5-2022

THE IMPACT OF SCHOOL-BASED, TRAUMA-INFORMED COUNSELING PROGRAMS ON STUDENT MENTAL HEALTH, STUDENT ACHIEVEMENT, AND DROPOUT RATES

Matthew Pacheco

THE IMPACT OF SCHOOL-BASED, TRAUMA-INFORMED COUNSELING

PROGRAMS ON STUDENT MENTAL HEALTH, STUDENT ACHIEVEMENT,

AND DROPOUT RATES.

————————————————

A Project

Presented to the

Faculty of

California State University,

San Bernardino

————————————————

In Partial Fulfillment

of the Requirements for the Degree

Master of Social Work

————————————————

by

Matthew Pacheco

May 2022

THE IMPACT OF SCHOOL-BASED, TRAUMA-INFORMED COUNSELING

PROGRAMS ON STUDENT MENTAL HEALTH, SCHOOL ACHIEVEMENT AND

DROPOUT RATES

_____

A Project

Presented to the

Faculty of

California State University,

San Bernardino

_____

by

Matthew Pacheco

May 2022

Approved by:

Armando Barragan, Faculty Supervisor

Armando Barragan, M.S.W. Research Coordinator

ABSTRACT

The purpose of this study was to determine whether the integration of trauma-based counseling programs into the school systems would significantly impact students who have been affected by trauma. In addition, this study discusses the importance of implementing school-based, trauma-informed programs to assist trauma-impacted students in addressing student mental health, school achievement, and school dropout rates. This paper examines interviews of clinicians who work at a school-based, trauma-informed program and have first-hand knowledge of working with trauma-impacted students. This study is an exploratory, qualitative study design that utilized non-probability/purposive sampling via in-depth interviews to gather data to study the tangible impact of a school-based, trauma-informed treatment program. The findings of this study have provided insight into whether school-based, trauma-informed programs improve student mental health, school achievement, and school dropout rates. In addition, this study has provided evidence that more social workers will be needed in working with the population of trauma-impacted students.

TABLE OF CONTENTS

CHAPTER ONE

INTRODUCTION

Problem Formulation

Trauma awareness, and its impact on school-aged children, is a growing

concern for schools in the United States. Children exposed to trauma are more

likely to experience lasting mental and emotional harm, whether children are

directly involved in or witness to traumatic events (Rumsey and Milsom 2019).

Traumatic experiences can lead to difficulties with attachment, anxiety,

depression, behavior, health, and academics. Furthermore, the manifestation of

trauma in disruptive school behaviors can lead to school dismissal; by

understanding where trauma originates, schools can better identify at-risk

students and provide needed mental health supports.

Trauma can be defined as any event or series of events that negatively

impact a person physically, mentally, emotionally, or maybe life-threatening to an

individual (Immerfall and Ramirez, 2019). Children who live in low-income

families can encounter a range of adversities and traumatic experiences

originating from their environments. Types of traumas may include physical,

emotional, and sexual abuse, domestic violence exposure, and substance abuse

in their home. In addition, children can be exposed to crime and violence in their

communities and are subject to bullying and gang involvement (Herrenkohl,

Hong, & Verbrugge, 2019). Therefore, understanding the environmental impact

of children from low-income families can lead to systemic supports and interventions.

Students with trauma may have difficulty adjusting to a traditional school's routines and demands in the school setting. Additionally, students with trauma have problems regulating their emotions, proactively resolving conflicts, and developing positive relationships with others. Behaviors of these students can create social conflicts with school professionals and result in unnecessary discipline that can be viewed as compounding trauma that will activate defensive responses of students and only reinforce negative behaviors (Herrenkohl, Hong, & Verbrugge, 2019). In some schools, school professionals' punitive responses create invisible barriers of judgment and an expectation for failure (Herrenkohl, Hong, & Verbrugge, 2019). To create change within these schools, incorporating trauma-based counseling programs is essential to changing disciplinary practices currently used in some schools.

Social workers must work collaboratively and maintain supportive relationships with school professionals to address students' needs with trauma to support schools. They can help school staff understand the types of experiences that can cause trauma and the signs and symptoms in children. Additionally, as addressed by Bates et al. 2019, social workers can train staff to address their disruptive behaviors without risk of inflicting new trauma as well as via helping schools understand the everyday challenges children with trauma experience and how to support them (Bates, Mellin, Paluta, Anderson-Butcher, Vogeler &

Sterling, 2019). Finally, social workers can create systemic change that allows schools to address behaviors appropriately, prevent students from obtaining suspensions and expulsions, thereby improving the life outcomes of affected youth.

This study has positive implications at both the micro and macro levels as early interventions for individuals affected by trauma create better outcomes for individuals and society. This is because this study would support schools in developing trauma-informed programs to support children impacted by trauma. These children would then have better life outcomes as their disruptive behaviors would not manifest into adulthood (Little, Akin-Little & Somerville, 2011). However, if the trauma is not treated, it can lead to more severe problems, including school dropout, acute mental health disorders, substance abuse, homelessness, crime, prison, and premature death, thus impacting the individual and society.

Purpose of Study

The purpose of this study is to determine whether the integration of trauma-based counseling programs into the school systems would have a significant impact on students who have been affected by trauma. Students will also be identified as having mental health disorders that hinder school achievement due to externalizing behaviors. The research method used in this study is a qualitative design. This study's qualitative research method involves

interviewing clinicians to determine their views of implementing a school-based, trauma-informed program in their school. This method was selected to obtain the perspectives of professionals who interact with and have experience working with trauma-impacted students.

This qualitative design measures school achievement and school dropout rates related to trauma-impacted students. Additionally, this type of research design was selected to record themes, patterns, concepts, insights, and understanding of school staff members and students' interactions. The selected design establishes that the researcher's biases and values do not interfere with participants' responses or interpretations.

Significance of the Project for Social Work

This study is needed to address disparities in services available to students that are impacted by trauma. According to Larson et al., approximately 80% of US school-aged children have been impacted by trauma. Of these children, 1 in 5 inhibit a diagnosable mental health disorder. Also, 1 in 10 young Americans inhibits a mental health disorder that will impair their ability to interact with individuals from home, school, and the community. However, research indicates that 80% of these children do not receive the mental health services needed to address their mental health (Larson, Chapman, Spetz, and Brindis, 2017). Furthermore, these students are often subjected to disciplinary practices

that compound their trauma, further contributing to a downward path in disruptive behaviors and interactions that result in school dismissal.

The results of this study demonstrate the need for mental health services integrated into school systems and demonstrate the importance of identifying and treating children with trauma-based counseling. Additionally, this study demonstrated the danger adolescents unconsciously place themselves in when engaging in destructive behaviors. These behaviors put them at risk for low grades and disciplinary actions that result in suspensions and expulsions. This study includes the impact of having mental health professionals integrated into the school systems. Outsourcing mental health services are insufficient to address this need and will not address the fundamental change in school culture. Social workers must be centralized into the school culture and work side-by-side with school staff to address their students' needs.

In fulfilling this need, social workers will be impacted by the challenge of working with students, school personnel, and parents in addressing the barriers and tendencies that contribute to the child's disruptive behaviors and risk of dismissal (Scarnato, 2019). The results of this study will determine if whether school-based, trauma-informed programs will improve student mental health, school achievement, and school dropout rates. If these programs provide strong evidence for improvement, they will contribute to overall student well-being and academic success, keeping these children in school and providing them with an opportunity to learn and grow and become successful students. Therefore, this

study will answer whether school-based, trauma-informed programs improve

student mental health, school achievement, and dropout rates.

CHAPTER TWO

LITERATURE REVIEW

Introduction

This chapter consists of examining current research regarding the impact of school-based, trauma-informed programs on students. Subsections include the impact on student mental health, school achievement, and school suspension/expulsion. The final subsection, Theories Guiding Conceptualization, examines the current preferred model of Cognitive Behavioral Therapy (CBT) and its limitations in implementing trauma-informed programs to children and adolescents. Lastly, this section discusses this study's addition to trauma-informed programs utilizing the Ecological Model perspective and implications on conceptualizing cognitive behavioral therapy and the Ecological Model.

Impact of School-Based, Trauma Informed Programs

Current studies acknowledge the significance of having mental health programs integrated into the school setting. Larson et al. identify schools as a natural and essential point of contact to prevent, identify, and treat mental health issues and disorders (Larson, Chapman, Spetz, and Brindis, 2017). The advantages of providing school-based services include easy access to students, student demographics, and access to collaborative partnerships with parents and school staff members. In addition, Larson et al. agree that the population of students who need intervention includes children and adolescents who live in

7

poverty, low socioeconomic households, and who represent racial-ethnic minorities that have been subject to victimization (Larson, Chapman, Spetz, and Brindis, 2017).

Victimization factors include children and adolescents being exposed to abuse and neglect, discriminated against based on race, gender, sexual orientation, or religion, witnessing family violence, or having someone close to them killed or murdered. Other contributing factors of victimization include poverty, lack of shelter, and access to food and clothing. Lastly, contributing factors include episodes of homelessness, parent separation, parental substance abuse, parental mental illness, parental unemployment, and parental incarceration (Larson, Chapman, Spetz, and Brindis, 2017). In addition, Larson et al. indicate that children exposed to trauma are at increased risk of developing mental health disorders (Larson, Chapman, Spetz, and Brindis, 2017).

Student Mental Health

In the early stages of development, a child's brain can be severely impaired by exposure to chronic stress and trauma. The more stress and trauma experienced, the more detrimental the impact on a child's development and mental health, including deficits in social, cognitive, and behavioral functioning (Perry, 2008). From ongoing stress and trauma, mental health disorders include anxiety disorders, depression disorders, post-traumatic stress disorder, oppositional defiant disorder, and other disruptive, impulsive-control, and conduct

disorders. If mental illnesses are not addressed these, mental health disorders

can develop into severe personality disorders such as borderline personality

disorder and antisocial personality disorder (Perry, 2008).

A common mental health disorder that may develop from trauma-impacted

students is oppositional defiant disorder (ODD). ODD is a disorder that displays

symptoms of anger, irritable moods, argumentative, defiant behavior, and

vindictiveness (American Psychiatric Association, 2013). Students with ODD are

subject to losing their tempers; they are often sensitive or easily annoyed by

others and often angry and resentful. These students often argue with authority

figures or other children. In addition, these students actively refuse to follow

authority figures' instructions or rules placed by authority figures (American

Psychiatric Association, 2013).

These students often deliberately annoy others and blame others for their

mistakes or misbehaviors. These students can also be spiteful or vindictive when

feeling disrespected or wronged (American Psychiatric Association, 2013). ODD

is one of many mental health disorders that negatively impact students'

classroom behaviors and most often enable children from performing daily tasks

and classroom objectives.

School Achievement

Traditional schools are designed to be organized, structured, and rigid.

Students are expected to follow the rules and assimilate into the social norms of

the school. If not, they are subject to disciplinary actions and dismissal. Children and adolescents with mental health disorders do not assimilate well with the traditional school culture. Stress and trauma exposure impairs emotion regulation and executive functioning, negatively affecting students' ability to behave in class, pay attention, follow instructions, and retain the material (Larson, Chapman, Spetz, and Brindis, 2017). These impairments also compromise students' ability to socialize with peers and adults proactively.

When interacting with others, trauma-impacted students may exhibit poor interpersonal skills; they may be perceived as rude or intrusive. Due to these impairments, students are often isolated from others and, in some instances, may be disruptive. These behavioral problems often result in students being disciplined and removed from the classroom setting; they are then at risk for expulsion. Class suspensions significantly impact academic performance as the student may have no chance of improving grades and completing school course levels, placing them at risk of retention. Studies indicate that students subject to low academic achievement are at higher risk of dropping out of school and assimilating to lower social capital levels. These individuals also decrease their ability to avoid exposure to harmful events, specifically poverty, and as a result, continue the cycle of chronic trauma that is passed down from generation to generation (Larson, Chapman, Spetz, and Brindis, 2017).

School Suspensions/Expulsions

Porche et al. argue that dropping out of school is not an event but a process that begins in the early years of education. In most schools, teachers and school staff often mistake the symptoms of students with mental health disorders as deliberate disruptive behaviors that need to be corrected by punitive disciplinary actions (Porche, Fortuna, Lin, and Alegria, 2011). This type of discipline activates and reinforces combative behaviors that the body and mind have been conditioned with and their traumatic experiences and compounds their trauma with unnecessary discipline. Unfortunately, schools do not understand these students backgrounds why they have these disruptive behaviors. Educators believe that discipline is critical in changing students' behaviors (Porche, Fortuna, Lin, and Alegria, 2011).

This line of thinking might work with most students but not with trauma-impacted students. To effectively work with these students' schools, they must meet them where they are. Meaning schools must accept these current behaviors and not punish them for having them. Schools need to provide these children and adolescents with outlets and many opportunities to recondition them to have positive behaviors (Porche, Fortuna, Lin, and Alegria, 2011). Due to the frequency of classroom disruptions, trauma-impacted students are then labeled and experience the stigma of being the troubled child that will never change and will always fail. In having this stigma, trauma-impacted students will continue the downward path and, due to school policies, will be subject to multiple

suspensions and result in expulsion from school (Porche, Fortuna, Lin, and Alegria, 2011).

Theories Guiding Conceptualization

School-based, trauma-informed programs are currently based on the therapeutic interventions of Cognitive Behavioral Theory (CBT). CBT focuses on the relationship between thoughts, feelings, and behaviors. This therapy focuses on the current problems, symptoms, and changing patterns of behaviors, thoughts, and feelings that lead to difficulties in functioning. Cognitive Behavioral Therapy is currently the most used and practiced treatment in addressing mental health disorders caused by chronic stress and trauma. CBT is recognized as a safe, evidence-based treatment proven to reduce symptoms of chronic stress and trauma.

Therapists use CBT as a behavior modification intervention to assist children in processing present behavioral problems, the cause and effect, and present choices and actions. Therapists argue that CBT's limitation only addresses the here and now and does not address past traumatic events and current influences of trauma students may still be exposed to at home or school environments. Mental health professionals agree that trauma-informed evidence-based practices improve overall functioning, but effects diminish when children and adolescents return to their natural environments. Due to these influences of original chronic stress or trauma that people in their environment impose,

therapeutic progress is then jeopardized, and students may regress to original behaviors.

The ecological model is the theory that conceptualizes and interprets the influences that children and adolescents encounter when going back to their home and school environments. The ecological model approach to trauma intervention is based on the understanding that environmental factors that influence well-being health is, at least in part, socially determined, and interventions must address individual, interpersonal, and community systems. This study focuses on collaboration with the environmental influences of children and adolescents. These influences include working with parents and school staff members. Trauma-informed programs from an ecological perspective will encompass the larger picture of addressing trauma-induced behaviors. In conjunction with CBT, therapists will reduce trauma symptoms in addressing the here and now and address the underlying issues of trauma impacting students from their home and school environments.

<div align="center">Summary</div>

In summary, this section has discussed the current research regarding the impact of school-based, trauma-informed programs on student mental health, student achievement, and school dropout rates among trauma-impacted students. This section has also included the current theories guiding the conceptualization of school-based, trauma-informed programs. The section

discusses the traditional use and strengths of Cognitive Behavioral Theory in addressing students' current problematic behaviors. This section has also examined the impact of utilizing the ecological model in understanding the environmental impacts of trauma and the importance of addressing underlining trauma issues.

CHAPTER THREE

METHODS

Introduction

This study determined if school-based, trauma-informed programs impacts students' mental health, school achievement, and dropout rates. This section discussed the reasoning for conducting an exploratory, qualitative study design that utilized non-probability/purposive sampling via in-depth interviews to gather data to study the tangible impact of school-based, trauma-informed treatment programs. This section contained the details of how this study was administered and completed. The sections included the study design, sampling, data collection and instruments, procedures, human subject protections, and data analysis.

Study Design

The purpose of this study was to determine whether school-based, trauma-informed programs impacts student mental health, school achievement, and school dropout rates. This study also explored different methods of working with teachers and parents to address students' needs. This was an exploratory study due to the limited information on integrating mental health services in the school setting. This qualitative study utilized in-depth interviews with open-ended questions to gather information from mental health professionals who work directly with trauma-impacted youth, teachers, and parents. Using a qualitative

approach and in-depth interviews, the interviewer gathered information on respondents' topics and insight.

The interviewer clarified questions or probed to gather greater insight into the respondents' experiences and knowledge. The interviewer gathered relevant and, in some cases, unanticipated data that may have implications for the study. Lastly, the interviewer observed non-verbal gestures from respondents that provided further insight into the questions asked. Along with the strengths of a qualitative study, in using in-depth interviews, the limitations may include only having a small sample of respondents out of many who work in the profession.

Respondents from this study are only from one program and may be subject to repetitive views or responses. In addition, respondents may have been subject to socially desirable responses and not forthcoming with information due to perceived judgment. As a result, there was a potential for invasiveness when asking about personal experiences.

Sampling

The sampling used in this study was non-probability, purposive sampling. Respondents were chosen from an agency in San Bernardino County. This agency provides comprehensive mental and behavioral health services to children, youth, families, and schools. In addition, this agency offers individual, group, and family counseling services with specific treatment for children and adolescents ages 7 to 22 years of age. Respondents were selected from a

program within the agency that works at an educational center in San Bernardino County. This educational center is a school-based, trauma-informed program that is designed to work with trauma-impacted students.

This program was created to address the current challenges of providing educational and therapeutic services to emotionally disturbed students who cannot function in the traditional school setting due to their emotional impairments. The agency director, case manager, and educational center supervisor were contacted and notified of this study. The study did not need agency approval due to my current employment with the agency and by conducting the interviews with co-workers who were contacted and interviewed during non-working hours. This agency was chosen because it is one of the first programs to incorporate trauma-informed services in the school setting. This program is one of the first of its kind, and respondents chosen were selected due to their experiences and unique perspectives in working with trauma-impacted students.

The interviews consisted of 10 total participants, and for each interview, there were six sections of 1-4 open-ended questions, having a total of 15 questions per interview. Questions were asked concerning the impact of school-based, trauma-informed programs on student mental health, school achievement, and school dropout rates. Demographic information from participants was collected before each interview. Demographics included participant's age, gender identification, ethnicity identification, achieved education

level, the number of years in current practice/field, and range of annual household income.

Data Collection and Instruments

This qualitative study was collected from interview questions given to clinicians who work at the educational center in San Bernardino County. The instrument used was an interview format comprised of six sections, 1-4 open-ended questions. For the first two sections, this interviewer specifically targeted and addressed the advantages of having a school-based, trauma-informed program integrated into the school system.

Section 3 included four questions regarding the mental health of students. First, questions included, what are the three most common mental health disorders that trauma-impacted students are diagnosed with? Second, what is the most common behaviors associated with these disorders? Third, how does a school-based, trauma-informed program differ from a traditional school program addressing students' behaviors? Lastly, in your opinion, does having a school-based, trauma-informed program provide you with an advantage or disadvantage in diagnosing and addressing the behaviors of students with mental health disorders?

Section 4 consisted of three questions regarding school achievement. First, questions included, what are the most common barriers or specific reasons trauma students display difficulty completing daily classroom assignments and

improving grades? Second, how does a school-based, trauma-informed program differ from traditional school programs regarding school achievement working with students? Lastly, in your opinion, does having a school-based, trauma-informed program positively or negatively affect school achievement?

Section 5 included three questions regarding school dropout rates. First, questions included, what are the contributing factors and reasons for school dropout rates among trauma-impacted students? Second, considering suspensions and expulsions, how is a school-based, trauma-informed program different from other school programs? Lastly, in your opinion, do school-based, trauma-informed programs increase or decrease the number of school dropout rates?

Section 6 included three questions regarding collaboration with staff and parents. The first question included what are the most common challenges in working with school staff members and parents of trauma-impacted students. Second, how does a school-based, trauma-informed program differ from traditional school programs regarding collaboration with school staff and parents? Lastly, in your opinion, do school-based, trauma-informed programs increase or decrease cooperation from school staff and parents?

To ensure validity and reliability, these questions were discussed with and selected by collaborating with multiple licensed mental health professionals who have extensive experience in the field and working with trauma-impacted students. When asking questions, the interviewer wrote down initial responses

and clarified when the answer was unclear or needs further exploration. The questions used in this interview were to gain insight into the interactions and experiences between clinicians, students, teachers, and parents from the clinician's perspective. These answers provided this study with the documentation needed to answer the question of school-based, trauma-informed programs having significant outcomes on trauma-impacted students.

Procedures

Interviews started in January of 2021. Each participant was contacted via email/phone call to have the opportunity to participate in the study. After initial contact via email/phone call, participants were informed about the study and its relation to their current place of employment. Once agreeing to participate in the study, participants were scheduled for individual interviews.

Due to current COVID-19 restrictions, participants were only contacted via zoom conference or by telephone. Each interview was scheduled for the participant's convenience, and interviews were given depending on the respondent's availability. The participant was given approximately 3 minutes to answer each question, for a total of fifteen questions. Each interview lasted approximately 30-45 minutes.

Protection of Human Subjects

Due to current COVID-19 restrictions and to ensure respondents' safety and personal health, respondents were only contacted via email or telephone. Therefore, interviews with respondents only took place via zoom conference or telephone calls. Under the Health Insurance Portability and Accountability Act of 1996 (HIPPA), All material and data from this study are strictly confidential, and the personal information of respondents were not disclosed or shared by anyone under this study. Respondents were referred to as respondents 1-10. At the start of the interview, participants were required to sign an informed consent form, consenting to the interview.

The informed consent form is a procedure through which a competent subject can voluntarily provide their willingness to participate in this study after receiving and understanding all the research-related information. For each interview, a timer was set for 40 minutes. Once the timer expired, this indicated to the interviewer to start ending the interview. Once completing the interview, participants were given a debriefing statement. The debriefing statement ensured the participants were fully restored to their condition before their study involvement. In addition, participants were informed of details that they may not have known before participating in the study and were provided with appropriate resources and contact information if needing additional resources.

Data Analysis

The question was answered: Do school-based, trauma-informed programs positively impact student mental health, school achievement, and school dropout rates. In answering this question, in depth-interviews were utilized to gather information from respondents, and patterns were found in the answers provided by respondents. There was a total of 10 interviews. Each interview lasted approximately 30-45 minutes, totaling approximately 6.5 hours of raw data. In refining, the data, zoom, and telephone sessions were transcribed into word transcripts in short phrases that assign meaning for a portion of what was stated.

These short phrases were then organized and categorized into sections from respondents' overall patterns of answers. As a result, a thematic analysis was conducted to identify data patterns that indicate if school-based, trauma-informed programs impact student mental health, student achievement, and student dropout rates.

Summary

In summary, this section has included reasons for using the exploratory, qualitative study design that utilizes non-probability/purposive sampling. This was applied by implementing in-depth interviews to gather data for studying the impact of school-based, trauma-informed treatment programs. This section discussed in detail how this study was organized, implemented, and completed. The sections included the study design, the sampling method used, how the data

was collected, and what instruments were used in collecting data. The section

also discussed the interviewer's specific procedures, how human subjects were

protected and discussed data analysis.

CHAPTER FOUR

RESULTS

Demographics

In this study, there were ten participants with ages ranging from twenty-six years of age through 60 years of age. Out of the ten participants, six were female, and four were male. Racial or Ethnic groups consisted of three white/Caucasian, one Black or African American, and six identified as Hispanic/Mexican American. All participants have master's degrees. Among these respondents, six have 6-10 years of experience working as a Clinician or Mental Health Counselor, one from 10-15 years, two from 15-20 years, and one with 21+ years of experience working in the mental health profession.

The range of annual household income of respondents includes five in the 70K-79K range, one from the 80K-89K, two from 100K-149K, and two from more than 150K. The demographics demonstrated that respondents come from diverse racial or ethnic backgrounds, women are more prominent than men in the school site, and all respondents are highly educated with significant experience in working with trauma-impacted youth.

Introduction

The findings in this study are directly from respondents who are clinicians at a school-based, trauma-informed program in an educational center in San

Bernardino County. Respondents were purposely chosen due to their extensive experience working with trauma-impacted students. In the findings, six sections discuss the advantages of having a school-based, trauma-informed program integrated into a school system. These sections include school-based, trauma-informed, student mental health, school achievement, dropout rates, and staff/parent collaboration.

In addition, in each section, respondents address the challenging issues trauma-impacted students experience and discussed the benefits of integrating a school-based, trauma-informed program into the school systems. Data from respondents were reorganized into short phrases that assigned meaning for a portion of what was stated. These short phrases were then organized and categorized into sections from respondents' overall patterns of answers. As a result, a thematic analysis was conducted to identify data patterns indicating if school-based, trauma-informed programs impact student mental health, achievement, and dropout rates.

School Based Program

In discussing the advantages of being a school-based program, respondents agreed that having a school-based program gives them an advantage in having immediate access to students.

In being school-based, our team of therapists is integrated into the school. Meaning our therapists have an office or class that everyone is aware of

and is readily available to students anytime during regular school hours. In being available to students, we have immediate access to students. We can respond to crises, assess situations, and assist students in de-escalating their behaviors.

Respondents also stated another advantage of school-based program is the ability to gain insight into the underlining issues of their students by observing the everyday interactions between students' peers and adults in a school setting.

In being embedded into a school, our therapist gains excellent insight into our students by being a part of and observing everyday interactions and conflicts of students. In having daily contact, we can understand and get to know our clients on a personal level. We can understand the dynamics in the classroom and on campus. We can observe and understand the social interactions between students and school staff.

Respondents concluded that having a school-based program provides immediate access to students, allowing them to assist students when needing support and gain insightful information about students.

Trauma-Informed Program

According to respondents, a trauma-informed program is vital in working with and treating trauma-impacted students. In having a trauma-informed program, the school has resources to implement an evidence-based practice that addresses the core problems of trauma-impacted students.

A trauma-informed program has systems to assist students when experiencing trauma-triggered events or situations. Counselors are trained in handling crises and trained in de-escalating situations instead of escalating them.

Respondents believe a trauma-informed counselor is someone who can identify trauma triggers and trauma behavior versus a traditional view of defiant or oppositional behaviors from students. Therapists recognize the behaviors for what they are and not react to them personally. Therapists will provide the support needed to minimize behaviors to avoid escalation, more time out of class, and possible suspension or expulsion of students.

In a trauma-informed program, they will look at defiant or destructive behaviors differently than a traditional school. Traditional schools tend to look at these behaviors as premeditated or intentional but originate from the student's trauma. Non-trauma-informed adults will read the responses differently, probably escalating the student and leading to more outbursts or consequences.

Respondents agree that most traditional schools tend not to understand or recognize trauma-impacted behaviors and will often respond to the student's behaviors in a punitive manner that will only influence them to escalate their behaviors.

Student Mental Health

To obtain an accurate diagnosis, assessors must have accurate information about students. In diagnosing trauma-impacted students, because of the lack of knowledge or insight into the students' actual behaviors, assessors often misdiagnose the mental health disorders of the students.

Due to their aggressive verbal and physical behaviors, trauma-impacted students are often diagnosed with conduct or oppositional defiant disorders. In these cases, assessors are just looking at the surface behaviors and are not understanding the reasoning for these behaviors. They do not see the student reacting in the fight or flight mode of response, running away, or displaying AWOL behaviors. They do not recognize that these behaviors are anxious responses or maybe symptoms of PTSD.

By having continuous exposure to students and interacting with school staff, therapists can understand the real reasons for the student's behaviors and reactions. In understanding the true nature of students, they can then get an accurate diagnosis and create an appropriate treatment plan for their students.

School Achievement

In working with trauma-impacted students, their trauma significantly impacts their education by having their behaviors interfere with their time in school.

Their absences from school may include not being able to attend school due to dealing with a crisis in the home, being unable to ride the bus or get a ride to school. In addition, students miss time due to being suspended or expelled from school. Students also miss time in being unable to remain in class due to trauma-impacted behaviors.

Respondents state that this time away from school creates an education gap, and with every set back, students fall farther and farther behind on their education and place themselves at risk for dropping out. In addition to missing school, trauma-impacted students must address their trauma symptoms to remain in class and focus on daily classroom activities.

Students are so busy trying to stay alive and stay safe that it dramatically impacts their learning ability. Students who are consistently exposed to trauma may question themselves, "Am I going to have food today? Is there someone who is going to harm me today? Am I safe here? If a student is concerned with basic feelings of safety, any chance of getting them to learn is not within reason.

Respondents state that students cannot be expected to learn in the traditional environment when they are unconsciously on alert and are unable to regulate their emotions.

School Dropout Rates

In a trauma-informed program, there is a type of philosophy that is acknowledged when addressing student behavior. The philosophy stated by respondents consists of having a strength-based reinforcement instead of a traditional punitive type of reinforcement.

In a traditional setting, other schools are not going to address dis-regulated behavior or address the social-emotional impact of students. Schools often see behavior as a manifestation of a refusal or being defiant. In having trauma integrated into the school system, school staff can see the value of having trauma-informed approaches and practices. Staff members can see the behavior for what they are and not resort to punitive practices that will only hinder the student's social-emotional growth.

Respondents agree that schools are still hindered by the idea that kids should comply and follow the rules regardless of their behaviors or experiences. However, respondents stated this was the most significant challenge in working with staff and parents, and that is to change their perceptions of traditional discipline.

Staff/Parent Collaboration

Respondents reported that when initially working with staff and parents, there is a lot of defensiveness and resistance in implementing a trauma-informed program.

Staff members are resistant due to not wanting anyone watching over them or interfering in their classes. From parents we get, what do you want because all I ever hear are negative things about my child. Once staff and parents are involved with treatment, trusting relationships are developed, and they begin to understand the benefits of the therapy program. Once the trust is there, the real problems can be identified, and real change can begin.

Respondents report that once staff and parents accept the program and see its impact on their student or child, that is when the real problems come into focus, and real change can begin.

Summary

The findings of this study have displayed the many advantages a school-based, trauma-impacted program has on trauma-impacted students. This section discussed the advantages of having insight and access to students in a school-based program. It described the importance of understanding the principles of a trauma-informed program. This study has discussed the importance of understanding mental health diagnoses of trauma-impacted students. It has

31

identified the challenges that trauma-impacted students face in improving school

achievement. These findings have also discussed the issue of therapeutic

intervention versus punitive disciplinary actions in addressing school dropout

rates. Lastly, these findings discussed the challenges and value of working

collaborating with staff and parents.

CHAPTER FIVE

DISCUSSION

Introduction

The findings for this study indicate that school-based, trauma-informed therapeutic programs significantly improve student mental health, school achievement, and lower school drop-out rates. This section discusses if the results answered are supported by the studies cited in the literature review. In addition, the discussions included new insights from the research findings. Finally, this section discusses recommendations for social work practice, policy, and research. In conclusion, this section explored broader implications of the results for social work practice.

Discussion

This study supports the research that indicates the advantage of having an on-site, school-based program. The advantage is having open and easy access to students. When in crisis or having difficulties in class, a student can access counseling services and use them as support to de-escalate, stabilize, and return to class. Furthermore, the findings in this study state that the advantage of being on-site allows the therapist to gain insight into students by observing their actual behaviors and collaborating with teachers and staff. In

having first-hand information of student behaviors, therapists can better understand the influences and dynamics of the student.

In a trauma-informed program, the research discusses the importance of understanding the background of students' traumatic experiences and their impact on their behaviors and reactions to others. This study supports these findings and, in addition, discusses the advantages and concepts of implementing trauma-informed practices versus the traditional punitive practices of traditional schools. This study supports the importance of identifying specific trauma-impacted behaviors in obtaining mental health diagnoses of students. By being integrated into the school, therapists can identify specific behaviors and patterns of students. With this first-hand information, therapists can create a solid diagnosis and implement effective treatment plans for the students.

In addressing school achievement, this study supports the research that believes the barrier to school achievement is the trauma-impacted behaviors of the student. When working with these students, it is essential first to address the underlining trauma and work with the student in coping with their symptoms. Once providing a safe environment and establishing stabilization, the student can pay attention and start learning. In addressing school dropout rates, this study supports the research that punitive discipline activates and reinforces aggressive behaviors of trauma-impacted students and, as a result, compounds their trauma with unnecessary discipline.

In addition, this study explores and discusses the ideology of implementing trauma-informed supports other than punitive discipline measures. Schools will have significantly lower drop-out rates in providing trauma-informed support due to giving students flexibility in working with their behaviors. The idea is to provide students with multiple opportunities in correcting their behaviors, and once making good choices, students can learn and gain self-esteem and confidence in experiencing the effects of making good decisions.

This study also supports the research in understanding how school-based, trauma-informed programs positively impact collaborating with school staff and parents. In difference, this study discusses the barriers that therapists are confronted with in initially providing trauma-informed practices to staff and parents. The findings indicate that once staff and parents let down their defensiveness, they feel connected and supported. They believe staff and parents then see the value of working as a team. This study further explores the importance of building trusting relationships with staff and parents to have them reinforce the same trauma-informed practices to create significant changes in the student.

Recommendations for Social Work Practice

There are common positions of school counselors and school psychologists in a traditional school, but for the most part, schools do not have social workers/therapists implemented into the school system. As a result,

35

traditional schools are currently subject to out-sourcing outpatient services for students. Currently, there is a growing need for trauma-informed services integrated into the school systems. The school-based, trauma-informed program used for this study is one of the first programs integrated into the San Bernardino County Superintendent of Schools. Since starting the program, there have been several schools adopting the same trauma-informed program and practice within the county. With the success of these programs, more social workers will be needed in working with the population of trauma-impacted students.

Conclusion

In conclusion, the results of this study have demonstrated the need for mental health services integrated into school systems and demonstrate the importance of identifying and treating children with trauma-based counseling. Additionally, this study has demonstrated adolescents' danger when engaging in destructive behaviors and placing themselves at risk of disciplinary actions that result in suspensions and expulsions. By implementing more school-based, trauma-informed programs into school systems, we will be able to teach students how to cope with their trauma-impacted behaviors and give them the opportunity to excel despite their adversities. Furthermore, we will help our communities by keeping adolescents in school and on the path of being responsible contributing citizens that will improve society.

APPENDIX A

INTERVIEW GUIDE

Interview Questions and Guidelines

The following questions are the questions that were asked to respondents from a school-based, trauma-informed program at an educational center in San Bernardino County. The study was utilized in-depth interviews with open-ended questions to gather information from mental health professionals who work directly with trauma-impacted youth, teachers, and parents. There was a total of 10 interviews. Each interview lasted approximately 30-45 minutes. The topics and questions are as follows:

1) School-Based, Program:
A) What are the advantages of having a school-based, program integrated into the school system?
2) Trauma-Informed Program:
A) What are the advantages of having a trauma-informed program integrated into the school system?
3) Mental Health:
A) What are the three most common mental health disorders that trauma-impacted students are diagnosed with?
B) What are the most common behaviors associated with these disorders?
C) How does a school-based, trauma-informed program differ from traditional school programs in addressing student's behaviors?
D) In your opinion, does having a school-based trauma-informed program provide you with an advantage or a disadvantage in diagnosing and addressing the behaviors of students with mental health disorders?
4) School Achievement:
A) What are the most common barriers or specific reasons why trauma students display difficulty completing daily classroom assignments and improving grades?
B) How does a school-based, trauma-informed program differ from traditional school programs regarding school achievement in working with students?
C)In your opinion, does having a school-based, trauma-informed program positively or negatively affect school achievement? And how?
5) School Dropout Rates:
A) What are the contributing factors and reasons for school dropout rates among trauma-impacted students?
B) Considering suspensions and expulsions, how is a school-based, trauma-informed program different from other school programs?
C) In your opinion, do school-based, trauma-informed programs increase or decrease the number of school dropout rates? And how?
6) Collaboration:
A) What are the most common challenges in working with school staff members and parents of trauma-impacted students?
B) How does a school-based, trauma-informed program differ from traditional school programs regarding collaboration with school staff and parents?
C) In your opinion, do school-based, trauma-informed programs increase or decrease cooperation from school staff and parents? And how?

APPENDIX B

IRB APPROVAL LETTER

March 29, 2021

CSUSB INSTITUTIONAL REVIEW BOARD
Administrative/Exempt Review Determination
Status: Determined Exempt
IRB-FY2021-159

Armando Barragan Jr. Matthew Pacheco
CSBS - Social Work
California State University, San Bernardino
5500 University Parkway
San Bernardino, California 92407

Dear Armando Barragan Jr. Matthew Pacheco:

Your application to use human subjects, titled "Impact of school-based, trauma-informed program on student mental health, school achievement, and school dropout rates." has been reviewed and determined exempt by the Chair of the Institutional Review Board (IRB) of CSU, San Bernardino. An exempt determination means your study had met the federal requirements for exempt status under 45 CFR 46.104. The CSUSB IRB has not evaluated your proposal for scientific merit, except to weigh the risk and benefits of the study to ensure the protection of human participants. Important Note: This approval notice does not replace any departmental or additional campus approvals which may be required including access to CSUSB campus facilities and affiliate campuses due to the COVID-19 pandemic. Visit the Office of Academic Research website for more information at https://www.csusb.edu/academic-research.

You are required to notify the IRB of the following as mandated by the Office of Human Research Protections (OHRP) federal regulations 45 CFR 46 and CSUSB IRB policy. The forms (modification, renewal, unanticipated/adverse event, study closure) are located in the Cayuse IRB System with instructions provided on the IRB Applications, Forms, and Submission webpage. Failure to notify the IRB of the following requirements may result in disciplinary action. The Cayuse IRB system will notify you when your protocol is due for renewal. Ensure you file your protocol renewal and continuing review form through the Cayuse IRB system to keep your protocol current and active unless you have completed your study.

Important Notice: For all in-person research following IRB approval all research activites must be approved through the Office of Academic Research by filling out the [Project Restart and Continuity Plan](#).

- **Ensure your CITI Human Subjects Training is kept up-to-date and current throughout the study.**
- **Submit a protocol modification (change) if any changes (no matter how minor) are proposed in your study for review and approval by the IRB before being implemented in your study.**
- **Notify the IRB within 5 days of any unanticipated or adverse events are experienced by subjects during your research.**
- **Submit a study closure through the Cayuse IRB submission system once your study has ended.**

If you have any questions regarding the IRB decision, please contact Michael Gillespie, the Research Compliance Officer. Mr. Michael Gillespie can be reached by phone at (909) 537-7588, by fax at (909) 537-7028, or by email at mgillesp@csusb.edu. Please include your application approval number IRB-FY2021-159 in all correspondence. Any complaints you receive from participants and/or others related to your research may be directed to Mr. Gillespie.

Best of luck with your research.

Sincerely,

Nicole Dabbs

Nicole Dabbs, Ph.D., IRB Chair
CSUSB Institutional Review Board

ND/MG

APPENDIX C

INFORMED CONSENT

INFORMED CONSENT

The study in which you are asked to participate is designed to examine the impact of school-based, trauma-informed counseling programs on student mental health, school achievement, and school dropout rates. Matthew Pacheco is conducting the study, a graduate student, under the supervision of Dr. Armando Barragán, Assistant Professor in the School of Social Work at California State University, San Bernardino (CSUSB). The Institutional Review Board has approved the study at CSUSB.

PURPOSE: The purpose of the study is to examine the impact of school-based, trauma-informed counseling programs on student mental health, school achievement, and school dropout rates.

DESCRIPTION: Participants were be asked questions regarding the impact of school-based, trauma-informed counseling programs on student mental health, school achievement, and school dropout rates.

PARTICIPATION: Your participation in the study is voluntary. You can refuse to participate in the study or discontinue your participation at any time without any consequences.

CONFIDENTIALITY: Your responses will remain confidential, and data will be reported in group form only.

DURATION: The interview will take approximately 40 minutes to complete.

RISKS: Although not anticipated, there may be some discomfort in answering some of the questions. You are not required to answer and can skip the question or end your participation.

BENEFITS: There will not be any direct benefits to the participants. However, findings from the study will contribute to our knowledge in this area of research.

CONTACT: If you have any questions about this study, please feel free to contact Dr. Barragán at (909) 537-3501.

RESULTS: Results of the study can be obtained from the Pfau Library Scholar Works

database

(http://scholarworks.lib.csusb.edu/) at California State University, San Bernardino after

July 2022.

****
****

I agree to have this interview be audio recorded: _____ YES _____ NO
I understand that I must be 18 years of age or older to participate in your study, have read and understand the
consent document and agree to participate in your study.

_____ _____
Place an X mark here   Date
　　　　Contents of appendix goes here. Type does not need to be in Arial 12

point, but information does need to be within the margins.

REFERENCES

American Psychiatric Association, (2013). *Diagnostic and statistical manual of*

  mental disorders fifth edition (DSM-5). American Psychiatric Publishing.

  Washington, DC., London, England.

Bates, S., M., Mellin, E., Paluta, L., M., Anderson-Butcher, D., Vogeler, M., and

  Sterling, K., (2019). Examining the influence of interprofessional team

  collaboration on student-level outcomes through school-community

  partnerships. *National Association of Social Workers.* Children and

  Schools *41,(2),* 111-120. https://doi:10.1093/cf/cdz001.

Herrenkohl, T.I., Hong, S. and Verbrugge, B. (2019). Trauma-informed programs

  based in schools: linking concepts to practices and assessing the

  evidence. *American Journal Community Psychology, 64*, (3-4), *373-388.*

  https://doi-org.libproxy.lib.csusb.edu/10.10002/ajcp.12362.

Immerfall, S., J., & Ramirez, M., R., (2018). Link for schools: a system to

  prevent trauma and adverse impacts. *NASN School Nurse. SAGE*

  Publications. http//www.sagepub.com/journalspermissions.nav.

Larson, S., Chapman, S., Spetz, J., & Brindis., C.D. (2017). Chronic childhood

  trauma, mental health, academic achievement, and school-based health

  center mental health services. *Journal of School Health, 87*(9), 675-686.

Little, S.G., Akin-Little, A., & Somerville, M.P., (2011). Response to trauma in

children: an examination of effective intervention and post-traumatic growth. *School Psychology International, 32*(5), 448-463. Doi:10.1177/0143034311402916.

Mendelson, T., Tandon, S.D., O'Brennan, L., Leaf, P.J., & Ialongo, N., S. (2015). Brief report: moving prevention into schools: the impact of a trauma-informed school-based intervention. *Journal of Adolescence*, *43*(2015), 142-147. http://dx.doi.org/10.1016/j.adolecents.2015.05.017.

Perry, D.B., (2008). Child maltreatment: a neurodevelopmental perspective on the role of trauma and neglect in psychopathology. *Child and Adolescent Psychopathology*, 93-129.

Porche, M.V., Fortuna, L.R., Lin, J., and Alegria, M., (2011). Childhood trauma and psychiatric disorders as correlates of school dropout in a National sample of young adults*. Society for Research in Child Development. 82*, (3), 982-998. Doi:10.1111/j.1467-8624.2010.01534.x.

Rumsey, A. D., & Milsom, A. (2018). Supporting school engagement and high school completion through trauma-informed school counseling. *Professional School Counseling*, *22*(1), 1-10. https://doi.org/10.1177/2156759X19867254

Scarnato, J.M., (2019). The generalist intervention model for social work practice. MSW Careers. Wiley Education Services. Retrieved 10/7/20. https://mswcareers.com/generalistinterventionmodel/