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Preparing North Carolina Principals for Trauma-Sensitive Leadership

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Preparing North Carolina Principals for Trauma-Informed Leadership

Introduction

Childhood trauma is an all-too common factor in the lives of students and their families. Schools and communities across America are more likely to serve families that have experienced trauma (Anderson, 2016). Although trauma or toxic episodes can impact families across the economic spectrum, children living in poverty, in socially isolated areas, and in economically distressed communities are often disproportionately affected. Whether families deal with homelessness, the lack of access to such basic resources as food and health care, live in unsafe neighborhoods with high crime rates, experience instances of domestic violence, or are living in the shadows of immigration, these adverse experiences trigger toxic stress—which has a long-lasting impact on a child's developing brain and ultimately, their ability to learn (Anderson, 2016).

In 2017, *The National Survey of Children's Health (NSCH)* found that almost 35 million children (approximately 48 percent) have been exposed to one or more types of trauma. Statistics offered by the National Resiliency Institute (2018) are as equally dismal, in that 72% of children and youth will experience a traumatic episode caused by abuse, neglect, the loss of their homes to hurricanes, fires, earthquakes, incarceration, parental separation, the death of a family member or due to mass shootings. The sustained stress from these episodes causes biochemical changes in the brain and body, while also drastically increasing the risk of developing mental illness and health problems. In 2018, Sacks & Murphey identified economic hardship and parental separation or divorce as the two most common adverse childhood experiences (ACE) sources in the United States. Across America, about 11 percent of children are considered high risk with three or more ACEs, while approximately 45 percent of children have been exposed to at least one ACE.

Many of the factors described above are frequent occurrences for students attending North Carolina schools. For instance, 1 in 5 North Carolina children experience food insecurity, while almost a quarter live in poverty. On average, North Carolina's child poverty rate ranges

between 13% to 45%, depending on geographic location (Public Schools First NC, 2018). These statistics reveal only a few of the adverse childhood experiences (ACES) facing many North Carolina's children. It should be noted that the higher the ACEs score, the more likely a child is to miss a day of school. Hence, chronic absenteeism is often a red flag for childhood trauma (Perry, 2002).

Against the backdrop of these data, the authors of this manuscript argue that future-ready leadership requires that well-prepared principals must be armed with compassionate and research-informed responses. We recognize that the tenets of this research are currently missing from North Carolina's School Executive Standards. In response to this gap, we propose incorporating the Trauma and Learning Policy Initiative's (TLPI) Flexible Framework as a guide for North Carolina's schools of education and principal preparation programs. Moreover, the framework's six core operational functions: leadership, professional development, access to resources and services, academic and nonacademic strategies, policies and protocols, and collaboration with families are critical to the development of trauma sensitive leadership and are necessary as principals prepare to support North Carolina's children facing trauma.

Understanding Trauma

The American Psychological Association (APA, 2015) describes trauma as "an emotional response to a terrible event." The APA also indicates that such trauma can lead to challenges with emotional regulation, social relationships, and the development of physical symptoms due to anxiety. A wide range of experiences can result in childhood trauma and a child's response will vary depending on the characteristics of the child (e.g., age, stage of development, personality, intelligence, experience, and prior history of trauma) (Cole et.al, 2005). Oftentimes, these experiences result in lifelong consequences.

Trauma can be characterized into three distinct types: acute, chronic, and complex. Acute trauma refers to a single event, such as a natural disaster or a parent's suicide. Chronic traumas

are repeated exposures to assaults on the mind or body, as in episodes of sexual assaults or domestic violence (DCF, 2012). The last type of trauma – complex trauma – is the cumulative effect of traumatic experiences that are repeated or prolonged over time (i.e. homelessness, experiencing severe poverty, or witnessing domestic violence) (Terrasi & Crain de Galarce, 2017). These experiences transpire at the hands of a child’s social or familial network (i.e., caregivers or trusted adults) and develop during vulnerable developmental milestones, such as toddlerhood. More importantly, this is when children are learning to regulate emotions, or during early adolescence, when interpersonal skills and problems solving abilities usually take off (Cook, et al., 2005). These types of trauma are resultants of the three “E’s” of trauma: events, experience of events, and effect.

Events are circumstances or situations that include the extreme threat of physical or psychological harm. How an individual labels, assigns meaning to, and is disrupted physically and psychologically by an event will contribute to whether it is experienced as traumatic. In events such as these, a power struggle is established, resulting in the individual having feelings of shame, guilt, powerlessness, or questioning “why me.” The adverse effects of the event are the most detrimental component of trauma. These effects may have a delayed onset or an immediate occurrence and may also vary in duration. The adverse effects of traumatic episodes often render individuals with the inability to cope with normal stresses, difficulties trusting and building meaningful relationship, along with the inability to manage cognitive processes, such as memory, attention, thinking, and the ability to regulate behavior (SAMHSA, 2014).

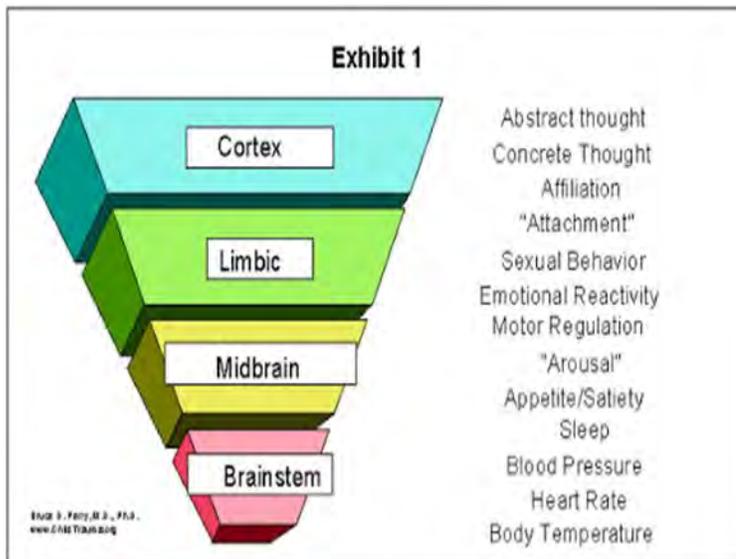
Trauma’s Impact on Brain Development

Healthy brain development in the early or formative years is the foundational building block for educational achievement, economic productivity, responsible citizenry, lifelong health. Equally important is understanding the impact of trauma on the developing brain and how trauma manifests differently during each stage of maturation.

Normal brain growth and development occurs from the “bottom up,” meaning the areas of the brain responsible for controlling the most primitive functions of the body (e.g., heart rate, breathing) to the most sophisticated functions (e.g., complex thought) are developed in ascending order (Perry, 2000) (See Figure 1). Although the effects of trauma are detrimental to the entire central nervous system, damage to the limbic system, midbrain, and cerebral cortex are markedly notable throughout adulthood. To fully understand trauma’s impact on brain development requires recognizing the significance of which region the trauma occurs, along with the result of occurrence.

Figure 1

Functions of Brain Regions



The first areas of the brain to fully develop are the brainstem and midbrain. Their primary function is governing the bodily or autonomic functions necessary for life. Trauma occurring during these developmental phases results in the potential for a child to have difficulties with motor function, coordination, and spatial awareness. Next, in development is the limbic system, which is primarily involved in regulating emotions, heartbeat, and physical balance, and the fight or flight response (Teircher, 2002). If trauma occurs during this developmental phase, a person’s stress

response, ability to interpret social cues, and language; ability to wake, sleep breathe, and relax, and sexual behavior may be affected (Perry. 2007). Finally, the cortex region is involved in abstract thought and other higher order brain functions. Synaptic pruning or the process of synapse elimination (Shonkoff & Phillips, 2000) also begins during this development phase, around age three, with the most pruning activity and growth occurring before age six. By adolescence, about half of a child's synapses have been discarded, leaving the number they will have for most of the remainder of their lives. Trauma experienced during this region most commonly results in a child's ability to plan, problem solve, use language, and develop higher order thinking (Child Welfare Information Gateway, 2015). It should be noted that by age 3, a baby's brain has reached almost 90 percent of its adult size. Growth in each region of the brain largely depends on receiving stimulation, which spurs activity in that region and is also the foundation for learning.

Being subjected to prolonged, severe, and unpredictable stress will cause a child to operate in the lower orders of the brain more frequently, all while experiencing feelings of hyperarousal and constant fight, flight, or freeze mode. Children then begin to normalize the state of hyperarousal, making the process of learning a more difficult. These difficulties are repeatedly manifested as difficulties with self-regulation, attention, impulse control. Each of these become struggles oftentimes too difficult for children to manage in the classroom environment. Children exhibiting these trauma-related behaviors are then characterized as signals of defiance and not associated with the natural responses of a student operating in constant survival mode (Plumb, Bush, & Kersevich, 2016). The child's brain has learned that in order to survive, it must operate in constant survival mode.

A National Perspective of Adverse Childhood Experiences (ACE)

Adverse childhood experiences (ACEs) are potentially traumatic events that occur in childhood – during the prime development years of 0-17 – such as experiencing physical or

emotional violence, sexual abuse, or neglect; witnessing violence in the home and having a family member attempt or die by suicide (Chapman, Anda, Felitti, Dube, Edwards, & Whitfield, 2004). Also included as an ACE are aspects of the child's environment which may undermine their feelings of safety and security, along with an instable family structure caused by parent separation, deployment, or incarceration. Growing up in households with substance abuse (i.e. opioid epidemic), mental health problems, or periods of chronic unemployment enhance the prevalence of an ACE. When children's lives are impacted by these experiences, so early in their childhood, lifelong consequences are expected.

The Center for Disease Control and Kaiser Permanente's study, conducted from 1995 to 1997 investigated the effects of childhood abuse, neglect, household challenges, later-life health, and well-being. Results of their study yielded findings indicating that more than half of the respondents ($n=9,508$) reported at least one, and one-fourth reported >2 categories of childhood exposure. Persons who had experienced four or more categories of childhood exposure, compared to those who had experienced none, had 4- to 12-fold increase in health risks for alcoholism, drug abuse, depression, and suicide attempt; a 2- to 4-fold increase in smoking, poor self-rated health, ≥ 50 sexual intercourse partners, and sexually transmitted disease; and a 1.4- to 1.6-fold increase in physical inactivity and severe obesity. To date, this study remains the metric for assessing the impact of ACEs on children and adults.

Although children and adults are susceptible to the exposure of ACEs, certain racial groups are disproportionately affected. Nationally, 61 percent of Black or non-Hispanic children and 51 percent of Hispanic children have experienced at least one ACE (Sacks & Murphey, 2018). These data are significantly higher than the rate of exposure for their White-non Hispanic and Asian-non-Hispanic counterparts, whose exposure was 40 percent and 23 percent respectively (Sacks & Murphey, 2018).

Sacks & Murphey’s 2018 research provided a national perspective of ACEs’ prevalence by racial and ethnic groups and specific ACEs type. Despite economic hardship and divorce or parent separation being the most common ACEs among all children, non-Hispanic Black, non-Hispanic other, and Hispanic children were exposed to this ACE at significantly higher rates than their White counterparts. Black-non Hispanic children were twice as likely as their White-non Hispanic and Hispanic counterparts. Further information on the prevalence of ACEs per racial/ethnic group can be found in Table 1.

Table 1

Prevalence of Individual ACEs for Children in Various Racial/Ethnic Groups

Prevalence of Individual ACEs for Children in Various Racial/Ethnic Groups

	Hard to cover basics like food or housing somewhat or very often	Parent or guardian divorced or separated	Parent or guardian died	Parent or guardian served time in jail	Saw or heard parents or other adults slap, hit, kick, or punch in home	Victim of or witness to violence in neighborhood	Lived with anyone mentally ill, suicidal, or severely depressed	Lived with anyone with problem with alcohol or drugs
United States								
White, NH	22	23	3	7	5	3	9	10
Black, NH	37	35	7	16	9	7	6	8
Asian, NH	14	7	2	1	2	2	2	1
Other race, NH	31	27	4	11	7	6	11	12
Hispanic	29	28	3	8	6	4	6	9
All children	25	25	3	8	6	4	8	9

Yellow shading = Percentage is higher than white non-Hispanic children at a statistically significant level.
Blue shading = Percentage is lower than white non-Hispanic children at a statistically significant level.
Red shading = Estimate should be interpreted with caution, because the relative confidence interval is greater than 120 percent. See the "About the data used in this report" section for more information.
NH=Non-Hispanic

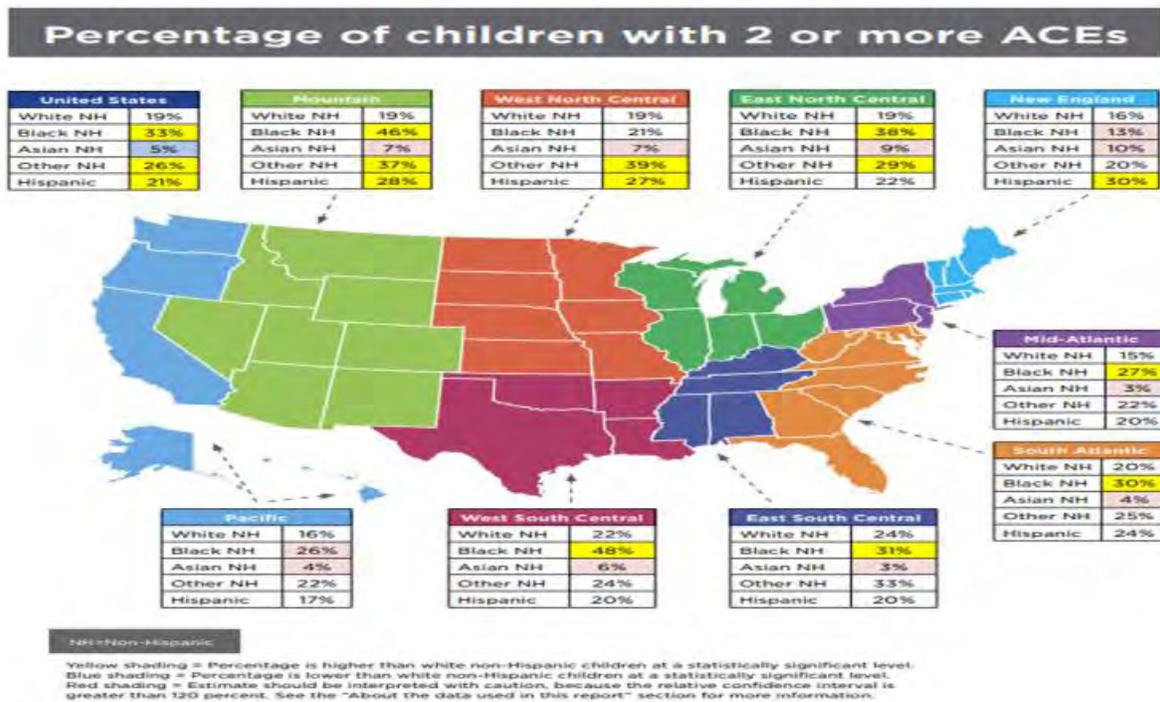
Note: Adapted from 2018 The Prevalence of Adverse Childhood Experiences, Nationally, by State, and by Race/Ethnicity https://www.childtrends.org/wp-content/uploads/2018/02/ACESBrief_UpdatedFinal_ChildTrends_February2018.pdf. In the public domain.

Whether the data are examined for the occurrence of specific ACEs by race or gender, not all children are experiencing ACE exposure at the same rate. When examining major sectors of the United States to determine which racial or ethnic groups were exposed to two or more ACES, Figure 2 (see below) illustrates the glaring disparities. Nationally, and in the Mountain division, Black, non-Hispanic children, non-Hispanic children of other races, and Hispanic children

are more likely than white children to have experienced two or more ACEs. One in three black non-Hispanic children have experienced two to eight ACEs, compared to only one in five white non-Hispanic children (Sacks & Murphey, 2018).

Figure 2

Percentage of Children with 2 or More ACEs



Note: Adapted from 2018 The Prevalence of Adverse Childhood Experiences, Nationally, by State, and by Race/Ethnicity https://www.childtrends.org/wp-content/uploads/2018/02/ACESBrief_UpdatedFinal_ChildTrends_February2018.pdf. In the public domain.

Data presented in Figure 2: Prevalence of Individual ACEs for Racial/Ethnic Groups and the Percentage of children with 2 or more ACEs mirrors Johnson et al.'s 2016 research. Johnson et al. contend three disruptive demographics are conversely impacting America's children: racial generation gap, hyper segregation, and concentrated areas of poverty and affluence. These three demographics – also known as triple whammies – have consequentially contributed to the browning and graying of America. More importantly, these demographics have placed the <18 population at substantial risk of falling through the cracks of our nation's K-12 education system

and failing to acquire the requisite advanced skills through postsecondary education (p.131). ACEs, like the triple whammies, disproportionately affect children of color between ages 0-17. If Johnson et al.'s disruptive demographic typologies were superimposed with Sacks and Murphey's (2018) typology, a resounding confirmation would be noted that the same population of American children who are affected in both studies – Johnson et al. (2016) and Sacks and Murphey (2018). Children of color, in certain regions of our nation, are experiencing overwhelming challenges or setbacks which occur during prime periods of growth, development and learning. This further solidifies the importance of why it is important for school leaders to understand and recognize the effects of trauma, specifically, its impact on minority students.

ACEs and Learning

The detrimental effects of ACEs are most commonly evidenced as impediments in a child's physical, social, emotional, and academic development. These effects also present as school-based academic and behavioral challenges (i.e., delayed language and cognitive development) (Lansford et al., 2002). The higher the ACEs score, the greater the likelihood of experiencing negative outcomes (Cavanaugh, 2016). Mimicking symptoms of attention deficit hyperactivity disorder, children who have experienced childhood trauma are unable to trust their environment, appear to be impulsive, and struggle to form relationships and connect with adults in their environment. Flat facial affect, poor attendance, the appearance of being withdrawn, coupled with violent or angry outbursts, difficulties regulating behaviors, or being over-sexualized are other examples of trauma (Anda et al., 2006) when teachers and leaders are not well-versed in the dynamics of complex trauma, misinterpretations of trauma-induced behaviors lead teachers to respond punitively – further pushing students into deeper feelings of disconnect (Anda et al.). Given the ongoing demographic shift occurring in North Carolina's public schools, it is imperative that current and aspiring leaders engage in trauma-informed educational practices.

Preparing Trauma-Informed Leaders

School leadership is regarded as a strategic or forward-looking process that involves the development and communication of a strong vision, goals and objectives, along with a relevant plan for implementation, monitoring, and review (Smith & Riley, 2012). Algozzine, et al.'s 1994 study ranked educational leadership as the number one variable associated with effective schools. Seen as architects of transformation, successful school leaders are motivators, effective communicators who are skilled at influencing the way others think, feel and behave. According to BEST, 2018):

As instructional visionaries, leaders – specifically North Carolina principals – are responsible for establishing and maintaining a positive school culture focused on student success; they lead teams averaging 50 adults – recruiting, developing, and retaining outstanding teachers and staff; they manage a multi-million dollar operating budget; all while serving as the glue between the school and its surrounding community. (p. 2).

The roles and responsibilities of school principals can seem endless, but the authors of this manuscript delve deeper and argue that effective principals must be trained to recognize trauma and lead schools with a trauma-sensitive focus. Hence, this is the new long-term crisis facing America's public-school system. We define a long-term crisis as one that develops slowly and then bubbles for a very long time without any clear resolution (Murphy & Myers, 2009).

In light of the increasing diversity and equity gaps occurring between certain racial and ethnic groups within our PK-12 schools, principals – whether in a rural, urban, or suburban settings – should expect to face children whose situations have them carrying far more than the content in their backpacks. Supporting this assertion is that more than half of the students enrolled in public schools have faced traumatic or adverse experiences and one in six struggles with complex trauma (Felitti & Anda, 2009). We question if North Carolina's principal preparation

programs provide aspiring principals with an understanding of the physiological, social, emotional, and academic impacts of trauma and adversity on students in our schools?

North Carolina's Vision of School Leadership

North Carolina has exhibited a laser-like focus on its vision for school leadership by recognizing the days are long gone for one who serves as an administrator – but more so like an executive. Building on the executive leadership concept, North Carolina's vision of a school executive is one who not only manages, directs or influences employees, but can also influence and guide them. Executive leaders typically have a mixture of soft and hard skills that can be used to inspire employees and leverage their attitudes to proactively improve school processes. They also play significant roles in establishing and exemplifying their organization's culture by defining and setting expectations – while recruiting employees who also exemplify these expectations – around innovative practices, collaboration, community involvement and social engagement. Each of these traits not only serve as the threads of alignment for the seven North Carolina School Executive Standards, but they also speak to the many challenges school leaders encounter while at the helm of schools.

Designed as a tool to help guide aspiring leaders to be reflective practitioners on their effectiveness, the NC Executive Standards also provide four specific purposes and audiences:

- (1) Inform higher education programs in developing the content and requirements of school executive degree programs;
- (2) Focus the goals and objectives of districts as they support, monitor, and evaluate their school executives;
- (3) Guide professional development for school executives;
- (4) Serve as a tool in developing coaching and mentoring programs for school executives.

https://files.nc.gov/dpi/north_carolina_standards_for_school_executives_1.pdf

Below are brief definitions for each standard, with a more in-depth overview provided in Appendix A:

Standard 1: Strategic Leadership Summary: School executives will create conditions that result in strategically re-imagining the school's vision, mission, and goals in the 21st century.

Standard 2: Instructional Leadership: School executives will set high standards for the professional practice of 21st century instruction and assessment that result in a no-nonsense accountable environment.

Standard 3: Cultural Leadership: School executives will understand and act on the understanding of the important role a school's culture contributes to the exemplary performance of the school.

Standard 4: Human Resource Leadership: School executives will understand and act on the understanding of the important role a school's culture contributes to the exemplary performance of the school. School executives must support and value the traditions, artifacts, symbols and positive values and norms of the school and community that result in a sense of identity and pride upon which to build a positive future.

Standard 5: Managerial Leadership: School executives will ensure that the school has processes and systems in place for budgeting, staffing, problem solving, communicating expectations and scheduling that result in organizing the work routines in the building.

Standard 6: External Leadership: Summary: A school executive will design structures and processes that result in community engagement, support, and ownership.

Standard 7: Micropolitical Leadership: The school executive will build systems and relationships that utilize the staff's diversity, encourage constructive ideological conflict in order to leverage staff expertise, power and influence to realize the school's vision for success.

(Public Schools of North Carolina, 2013).

The Flexible Framework

While the coursework of each of North Carolina's sixteen principal preparation programs are aligned with the North Carolina's School Executive Standards – which provide a framework that is grounded in research from the Wallace Foundation's 2003 study, *Making Sense of Leading Schools: A Study of the School Principalship* – missing from the current framework is an area of interrelated practice – understanding trauma. Our review of the programs of study (i.e. review of course descriptions) for each of North Carolina's principal preparation programs concluded no specific trauma-focused coursework was offered via any licensure program. We therefore propose redesigning the current standards to include the six elements of creating a trauma-sensitive school as outlined in the Trauma and Learning Policy Initiative's (TLPI) Flexible Framework.

The TLPI's mission is to ensure that children traumatized by exposure to family violence and other adverse childhood experiences succeed in school (Cole, et al., 2005). The work of TLPI began during the mid-1990's in Massachusetts with the Massachusetts Advocates for Children (MAC) recognizing a pattern of violence in the lives of many of the children who had been expelled or suspended from school. Research conducted in collaboration with the Task Force on Children Affected by Domestic Violence generated additional evidence that traumatic experiences were impacting children at school in specific ways, including their ability to: (1) perform academically; (2) manage their behavior, emotions and attention; and (3) develop positive relationships with adults and peers. Interdisciplinary work with psychologists, educators, and attorneys resulted in the development of the 2005 publication, "Helping Traumatized Children Learn (HTCL)" and the Flexible Framework.

The Flexible Framework is an organizational tool that enables schools and districts—in collaboration with families, local community organizations, and outside providers—to maintain a whole school focus as they create trauma sensitive schools. The Framework is organized

according to six core operational functions of schools, each of which is critical to any effort that seeks to make school-wide changes school (Cole, et al., 2005). Each core principle is explained below:

Leadership - School leaders must play a key role in any effort to make addressing trauma's impact on learning part of the core educational mission of the school. School and district administrators create an infrastructure and culture that promotes trauma sensitivity.

Professional Development - Professional development is critical for all school staff, including leaders. Educators should be provided the opportunity to build skills that enhance their capacity to create trauma sensitive learning environments.

Access to Resources and Services - Identifying and effectively coordinating with mental health and other services outside the school is critical. These resources should be used to help students participate fully in the school community.

Academic and Nonacademic Strategies - In the classroom, it is important for educators to discover students' islands of competence, whether they are in academic or nonacademic areas. Clear, explicit communication and routines that provide predictability help ensure the classroom is a place where children feel physically and psychologically safe.

Policies and Protocols - In order to ensure a whole school trauma sensitive environment, educators must review the policies and protocols that are responsible for the day to day activities and logistics of the school.

Collaboration with Families - Collaboration with families that actively engages them in all aspects of their children's education helps them feel welcome at school and understand the important role they play. (pp. 47-77).

Identifying how the North Carolina Executive Standards and the Flexible Framework can align to better prepare aspiring leaders is important in maximizing the benefits of both models. Table 3 identifies and offers an explanation of areas of overlap between both frameworks. The

strongest or most comprehensive alignment can be found between the External Development and Micropolitical Leadership standards and all the Flexible Framework's Core Principles.

Preparing aspiring school leaders to understand and recognize the unique needs of students impacted by trauma is no small feat. However, we contend that with the significant rise – nationally and moreover, in North Carolina – in the number students and families exposed to trauma, now is the time for North Carolina to take a proactive lead in preparing trauma-sensitive leaders at the helm of all of the state's schools. The work ahead, while complex, is critically necessary if there is a serious desire to level the playing field for all students.

Table 3

Standards and Framework Alignment

NC Executive Standards	Flexible Framework Core Principles	Explanation of Alignment
Strategic Leadership	Leadership	Both models focus on the role of leaders is establishing the school's mission. Alignment of a school's mission and vision could occur, but no other areas would be addressed.
Instructional Leadership	Academic and Nonacademic Strategies	The academic accountability the utilization of outside supports to enhance learning are addressed in both models. No other areas are addressed.
Cultural Leadership	Collaboration with Families	Both models recognize the importance of including families while also reflecting their family's culture in the school norms.
Human Resources Leadership	Professional Development and Academic and Non-academic strategies	Both models speak to the need of professional training for teachers and staff along with identifying and connecting families with community resources. No other areas are addressed.
Managerial Leadership	Leadership and Access to Resources and Services	Both models speak to the role of leaders in identifying resources, allocating resources, identifying appropriate resources-both in and outside of schools.
External Development Leadership	Leadership Professional Development Access to Resources and Services Academic and Non-academic Strategies Policies and Protocols Collaboration with Families	The most comprehensive alignment between both models can be achieved with the External Development Leadership. The key concepts of each Flexible Framework's core principle are echoed in the External Development Leadership standard.
Micropolitical Leadership	Leadership Professional Development Access to Resources and Services Academic and Non-academic Strategies Policies and Protocols Collaboration with Families	The most comprehensive alignment between both models is also achieved with the Micropolitical Leadership standard. The key concepts of each Flexible Framework's core principle are echoed in the Micropolitical Leadership standard.

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Appendix A

North Carolina Standards for School Executives

Last Updated: July 15, 2015, 3:21 pm North Carolina Standards for School Executives
Public Schools of North Carolina State Board of Education

North Carolina Executive Standards

Strategic Leadership

NCSSE.1 - Strategic Leadership NCSSE.1.a - School Vision, Mission and Strategic Goals
NCSSE.1.b - Leading Change NCSSE.1.c - School Improvement Plan NCSSE.1.d - Distributive Leadership

Instructional Leadership NCSSE.2 - Instructional Leadership NCSSE.2.a - Focus on Learning and Teaching, Curriculum, Instruction and Assessment NCSSE.2.b - Focus on Instructional Time

Cultural Leadership

NCSSE.3 - Cultural Leadership NCSSE.3.a - Focus on Collaborative Work Environment
NCSSE.3.b - School Culture and Identity NCSSE.3.c - Acknowledges Failures; Celebrates Accomplishments and Rewards NCSSE.3.d - Efficacy and Empowerment

Human Resource Leadership

NCSSE.4 - Human Resource Leadership NCSSE.4.a - Professional Development/Learning Communities
NCSSE.4.b - Recruiting, Hiring, Placing, and Mentoring of staff NCSSE.4.c - Teacher and Staff Evaluation

Managerial Leadership

NCSSE.5 - Managerial Leadership NCSSE.5.a - School Resources and Budget NCSSE.5.b - Conflict Management and Resolution
NCSSE.5.c - Systematic Communication NCSSE.5.d - School Expectations for Students and Staff

External Development Leadership

NCSSE.6 - External Development Leadership NCSSE.6.a - Parent and Community Involvement and Outreach
NCSSE.6.b - Federal, State and District Mandates

Micro-political Leadership

NCSSE.7 - Micro-political Leadership

Academic Achievement Leadership

NCSSE.8 - Academic Achievement Leadership