Building Bridges and Fostering Hope:

Helping Traumatized Children Learn Through

Trauma-Sensitive Practices at the Middle School Level

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Abstract:

Childhood trauma is well documented in mental health research, yet has received little attention among middle level educators. Child trauma effects brain development and impacts cognitive, emotional and behavioral functioning. Traumatized children are at increased risk for behavior and learning difficulties as well as chronic physical and mental health problems. Trauma-sensitive interventions in school can greatly assist with resiliency and improved school outcomes. This chapter defines trauma and describes how such trauma impacts behavior and academic achievement. A scenario is presented to illuminate examples of children's traumatizing lived experiences and the symptoms in their behavior that provide clues to trauma. A framework is offered with strategies from which teachers can develop trauma-sensitive classroom policy and practice. The article concludes by discussing implications for future research with focus on transformative creative arts interventions for optimal learning environments that foster healing, self-confidence, and connection to schooling among traumatized children and youth.

Many issues plague our current education system, particularly in urban schools where large numbers of students face difficulties with academic achievement. Issues of concern to urban school success include high population density and large class sizes, economic disparities among students, high exposure to violent crime, health concerns among impoverished students, racial, ethnic and linguistic diversity and immigrant populations, large class sizes, teacher retention and stability, dropout rates, funding shortfalls, re-segregation and tracking, district leadership turnover and burn out, unique transportation problems, teacher socio-economic and cultural isolation from students, disproportionalities in discipline, and disparities in special education (Kincheloe, 2007). Child trauma, however, is one area that has received little attention in urban schools.

Yet a *Journal of Health Affairs* study recently (Bethell, Newacheck, Hawes & Halfon, 2014) reported that nearly half of U.S. children have experienced childhood trauma with almost one quarter experiencing two or more traumatic incidents. The same study reported that "children exposed to at least two traumas were 2.5 times more likely to repeat a grade or to be disengaged with their class work, compared to those who had no such experiences. They were also much more likely than the others to suffer from chronic health problems, such as asthma, ADHD, autism, and obesity" (Bethell, et.al., 2014, p. 2111). Yet, our education system has lacked the ability to meet the needs of children at the middle school level who are living with the effects of trauma. Some might say that the attention given to special needs children through special education services should address these children. Traumatized children, however, do not fit neatly into any single "box." Although many children enter school each day carrying with them the experience of exposure to violence in the home, the symptoms of their trauma can be multifaceted and complex.

Students' middle-grade experiences are critical to their future academic success and life chances (Balfanz, 2009; Losen & Skiba, 2010). To thrive, young adolescents need to attend a school that is safe, well-resourced, and that promotes positive behavior that contributes to college and career readiness. Conversely, young adolescents whose experiences do not align with these indicators or whose life circumstances interfere with or contradict those attributes are less likely to leave the middle grades confident, motivated, and prepared for their next steps. This is particularly true for those living in poverty (Balfanz, 2009), those in urban schools, and racial/ethnic minority students, who disproportionately face complex challenges in and out of school due to poverty, oppression, and trauma (Brandt, 2006). Unfortunately, students' natural responses to trauma can contribute to various school problems, including discipline referrals and school suspensions (Cole et al., 2005; Wolpow, Johnson, Hertel, & Kincaid, 2009), which begin to significantly increase at the middle school level (Losen & Skiba, 2010). Students who are suspended during early middle school are more likely to receive additional suspensions by the end of their middle school experience (Owen, Wettach, Hoffman, 2015).

More specifically, data show that Black students in middle school receive disproportionate amounts of school suspension, as schools suspend Black females at four times the rate of White females and Black males at triple the rate of their White counterparts. (Owen et al., 2015). These rates indicate a pressing need for middle school teachers to examine all facets of the referral process for all students, and especially for those who traditional exclusionary practices have disproportionately impacted. *This We Believe* (National Middle School Association [NMSA], 2010) highlights the need for teachers to recognize and embrace their students' lived experiences within their curriculum and classroom community in order to better respond to the complex issues their students face.

Teaching through a trauma-sensitive lens personifies a number of the 16 essential attributes of *This We Believe* (i.e., Active Learning, Challenging Curriculum, School Environment, Guidance Services, and Health and Wellness) affording young adolescents the opportunity to learn in an intellectually, academically, emotionally, and physically safe environment that best meets their needs. The purpose of this article is to describe the use of trauma sensitive educational practices to promote and implement trauma sensitive practices in middle-level education and enact *THIS WE BELIEVE*'s characteristics of successful schools for young adolescents (NMSA, 2010). This article will provide middle-level teachers with a definition of trauma, explore how trauma impacts academic achievement, provide a framework from which schools can develop trauma sensitive policy and practice, and discuss implications for future research with focus on interventions that assist with creating an optimal learning environment for all middle level students, regardless of their life experiences.

**What is Trauma?**

Trauma has been covered extensively within the medical, psychology and social work literature (Bethell, Newacheck, Hawes & Halfon, 2014; Blaustein, 2013; Bloom, 2013; Mahoney, Ford, Ko, & Siegfried, 2004; Perry, 1995, 2000a, 2000b, 2007; Rich, Corbin, Bloom, Rich, Evans, & Wilson, 2009; Van der Kolk, 2014). Trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically and emotionally harmful or threatening and that has lasting adverse effects on the individual's physical, social, emotional, or spiritual well-being.

The term "trauma" as used in this chapter covers those events or experiences where a young person is subjected to chronic levels of neglect, abandonment, oppression, racial

discrimination, deprivation, abuse or outright violence throughout childhood, and is harmed physically, mentally, sexually and/or emotionally (Bethell, et.al., 2014; Williams, Hollis & Garo, 2015). Trauma may harm a child causing neurological, psychological and social damage, delaying or interfering with healthy development and maturation, all leading to behavioral and learning difficulties (Bethell, et.al., 2014; Bloom, 2013; Perry, 2007) that educators often misdiagnose as conduct disorder or attention deficit hyperactivity disorder (ADHD) (Trosche, 2014).

Connection to school, however, is a protective factor against the risk for violence among youth (Howell, 2003); likewise, students tend to participate less in other risk taking behaviors, experience less emotional distress, improved academic performance and greater likeliness to graduate when they feel connected to school (Howell, 2003). Understanding protective factors that foster resilience and increase school connectedness are crucial to helping children who have experienced violence in their urban neighborhoods and are chronically exposed to violence.

Many traumatized children fail in school, and such failure can take many forms. Children may externalize their difficulties expressing emotions and/or behaviors and find themselves in constant trouble and subjected to behavioral restrictions. Extreme examples of this are children who attempt to get expelled from school thus eliminating the problem of having to face the many challenges of going to school. Some children sit quietly and can dissociate (day dream) in the classroom and not learn. An extreme example of the internalizing child is the one who pretends to be ill, doesn't come to school, or--when they are old enough--drops out of school altogether. There are many impacts of trauma that often block a child's ability to learn in the classroom, which is why creating a trauma sensitive environment where students can feel safe and

successful is important. Consequently, the promotion of a trauma sensitive environment contributes to the positive mental health of children who have experienced traumatic situations.

The traumatized child regularly carries a heavy weight on his/her shoulders. Children who have experienced trauma may feel that the world is filled with unreceptive, threatening adults and peers. With responsive interventions, however, these children learn that there are places that are safe, stimulating, and even fun. Given the vast number of traumatized children in our society, it is evident that our education system must investigate ways to create an optimal learning environment that accounts for trauma, addresses its impact on cognitive and behavioral development, and facilitates mental and emotional health and well-being. Standardized education is ill-equipped to address the unique challenges facing traumatized children.

Studies show that abused children have more severe academic problems than their non—abused counterparts. In fact child maltreatment (neglect and abuse) has the potential to change the structure of, and chemical activity within the brain with numerous effects on the child's cognitive, behavioral, and social-emotional functioning (CWIG, 2015). As a result, such children are more likely to receive special education services, have below-grade-level achievement test scores, and have poor work habits; and they are 2.5 times more likely to fail a grade (Shonk, & Cicchetti, 2001). Trauma-sensitive school environments benefit all children— those whose trauma history is known, those whose trauma will never be clearly identified, and those who may be impacted by their traumatized classmates. Collaboratively, we can create optimal learning environments to ensure that all children will be able to achieve at their highest levels despite whatever traumatic circumstances they may have endured.

The time and effort put into developing an optimal learning environment has the potential to reap huge rewards for children who deserve the very best education we can provide them.

This might mean starting small and then growing exponentially so that children who experience trauma are not left behind because they did not receive adequate academic, behavioral, and cognitive learning supports. Simultaneously, our educational system will need to take a critical look at the numbers of children who are being left behind by the current education system.

Thus, the question remains: Do middle level educators and middle schools know how to assist adolescents who are struggling with unprocessed traumatic memories? Although schools are not mental health facilities and teachers are not therapists, teaching today's students requires alternative strategies and skills compared to what worked a generation ago. Researchers have documented the correlation between trauma and low academic achievement (CWIG, 2015; National Council on the Developing Child, 2010; National Council on the Developing Child, 2012; Perry, 2004; Perry, 2007; Schore, 2001; Stein & Kendall, 2004). Yet with so much emphasis being placed on test scores, educators are missing a significant opportunity to assist with the reduction in trauma-related behavioral blow-ups and melt downs, school drop-outs and delinquency.

**How Can Educators Become Trauma-Sensitive?**

Educators who wish to adopt trauma-sensitive approaches within the classroom face numerous challenges to meet the social, emotional, and academic goals of their students, many of whom suffer from PTSD and related internalizing and externalizing behaviors (e.g., aloofness, daydreaming in class, lack of trust, aggression and other conduct disorders, feelings of worthlessness, and inability to prevent adverse situations from happening (Shonk & Ciccheti, 2001). Addressing trauma's impact on learning at school involves approaches and interventions that are embedded within the existing curriculum and applied in the classroom, school wide, and at the district level (Shonk, & Cicchetti, 2001).

Educators can maximize children's opportunities to succeed at school, despite the adversities they may have endured. Teachers can play an important role in connecting traumatized children to a safe and predictable school community and enabling them to become competent learners. This involves awareness of the sociological and environmental factors that students are exposed to. Trauma expert Mary Harvey (1996) explains that a trauma response is influenced not only by how well an individual copes with an incident, but also by the level of support in the environment in which the person lives or identifies with. When the community responds in supportive ways, there is what Harvey calls an "ecological fit" between the person and the community:

> The construct of "[ecological] fit" refers to the quality and helpfulness of the relationship existing between the individual and his or her social context. Interventions that achieve ecological fit are those that enhance the environment-person relationship—i.e., that reduce isolation, foster social competence, support positive coping, and promote belongingness in relevant social contexts (Harvey, 1996, p. 7).

Schools can serve as supportive environments where traumatized children can create and sustain strong relationships with caring adults and learn within a safe and nurturing environment. An ecological fit may include a welcoming environment where staff understand trauma's impact on trust relationships, student behavior, and academic achievement. The next section provides a series of scenarios that may be encountered when educating traumatized children, and related trauma-sensitive tips for educators.

**Scenario and Tips for Educators**

**Scenario One:**

**AN EXAMPLE OF A SCHOOL THAT IMPLEMENTED A TRAUMA-SENSITIVE**

**APPROACH**

*Raul had lived with domestic violence—his mother had a series of boyfriends who were often abusive. As a result, Raul's behavior started worsening and his grades were dropping. His attendance at school was inconsistent. In fact, he had missed so many days that his case was in the process of being handed over to a truancy court for review. The staff worried that he would drop out of school by 16, be expelled, or even end up in the juvenile justice system. Fortunately, the school had created a special committee to identify children whose actions might be symptoms of trauma at home. Thanks to training that had been implemented, the staff had learned the importance of identifying students' areas of strength as a strategy to reach difficult children. This special committee came together for the main purpose of identifying strengths of children and explored activities, talents, and interests of students who were not responding successfully in the classroom.*

*Home and school were stressful places for Raul, but he found refuge on the soccer field. His Math teacher, Mr. Herman, had noticed his talent and on occasion went to the school field to watch the after-school pick-up game. He would use that experience to compliment Raul the next day in class about a kick or play that he had seen. Mr. Herman brought Raul's passion for soccer to the attention of the special committee.*

*Unfortunately, Raul's grades had prohibited him from joining the school soccer team. Breaking with school policy, the trauma committee decided to approach Raul with an offer: he could join the team if he wrote a paper on why soccer was important to him. He would also have to keep his grades up and attend school regularly if he wanted to stay on the team. Raul accepted, wrote a well-written paper, improved academically, came to school daily, and eventually, he joined the team.*

*The recognition of Raul's abilities led to his trajectory in life being altered. His grades, behavior, and self-esteem improved. He stayed on the team and met all his academic requirements. Imagine if Raul had never been given the chance to experience success.*

Raul's story illustrates how a school can use its own resources to create a trauma-sensitive approach to solve a problem. Of course, there are some cases where traumatized children will need a more intensive intervention than what was provided to Raul. For those children, it may be necessary for the school staff to connect families to relevant community social services, such as mental health specialists.  In all cases, nonetheless, early identification

and intervention are more effective than waiting for a child to fail, drop out, or become involved in the juvenile justice system.

Trauma-sensitive practice in schools requires educators to recognize the prevalence, impact, and indicators of childhood trauma and to respond to student behavior in ways that support traumatized youth without retraumatization (SAMHSA, 2015). Birthed out of an interdisciplinary approach to students' well-being in schools, trauma sensitive school practice requires that educators receive basic training on childhood trauma and recognize ways that it may manifest in students' behavior (Crosby, Somers, Day, & Baroni, 2016). It also requires that teachers demonstrate insight and flexibility in their classroom management and instruction practices. Additionally, administrators must become intentional in their efforts to develop a culture of support—for students and teachers alike—in order to foster school-wide trauma sensitivity (Oehlberg, 2008). This is often grounded in staff professional development (Day et al., 2015), sensitive school discipline policies (Baroni, Day, Somers, Crosby, & Pennefather, 2016), and strong interdisciplinary collaboration between education, mental health, and social work professionals, as well as other child-serving practitioners to ensure that school personnel are well-equipped to meet the complex needs of their students (Ko et al., 2008). In essence, trauma sensitive teaching seeks to acknowledge the ways in which a young adolescent's life course is subsequently affected by trauma, and to use trauma-sensitive strategies in place of the traditional, punitive, and trauma-blind school practice that has historically compounded the effects of students' trauma.

## SOLUTIONS AND RECOMMENDATIONS: TRAUMA-SENSITIVE APPROACHES

Trauma-sensitive school policies balance the need to hold children accountable for their behavior with the requirement to be supportive and understanding when behavior is trauma-

driven. Responses to trauma are most effective when both teacher and child are aware of the link between trauma and inappropriate or disruptive behavior (Cole et al., 2005). Given that children may not be able to express their suffering in ways that adults can understand, it may take some time and a series of conversations for a teacher to discover the traumatizing influences in a child's life, and further conversation to help the child understand the influences on his/her behavior and the need for the interventions. Educators must also modify academic instruction and assignments to benefit children who have been traumatized. This may be accomplished by focusing on children's strengths rather than weaknesses, and providing plenty of praise and encouragement (Cole et al., 2005). This serves to strengthening relationships between school personnel and traumatized children.

While educators of trauma-impacted children are not expected to become expert therapists, they do need to become more sensitive and knowledgeable about trauma and risk for trauma among the diverse populations that they serve. Schools may consider  therefore, offering training on the identification of trauma or trauma-risk in children and youth, and the development and implementation of classroom strategies to address the learning and behavioral challenges facing traumatized children. Teachers also require a trauma-sensitive administrative support system to assist with smooth and effective facilitation of trauma sensitive strategies. Schools may also wish to hire personnel specifically trained in therapeutic educational techniques that foster healing among students. Some of these techniques are discussed below under Future Research Directions. First, however, are a set of suggestions to assist teachers with developing a trauma-sensitive approach.

**A Trauma sensitive Framework with Suggested Strategies for Middle Level Teachers**

1.  ***Educators can help children regulate their emotions and be able to function academically.***

    School is often considered to be a place of security for a student who experiences chaos at home. Consequently, schools can be a place for students to learn how to regulate their emotions and calm their anxieties. Children who have experienced trauma often exhibit a high level of arousal and fear, making it difficult for them to process information. Anything that reminds a child of the trauma (a scent, a sound, a person's condescending language) can trigger behaviors in a child who has been traumatized.

    Professional development can be created for educators that help them recognize when children might be escalating to aggression. A collaborative effort between a mental health specialist and educators can improve teacher skills on addressing behavior and helping students regulate their emotions.

    Physical activities such as martial arts, yoga, and theater are becoming recognized as important activities that can help traumatized children reduce hyperarousal and can be enlisted in the classroom to help children focus and learn.

    Educators can create a "chill corner" or some type of safe space for students to calm down or take a few minutes alone.

    Sudden loud noises may startle traumatized youth. Educators can therefore assist students with transitions before they occur. For example, they can ask administration to alert them before a fire alarm, make sure the students know when the bell is about to ring, etc.

    Educators can also give students tasks that involve movement such as passing out papers, writing the objectives on the board, taking chairs down and setting up the classroom, and even cleaning the board. These activities can help children who are easily aroused regulate their emotions and focus on feeling a sense of belonging.

2.  ***Continue to have high academic expectations for the student.***

    Educators might feel as though they are doing a student who has experienced trauma a favor by lightening his or her load. The assumption is that this child might need some time to get it together and putting more work on them would only exacerbate the stress. Of course, there are times when this is appropriate; however, there are also times when a student requires validation that he or she can be successful in spite of the obstacle that he or she faced.  They also require confirmation that the school and staff will be there to assist with this transition. Try to avoid incidents that would make the child seem worthless or less confident.

3.  ***Create a safe and nurturing environment for children who have been traumatized.***

Educators can provide a safe space in the classroom to serve as a sanctuary or retreat when a child feels overwhelmed (Bloom, 2013). Children should feel physically and emotionally safe in the school setting. Consequently, training should include discussion of "a safety plan for children in crisis" that discusses the following: ensuring that a parent or perpetrator who is abusive is not allowed to enter the school, helping students calm down when faced with a tough situation, bully-proofing the classroom, helping children identify trusting adults with whom they can build a relationship, and assisting with transitions via the use of pictures or other visual graphics even at the middle school level.

4. ***Separate the student from the behavior.***

Traumatized children often have difficulty expressing their feelings and communicating pain. As a result, they may act out aggressively or in an otherwise disruptive manner. The untrained teacher may focus on the behavior rather than the reason it occurred. Training should therefore help staff understand that a traumatized child's disruptive behavior is not a display of intentional defiance, but rather may arise from the inability to properly express the hurt and the pain that they are feeling and to regulate his or her emotions. Once teachers understand what is causing the behavior, he or she can respond appropriately to the student's needs.

5. ***Provide training to educators to identify trauma symptoms and refer students to appropriate support services.***

Administrators should work to create systems of care approach to assisting trauma-impacted children (CWIG, 2015; Stroul & Friedman, 2010). This includes development of training programs, policies and procedures for early identification of children who have experienced trauma and working closely with outside organizations (mental health specialists, clinical social workers, behavior modification technicians, etc.) and school staff to ensure that student's needs are met.

The school environment and curricula should be modified and procedures should be put into place to respond to the needs of traumatized children. Staff should be trained on potential effects of trauma on brain development, learning, attendance, grades, test scores, classroom behavior, etc. (CWIG, 2015; Perry, 2001; Perry, 2003).

Educators should work closely with school social workers and counselors to be informed of student histories with trauma so that proper classroom strategies, such as those noted in points 1-5 above. Additionally, mental health support systems can be implemented to effectively address the needs of traumatized children. In fact, according to Manteuffel et al. (2008), the implementation of a systems of care contributes to children's overall improved school attendance and school performance, reduction of the high school dropout rates, decrease number of school transfers, improved emotional and behavioral health, decline in depression and anxiety levels, decline in suicide attempts, increase in behavioral and emotional strengths, fewer contacts with law enforcement, reductions in reliance on inpatient care, and more stable living situations, more adequate resources, and

improvement in overall family functioning. This all-inclusive wrap-around framework consists of a multi-agency, multi-professional approach in addressing improved access to mental health services in the school setting (Williams, Hollis & Garo, 2015).

Trauma-sensitive teaching practices provide middle-level learners affected by emotionally or physically harmful events the social, emotional, and academic supports they need. By attending to the curriculum as well as the school and classroom environments, teachers can provide safe, equitable, and meaningful learning experiences connected to their students' lives. Furthermore, the integration of trauma-sensitive practices expands the notion of developmental responsiveness by including issues of trauma that greatly impact a young adolescent's development. Finally, trauma-sensitive classrooms welcome and encourage a child to bring their lived experiences to the classroom. Connecting with and supporting students in this way inherently creates learning environments that are more socially just for all students, including those who have been traditionally disadvantaged.

References

Adams, E.J. (2010). Healing invisible wounds: Why investing in trauma-informed care for children makes sense. Justice Policy Institute. Georgetown University School of Medicine.

Balfanz, R. (2009). Putting middle grades students on the graduation path: A policy brief. Retrieved from https://www.amle.org/portals/0/ pdf/articles/policy_brief_balfanz.pdf

Bethell, C.D., Newacheck, P., Hawes, E.,& Halfon, N. (2014). Adverse childhood experiences: Assessing the impact on health and school engagement and the mitigating role of resilience. *Health Affairs 33*(12): 2106-2115.

Blaustein, M. (2013). Childhood trauma and a framework for intervention. In E. Rossen and R. Hull (Eds.). *Supporting and educating traumatized students: A guide for school-based professionals* (pp. 3–21). New York, NY: Oxford University Press.

Bloom, S.L. (2013).*Creating sanctuary: Toward the evolution of sane societies*, Revised Edition. NY: Routledge.

Burack, J.A., Flanagan, T., Peled, T., Sutton, H.M., Zygmuntowicz, C., & Manly, J.T. (2006). Social perspective-taking skills in maltreated children and adolescents. *Developmental Psychology, 42*, 207-217.

Child Welfare Information Gateway (CWIG). (2015). Understanding the effects of maltreatment on brain development. Washington, DC: U.S. Department of Health and Human Services, Children's Bureau. https://www.childwelfare.gov/pubs/issue-briefs/brain-development.

Cole, S. F., O'Brien, J. G., Gadd, M. G., Ristuccia, J., Wallace, D. L., & Gregory, M. (2005). Helping traumatized children learn. Boston, MA: Advocates for Children.

Federal Interagency Forum on Child and Family Statistics. (2013). *America's children: Key national indicators of well-being, 2013.* Washington, DC: U.S. Government Printing Office. 203 pp.

Felitti, V.J., Anda, R.F., Nordenberg, D., Williamson, D.F., Spitz, A.M., Edwards, V., Koss, M.P., & Marks, J.S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The adverse childhood experiences (ACE) study. *American Journal of Preventive Medicine, 14*(4), 245-258.

Ford, J.D., Chapman, J.F., Hawke, J., and Albert, D. (2007). Trauma among youth in the juvenile justice system: Critical issues and new directions. *Research and Program Brief*: National Center for Mental Health and Juvenile Justice. June, 2007.

Goodman, R. D., Miller, M., & West-Olatunji, C. A. (2012). Traumatic stress,

    socio-economic status, and academic achievement among primary school students.

    *Psychological Trauma: Theory, Research, Practice, and Policy*, *4*(3), 252-259.

Greenwald O'Brien, J.P. (2000). "Impacts of violence in the school environment: Links between trauma and delinquency." *New England Law Review, 34*: 593–599. 597

Haynes, N.M., Emmons, C., & Ben-Avie, M. (1997). School climate as a factor in

    Student adjustment and achievement. *Journal of Educational and Psychological Consultation*, *8*,321-329.

Howell, J.C. (2003). *Preventing & reducing juvenile delinquency: A comprehensive framework.* Thousand Oaks, CA: Sage Publications.

Kincheloe, J.L. (2007). Why a book on urban education? In Steinberg, S.R., & Kinecheloe, J.L. (Eds.), 19 Urban questions: Teaching in the city (pp. 1-27). New York, NY: Peter Lang.

Katz, M. (1997). On playing a poor hand well: Insights from those who have overcome

    childhood risks and adversities. New York, NY: Norton.

Listenbee, R.L., Torre, J., Boyle, G., Cooper, S.W., Deer, S., Durfee, D.T., James, T., Lieberman, A., Macy, R., Marans, S., McDonnell, J., Mendoza, G., and Taguba, A. (2012). Report of the attorney general's national task force on children exposed to violence. Office of Juvenile Justice and Delinquency Prevention, Office of Justice Programs, U.S. Department of Justice.242 pp.

Losen, D. L., & Skiba, R. J. (2010). Suspended education: Urban middle schools in crisis. The Civil Rights Project at UCLA and the Southern Poverty Law Center. Retrieved from http://civilright sproject.ucla.edu/research/k-12-education/schooldiscipline/sus pended-education-urban-middle-schools-in-crisis /SuspendedEducation_FINAL-2.pdf

Mahoney, K., Ford, J.D., Ko, S.J., and Siegfried, C.B. (2004). Trauma-focused interventions for youth in the juvenile justice system. Durham, NC: National Child Traumatic Stress Network, 9 pp. www.NCTSNet.org

Masten, A. S. (1999). Resilience comes of age: Reflections on the past and outlook for the next generation of research. In M. D. Glantz, J. Johnson, & L. Huffman (Eds.), *Resilience and development: Positive life adaptations* (pp. 289–296). New York, NY: Plenum.

Masten, A. S., & Coatsworth, J. D. (1998). The development of competence in favorable and unfavorable environments: Lessons from successful children. *American Psychologist*, 53, 205-220.

National Middle School Association. (2010). This we believe: Keys to educating young adolescents. Westerville, OH: Author.

National Scientific Council on the Developing Child. (2010). *Persistent fear and anxiety can affect young children's learning and development* (Working Paper 9). Retrieved from http://developingchild.harvard.edu/index.php/resources/reports_and_working_papers /working_papers/wp9/

National Scientific Council on the Developing Child. (2012). The Science of Neglect: The Persistent Absence of Responsive Care Disrupts the Developing Brain: Working Paper 12. http://www.developingchild.harvard.edu

National Scientific Council on the Developing Child. (2012). *The science of neglect: The persistent absence of responsive care disrupts the developing brain* (Working Paper 12). Retrieved from http://developingchild.harvard.edu/index.php/resources/reports_and_ working_papers/working_papers/wp12/

Owen, J., Wettach, J., & Hoffman, K. C. (2015). Instead of suspension: Alternative strategies for effective school discipline. Durham, NC: Duke Center for Child and Family Policy and Duke Law School. Retrieved from https://law.duke.edu/childedlaw/ schooldiscipline/downloads/instead_of_suspension.pdf

Perry, B. D. (1995). Childhood trauma, the neurobiology of adaptation and "use-dependent" development of the brain: How "states" become "traits" Retrieved on May 26, 2015, from http://childtrauma.org/wp-content/uploads/2013/09/State_Trait_95.pdf

Perry, B. D. (2000a). *The neuroarcheology of childhood maltreatment: The neurodevelopmental costs of adverse childhood events*. Child Trauma Academy. Retrieved from http://www.Juconicomparte.org/recursos/Neuroarcheology%20of%20childhood%20mal treatment_zmH8.pdf

Perry, B.D. (2000b). *Traumatized children: How childhood trauma influences brain development*. Child Trauma Academy. Retrieved from http://www.aaets.org/article196.htm

Perry, B.D. (2001). The neurodevelopmental impact of violence in children. In Schetky&Benedek (Eds.), Textbook of child and adolescent forensic psychiatry (pp. 221-238). Washington, D.C.: American Psychiatric Press, Inc.

Perry, B. (2003). *Effects of trauma on children: An introduction*. The Child Trauma Academy, www.ChildTrauma.org

Perry, B. D. (2006). "Applying the Principals of Neurodevelopment Factors in the Cycle of Violence" in Working with Traumatized Youth in Child Welfare. Nancy Boyd Webb, editor, 2006, The Guilford Press, New York, NY

Rich, J., Corbin, T., Bloom, S., Rich, L., Evans, S., &Wilson, A. (2009). *Healing the hurt: Trauma-informed approaches to the health of boys and young men of color*. CA: Center for Nonviolence and Social Justice, School of Public Health, Drexel University College of Medicine.

Schore, A. (2001). "Effects of a Secure Attachment Relationship on Right Brain Development; Affect Regulation and Infant Mental Health. In *Infant Mental Health Journal*, *22* (1&2).

Shonk, S.M., & Cicchetti, D. (2001). "Maltreatment, competency deficits, and risk for

academic and behavioral maladjustment." *Developmental Psychology*, 37(1): 3–17.

Smithgall, C., Cusick, G., & Griffin, G. (2011). Responding to students affected by trauma: Collaboration across public systems. National Council of Juvenile and Family Court Judges (NCJFCJ), 2011, 40-54.

Stein, P.,& Kendall, J. (2004) Psychological trauma and the developing brain. Haworth Press, Binghamton, NY.

Trosche, (2014). *Building resilience in Juvenile Justice: Trauma-informed systems*. Paper presented at the 9th Annual Youth Violence Conference: - 'Invisible Scars: The Emotional Impact of Exposure to Violence on Our Youth'". April 11, 2014. Charlotte, NC: AHEC

Van der Kolk, B. (2014). *The body keeps the score: Brain, mind and body in the healing of trauma*. New York: Penguin Group.

Williams, N., Hollis, T., & Garo, L. (2015). *Systems of Care and Youth Violence*. 2015,In Proceedings of the AERA Annual Meeting, Chicago, IL.

Wolpow, R., Johnson, M. M., Hertel, R., & Kincaid, S. O. (2009). The heart of learning and teaching: Compassion, resiliency, and academic success. Olympia, WA: Washington State Office of Superintendent of Public Instruction (OSPI) Compassionate Schools.