An Exploration of Trauma Handling Techniques Perceived by School Psychologists to Train Preservice Teachers

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ABSTRACT

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A tragic incident, such as an accident, physical abuse, or a natural disaster, can cause trauma, which is an emotional reaction. It is a detrimental mental state that overwhelms a person’s ability to deal with difficulties in a typical manner. There is a significant trauma prevalence among pupils. Nearly 50% of girls and 60% of males suffer various traumas up until puberty, and nearly 75% of people encounter various traumas at least once in their lives (SAMHSA, 2020). Unfortunately, due to teachers' and parents' ignorance, many cases in Pakistan go undetected. The psychological, emotional, and cognitive facets of pupils' personalities are most negatively impacted by trauma. After their parents, teachers are the second stakeholders that students spend the most time with. Teachers can provide their students sage advice on how to handle trauma. They are able to support their students cognitively, emotionally, and psychologically. Unfortunately, due to a lack of thorough discussion of this subject in the pre-service training curriculum, instructors in Pakistan lack adequate training in trauma-informed treatment. This qualitative study explores the methods that seasoned psychologists working with educational institutions use to deal with trauma. The research involved 15 skilled psychologists and was intended to improve educators' understanding of trauma identification and intervention options. The study's goal was to gather thorough information from in-depth semi-structured interviews that would help teachers recognize trauma and use trauma-handling strategies efficiently. Participants were carefully chosen using purposive sampling. Twelve thorough themes emerged as a consequence of meticulously applying thematic analysis to the interviews. These ideas are extremely valuable for teacher preparation and provide important direction for teachers. In addition, curriculum designers and policymakers can use the study's findings to improve their materials and guidelines for dealing with trauma and trauma-informed therapies. This study illuminates an essential element of students' well-being and advances current efforts to make classroom instruction more trauma-sensitive.

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1. Introduction

Trauma can be defined as an emotional response triggered by a specific event, and it can manifest as a result of a single traumatic incident or a series of such incidents. The consequences of trauma are long-lasting and have detrimental effects on an individual's emotional, physical, academic, and cognitive well-being. Various forms of trauma, such as abuse, homelessness, neglect, violence, and highly stressful events, can impact individuals and lead to the development of traumatic experiences. Research has shown that more than three-quarters of the global population has encountered trauma at least once in their lives (Snell, Lockey, and Thompson, 2023).

The symptoms exhibited by individuals who have experienced trauma can vary significantly, including emotional disturbances, nightmares, flashbacks, behavioral problems, social isolation, emotional numbness, aggression, and irritability (Berger, Bearsley, & Lever, 2021). It is crucial for students who have undergone traumatic experiences to seek help and support.

Around the world, initiatives have been taken to meet the needs of pupils who have endured trauma. Numerous educational facilities have put into place trauma-informed care programs that offer these pupils particular treatment. Thankfully, schools understand how important it is to meet the needs of traumatized children (Duane & Robertson, 2023). Professionals train teachers on how to manage and help pupils who have undergone trauma. In trauma-informed schools, mental health service providers are essential in the staff training process (Burke & Clarke, 2023). In order to provide trauma-informed treatment, trauma-informed schools have been established globally, with well-trained instructors receiving specific training from experts.

However, there aren't enough psychologists at Pakistan's educational institutions to deal with a range of psychological problems. In Pakistani schools, there are far too few school psychologists, according to Ashraf and Najam (2020), who also emphasized the importance of providing psychological services that are well-organized and well-equipped. Education professionals must address child maltreatment and its effects on students' mental health, according to Akhtar (2022). There are a lot of trauma instances that go unreported in Pakistan since a lot of educators and teachers there are ill-equipped to deal with traumatized children. One of several barriers to the implementation of trauma-informed interventions is the dearth of trauma-informed interventions in the pre-service teacher curriculum, which results in a lack of professional training. The lack of mental health professionals and specialists considerably hinders the adoption of trauma-informed therapy in educational institutions. According to Zada et al. (2021), mental health issues have a direct impact on how well students do academically in Pakistan, underscoring the essential need for support to address these issues. Another obstacle to providing trauma-informed therapy is a lack of funding and adherence to traditional training techniques. Miller and Bazemore-Bertrand (2023) acknowledged the recommendation made by Baroni and Hong (2023) that educational institutions be prepared to provide trauma care and emphasized the importance of trauma-focused mental health services to decrease traumatic situations. In order to improve knowledge and comprehension of trauma-informed care, there is an urgent need for a professional training program that focuses on trauma-based therapies. It is essential to include a module in the pre-service teacher curriculum before establishing trauma-informed care programs in educational institutions to guarantee that teachers have the ability to support and guide traumatized children.

The central responsibility of teachers is to foster and maintain students' engagement in the educational programs and activities that shape classroom dynamics (Zhen & Zhou, 2023).

2. Statement of the Problem

Trauma refers to the emotional response triggered by distressing events, and it often has enduring effects on individuals' lives. Velasco et al. (2022) emphasized the severe impact of these lasting effects on the well-being of traumatized individuals, leading to various challenges and difficulties. The prevalence of trauma is substantial, with a growing body of research indicating an increasing ratio of traumatic
experiences over time in their latest study, Madoro, Habtamu, Mokona, and Yohannes et al. (2020) provide proof of this increased trend.

The healing process for pupils who have undergone trauma is greatly aided by teachers. Their ultimate objective is to assist traumatized students in becoming successful members of their educational institutions and society at large. Recognizing the significance of trauma-based interventions, a considerable number of researchers advocate for their implementation. However, many teachers have limited familiarity with and awareness of trauma-informed interventions. This gap in knowledge and training is highlighted by Thomas, Crosby, and Vanderhaar (2019) in their interdisciplinary review of two decades of studies. The lack of comprehensive instruction on this topic in professional training and teacher preparation programs contributes to this deficiency.

Therefore, the current study aims to develop a trauma-informed module and provide training to pre-service educators. The goal is to equip these future teachers with the necessary skills and knowledge to effectively support their students in coping with trauma and post-traumatic stress.

3. Objectives of the Study
   1. To explore a comprehensive understanding of trauma perceived by school psychologists
   2. To explore methods of identifying trauma
   3. To discuss evidence-based strategies for trauma intervention
   4. To examine the role of teachers in supporting traumatized learners

4. Research Questions
   1. How do school psychologists perceive and comprehend trauma experienced by students?
   2. What methods are commonly used by professionals to identify trauma in students within educational settings?
   3. What are the evidence-based strategies currently employed for effective intervention in cases of trauma experienced by students?
   4. How can teachers contribute to the support and recovery of learners who have undergone traumatic experiences?

5. Significance of the Study
   Life is full of traumatic events. Due to this, the ratio of traumatic members has increased precariously. Especially our students have been facing different traumas until they reach adolescence. It is roughly estimated that 48% of college students reported moderate to serious psychological distress (American College Health Association, 2021). However, the majority of the traumatic cases in students remain unreported due to the unawareness of teachers and parents. Teachers can play a vital role in helping traumatic students. Sonsteng-Person and Loomis (2021) reported in their study that role of the teacher is significantly important for a traumatic student. The proposed study holds academic significance as it addresses important research questions pertaining to trauma identification, intervention strategies, and the role of teachers in supporting traumatized learners. By exploring these areas, the study contributes to the existing literature and advances our understanding of trauma-informed care in educational settings. Greene, Walker, and Ruggero (2022) stated in their study that it is very important for a good educational flow to identify and facilitate traumatized learners. The study emphasizes the importance of training teachers to recognize trauma symptoms and respond effectively to support traumatized learners. Schoenfeld, Bussières, and Graham-Bermann (2021) in their study “The Role of Teachers in the Identification and Support of Traumatized Children” comprehensively highlighted the role of teachers for traumatized learners. The study also emphasizes the importance of integrating trauma-informed practices into the pre-service teachers' curriculum to equip educators with the necessary knowledge and skills to support traumatized learners effectively in the light of experts’ practices and opinions. The findings of this study help in the development and implementation of trauma-informed care programs for pre-service teachers. Ultimately,
this research provides deep insight to curriculum makers to develop a curriculum for pre-service teachers regarding trauma handling practices.

6. Review of Literature

6.1 Defining Trauma

Trauma is a Greek word that means wound or physical injury stated by (Danase & Baldwin, 2017). Similarly, Braga, Fiks, Mari, and Mello (2008) defined trauma as actually a physical shock that cannot be resisted by a human being. The complete definition of trauma is, that it is an emotional response after a stressful event occurs (Cavanaugh, 2016). Trauma is defined as an emotional response to an event”. So, we can infer that trauma is a reaction or response towards one event or series of events that individual experiences and that leaves a lasting effect on his/her emotional, physical, and cognitive function. It was stated by Stone (2007) that individual who faces difficulties in their living environment and with contact with their families suffers from different traumas. Trauma affects all routines and in some cases, it gets worse and changes into post-traumatic stress disorder. Cavanaugh (2016) highlighted that trauma leads to many challenges like social interaction and emotional regulation. Trauma has a high magnitude across the world. Studies have shown that more than 75% of people experience at least one trauma in their life.

6.2 Causes of trauma

There are many causes of trauma (Fletti, 1998; Baglivio & Epps, 2015). There are many forms of trauma like physical abuse, sexual abuse, neglect, the experience of domestic violence, serious illness, terrorism, war, and natural disaster. In 2017 NCTSN created 13 causes of trauma categories they are Complex trauma, Community violence, Domestic violence, Physical abuse, Medical Trauma, Sexual abuse, Homelessness, Natural disaster, Terrorism, and school violence.

6.3 Terrorism

Terrorism has become more pervasive across the globe (Bilsen & McKee, 2018). But the ratio of terrorism is relatively high in some countries. Unfortunately, Pakistan is one of those countries. Khan, Ullah, Nawaz, Arslan & Ahmad (2018) stated that due to terrorist attacks, thousand loses their lives in the name of religion and secularism in Pakistan. APSA incident is one of those events which became the cause of post-traumatic stress disorder (PTSD) among a big number of students. The people who experienced PTSD after terrorist events were 28-50% (Mckay et al 2021).

6.4 Medical Issues

Medical issues also cause trauma. Studies have shown that students who have medical issues and they have to go to hospitals often feel too much stress and this stress leads them to trauma. Walkely & Cox (2013) narrated that stress can push a person to develop trauma-like symptoms.

6.5 Experience of violence

Experience of violence is another form or cause of trauma. Studies have proved that for those students who experience domestic violence, their average is very high in developing traumatic disorders. Research has estimated that from three to ten million children are witnesses of domestic violence (Socolar, 2000) In research Terrasi & de Galarce (2017) found that the children who experienced violence were not feeling safe in their environment and developed PTSD. Long terms effects of violence have been noticed in traumatic students (Osofsky, 2005)

6.6 Community violence

Community violence can experience trauma. Pynoos (1993) claimed that” infants and toddlers who witnessed violence showed increased irritability, immature behavior, sleep disturbance, emotional distress, fear of being alone, and regression in toileting and language”.Ritchers & Matinez (1993) established in their study that 93% of high school students are exposed to at least one event of community violence which is associated with PTSD.
6.7 Neglect
Neglect is the most common reason of trauma. It is a kind of abuse that has been reported to child welfare authorities. Juntunen, (2013) defined neglect as the failure of parents and caregivers to provide basic, physical, educational, emotional, and medical needs. Child Welfare Information Gateway (2013) highlighted that when a child neglects this brings about damaging emotional and psychological distress towards trauma. The psychological effects of neglect can last long and can lead to worse trauma (Wolfe & Wekerle, 1993).

6.8 Physical abuse
Physical abuse is another type, form, or cause of trauma. Children who are abused physically suffer highly in academic, psychological, emotional, and cognitive difficulties which leads to trauma (Young & Widome, 2013). Adverse childhood experiences to physical abuse can produce toxic stress among children (Shonko, 2011).

6.9 Sexual Abuse
Sexual abuse is a big cause of trauma. Studies have proved that stress caused by trauma impact the brain (Paccione, 2016). Sexual abuse is unwanted sexual activity that can be done by force or by taking some advantage. Sexual abuse has long-term destructive effects on the mental state of an individual which easily pushes towards trauma. Browne & Finkelhor (1986) highlighted the symptoms of sexual abuse as self-aggression, anxiety, depression, fear, and inappropriate sexual behavior. Studies have shown that a common form of trauma is physical abuse. Similarly, Browne & Finkelhor (1986) narrated the long-term effect of sexual abuse as self-destructive behavior, poor self-esteem, lack of trust, and feelings of stigmatization.

6.10 A natural Disaster
A natural disaster is a sudden event that can bring about serious disaster, damage, and death. Studies have revealed that sudden shocking disaster has a highly destructive impact on the human brain and many studies have shown a high rate of trauma after any natural disaster happens worldwide. This has also been seen that children have less resilience than adults. Lubit & Eth (2003) indicated that there are more vulnerable and psychological disasters in children than adults after any natural disaster occurs. That is why children develop PTSD more likely.

6.11 Homelessness
Homelessness is a type of traumatic distress. Studies have shown evidence that those people who are forced to migrate develop PTSD. Safety need is a basic human need, when safety hurts it destructs an individual psychologically. Gadberg & Norredam (2016) narrated that there are many causes of trauma to refugees as they develop a fear of hunger, fear of war, fear of homelessness, and fear of changing identity. Children face many combinations of traumas when they move like refugees (Jensen & Shaw, 1993). Similarly, those children who are forced to migrate, or guerilla wars they have nightmares, flashbacks, anxiety, and emotional regulation (Beah, 2007).

6.12 Traumatic grief
Traumatic grief refers to grief when a loved one dies or leaves. This is a mortal world and the daily departure of loved ones is common practice. But history and studies have shown that when a loved one goes suddenly this destructs an individual badly. NCTSN (2017) highlighted that grief gets traumatic after one year period when a person is not able to process bereavement. In a traumatic situation, a person escapes or withdraw from the situation or increases behavioral outburst (Cohen & Mannarino, 2011).

6.13 Symptoms of trauma
Symptoms of trauma There are significant symptoms of trauma due to which it can be directed towards its treatment. Common symptoms of trauma can be bullying in children, aggression, anxiety, isolation, mood swings, and feeling of numbness. These symptoms can vary from person to person.
Vanderzee & Elfstrom (2010) stated that children with the same trauma in the same family can present different symptoms. This is also evidenced that symptoms of trauma exist for a few months but sometimes post-traumatic stress occurs after years as delayed expression. Increased behavioral problems are also signs of trauma in an individual when it gets worse. Farrell & Bruce (1997) stated that behavioral issues and juveniles are associated with traumatic events.

6.14 Behavioral issues
Studies have shown that the rate of behavioral issues is high among male students than among female students. They show more violence in response to trauma. Ruchkin (2007) told that behavioral issues and violence in boys can be due to traumatic events.

6.15 Poor academic performance
Another sign or outcome of the traumatic event experienced by students is poor academic performance. Studies have found that exposure to trauma is directly associated with decreased IQ and lower grades. Saint Gills (2016) highlighted that higher absences, low grades, poor performance, and decreased abilities rate are due to trauma. Brockenborough, Cornell, & Loper (2002) stated that lower grades in schools in urban areas were due to violence and a traumatic environment.

6.16 Numbing
Numbing is also a sign of trauma. Osofsky (2005) illustrated that symptoms of post-traumatic disorder can be re-experiencing traumatic events, avoidance, and numbing of response.

6.17 Disassociation
Disassociation is also a symptom of psychological trauma. Weber (2008) told in his study that traumatic children often exhibit dissociative symptoms, due to trauma he can have memory loss, blackout, depersonalization, and self-injurious behavior. During dissociative states individuals often perform self-cutting, biting, burning, or scratching. Trance state, long unresponsive periods of comas have been reported in post-traumatic stress disorder (Hartman & Baker, 1995).

6.18 Mood swings
Mood swings are also a sign of trauma. Those students who go through traumatic events show sudden abnormal behaviors and shifts of moods. Their drastic moods can be a translation of those flashbacks that trigger their emotion connected to the trauma (Weber, 2008). Developmental delay in different ways is a sign of trauma. Swick (2013) narrated that developmental delay in behavioral, social, cognitive, and emotional skills can be occurred due to trauma which can leave long-lasting effects on students.

6.19 Nightmares
Nightmares are also a sign of trauma. Studies have revealed that traumatic people often complain of nightmares. Sometimes they see the same nightmares again and again. This is the most common form of involuntary visualization of a traumatic event. APA (2016) stated that nightmares in traumatic individuals as an involuntary practice are common.

6.20 Consequences of trauma
Studies have shown adverse consequences of trauma on an individual’s life. Anglod and Costello, (2007) stated that experiencing trauma at an early age can lead to negative lifetime concerns. Farrel and Bruce, (1997) added that juvenile delinquency and a lot of behavioral problems can occur after trauma experience among individuals. Kataoka (2012) indicated that poor academic performance is very common in response to trauma. These all outcomes can lead to maladaptive behavior and more negativity in the future. Ruchkin and colleagues (2007) found that due to trauma violence and mental health issues are common.
Trauma leaves lasting effects on the psychological health of individuals. Hurt (2001) highlighted that those children who experience trauma in their lives experience a long-term impact on their psychological health. Trauma is not only bad for psychological health but it also impacts worst on physical well-being. Liming and Grube (2018) narrated that traumatic events can lead to chronic health issues. Flettis (1998) stated that adverse experiences of trauma in childhood can harm health in adolescence. Difficulty in falling asleep, outbursts of anger, difficulty in concentrating, and hypervigilance can be some other consequences or outcomes of trauma. A traumatic individual cannot trust others easily. Osofsky & Fenichel (1994) stated that exposure to trauma interferes with trusting others in the coming life. Waldron (2019) discussed that there are long-term effects of trauma, depression, and mood disorders in adolescence.

6.21 Trauma-informed interventions

Trauma interventions are those practices that can be used by educators to help their students to get out of trauma. A teacher who is not informed about trauma-based interventions cannot play any role in traumatic students. Walkley and Cox, (2013) stated that no institution is successful without trauma-informed care implementation. Similarly, no teacher can be effective without trauma-informed intervention utilization. Now researchers have recommended that our schools and teachers should be trauma-informed (Cavanaugh, 2016). Wong and Langley (2005) stated that trauma-informed interventions can help students to cope with trauma. Cognitive-behavioral interventions (CBIT) are effective for the traumatic student according to (Stien & Jaycox, 2003). Due to the high ratio of traumatic events, it is necessary to introduce trauma-informed programs in academic institutions and training should be given to teachers. Silter (2009) stated that some trauma-informed programs in educational institutions can establish supportive cooperation. Trauma-informed interventions can improve the prevention of trauma (Fredrickson, 2019). It is recommended to use trauma-based interventions with students and teachers (Jaycox, 2004). In trauma-informed intervention, the main principles are realization, recognition, response, and resistance to traumatization. Cohen (2006) stated that a safe environment can help a student to come out from the trauma. Therefore, during trauma-informed intervention environment of feeling secure is very much important.

7. The theoretical background of PSTD interventions

Cognitive behavior therapy was developed by Aeron Beck in the 1960s. Cognitive behavior therapy is directly linked to a practical model of psychotherapy which believes, that there is a connection between emotions or feelings and a given situation. CBT suggests that our thoughts, body responses, emotions, and our behavior all are connected with what we think or what we feel. Social and emotional learning incorporates five central proficiencies: Self-awareness, self-management, social awareness, relationship skills, and responsible decision, making (Strahan & Poteat, 2020).
CBT is utilized to enhance these core competencies. CBT has also been used in educational institutions for counseling students on different issues. SAMHSA, (2020) stated that trauma is, “experiences that cause intense physical and psychological stress reactions”. Trauma is also a state of mind which can be deal with the help of CBT.

Figure No. 1: CBT and trauma-informed interventions

With the help of CBT and trauma-informed interventions, students can be facilitated in dealing with traumatic situations. It has been established that trained mental health professionals and trained educators can help their students meet their emotional and behavioral needs. Trauma-based interventions can also be called (CBIT) Cognitive Behavioral Interventions for Trauma, are school-based interventions which are designed to reduce depression, and behavioral problems, and which emphasize improving the coping skills of students exposed to trauma stated by (NREPP, 2010).

8. Role of Psychologists in the well-being of the students

Psychologists are essential in helping students who have suffered trauma. The psychological health and academic performance of a student can be significantly impacted by traumatic situations. Psychologists' duties in this situation include assessment, intervention, and support with the goal of reducing the effects of trauma and fostering resilience. With references from the literature, the following response will give a general summary of psychologists' contributions to the care of traumatized students.

- **Assessment:** Psychologists are trained to carry out thorough evaluations to recognize indications of trauma and their effects on students. To learn more about the student's experiences, emotional reactions, and behavioral patterns, researchers employ a variety of tools, including interviews, self-report tests, and observations. Psychologists can better understand individual needs and design effective therapies by conducting accurate assessments (Fazel, Doll, & Stein, 2009).

- **Intervention:** Psychologists use research-supported strategies to treat the symptoms of trauma in students. Due to its emphasis on altering unhelpful thought patterns, controlling upsetting emotions, and fostering good coping mechanisms, cognitive-behavioral therapy (CBT) is frequently employed (Gillies et al., 2013). Another successful strategy that aids kids in processing traumatic memories is eye movement desensitization and reprocessing (EMDR) (Shapiro, 2018). Depending on the age and needs of the student, psychologists may also use group therapy, play therapy, and other modalities.

- **Support and Collaboration:** To establish a thorough support system for traumatized adolescents, psychologists collaborate closely with school personnel, parents, and other relevant experts. They work with teachers to develop trauma-informed classrooms where students receive understanding.
and support. Psychologists may also provide advice and instruction to teachers and staff on identifying the signs of trauma, reacting tactfully, and carrying out the necessary interventions (Rojas-Flores, Wang, & Leong, 2018).

- **Prevention and fostering resilience:** Psychologists are essential in putting preventive measures in place to lessen the possibility of trauma and promote resilience in students. They might run instructional programs or workshops with a focus on healthy coping mechanisms, stress management, and emotional control. Psychologists give pupils these tools so they can successfully handle difficult situations (Felitti et al., 1998).

Recent research has highlighted the value of trauma-informed practices in educational settings and the help that psychologists may provide for traumatized students (Atkins et al., 2016). These methods stress the particular requirements of traumatized students, foster a secure and encouraging environment, and give student wellbeing top priority.

Therefore, it is clear that psychologists are essential in helping kids deal with their trauma. They are involved in evaluation, evidence-based interventions, stakeholder collaboration, and initiatives to enhance resilience. Psychologists can assist students in overcoming trauma, enhancing their academic performance, and promoting their general wellbeing by giving the required support.

### 9. Importance of Education and Curriculum

Education is a substance for the expansion and progress of any society. It is a base upon which the whole structure’s progress stands. Proper education makes people considerate of the world around them, making them less vulnerable to the influence of others. Education is the reform of spiritual, moral, mental, aesthetic, and physical development (Muzrobovich et al., 2022). The key factor of education is the curriculum. Furman, (2021) stated that Pre-service teacher preparation programs should consider ways to make a clear association between practicum experiences and trauma-informed practices as well as teach and model the importance and need for self-care within the education context.

Baez et al., (2019) stated that resilience against any psychological issue can be built-in for students to integrate coping techniques into the curriculum. Education gives the insight to deal with challenging situations. It is very important to build up those areas of students where they struggle with the help of different educational strategies (Cavanaugh, 2016). Nadeem et al., (2022) investigated trauma in APS students after the terrorist attack, but in Pakistan on teacher training and curriculum development for pre-service teachers regarding trauma-informed interventions, no significant work is done.

### 10. Role of teacher in trauma care

A teacher is a main pillar in society. A teacher is a person who has a direct relationship with his or her students. With the prevalence of trauma in such a high ratio, a teacher needs to play a vital role to deal with traumatic students and help them out from such situations which can be damaging for their entire life. The special effects of trauma on academic success and social-emotional outcomes are documented in the research claimed by (Romano et al., 2015). So a teacher can facilitate his student in a traumatic situation to deal with academic problems. Studies have established that repeated exposure to traumatic events can cause a devastating developmental impact on children’s cognitive, emotional, behavioral, social, and physical development (Greger, Myhre, Lydersen, & Jozefiak, 2016; Ko et al., 2008). A teacher is a major person who can highlight cognitive, social, and behavior deficiencies in students. For highlighting trauma and trauma-related events, a teacher must have knowledge and practice regarding trauma. There is a trauma-informed approach that a teacher can use to take out his student from trauma. However, this is very unfortunate that our teachers are not well prepared regarding trauma-based information. A trauma-informed teacher can use the principles of realizing, recognizing, responding and avoiding re-traumatization (Biltz, Anderson, Saatsmonionen, 2016).
11. Teacher-student relationship

An institute can only implement policies, but it is a teacher who plans and execute them in the classroom. With healthy student-teacher relationships and academic practices students who face different psychological issues can develop positive feelings (Cavanaugh, 2016). Hollander (2021) in his purposed model for trauma handling suggested that teachers structure their classrooms and curricula to be trauma-sensitive through a focus on play, relationship-building, and student agency.

Brunzell, Waters, and Stokes, (2015) stated that the foundation of a strong relationship is warmth, intelligence, and empathy. Cumming et al., (2017) narrated that a positive relationship between teacher and student is necessary for dealing with a traumatic situation for students. Relationships lie in trust and care. Brunzell, Water, & Stokes, (2015) asserted that a student will be more willing to open up if he will feel care and trustworthiness.

12. Teacher training for trauma care

Attaining actual sustainable development (SD) stresses a vital alteration in the approach we think and act. Education for Sustainable Development (ESD) purposes to indorse the knowledge, skills, values, and attitudes needed to overwhelm sustainability contests and develop change-makers (UNESCO, 2017). French, (2020) recommended in his study on the importance of trauma-informed practices in schools that in order to meet the standards schools should collaborate with parents for providing mental health services and teachers should get proper training for providing a healthy environment for traumatic students Competencies in teaching are very much needed. Brandt et al., (2019) stated that teachers' training programs can enhance the abilities and competencies of teachers to meet the need of the latest issues students. It has been proved that the trained teacher is much better in order to understand his student's needs and issues. Therefore, continued development of teachers via different training programs is essential in the current scenario (UNESCO, 2020). Nowadays when students are facing different traumatic events, teachers are supposed to be trained regarding trauma-informed interventions. Reddy et al, (2017) purposed that school psychologists can help to train teachers in trauma-informed care for students.

13. Methodology

13.1 Research Paradigm

The current study lies in the phenomenology paradigm. Phenomenology is a philosophical research approach that focuses on understanding the subjective experiences and meanings attributed to a phenomenon, emphasizing the first-person perspective and the unique ways in which individuals perceive and make sense of their lived experiences (Merleau-Ponty, 2012; Moran, 2019). It involves a deep exploration of human consciousness and the ways in which individuals experience and interpret the world around them (Vagle, 2018). Phenomenological research involves gathering rich and detailed descriptions of experiences through methods such as interviews, open-ended questionnaires, or diaries (Smith, Flowers, & Larkin, 2009). Analysis typically involves identifying common themes, structures, and essences across participants' accounts, aiming to uncover the underlying meanings and phenomena (Giorgi, 2012).

Phenomenology has been influential in various fields, providing valuable insights into the subjective experiences of individuals. In-depth interviews with fifteen psychologists were conducted for deeper insight of trauma and trauma-informed interventions. These interviews were created to examine the concerns and issues faced by traumatized children, as well as what a teacher may do to promote their wellbeing and what teaching methods could be most effective for them.

13.2 Population

Henry (1990), Bickman, and Rog (1998) assert that the research population embodies the target population's operational definition. All psychologists employed in various Lahore district educational institutions made up the study's population.
13.3 Sample & sampling technique

To ensure a well-selected sample, participants should be chosen based on the research objectives and in accordance with appropriate sampling techniques. Purposive sampling is one of these methods; it is a non-probability sampling strategy that involves choosing participants based on traits that are important to the population and the goals of the study. In order to investigate trauma issues among students, a purposive sample technique was used to conduct in-depth structured interviews with specialists.

13.4 Instrumentation

Any research study's data collection process depends heavily on the use of research equipment. In the initial stage of the current study, a semi-structured interview will be used as the research tool to examine the traumatic difficulties that students have encountered. In qualitative research, the decision to use a semi-structured interview is particularly important since it enables the researcher to compile comprehensive evidence and get confirmation from the interviewees (Ruslin et al., 2022).

Based on pertinent research and theoretical frameworks related to trauma, the interview questions were carefully prepared. To elicit detailed and insightful comments, they focused on the specific aspects of trauma and how it affects pupils. The interview technique allowed for a more thorough examination of the participants' experiences, viewpoints, and thoughts, illuminating the complexity of trauma and its effects on pupils.

13.5 Validity of the instrument

Three highly regarded subject-matter experts participated in a thorough validation procedure for the interview guide used in this study. The initial interview guide had fifteen questions that were meticulously crafted to delve into the horrific experiences that kids had. The semi-structured interview questionnaire had a number of modifications after the validation process in order to increase its effectiveness and intelligibility. In response to advice from experts, three questions were eliminated.

The expert validation was a critical step in ensuring the quality and usefulness of the interview guide. The experts, who are renowned for their expertise in the area of trauma, carefully studied the inquiries and provided their astute observations and advice. The interview guide was enhanced as a result of this collaborative effort to include the most essential and informative questions and to match with the study objectives.

13.6 Reliability

The researcher conducted a pilot study to assess the practicality and effectiveness of the interview questionnaire. To participate in the pilot study, five subject-matter experts provided illuminating input on the questionnaire. Based on the information gathered from the pilot study, the questionnaire underwent a number of revisions, including the addition of new probes.

The pilot research provided an excellent chance to assess the interview questionnaire's clarity and thoroughness. The chosen group of specialists, known for their proficiency in the research field, provided their insightful opinions on the structure and substance of the questionnaire.

The researcher was able to pinpoint regions that needed more explanation or enlargement thanks to the experts' suggestions. In order to enlarge on some facets of the research issue, additional probes were added to the questionnaire. In order to improve the overall quality and depth of the data gathered, these extra probes sought to elicit from the participants more thorough and in-depth information.

13.7 Ethical consideration

Psychologists who took part in the interviews were explicitly informed that their privacy would be safeguarded and continue to be protected. Furthermore, it was emphasized that the results, whether individual or aggregated, cannot be traced back to any specific person. Prior to their participation, all
contact psychologists received a comprehensive explanation of the study and how the data would be utilized.

The psychologists who willingly agreed to participate in the study signed informed consent agreements confirming their awareness of the minimal risks associated with the research and their right to withdraw without providing any explanation. The interviews conducted with the psychologists were recorded and transcribed verbatim.

13.8 Data collection

Data was gathered through a combination of online and in-person methods. Zoom interviews were conducted with four psychologists, while eleven interviews were carried out face-to-face. All interviews were recorded using the laptop's recording feature. The interviews followed a semi-structured format consisting of twelve questions. On average, each interview lasted approximately one hour. The participants of the study provided valuable insights and expert opinions on each question, contributing to a comprehensive understanding of the subject matter.

14. Data analysis

After gathering the data, the researcher diligently transcribed all the recorded interviews by listening to each recording repeatedly. The researcher then read the transcripts multiple times to gain a better understanding of the main ideas or topics discussed. To analyze the transcripts effectively, it was important to carefully examine them (Creswell & Poth, 2018). By aligning the transcripts with the interview questions, common themes emerged from the data. The following themes were identified from the collected information.

Table #1 Presents The Demographic Information of the Participants

<table>
<thead>
<tr>
<th>Sr. No.</th>
<th>Gender</th>
<th>Disciplinary background</th>
<th>Designation</th>
<th>Experience</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>Male</td>
<td>Ph.D. clinical psychology</td>
<td>Psychologist</td>
<td>42 years</td>
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<tr>
<td>2</td>
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<td>Psychologist</td>
<td>50 years</td>
</tr>
<tr>
<td>3</td>
<td>Male</td>
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<tr>
<td>4</td>
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</tr>
<tr>
<td>5</td>
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<td>M.S clinical psychology</td>
<td>Psychologist</td>
<td>15 years</td>
</tr>
<tr>
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<td>M.Phil. clinical psychology</td>
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<td>8 years</td>
</tr>
<tr>
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<td>Female</td>
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<td>3 years</td>
</tr>
<tr>
<td>8</td>
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<td>MS clinical psychology</td>
<td>Psychologist</td>
<td>27 years</td>
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<td>9</td>
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<td>Psychologist</td>
<td>22 years</td>
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<tr>
<td>11</td>
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<td>P.M.D.C.P M.Phil.</td>
<td>Psychologist</td>
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<td>Female</td>
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<td>7 years</td>
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</table>
**Figure #2 Themes identified by the study**

**Table 2: Presents themes in detail**

<table>
<thead>
<tr>
<th></th>
<th>1. Understanding Trauma in an educational setting</th>
</tr>
</thead>
<tbody>
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<td>2. Identification of traumatized students</td>
</tr>
<tr>
<td></td>
<td>3. Influence of Trauma on Students</td>
</tr>
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<td></td>
<td>4. Behavioral Changes in Traumatized Students</td>
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<td>5. Learning Abilities and Trauma</td>
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<td>6. Common Traumas in Young Learners</td>
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<td>7. Addressing the Needs of Traumatized Students</td>
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<td>8. Training for Dealing with Traumatized Learners</td>
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<td>10. Strategies for Supporting Traumatized Learners</td>
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<td></td>
<td>11. Challenges Faced and Support Needed</td>
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<tr>
<td></td>
<td>12. Integrating Trauma-Related Content in Teacher Programs</td>
</tr>
</tbody>
</table>

**14.1 Understanding Trauma in an educational setting**

In response to the question of what trauma is in an educational setting, the majority of the respondents explained that trauma is a sudden shock that brings sudden changes in any individual, emotionally, psychologically, and physically. Most of psychologists stated that trauma is an emotional response that occurs after a traumatic experience and refers to incidents that "cause setbacks and hurt one's quality of life." A couple of psychologists elaborated that trauma can be long-term and short-term, varying from person to person. One respondent described trauma as a very painful and unbearable mental condition, and according to her, "Trauma is becoming more common among students, and they even attempt suicide" (R 5).
One of the respondents replied to relate trauma with educational setting “in an educational setting trauma can be related to factors such as unexpected grades or academic pressure which can distress a student badly” (R2). Another respondent defined trauma in detail stating that students often experience severe psychological reactions in response to unexpected events for which they are unprepared. He added “Trauma can persist for a longer time due to the fear it may happen again, this fear of recurring traumatic events creates a genuine problem and can lead to more dangerous psychological events” (R15).

14.2 Identification of traumatized students

In response to inquiries regarding the identification of trauma in students, a majority of psychologists emphasized that traumatized student typically displays visible changes in their overall behavior, listening attitude, concentration, sitting posture, and communication skills. These changes are often observed to have a negative impact on the student's well-being

One of the psychologists told) “For a psychologist, it is relatively easier to identify a student suffering from trauma, their friend expressions reveal a lot, they often start crying over very small things. However, A teacher may not recognize these symptoms” (R1).

Another psychologist indicated “traumatized students may start isolating themselves. They exhibit irritable behavior and decline in their performances” (R6). According to another psychologist” I believe traumatized students can exhibit quiet and withdrawn behavior, they may avoid activities such as presentations and discussion.”

One of the very popular psychologists responded” In a careful assessment, it is observed that female students have more traumatic elements, while males tend to have relatively fewer. They can exhibit the following signs, trembling change in voice, panic attacks, sweating, shortness of breath, memory problems, and lack of concentration” (R2).

14.3 Influence of Trauma on Students

In responding to how traumatic situations can influence the student, the majority of the psychologists replied that trauma always has a negative influence on the student. It can lead to memory distortion, poor academic performance, decreased attendance and attention span, struggle in class participation, difficulty in focusing, and reduced social interaction.

One of the psychologists narrated “It leads to avoidance of facing the situation” (R 3). In this situation, normal functioning hindered “causes problems in the relationship and makes students feel weak”, he also added, “Trauma and anxiety offer overlap so careful identification is necessary”. Another psychologist claimed ‘in many cases, grades are negatively affected while in some instances they may actually improve, such as relationship issues and traumatic situations force the survivor towards escaping” (R4)

One of the psychologists elaborated “They may have thought centered around why the traumatic event happened to them and didn’t happen to someone else. They experience fear and have difficulty retaining information or understanding concepts” (R7). Likewise, one of the respondents narrated that “disrupted eye contact with teachers, inability to sit calmly in the classroom, getting lost mentally, and being mentally absent can impact the studies of the student”(R15).

14.4 Behavioral Changes in Traumatized Students

The majority of the psychologists highlighted the following behavioral changes in traumatized students, irritability, restlessness, aggression, silence, hyperactivity, engagement in conflicts with others, and being completely isolated. However, one of the respondents said “Traumatized students often exhibit dissociative behavior and make harsh comments, they become rigid in their response” (R10). According to another respondent, “frequent absence from classes is a common behavior pattern of the traumatized
Likely Another respondent claimed, “Traumatized learners exhibit strange behaviors such as insomnia, loss of appetite, suicidal attempts, and drug addiction” (R 3).

### 14.5 Learning Abilities and Trauma

The majority of the psychologists stated that traumatized students often struggle with poor concentration in the classroom, reduce classroom participation, and are often preoccupied.

One of the respondents stated, “They appear lost and have difficulty focusing, which impacts their ability to comprehend and retain information” (R 7). Another respondent stated, “Their learning abilities are directly impacted when they are preoccupied with traumatic experiences” (R 12). One of the psychologists stated, “Trauma after causes lack of concentration which affects their presence and participation in the learning process, which negatively impacts their learning abilities” (R 5). On the other hand, another respondent stated “traumatized students may exhibit withdrawal, remaining silent and dissociative. They lack attention during lectures, constantly looking around when called upon. They may struggle in providing answers” (R 1).

### 14.6 Commontrauma in young learners

The majority of the psychologists stated that parental conflicts, devotes, separation, physical abuse, sexual abuse, and harassment are common traumas in students.

One of the respondents said “Strict parenting is a big cause of trauma especially from fathers. When young learners feel they are not meeting their father’s expectations” (R 1). Likely Another respondent told “Currently relationship issues are the most common trauma experienced by young learners such as breakups between boys and girls” (R 12). According to another respondent said, “Parental discord and rejection from the opposite gender are common traumas in today’s world, it has even escalated to the point of suicide” (R 11).

### 14.7 Addressing the needs of traumatized Learners

Answering this question majority of the respondents said that proper diet, sufficient sleep, and working on thoughts can be helpful in addressing the needs of traumatized learners.

One of the psychologists said “Various positive activities can be implemented to address their needs like inhaling positive thoughts and exhaling negative thoughts” (R 4).

One respondent said “We keep parents and teachers on board as their well-being management is crucial. We provide consolation, foster resilience, and work on their thoughts to strengthen them” (R 15).According to another respondent “We provide counseling, organize awareness and motivation sessions” (R 13).

### 14.8 Training for traumatized learners

In answering any special training on trauma, the majority of the psychologists stated that they did not get any specific training on trauma, but in clinical psychology, they have learned a lot. Their education and experience are enough to deal with traumatized students.

One of the respondents said, “I have obtained a certificate in self-harm which includes trauma inform intervention training” (R 15). Another respondent narrated “With clinical psychology, I am certified in trauma inform interventions” (R 3).Likely Another respondent said “I obtained a certificate in social rehabilitation from Islamabad when I worked with flood victims and earthquake survivors on their traumas” (R 11).

### 14.9 Training of teachers

According to the majority of psychologists, teachers should be trained through different training
sessions. There should be psychologists in every school, there should be workshops for teachers by the psychologists to focus on the resilience building of students. There should be regular training workshops on trauma and trauma-informed interventions.

One of the respondents recommended “Teachers should be aware of traumatized learners and there should be psychologists in every institution to assist them” (R8).

One psychologist stated “Teachers should receive training in psychological first aid. This training is crucial and should be provided to the entire faculty including teachers in schools and hostel staff. This will enable them to identify and how to respond appropriately” (R 7).

Another respondent stated “Teachers should receive refresher courses and workshops to familiarize themselves with the indicators of trauma. They need to know how to identify these indicators, establish communication with parents, and refer students to psychologists when necessary” (R 12). Similarly One of the respondents stated, “Teachers need to instill confidence in students, encourage them, to share their feelings, avoid taunting, be friendly, listen attentively, and build a strong relationship with their students” (R5).

14.10 Strategies for supporting traumatized learners

The majority of the psychologists stated that counseling, listening, and keeping them engaged in different activities can be beneficial for traumatized learners. One of the respondents stated, “Teaching soft skills and social skills to raise their confidence and trust can be beneficial for the traumatized learner” (R1). Another respondent mentioned, “ensuring confidentiality, creating a safe space, avoiding labeling their problems and developing a positive perspective with gentle attitude is a good strategy to deal with traumatized learners” (R15).

One of the respondents said “Different therapies such as relationship building, and cognitive behavioral therapy are commonly used. Additionally, listening to students, showing empathy, and approaching them with love and care is essential” (R8).

14.11 Challenges faced and support required

According to most psychologists, there are many difficulties in helping learners who have experienced trauma, one common challenge is the lack of cooperation from their families. These learners need support from their families in order to deal with such situations.

One of the respondents stated, “Working on children’s well-being requires a collaborative effort and lack of coordination is a common challenge” (R15).

Another respondent shared “One important challenge is addressing environmental issues, which often requires involving parents or close relatives whose behaviors may have contributed to the student’s trauma. Legislation is needed to help parents understand that disclosure of the reason for the trauma is not an insult but a necessary step toward improving the situation. Each case has different challenges that can be resolved to some extent, but going beyond a certain limit may not be possible” (R1). One respondent mentioned “Families often resist interventions, recently a girl who was showing trauma symptoms had taken back home against advice because she was being abused by her own brother sexually, and her mother was afraid of disclosure of the reason” (R8).

14.12 Integrating trauma-related content in the teacher program

The majority of the respondents emphasized that there should be information about trauma, how to identify it, its symptoms, causes, phases, and what steps should be taken by the teachers as healing strategies in the pre-service teacher curriculum.
One of the psychologists stated, “Pre-service teachers’ programs should incorporate training on psychological first aid” (R1).

Another respondent stated “In pre-service teaching programs, it is important to address the age-specific manifestations of trauma in children and how to provide appropriate support” (R12)

One of the respondents suggested, “Screening checklist should be intended in pre-service teacher’s curriculum” (R5). According to another respondent, “The checklist in pre-service teacher’s curriculum should consist of factors such as eye contact, behavioral changes, sitting postures and level of involvement” (R4).

15. Discussion and Conclusion

The current study underscores the urgency of recognizing and addressing trauma's profound impact on students within educational settings. By acknowledging the diverse manifestations of trauma, fostering collaboration among educators, psychologists, and families, and integrating trauma-related content into teacher training programs, we can pave the way for more empathetic, effective, and supportive educational practices. Sullivan et al, (2023) stated that highlighting trauma in educational settings can be crucial via teacher training.

The findings of this study hold significant importance within the field of education and psychology, as they shed light on the intricate relationship between trauma and the educational environment. These insights have far-reaching implications that contribute to enhancing our understanding of trauma's effects on students and refining the support systems needed to address their unique challenges. Spiteri et al (2023) highlighted that a strong support system can be provided to students to deal with different traumatic challenges within an educational setting.

In conclusion, this study's alignment with existing research reaffirms the detrimental impact of trauma on students' well-being. Trauma has the worst impact on the psychological well-being and mental health of young learners. (Galvin et al, 2023). The study also highlights that due to the high ratio of trauma in young learners, it is important to train teachers. Oberg et al, (2023) established in their study that teachers can help students to cope with traumatic situations if they are trained. The present study effectively brings attention to a significant gap in current knowledge, particularly within the context of Pakistan, by highlighting the conspicuous absence of teacher training initiatives focusing on trauma and trauma-informed care. This critical gap arises from the noticeable absence of trauma-related content within the pre-service teacher curriculum. Consequently, the study sheds light on a noteworthy discrepancy: the essential aspect of trauma and its care is not being incorporated into the educational training of future teachers. This void in the curriculum has far-reaching implications, as it neglects a pivotal aspect of educational leadership and support. The study underscores that the necessary importance and emphasis on this aspect are not being adequately recognized within the framework of teachers' professional development. The absence of training that addresses trauma and trauma-informed care in the realm of education not only leaves teachers ill-equipped to handle such crucial matters but also highlights a systemic oversight in educational training strategies. This gap emphasizes how urgent it is to incorporate trauma-related material into teacher training programs so that educators are well-equipped to handle students' emotional well-being and create a positive learning environment.

The conclusions have important practical ramifications. They demand early recognition of traumatized kids and assistance, as well as including trauma-related material in teacher training programs to provide teachers with the tools they need to address students’ emotional needs. The study also emphasizes how crucial it is for educators, families, and mental health experts to work together to effectively serve adolescents who have endured various traumas.
Considering the significance of this research, future studies can extend its impact by directing their focus toward the establishment of a comprehensive mechanism. This mechanism could serve as a guideline for policymakers to formulate a structured approach to preparing teachers for trauma and trauma-informed interventions. By drawing insights from this study, policymakers can create a coherent framework that encompasses the necessary training, resources, and strategies required to equip educators effectively. Moreover, the study's findings can provide a foundation for curriculum developers to integrate trauma-related content into the pre-service teacher curriculum. This step would be instrumental in nurturing the next generation of educators with an understanding of trauma and its implications, ensuring they are well-prepared to offer trauma-informed care. By incorporating trauma and trauma-informed interventions into the curriculum design, educational institutions can bridge the gap highlighted by this study and cultivate a learning environment that prioritizes students' emotional well-being. This holistic approach not only addresses the current gaps but also establishes a sustainable foundation for effective support and leadership within educational settings.

References


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Gathings, F. (2020). Evaluating the Effectiveness of Adverse Childhood Experiences and Trauma Informed Care Training for Mental Health Nurses.


RB-Banks, Y., & Meyer, J. (2017). Childhood Trauma in Today's Urban Classroom: Moving beyond the


