovise Boyd
Director of Student Services

---------------------------------------------------------------------------------------------------------------------

Please fill in, initial, sign, and return this form if you DO NOT want your child to participate.

______________________ DOES NOT have permission to participate in the Rhithm© daily check-in app.

(child’s name)

Initials to opt out:

______________ Rhithm© Daily Online Social Emotional Check-In

Parent/Legal Guardian Signature ___________________________ Date

140
APPENDIX K: PROGRESS MONITORING DATA TRACKER

<table>
<thead>
<tr>
<th>Student</th>
<th>Attendance</th>
<th>Academic</th>
<th>Disciplinary Infractions</th>
<th>Suspensions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
APPENDIX L: SCHOOL COUNSELOR INTERVIEW QUESTIONS

1. How long have you been a school counselor?

2. Please describe your experience facilitating the Bounce Back© counseling curriculum.

3. How prepared did you feel to implement the Bounce Back© counseling program? Please explain.

4. Do you believe the online training provided you with adequate training to implement the Bounce Back© curriculum? If not, Please explain.

5. Do you believe the Bounce Back© curriculum is easy to implement? If not, Please explain.

6. What components were easy to implement and what components were difficult to implement? Please explain.

7. Do you believe the Bounce Back© curriculum will be easy to understand by other school counselors? If not, Please explain.

8. Do you believe the Bounce Back© curriculum is age-appropriate for students impacted by trauma? If not, Please explain.

9. Do you believe there is a need to include a trauma focused counseling curriculum for school counselors to use and implement? If not, Please explain.

10. Did you find the Bounce Back© curriculum to be effective?

11. Do you believe the Bounce Back© curriculum has/will decrease disciplinary infractions in students impacted by trauma? If not, Please explain.

12. Do you believe the Bounce Back© curriculum has/will increase appropriate social skills in students impacted by trauma? If not, Please explain.
13. Do you have any additional comments about the Bounce Back© counseling program this survey did not address?
# APPENDIX M: PARENT PERCEPTION SURVEY-COUNSELING

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>I was satisfied with the in-school counseling services provided to my child.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The Bounce Back © Counseling Program effectively improved my child’s coping skills.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>My child enjoyed participating in the counseling program.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I enjoyed participating in my child’s individual counseling sessions.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The handouts from the group sessions were helpful to me.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
APPENDIX N: STUDENT PERCEPTION SURVEY-COUNSELING

1. What did you learn from the group?
2. What was the most helpful part about attending the group?
3. What would you tell a friend about this kind of group?
4. Are there any things you would change in order to improve the group?

<table>
<thead>
<tr>
<th></th>
<th>Very Satisfied</th>
<th>Somewhat Satisfied</th>
<th>Somewhat Dissatisfied</th>
<th>Very Dissatisfied</th>
</tr>
</thead>
<tbody>
<tr>
<td>I enjoyed attending the Bounce Back© counseling sessions.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The coping skills I learned in my counseling sessions will help me solve my problems.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Attending the Bounce Back© counseling program will help me act better at school.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
APPENDIX O: STUDENT PERCEPTION SURVEY-RHITHM©

1. What did you like about the Rhithm© wellness program?
2. What was the most helpful part about using the Rhithm© wellness group?
3. What would you tell a friend about this daily check-in program?
4. Are there any things you would change in order to improve using the Rhithm© program?

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>I enjoyed completing a daily check-in using the Rhithm© program.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I enjoyed completing the self-guided activities in the Rhithm© program.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Using Rhithm© helped me to regulate my emotions.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I was able to speak to an adult about my feelings after completing my daily check-in using the Rhithm©.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
APPENDIX P: STAFF PERCEPTION SURVEY-RHITHM©

1. What is your current role?

2. How long have you been in your role?

3. Please describe your experience using the Rhithm© platform.

4. How did using the Rhithm© platform help you to proactively support students?

5. What components were easy to implement and what components were difficult to implement? Please explain.

6. Do you believe the Rhithm© platform will be easy to use by other school personnel? If not, Please explain.

7. Do you believe there is a need to implement an emotional wellness check-in platform school and organization wide? If not, Please explain.

8. Did you find the activities in the Rhithm© platform to be effective?

9. What concerns do you have using the Rhithm© platform with students in the future?

10. Do you have any additional comments about the Rhithm© platform this survey did not address?
APPENDIX Q: STUDENT BEHAVIOR - TEACHER SURVEY

1. Please describe any concerns you had with the student’s behavior prior to attending the counseling program.
2. Please describe how has the student’s behavior improved since attending the counseling program.

<table>
<thead>
<tr>
<th></th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Bounce Back© counseling program effectively improved the student’s challenging behavior.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The Bounce Back© counseling program effectively improved the student’s emotional regulation difficulties.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The Bounce Back© counseling program was effective in improving the student’s attendance.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The Bounce Back© counseling program was effective in improving the student’s academics.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
VITA
Altovise Boyd, MSW, MPH

CURRICULUM VITA

901-233-2557
alboyd2015@gmail.com
Olive Branch, Mississippi

RESEARCH INTERESTS
Social-Emotional Learning
Program Development and Management
Charter Management
Policy Development and Compliance

EDUCATION

<table>
<thead>
<tr>
<th>Degree</th>
<th>Institution</th>
<th>Major</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ed.D.</td>
<td>The University of Mississippi School of Education</td>
<td>K-12 Education Leadership</td>
</tr>
<tr>
<td></td>
<td>Oxford, Mississippi</td>
<td></td>
</tr>
<tr>
<td>M.P.H.</td>
<td>The University of Memphis School of Public Health</td>
<td>Public Health</td>
</tr>
<tr>
<td></td>
<td>Memphis, Tennessee</td>
<td></td>
</tr>
<tr>
<td>M.S.W.</td>
<td>The University of Tennessee, Knoxville College of Social Work</td>
<td>Social Work</td>
</tr>
<tr>
<td></td>
<td>Knoxville, Tennessee</td>
<td></td>
</tr>
<tr>
<td>B.A.</td>
<td>Lane College Division of Business, Social, and Behavioral Science</td>
<td>Criminal Justice</td>
</tr>
<tr>
<td></td>
<td>Jackson, Tennessee</td>
<td></td>
</tr>
</tbody>
</table>

CERTIFICATIONS & ENDORSEMENTS
Licensed Restorative Practices Trainer
Licensed Advanced Practice Social Worker
Professional School Service Personnel Certification

<table>
<thead>
<tr>
<th>Date Range</th>
<th>Position</th>
<th>Organization</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>July 2023- Present</td>
<td><strong>Director of Human Resources</strong></td>
<td>Journey Community Schools</td>
<td>Memphis, Tennessee</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Partner with the Vice President of</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Finance and Operations and leaders</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>across the organization to</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>determine department goals and</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>objectives to support JCS’s</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>strategic plan and anticipated</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>growth, advising on key</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>organizational management issues</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Ensure compliance with federal and</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>state laws through the development</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>and application of policies and</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>procedures</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Oversee the new hire process and</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>collaborate with outside vendors</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>and carriers in relation to benefits/payroll</td>
<td></td>
<td></td>
</tr>
<tr>
<td>July 2020- June 2023</td>
<td><strong>Director of Student Services</strong></td>
<td>Journey Community Schools (Formerly Aspire Public Schools)</td>
<td>Memphis, Tennessee</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Led programs, policies, and</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>procedures concerning student</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>attendance, discipline, social &amp;</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>emotional learning (SEL, student</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>health services, grievances from</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>parents and community stakeholders,</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>extended learning programs, Title</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>VI, Title IX, 504s, athletic</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>programs, and crisis response</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Secured funding for student</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>programs and partnerships with</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>colleges and universities to</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>recruit school counselor interns</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>and school social worker interns</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Supported the network with the</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>implementation of SEL and</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>restorative practices by providing</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>resources, training, observations,</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>feedback, and coaching to improve</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>students’ SEL experiences, as well</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>as school climate and culture, for</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>the schools within the network</td>
<td></td>
<td></td>
</tr>
<tr>
<td>July 2013- June 2020</td>
<td><strong>Director of Student Services</strong></td>
<td>Aspire Public Schools</td>
<td>Memphis, Tennessee</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Spearheaded funding projects and</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>events for summer and after-school</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>programs</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Managed student attendance,</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>discipline, social &amp; emotional</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>learning, student health services,</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>grievances from parents and</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>community stakeholders, extended</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>learning programs, Title VI, Title</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>IX, 504s, athletic programs, and</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>crisis response</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Supported the Memphis Region with</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>the implementation of SEL and</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>restorative practices by providing</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>resources, training, observations,</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>feedback, and coaching to improve</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>students’ SEL experiences, as well</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>as school climate and culture, for</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>the schools within the network</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
experiences as well as school climate and culture; co-facilitated SEL working groups for Aspire Public Schools in Tennessee and California

Sept. 2004 - June 2013  
**School Social Worker**
Memphis City Schools  
Memphis, Tennessee
- Provided evidenced-based interventions during individual, group, and family therapy sessions
- Responded to crises and emergencies at assigned schools; utilized cultural competencies
- Conducted social and development histories with parents for psycho-educational evaluations

June 2003 - July 2013  
**Medical School Worker**
Le Bonheur Children’s Hospital  
Memphis, Tennessee
- Collaborated on an interdisciplinary team to conduct psychosocial assessments of children and families; connected families to community agencies
- Referred children to Child Protective Services and law enforcement with previous experience of neglect/abuse
- Provided grief and trauma counseling to families; provided direct interventions to patients and their families/caregivers to address their emotional, social, and environmental needs

### TEACHING EXPERIENCES

July 2013 - Present  
**Adjunct Professor, Social Work**
The University of Memphis
Memphis, Tennessee
- Develop syllabi and curriculum for the following undergraduate and graduate Social Work courses:
  - Human Behavior in the Social Environment/ Social Work Across the Lifespan
  - Social Work Practicum II
  - School Social Work, Individuals & Families
  - Advanced Individual Child and Youth
  - Social Work Practice I
  - Field Placement III
- Determine additional academic integrations, training needs, and curricular adjustments for student objectives

July 2012 - May 2015  
**Adjunct Professor, Psychology**
University of Phoenix
Memphis, Tennessee

- Developed syllabi and curriculum for undergraduate courses in Psychology:
  - Human Behavior & Development
  - Psychology of Personality
  - Essentials of Psychology, Mental Health, and Crisis Intervention
- Determined additional academic integrations, training needs, and curricular adjustments for student objectives

**GRANT FUNDING**

*Summer Boost Program*, Journey Community Schools, Bloomberg Philanthropies, Spring 2023, **Funded: $470,400**

*Read to Be Ready Summer Camp*, Aspire Public Schools, Fall 2018, **Funded: $60,000**

*Read to Be Ready Summer Camp*, Aspire Public Schools, Fall 2018, **Funded: $140,800**

*Read to Be Ready Summer Camp*, Aspire Public Schools, Spring 2017, **Funded: $42,300**

*Read to Be Ready Summer Camp*, Aspire Public Schools, Summer 2017, **Funded $124,250**