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Educators' Perceptions of Trauma-Informed Instructional Practices in One Northeast Tennessee School District

Alecia Burleson
East Tennessee State University

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Alecia B. Burleson

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Dr. Pamela Scott, Chair

Dr. Ginger Christian

Dr. William Flora

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ABSTRACT

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The purpose of this qualitative phenomenological study was to investigate the perceptions of classroom-level educators regarding the application of trauma-informed instructional practices. This was achieved by evaluating educators' understanding of the influence of trauma on students, their level of familiarity with trauma-informed instructional practices, and their assessments of the effectiveness of these practices. Trauma refers to an individual's response to a single traumatic incident, a succession of traumatic events, or extended exposure to a traumatic event (SAMHSA, 2014). As awareness of the prevalence of childhood trauma has increased, it is acknowledged as a serious public health issue (Lang et al., 2015).

Trauma-informed care is a strengths-based, victim-centered framework under which organizations recognize trauma, understand, and limit the potential long-term repercussions of exposure to traumatic experiences, even if an individual does not perceive trauma as influencing their behavior (Kubiak et al., 2017; Office for Victims of Crime, n.d.). Educators have a distinct advantage in identifying students' traumatic stress symptoms, which can directly affect social-emotional growth and academic achievement (Conley et al., 2014; Donisch et al., 2022). Schools play a crucial role in establishing settings that safeguard students against adverse childhood experiences (ACEs), cultivate resilience, and nurture a sense of belongingness (Conley et al., 2014; Hertz, 2020).

Eight educators from one northeast Tennessee school district who provided general and special education instruction to students in PreK-12th grade participated in the study. Data collection consisted of one-on-one video conferencing interviews. The data were coded and analyzed to identify emerging themes, synthesized, and summarized (Creswell & Creswell, 2018). The following themes emerged: (a) increased awareness of trauma and ACEs, (b) desire for additional training, (c) diversity of adverse childhood experiences (ACEs) and trauma exposures, (d) perceived negative behaviors resulting from or masking trauma, (e) the significance of procedures and structure, (f) the need for supplementary resources, (g) the importance of relationship building, (h) importance of opportunities for success, (i) facilitation of individualized instruction, (j) increased empathy, (k) increased patience and self-awareness, and (l) emotional, physical, and mental stress.

DEDICATION

This dissertation is dedicated to my immediate and extended family - my cheerleaders. Specifically, to my husband, Garry, our sons, Tyler and Peyton, my mother, Debra, and my father, Michael, I know that my absence in various aspects of your lives during this process has not gone unnoticed. Still, your unwavering love, patience, and support as I pushed toward this goal have remained steadfast. For that, I am grateful.

This dissertation is also dedicated to the loving memory of my sweet friend, Sharon Cable. You are missed. I wish you were here to help me celebrate this accomplishment.

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Chapter 1. Introduction

Exposure to trauma is pervasive and can harm an individual's physical and mental well-being (Felitti et al., 1998; SAMHSA, 2014; SAMHSA, 2014b). Adverse childhood experiences (ACEs) are instances of trauma that occur before the age of 18 and significantly influence future victimization and perpetration of violence, as well as lifelong health and well-being (Centers for Disease Control and Prevention, 2021). The Substance Abuse Mental Health Services Administration (SAMHSA) (2014) stated that most students in America's classrooms have encountered at least one adverse experience or traumatic event. Trauma can negatively influence students, including but not limited to difficulty forming bonds, absenteeism, struggling to focus and learn, poor academic performance, and increased risk for suspension or expulsion (National Center on Safe Supportive Learning Environments, n.d.). The National Center for Safe Supportive Learning Environments (n.d.) noted that students particularly vulnerable to trauma's negative influence predominately come from low socio-economic environments, are English language learners, or have a disability.

To learn, students must feel safe, nurtured, and known (Minahan, 2019). A whole-student approach to education recognizes that students' educational and life outcomes are directly linked to their emotional, cognitive, physical, and mental well-being (Learning Policy Institute, n.d.). Trauma-informed models consider that trauma is prevalent and that almost everyone has experienced at least one traumatic event in their lifetime (SAMHSA, 2014b). Trauma-informed approaches seek to understand the impact of events, experiences, behaviors, and interventions for individuals who have experienced trauma (SAMHSA, 2014b).

Statement of the Problem

By age 16, approximately 25% of children in America will have experienced at least one adverse childhood event (National Child Traumatic Stress Network, n.d.). Addressing trauma is essential for meeting educational system goals (Donisch et al., 2022). Minahan (2019) asserted that students exposed to trauma frequently lack the skills to express emotions or discomfort appropriately and may act with aggression, avoidance, or other anti-social behaviors instead. To those unaware of the underlying reasons behind a student's behavior, these behaviors may appear hostile toward educators and school staff (Minahan, 2019). In turn, misunderstandings can result, instructional time can be lost, and ineffective interventions can be implemented. Given these factors, the need to explore the experiences of educators who have provided trauma-informed instructional strategies exists.

Significance of the Study

This study is significant because it extends the research on trauma-informed instructional practices in primary and secondary classrooms. Trauma-informed techniques adopted in public service areas such as mental and physical healthcare and child welfare are gaining awareness and increased implementation in schools and educational entities (Thomas et al., 2019). School and district personnel have a distinct advantage in identifying and responding to students' traumatic stress symptoms, which directly affect social-emotional growth, learning, test scores, attendance, and academic achievement (Conley et al., 2014; Donisch et al., 2022). Examining educators' perspectives about their present knowledge, self-efficacy, and training in trauma-informed practices can provide valuable insights for shaping opportunities for professional growth among preservice and seasoned educators (Bilbrey et al., 2022). The results of this study will expand the

body of research on trauma-informed schools. Educators and other stakeholders may use the information to inform training decisions and trauma-sensitive practices and policies in education.

Purpose of the Study

The purpose of this qualitative phenomenological study was to investigate the perceptions of classroom-level educators regarding the application of trauma-informed instructional practices by assessing educators' awareness of the impact of trauma on students, their familiarity with trauma-informed instructional practices, and their opinions of the effectiveness of such practices.

Conceptual Framework

Trauma-informed care is a strengths-based conceptual framework of organizational change that focuses on healing and mitigating the retraumatization of at-risk individuals through the principles of safety, trust, empowerment, choice, and collaboration (Bowen & Murshid, 2016; Shier & Turpin, 2017). The term “trauma-informed” was first introduced in 2001 by Harris and Fallet as a method for approaching social, behavioral, and mental health treatment services from the lens of trauma (Ayre & Krishnamoorthy, 2020; Knight, 2019). The emphasis of trauma-informed care is understanding that almost everyone has experienced some form of trauma in their life, the nature of trauma, and the influence that trauma can have on individuals and communities (Ayre & Krishnamoorthy, 2020; Knight, 2019; SAMHSA, 2014b). Trauma-informed organizations are intentionally designed to notice, comprehend, and limit the potential long-term impacts of exposure to a traumatic experience, even if an individual does not perceive trauma as influencing their behavior (Kubiak et al., 2017).

Research Questions

The essential research question for this qualitative study is: What are educators' perceptions regarding trauma-informed instructional practices? The following supporting questions were used to guide the research:

1. What training have educators received regarding trauma-informed approaches?
2. To what extent have trauma-informed instructional practices been implemented?
3. What are educators' perceptions of the effectiveness of trauma-informed instructional practices?
4. What changes do educators perceive in their interactions with students?

Definition of Terms

- *Adverse Childhood Experiences* – adversity or traumatic events such as physical and emotional abuse and neglect, household dysfunction, and domestic violence experienced before age 18 (Bartlett & Sacks, 2019)
- *Toxic Stress* – long-term, significant stress that can influence physical, mental, and emotional health (ACEs Aware, 2018)
- *Trauma* – emotional reaction to an unexpected, sudden, or overwhelming event or personal injury (American Psychological Association, 2023)
- *Trauma-Informed* - a victim-centered model of care that focuses on the prevalence of trauma and the effects that trauma can have on individuals, organizations, and communities and seeks to avoid retraumatization (Office for Victims of Crime, n.d.)

Limitations

According to Creswell and Creswell (2018), limitations represent the factors that could affect study findings and subsequent recommendations. This study was limited to certified educators who provided classroom-level instruction to elementary and secondary students. Participation in this study was voluntary. It is assumed that participants provided thorough and honest feedback regarding their perceptions of trauma-informed instructional practices.

Delimitations

Delimitations in a study arise from constrained scope and deliberate inclusion and exclusion of choices made during the planning stages (Simon & Goes, 2013). Delimitations result from the researcher's unique decisions, such as study goals, research questions, variables, methodology, framework, and participants. Participants in this study may have different experiences or perceptions than those who chose not to participate. The participants' experiences in this study may not represent educators who provided instruction to different age groups.

Summary

This study is organized and presented in five chapters. Chapter 1 includes an introduction to trauma, the history of trauma research, and trauma-informed instructional practices as potential interventions in education. This chapter also includes the statement of the problem, research questions used to guide the study, the significance of the study, the definition of the terms, and limitations and delimitations of the study. Chapter 2 contains an overview of relevant research on trauma-informed approaches in education, trauma, ACEs, and trauma-informed instructional practices. Chapter 3 describes the methodology, including research questions and

research design, site selection, population and sample, data collection strategies, data analysis strategies, and assessment of quality and rigor. Chapter 4 presents the findings of this study concerning the research questions. Chapter 5 provides further context and implications for practice and future studies.

Chapter 2. Literature Review

A growing body of research indicates the benefits of trauma-informed approaches in the public school setting. This literature review explored ACEs, trauma, the framework of trauma-informed approaches, and the rationale for trauma-informed instructional practices in education.

History of Trauma Research

Traumatic stress has been observed in military and civilian populations throughout history (Lasiuk & Hegadoren, 2006). Figley et al. (2017) stated that trauma dates to the 17th century and only referenced physical injuries from accidents or injuries that resulted in damage or shock to the body. During that era, there was a prevailing belief in the medical community that a recognized and identifiable physiological cause was typically required for an injury to be considered genuine or valid (Figley et al., 2017). The notion that a psychological foundation was necessary for an injury to be deemed valid became progressively apparent during the American Civil War injuries as war-related injuries, now recognized as post-traumatic stress disorder (PTSD), increased (Figley et al., 2017; Reisman, 2016). An examination of Civil War military medical records by Follette and Ruzek (2006) noted De Costa's syndrome, also referred to as soldier's heart, as a common diagnosis with symptoms that included chest pains, fatigue, heart palpitations, and difficulty breathing, although no physical injuries were noted.

In the late 19th century, the term expanded to include psychological and emotional impact as the Industrial and Technological Revolutions increased railway accidents and injuries (Harrington, 2009). Increases in mechanized warfare during the 19th and 20th centuries made the idea of psychological trauma more prominent (Harrington, 2009). According to Harrington (2009), the phrase railway spine was used to describe the feelings of helplessness and the

physical or sensory complaints described by survivors of railroad accidents. Symptoms of restlessness, helplessness, shortness of breath, and weakness began to surface weeks or months after the accidents, although the individuals displayed no apparent physical injuries (Figley et al., 2017). Schivelbusch (1986) noted that during that era, surgeons hypothesized that railway spine problems, despite the absence of evident physical injuries, were caused by lesions or abrasions to the spine resulting from the physical jolt incurred during the accident. Treatment and analysis of war-related injuries brought about an increasing realization that physical injuries could result in psychological impairments (Figley et al., 2017). The plausibility of shock as a psychological phenomenon came with the following explanation:

> The vastness of the destructive forces, the magnitude of the results, the imminent danger to the lives of numbers of human beings, and the hopelessness of escape from the danger give rise to emotions which in themselves are quite sufficient to produce shock or even death itself. The sudden, excessive, exhausting discharge of nervous energy in the excitement, the fright, the horror of the moment must certainly result in general weakness more or less marked, more or less enduring (Dercum, 1889, p. 654).

Kardiner (1941) observed increased trauma-related phenomena during wartime, particularly with the advent of modern warfare and changing military strategies. Combat-related effects on World War I soldiers included using powerful explosives and symptoms called shell shock (Kardiner, 1941). According to Jones (2012), shell shock, a term developed by soldiers, became a frequent diagnosis when there was no evident cause for confusion, trembling, tiredness, nightmares, headache, and poor vision and hearing. The Second World War brought a tremendous breakthrough in trauma treatment (Walker, 2017). At that time, psychologists were

educated to evaluate troops' readiness for active service and offer psychotherapy to assist them in coping with war-related anxiety and depression. Walker (2017) asserted that until that time, treatment was based on the adage, "If you fall off a horse, you get right back on" (p. 5). Wolpe (1954), because of his work treating World War II veterans, recognized that the classic psychiatric theories could not explain the symptoms veterans were displaying. Decades prior to the diagnosis of post-traumatic stress disorder (PTSD), Wolpe (1954) noted, "The complete or partial suppression of the anxiety response is a consequence of the simultaneous evocation of other responses physiologically antagonistic to fear reactions" (p.71). According to Figley et al. (2017), this implied a method that would train a different reaction to the traumatic stimuli that were first feared. Although Wolpe's methods for therapy and experimental techniques were adopted, PTSD was not added to the Diagnostic and Statistical Manual of Mental Disorders (DSM) for another 60 years (Figley et al., 2017).

Growing concerns about the psychological issues returning Vietnam War veterans faced prompted the integration of psychological trauma studies in the 1970s (Lasiuk & Hegadoren, 2006). According to the National Vietnam Veterans Readjustment Study conducted during the 1980s, it was observed that a significant proportion of Vietnam veterans diagnosed with post-traumatic stress disorder (PTSD) also exhibited a comorbid condition known as substance use disorder (SUD), with approximately 74% of such individuals being affected (Kulka et al., 1988). Interest in creating treatments did not begin until the post-Vietnam era when the U.S. Department of Veterans Affairs began group treatment for (PTSD). According to Lasiuk and Hegadoren (2006), group treatment such as talk therapy was found to be an affordable option tailored to veterans' needs and encouraged socialization and reintegration.

Although trauma-related concepts were first developed independently, issues with the DSM classification system emerged as trauma research became more organized (Lasiuk & Hegadoren, 2006). Trauma-specific therapy did not initially include effects from events such as exposure to combat, life-threatening accidents, natural disasters, and witnessing severe accidents or death (Walker, 2017; Yoo et al., 2018). Until a 1980 DSM revision, various forms of trauma response syndromes, including those experienced by civilians, such as abused child syndrome, rape trauma syndrome, and battered woman syndrome, as well as those encountered in military contexts, all fell under the diagnostic category of PTSD (American Psychiatric Association, 1980; Lasiuk & Hegadoren, 2006). Walker (2017) noted that trauma and disaster effects came later in trauma literature, with the focus shifting to crisis and catastrophic events after the terrorist attacks of September 11, 2001.

Adverse Childhood Experiences (ACEs)

According to the Centers for Disease Control and Prevention (2020), ACEs are stressors likely caused by preventable traumatic events between birth and age 18. In the mid-1990s, the Centers for Disease Control (CDC) and Kaiser Permanente conducted one of the most significant studies on how traumatic or stressful childhood experiences might be detrimental to health later in life (Centers for Disease Control and Prevention, 2016). In the groundbreaking ACEs Study, 17,337 adult participants were surveyed to inquire about their childhood experiences, family dynamics, and current health and behavior (Felitti et al., 1998).

The study was conducted in two waves between 1995 and 1997 (Felitti et al., 1998). During the first wave of this study, adverse experiences were categorized as abuse and household dysfunction (Felitti et al., 1998). Types of abuse include experiences that involve physical,

psychological, and emotional abuse (Felitti et al., 1998). Household dysfunction consisted of witnessing domestic violence toward a mother or stepmother, living in a household where substance abuse was present, living with an individual who experienced depression and mental illness, experiencing separation from parents due to divorce, and experiencing the absence of a family member due to incarceration (Felitti et al., 1998). During the study's second wave, emotional and physical neglect was added to the ACE questionnaire (Felitti et al., 1998).

Felitti et al. (1998) found that ACEs were commonplace and had a compounding effect. Findings also indicated a graded dose-response relationship between the number of adverse experiences in childhood and potential health challenges in adulthood. A graded dose-response relationship indicates that the severity of health outcomes in adulthood is linked to the severity of a single traumatic event or the severity that the cumulative effect of multiple adversities has on an individual (Steine et al., 2017). According to Felitti et al. (1998), two-thirds of respondents reported having experienced at least one exposure to an adverse event during childhood. More than one in five reported having experienced three or more adverse events. As instances of adverse events increased, so too did increased risk factors in adulthood for chronic diseases and early death associated with conditions such as, but not limited to, cancer, lung, heart, and liver diseases, and skeletal fractures (Felitti et al., 1998).

Expanded ACE Studies

Extending beyond the medical context, expanded ACE studies have broadened the categories of adverse events experienced by individuals, including more diverse populations and additional factors such as experiencing racism, witnessing violence, living in unsafe neighborhoods, growing up in foster care, and bullying (Patcher et al., 2017). Cronholm et al.

(2015) found evidence of differing ACE exposure based on demographic characteristics and that some demographic groups may be more vulnerable to certain hardships than others. The Expanded ACEs study showed that minorities and lower-income populations were at a higher risk of Expanded ACEs but not Conventional ACEs (Cronholm et al., 2015). According to Cronholm et al. (2015), if the Conventional ACEs questionnaire had been employed in the Philadelphia Study, 14% of participants would have been underreported. In other words, the measurement of adversity in the Conventional ACEs study would have underrepresented adversity experienced by men, divorcees, blacks, Hispanics, Asian/Pacific Islanders, and individuals at or below 150% poverty (Cronholm et al., 2015).

The ACE Center Task Force of Shelby County, Tennessee (2015) found that 55% of adults of all races and ethnicities reported experiencing at least one ACE in childhood. Like previous ACE studies, individuals who reported experiencing four or more ACEs indicated an increased risk of health and social problems in adulthood (ACE Center Task Force of Shelby County, Tennessee, 2015). Substance and emotional abuse and witnessing violence between adults in the home were the most reported ACEs in Shelby County. The study also found that respondents experienced higher instances of household violence and sexual abuse in childhood than in other counties in Tennessee and the nation.

The burden that ACEs contribute to public health is significant (Merrick et al., 2019). According to a study by Merrick et al. (2019), ACEs are linked to adulthood morbidity and mortality and low socioeconomic outcomes. According to a research report from the Sycamore Institute (2019), between 2014 and 2017, roughly 40% of participants reported experiencing no ACEs. However, approximately 22% reported experiencing one ACE, 13% reported experiencing two ACEs, 8% reported experiencing three ACEs, and 17% reported experiencing

four or more ACEs. After accounting for other factors, the respective ACEs-related outcomes and behaviors included 5% percent to hypertension, 10% to diabetes, 13% to both cardiovascular disease (CVD) and obesity, 21% to chronic obstructive pulmonary disease (COPD), 24% to asthma, 32% to smoking, and 49% to depression. The medical and employee absenteeism costs that were ACEs related to each health outcome in 2017 came to $162 million for hypertension, $371 million for diabetes, $532 million for obesity, $730 million for CVD, $197 million for COPD, $196 million to asthma, $2.1 billion to smoking, and $923 million to depression. This information is compiled in Table 1 below.

Table 1

ACEs-Related Annual Impact in Tennessee

ACEs-Related Behaviors/Health Diagnosis	Percent Attributable to ACEs	ACEs-Related Worker Absenteeism and Healthcare Costs
Hypertension	5%	$162M
Diabetes	10%	$371M
Obesity	13%	$532M
CVD	13%	$730M
COPD	21%	$197M
Asthma	24%	$196M
Smoking	32%	$2.1B
Depression	49%	$923M

Note: Adapted from Sycamore Institute. (2019, February). *The economic cost of ACEs in Tennessee.* Retrieved from Sycamore Institute: https://www.sycamoreinstitutetn.org/wp-content/uploads/2019/02/2019.02.01-FINAL-The-Economic-Cost-of-ACEs-in-Tennessee.pdf

ACE Scores

ACE scores are calculated from zero to 10 using a questionnaire that tallies the number and types of adverse experiences to which an individual is exposed (Whitcraft, 2022). There are three categories for ACEs and their associated risk for toxic stress or health conditions (ACEs Aware, 2020). Individuals at low risk for toxic stress would have an ACE score of zero. Individuals found to be at intermediate risk for toxic stress would have an ACE score of one to three. Two high-risk categories exist. Individuals would be considered high risk if they had an ACE score of one to three and presented with health-related conditions. Individuals with an ACE score of four or higher would also be considered high risk regardless of whether they currently presented with health-related conditions.

It should be noted that ACE questionnaires cannot provide a full assessment of the type and frequency of adverse experiences (Anda et al., 2020). Therefore, while ACE questionnaires are valuable tools for examining and predicting population outcomes, they cannot be used as an individual-level diagnostic tool or an accurate predictor of adult health or social issues. Questionnaires can, however, be used to provide a framework for understanding adverse events, trauma, and prevention.

Trauma

Trauma is an individual's response upon experiencing a distressing event, a series of events, or prolonged exposure to distressing events (SAMHSA, 2014). Experiencing an adverse event does not necessarily mean an individual will experience long-term and life-altering effects (SAMHSA, 2018). According to SAMSHA (2018), there is a strong correlation between trauma and toxic stressors, especially those experienced over time, and an increased risk of developing

physical health problems later in life. Research indicates a relationship between childhood trauma and adult mental illness (Grant & Lappin, 2017; McKay et al., 2021). Although traumatic events can happen at any age, childhood trauma has the potential to have more profound and long-lasting effects (Amherst H. Wilder Foundation, 2014). To assist with understanding and assessing trauma, SAMHSA (2018) developed the "Three E" framework, which defines *trauma* as the event(s), experience(s), and effect(s) that trauma has on individuals.

Events

Traumatic events are a single or repeated exposure to "actual or threatened death, serious injury, or sexual violence" (American Psychiatric Association, 2013, p. 178). Traumatic events can be experienced directly by an individual, observed happening to someone else, learned about happening to a close friend or family member, or through repeated exposure to extreme event details. It is important to note that individual factors play a role in whether an event is considered traumatic (Berkowitz, 2023). Elements such as physical or emotional closeness, past experiences, biological vulnerabilities, and post-event variables such as persistent stressors and support play an essential role in whether an event is traumatic.

Experiences

Experiences refer to how an individual perceives and processes a traumatic event (SAMHSA, 2014). SAMHSA (2014) stated no exhaustive list of traumatic events. However, types of events are separated into two categories: natural trauma, sometimes referred to as acts of God or nature, and accidental or intentional trauma caused by humans (SAMHSA, 2014b). Examples of natural incidents include hurricanes, physical ailments or diseases, and epidemics or pandemics (SAMHSA, 2014b). Accidental incidents include train derailments, automobile

accidents caused by mechanical failure, and oil spills (SAMHSA, 2014b). Human trafficking, sexual assault and abuse, and mass massacres are examples of intentional trauma (SAMHSA, 2014b).

Effects

Effects refer to individuals' immediate or long-term responses in the aftermath of trauma (SAMHSA, 2014b). While most individuals respond to trauma with resilience, what has been discovered through several decades of research is that the degree to which an individual responds to such an event can vary widely based on the significance that trauma has on their physical, psychological, or emotional well-being (Dietrich, 2013). Short and long-term reactions may present in several ways, including emotional, cognitive, behavioral, physical, and interpersonal (Dietrich, 2013).

Types of Traumas

Trauma can manifest in many ways, just as trauma is not experienced in the same manner by everyone (SAMHSA, 2014). An individual’s trauma response is often dictated by the trauma they experience (Voges & Romney, 2003). Proper categorization of trauma is crucial to determining the appropriate intervention from which an individual can benefit and best cope. There are three specific types of traumas: acute, chronic, and complex (Wolpow et al., 2016).

Acute Trauma

Acute trauma stems mainly from a single, severe event (Allarakha, 2022). Examples of acute traumas include natural disasters, serious injuries, physical or sexual attacks, or car crashes (Allarakha, 2022). Acute trauma is marked by a specific beginning, middle, and end (Allarakha,

2022; van der Kolk, 2002). Medical assistance may be necessary, as the lasting effect can influence behavior and thinking. According to Allarakha (2022), individuals suffering from acute trauma may experience panic attacks, excessive anxiety, lack of trust, inability to focus on school or work, irritation, aggression, or disconnectedness.

Chronic Trauma

Chronic trauma is prolonged and repeated exposure to traumatic events (Allarakha, 2022). These events may include bullying, domestic violence, community violence, lengthy medical illness, long-term sexual abuse, and war (Allarakha, 2022). If left untreated, multiple occurrences of acute trauma can lead to chronic trauma. According to Allarakha (2022), chronic trauma symptoms may take years to progress but can include emotional outbursts, flashbacks, physical pain or fatigue, and uncontrolled anger. Allarakha (2022) also noted that, like acute trauma victims, chronic trauma sufferers may have trust issues and difficulty maintaining stable relationships and jobs.

Complex Trauma

While there is an overlap between acute and chronic trauma, complex trauma refers to early-onset exposure to recurrent or persistent traumatic incidents (Sheldon-Dean, 2023). Although no specific types of incidents are associated with complex trauma, it is known that complex trauma is unique because of its severity and the prolonged time that the trauma occurs (Sheldon-Dean, 2023). According to Sheldon-Dean (2013), complex trauma is frequently associated with interpersonal trauma. Sheldon-Dean (2013) asserted that children who experience community violence, often in stressful situations or low socioeconomic environments, may have difficulty forming attachments. Sheldon-Dean (2013) further noted that

one example may stem from having a primary caregiver, who would generally be considered a protector but cannot provide protection from violence. Complex trauma can negatively impact an individual's mind and body functions and is often confused in children with symptoms of learning disabilities (Wolpow et al., 2016). Brown et al. (2017) identified a graded dose-response relationship between attention deficit-hyperactivity disorder (ADHD) and ACE scores, cautioning clinicians on routinely assessing ACEs to avoid misattributing complex stress as exclusively ADHD.

Effects of Trauma

ACEs have been proven to disrupt circadian rhythm (Boullier & Blair, 2018). The most noticeable effects of the circadian rhythm are on an individual's sleep patterns (Boullier & Blair, 2018). ACEs may trigger additional long-term health issues like diabetes, obesity, bipolar disorder, depression, seasonal affective disorder, post-traumatic stress disorder (PTSD), asthma, stroke, cancer, and cardiovascular disease (National Institute of General Medical Sciences, 2022; Nelson et al., 2020). Unresolved complex trauma can present long-term health problems. It can result in maladaptation, high-risk behavior, substance use disorder, incarceration, psychopathy, aggression, relationship issues, suicidality, and cognitive or behavioral disturbance (Complex Trauma Training Institute, n.d.). Further, hyperarousal, persistent or preoccupying thoughts, emotional instability, and avoidance of stimuli connected to trauma are typical reactions to traumatic experiences, both physically and psychologically (Bryant, 2019). The persistence of symptoms over an extended period, to the point that they cause clinically significant distress or functional impairment, is a hallmark of post-traumatic stress disorder (PTSD) (Bryant, 2019).

A 2018 study that examined 20 years of literature strengthened previous research findings of ACEs as a causal link between diseases, medical problems, and mental and behavioral health conditions in adults (Zarse et al., 2019). Zarse et al. (2019) stated, "Adverse childhood experiences and rearing may generate a public health burden that could rival or exceed all other root causes" (p. 3).

Physical Effects

Stressors are events or situations that cause an individual to feel stressed, triggering the fight, flight, or freeze response and causing the body to release stress hormones (National Institute of Mental Health, n.d.). During the natural stress response, adrenalin, epinephrine, norepinephrine, and cortisol levels increase (Felman, 2020; Mayo Clinic, 2021). The physical response, in turn, is an increase in heart rate, blood pressure, and bloodstream sugars, heightened alertness, intensified muscle preparedness, sweating, and the slowing of nonessential body functions such as the growth process and digestive and reproductive systems (Felman, 2020). Acute stressors are generally short-lived and go away when the event ends or the situation is resolved. Examples include financial responsibilities, work deadlines, or job loss (Felman, 2020). Once the stressor is eliminated, hormone levels and physical reactions return to their natural state (Mayo Clinic, 2021). According to the Mayo Clinic (2021), in chronic or toxic stress, where stress is prolonged or an individual's ability to cope with stress becomes disrupted, overexposure to stress hormones occurs.

According to Boullier and Blair (2018), numerous studies have provided evidence indicating that the hippocampus, prefrontal cortex, and amygdala exhibit vulnerability to the deleterious effects of toxic stress resulting from traumatic experiences during childhood. Toxic

stress and frequent or prolonged traumatic exposure can result in an individual's diminished decision-making capacity and inability to regulate their stress response (Gilbert, 2020). In such instances, the hippocampus, which regulates the stress response of the amygdala, becomes underdeveloped (Gilbert, 2020). The amygdala, the body's fight, flight, or freeze mechanism, becomes overstimulated (Gilbert, 2020). In turn, the prefrontal cortex, which regulates actions, emotions, and thoughts, becomes underdeveloped (Gilbert, 2020). This underdevelopment can result in behavioral issues, difficulty with focus, memory, and learning, in addition to the inability to manage thoughts, emotions, and actions (Boullier & Blair, 2018).

Psychological Effects

Research indicates a link between childhood trauma, adult psychiatric symptoms, and mental health disorders (Anda et al., 2007; Sugaya et al., 2012). A seven-year study that examined 15,000 adult participants showed that as ACE scores increased, yearly prescription rates for psychotropic medications also increased (Anda et al., 2007). In that study, Anda et al. (2007) found that individuals with an ACE score of five or above were at an increased risk of being prescribed psychotropic medication.

Second only to neglect, physical abuse is the most reported form of child abuse (Gonzalez et al., 2022). In a 2012 study representative of the U.S. population, with eight percent of participants reporting having experienced child physical abuse, Sugaya et al. (2012) observed that a dose-response relationship exists between the frequency and severity of childhood physical abuse and psychiatric disorder in adults, specifically bipolar disorder, attention-deficit-hyperactivity disorder, and post-traumatic stress disorder. Sugaya et al. (2012) also found strong associations between child physical abuse and suicide attempts, emotional and behavioral

problems, depression, conduct disorder, and substance use disorders. Sugaya et al. (2012) observed no significant difference between the occurrence of child physical abuse in various regions of the United States, nor was there a significant difference between rural and urban populations. However, child physical abuse was found to be more prevalent in individuals of color relative to non-Hispanic white persons, in individuals who were U.S.-born than participants born in a different country, and in females than males (Sugaya et al., 2012). According to Sugaya et al. (2012), individuals who reported experiencing child physical abuse were more likely to have public health insurance, were more likely to be divorced, separated or widowed, and had lower academic achievement levels.

Trauma and Justice Involvement

Graf et al. (2021) show that a relationship exists between high ACE scores and excessive interaction with the legal system, especially among young people. Currie and Tekin (2006) discovered that the risk of self-reported criminal behavior was twice as high among children who had experienced abuse. According to Stensrud et al. (2018), medical and psychological diagnoses that do not adequately account for childhood trauma and lack of appropriate interventions can leave individuals at an increased risk of becoming incarcerated due to crimes stemming from untreated childhood trauma. In severe cases of untreated trauma, the psychological and social consequences may increase exponentially with age, including dysfunctional relationships, physical and mental disease and disability, school failure, social marginalization, poverty, and premature death (Stensrud et al., 2018).

Trauma's Role in Mental and Behavioral Health

According to Reinert et al. (2021), among adults, 20.78% had experienced some mental illness, and 5.44% had experienced a severe mental illness. Reinert et al. (2021) also provided a breakdown of the frequency of mental illness and access to appropriate care in ranking by state. For adults, seven measures to determine national rank were used and included:

1. Adults with any mental illness (AMI)
2. Adults with substance use disorder in the past year
3. Adults with serious thoughts of suicide
4. Adults with AMI who did not receive treatment
5. Adults with AMI reporting unmet need
6. Adults with AMI who were uninsured
7. Adults with cognitive disability who could not see a doctor due to costs (Reinert et al., 2021, p. 11)

States that ranked higher on the list, specifically rankings one through 13, had higher rates of access to care and lower reports of mental illness (Reinert et al., 2021). States that ranked lower on the list, specifically rankings of 39-51, reportedly had less access to care and higher reports of mental illness. In the southeast region, Alabama ranked 47th, Florida ranked 25th, Georgia ranked 31st, Kentucky ranked 13th, Mississippi ranked 41st, North Carolina ranked 21st, South Carolina ranked 22nd, Tennessee ranked 29th, Virginia ranked 20th, and West Virginia ranked 23rd (Reinert et al., 2021).

Two separate lawsuits were filed in the 1990s by the United States Department of Justice and People First of Tennessee regarding conditions at Nat T. Winston Developmental Center, Arlington Developmental Center, Clover Bottom Development Center, and Greene Valley Developmental Center, Tennessee's four state-run mental health institutions (Tennessee Department of Intellectual and Developmental Disabilities, n.d.). In response to the lawsuits, Tennessee closed the Nat T. Winston Developmental Center in 1998, the Arlington Developmental Center in 2010, and the Clover Bottom Development Center in 2015 (Tennessee Department of Intellectual and Developmental Disabilities, n.d.). The state's largest mental health hospital, Greene Valley Developmental Center, closed its doors in 2017, resulting in Tennessee becoming one of 14 states and the District of Columbia with no extensive state-run facilities for individuals with developmental and intellectual disabilities (Tennessee Department of Intellectual and Developmental Disabilities, 2017). The lawsuits have since been dismissed, and Tennessee now approaches mental healthcare from a community model of care (Tennessee Department of Intellectual and Developmental Disabilities, n.d.).

Community-based healthcare models offer intervention services to individuals who are facing health difficulties in situations where accessing the services of a private physician or clinician is not feasible (Tulane University, n.d.). According to Tulane University (n.d.), individuals who can take advantage of services include children and adults, individuals with mental health disorders, those struggling with substance misuse and abuse, and individuals who have been released from inpatient facilities to treat mental health issues. The Tennessee System of Care (n.d.) provides crisis services, community-based mental health and substance use services, family support services, supported employment and education services, peer recovery services, and housing services. The System of Care Across Tennessee (SOCAT) (2020) provides

individualized, culturally sensitive, coordinated care across multiple systems and ensures that families have decision-making capacity in their child's care. SOCAT's (2020) target audience is children and young adults needing intensive interventions. Those who qualify generally have a serious emotional disturbance (SED) or a severe mental illness (SMI), are at risk of being placed outside the home, are involved in multiple assistance systems, and previously took part in interventions that did not produce the desired results (SOCAT, 2020).

According to a report from the Tennessee Association of Mental Health Organizations (TAMHO) (2019), Tennessee has an estimated one million residents who directly experience mental illness. In 2019, Tennessee ranked 22nd in the nation for the prevalence of mental illness (Hellebuyck et al., 2018). However, the same year, the state ranked 45th for access to mental health care (Hellebuyck et al., 2018). A 2022 Needs Assessment conducted by the Tennessee Department of Mental Health and Substance Abuse Services Planning Council (TDMHSASPPC) cited many mental and behavioral healthcare needs across Tennessee (TDMHSASPPC, 2022).

According to the TDMHSASPPC (2022), priority behavioral healthcare needs identified in the northeast Tennessee region included "[i]ncreas[ing] adolescent inpatient services for alcohol and drug use, and [i]ncreas[ing] recovery and transitional housing for individuals with substance use disorder (SUD) and who utilized medication-assisted recovery (MAR) tools" (p.2). Data used to determine the need for expanding the availability of adolescent inpatient services for alcohol and drug use to meet better the needs of young individuals facing these challenges indicated that stakeholders from the northeast Tennessee region expressed a desire for an expansion of school-based prevention programs, which include student assistance programs, school-based behavioral health liaison programs, and primary prevention programs (TDMHSASPPC, 2022). Data used to determine the need for enhancing the availability of

recovery and transitional housing options for individuals who are facing challenges related to substance use disorder (SUD) indicated a lack of recovery options in the region that permit residents to continue abstaining from substances while also utilizing MAT services (TDMHSASPPC, 2022). A lack of options can contribute to an unfortunate rise in homelessness, which may increase the risk of relapse (TDMHSASPPC, 2022).

According to the Tennessee Department of Mental Health and Substance Abuse Services Planning and Policy Council Needs Assessment (2022), priority mental healthcare needs identified in the northeast Tennessee region included the following:

> [e]nhanc[ing] workforce development for mental health professionals, particularly therapists, that focuses on retention, compensation, and accessibility, [which] includes looking at retention and compensation of mental health professionals, and [i]ncreas[ing] the number of adolescent inpatient treatment beds to adequately address crisis care needs that require inpatient hospitalization (p.1).

Data used to determine the need to improve workforce development for mental health professionals indicated that regarding access to care for adolescents, Tennessee ranked 50th in the nation (TDMHSASPPC, 2022). Approximately 12% of children with severe depression diagnoses have continuous treatment (TDMHSASPPC, 2022). Although schools provide 60% of mental health treatment, some therapists serve multiple schools, resulting in service gaps (TDMHSASPPC, 2022). Rates of reimbursement for care have not increased, and funds for expansion of services are limited (TDMHSASPPC, 2022). The scarcity of these resources impacts school failure rates, homelessness, emergency room visits, and juvenile justice involvement (TDMHSASPPC, 2022).

Trauma and Academic Performance

According to the National Child Traumatic Stress Network (2021), children exposed to traumatic events may exhibit various responses, such as grief, attention deficits, academic challenges, nightmares, or illness. These events can potentially disrupt the biological stress response systems in the brain, leading to changes in behavior and emotions (National Child Traumatic Stress Network, 2021). According to the study by Merrick et al. (2019), a significant correlation was observed between adverse childhood experiences (ACEs) and reduced educational achievement, alongside other factors such as depression, smoking, heavy alcohol consumption, lack of health insurance, and unemployment. The enduring impact of trauma on brain development can impede an individual's capacity to effectively manage stressors or lead to the adoption of inappropriate coping strategies (Johnson, 2018; Mental Health America, n.d.). In the long run, trauma can give rise to psychiatric conditions such as post-traumatic stress disorder (PTSD), anxiety, and depression (National Child Traumatic Stress Network, 2021).

Trauma imposed by adverse events can potentially interfere with a student's development of essential learning foundations and leave students at a greater risk of repeating a grade (Crisis Prevention Institute, 2021; National Child Traumatic Stress Network, 2021; Trauma Sensitive Schools, n.d.). Those foundations include organization, trust, learning engagement, comprehension, memory, and self-regulation of behavior, emotions, and attention (National Child Traumatic Stress Network, 2021; Trauma Sensitive Schools, n.d.). Trauma can harm the social-emotional development of an individual's sense of self-worth, inhibiting a student's ability to be an engaged learner (Mental Health America, n.d.). Trauma and violence alter how an individual behaves, how they form social ties, and their ability to learn (Horsman, 2004; SAMHSA, 2014b).

Trauma in the classroom can present as aggression, hyper-independence, defiance, forgetfulness, apathy, difficulty making transitions, self-isolation, and inappropriate responses to unanticipated changes (Mental Health America, n.d.; Todd, 2021). Trauma at school, including but not limited to punishment, racial injustices, and bullying, can result in school avoidance, further impairing already academically vulnerable students (Mental Health America, n.d.). Additionally, other students' health, relationships, and education can be affected through vicarious trauma (National Child Traumatic Stress Network, 2021).

Knowles (1970) asserted that students learn best when they feel valued, their education is relevant to their life experiences, what they are learning will be of some immediate use to them, and is most effective when knowledge is obtained through their experiences and discoveries. Cardona and Rodriguez (2023) and Hyland-Russell and Groen (2011) suggested that creating a safe space to manage trauma in the classroom is achieved by the following:

1. Regardless of past experiences, every student should be treated with respect as someone capable of learning.
2. Education should be presented as a conversation between equals.
3. Employ personnel who exhibit a genuine concern for the well-being of students.
4. Create and uphold healthy boundaries.
5. Allow students to reconsider their beliefs about themselves concerning others and extend opportunities to reflect on what they have learned.

Hyland-Russell and Groen (2011) found that attitudinal barriers toward education are often the result of systemic and situational obstacles that develop over time and can be further exacerbated by adverse educational experiences. When learners experience setbacks, culturally,

socially, or educationally, it may cause them to doubt their educational capacity (Willans & Seary, 2007). Therefore, education systems must be responsive to and supportive of learners' individual needs and barriers (MacKeracher et al., 2006).

Impact of Vicarious Trauma on Educators

There is an increasing demand for practitioners to be prepared to work with trauma survivors (Cunningham, 2004). According to Magnuson and Schindler (2019), educators play a crucial role in fostering a constructive foundation for students' social and emotional growth by fostering and engaging in meaningful and supportive exchanges. Because of their work, educators and school staff are at risk of suffering vicarious trauma, personal trauma, or compassion fatigue (Brunzell et al., 2018; National Center on Safe Supportive Learning Environments, n.d.).

Vicarious trauma refers to the influence on an individual's perspectives resulting from their exposure to traumatic experiences and empathetic involvement with others (Cunningham, 2004; Gorniak, 2022). Teachers' brains are affected in a manner comparable to the impact of trauma on students' brains, resulting in the activation of a fear response (Gorniak, 2022). The fear response subsequently induces alterations in their physiological, cognitive, and affective states (Gorniak, 2022). Like the initial traumatic event, failure to effectively process this response can develop a range of symptoms (Gorniak, 2022).

Compassion fatigue bears a resemblance to burnout (Thurrot, 2021). Burnout typically arises from an excessive workload or an overwhelming number of tasks (Gorniak, 2022). Compassion fatigue arises as a consequence of assisting others, wherein the individual desires to continue offering aid but experiences overwhelming emotional strain due to repeated exposure to

the distressing experiences of others, commonly referred to as secondary traumatic stress (Gorniak, 2022; Hansen et al., 2018). Symptoms of compassion fatigue can include mental, emotional, and psychological exhaustion, hopelessness, loss of appetite or sleep disturbance, irritability, anger, sadness, or emotional detachment, and diminished perception of individual and occupational fulfillment, among others (Gorniak, 2021).

Trauma Theory

The emergence of trauma theory signified a paradigm shift in the view of and care for trauma survivors (Goodman, 2017; van der Kolk, 2014). In this paradigm shift, rather than asking an individual what is wrong with them, they were asked what traumatic events happened to them (Menschner & Maul, 2016). Reframing survivors as psychologically and physically injured people needing healing and assistance shifted the focus away from moral weakness or character flaws (Goodman, 2017; van der Kolk, 2014). Based on the critical principles of dissociation, attachment, reenactment, long-term effects on later adulthood, and impairment in emotional capacities, the modern theory of trauma provides a valuable theoretical framework for understanding the impact of trauma on an individual's ability to function. (Goodman, 2017; van der Kolk, 2014).

Dissociation

Dissociation is trauma-related emotional disconnection that occurs as a defensive mechanism when a person disconnects their thoughts, feelings, or behaviors because of a traumatic event (International Society for the Study of Trauma and Dissociation, 2020; van der Kolk, 2014). Individuals who dissociate may do so during or after a triggering event by emotionally detaching themselves from awareness of emotions such as shame, fear, or anxiety

(Brickel, 2020). According to Brickel (2022), unresolved trauma can impede personal development and may lead to self-harm and substance or alcohol abuse.

Attachment

An individual with attachment disturbances can have less empathy for others and misaligned cognitive schemas (Ansboro, 2008). These individuals may lack the ability to develop healthy relationships and establish trust (Goodman, 2017; van der Kolk, 2014). A lack of role models who exhibit responsible behavior and positive relationships may reinforce negative expectations of others (Goodman, 2017; van der Kolk, 2014). Impulsivity, anger, and emotional dysregulation found in justice-involved individuals frequently go undiagnosed as symptoms of PTSD (Ansboro, 2008).

Reenactment

Reenactment refers to replicating actions, behaviors, or relational patterns by an individual in subsequent situations or relationships associated with their traumatic experience (Goodman, 2017; van der Kolk, 2014). Repetition can manifest in various forms, including conscious, obsessive, or unconscious behaviors (Goodman, 2017; van der Kolk, 2014). Repetition may entail revisiting locations associated with past assaults or pursuing individuals with characteristics and negative patterns reminiscent of prior traumatic experiences or toxic relationships (Goodman, 2017; van der Kolk, 2014).

Long-term Effect on Later Adulthood

Felitti et al. (1998) initially demonstrated the substantial influence of childhood trauma on an individual's long-term health outcomes. The growth of a child's brain can be impeded by

abuse and neglect, potentially leading to psychological issues such as diminished self-esteem (Felitti et al., 1998). These psychological challenges, in turn, may contribute to engaging in dangerous behaviors such as substance abuse (Rosen et al., 2018). The overall well-being of individuals can be significantly influenced by various factors, such as the age and developmental stage of the child when the abuse took place, the nature, frequency, duration, and severity of the abuse, as well as the child's relationship with the perpetrator (Rosen et al., 2018).

Impairment in Emotional Capacities

Experiencing trauma can directly affect the brain and the adaptive functioning of the limbic system (Goodman, 2017; van der Kolk, 2014). According to Goodman (2017) and van der Kolk (2014), this disruption can impact several processes, including emotions. Consistent exposure to trauma, especially during childhood abuse or neglect, can reduce an individual's inherent emotional and physical tranquility or ease (Goodman, 2017; van der Kolk, 2014). Constant exposure to trauma can also lead to hyper-arousal symptoms, such as heightened alertness, anxiety, restlessness, nightmares, and bodily indications of stress (Goodman, 2017; van der Kolk, 2014).

Systems Theory

Systems theory is a field of research that explores the interplay and dynamics of several systems within a more extensive and intricate system (Friedman & Allen, 2014). Bertalanffy (1969) observed that the attributes of individual components are insufficient to account for the properties shown by a system. According to Friedman and Allen (2014), systems theory supports the fundamental principle that the entirety of a system outweighs the combined value of its individual components. Within the field of social work, the concept of systems thinking has been

shaped by Bronfenbrenner's ecological systems theory, which is widely acknowledged as a key framework for understanding human development within the context of an individual's social environment (Santa Clara University Office for Multicultural Learning, n.d.). According to this idea, the upbringing of a child, encompassing various elements such as parental, cultural, and environmental influences, significantly impacts all dimensions of an individual's existence, encompassing cognition, affect, and personal inclinations. Bronfenbrenner (1979) suggested that children frequently become entangled in various ecosystems, ranging from home to larger school, societal, and cultural environments. The interactions and influences of these ecological systems impact all facets of a child's life (Bronfenbrenner, 1979). A child's life can be positively or adversely influenced by various individuals and settings, including neighborhoods, relatives, and the parents' places of employment, even if the child does not actively participate or have direct contact with them (Bronfenbrenner, 1979).

The Sanctuary Model

Derived from systems theory, trauma theory, and the belief that trauma, chronic or toxic stress, and facing adversity are common experiences among individuals, the Sanctuary Model is a restorative approach to organizational change and intervention (Yanosy et al., 2009). The Sanctuary Model includes seven commitments to lead and promote trauma-informed organizational and individual change (Yanosy et al., 2009). The seven organizational values or commitments include:

1. *Nonviolence* - being secure in one's surroundings (both physically and emotionally), inside oneself, with others, and in one's ability to act morally.

2. *Emotional Intelligence* - keeping one's emotions under control to mitigate self-harm and harm to others.
3. *Social Learning* - the ideas of teams are respected and shared.
4. *Democracy* – a cooperative effort is displayed in decision-making.
5. *Open Communications* - communication conveys intent and maintains civility.
6. *Social Responsibility* – contributions made to the organizational culture are collective and synergistic.
7. *Growth and Change* – fostering hope individually and for those served (Yanosy et al., 2009, p. 10).

Change Theory

Fullan's Three-Tier Change Process

Fullan (2007) stated that the Three-Tier Change Process encompasses three distinct stages: initiation, implementation, and institutionalization. In the initiation stage, the plan for innovation begins to unfold (Fullan, 2007). Stakeholders are introduced to the need for change, the sought-after goals, the process by which change will take place, and the overall timeline for the innovation are established (Fullan, 2007). During this phase, enthusiasm or opposition towards the proposed change will become apparent (Fogarty & Pete, 2007).

During the implementation stage, the innovation plan is put into action (Fullan, 2007). The primary emphasis lies in advancing new procedures, overcoming obstacles, and consistently evaluating the situation to ensure the success of sustainable transformation (Fullan, 2007). Encouragement of staff participation through creating a shared vision, providing professional development opportunities, and availability of support is advised (Fullan, 2007). According to

Fogarty and Pete (2007), providing frequent and timely incentives to employees to progress in the desired direction contributes to lasting change. New behaviors and cultures are developed during institutionalization, while outdated practices and norms are replaced (Fullan, 2007). Ongoing training facilitation is offered, and clear links are created between existing and upcoming changes to increase performance (Fogarty & Pete, 2007).

Kubler-Ross Change Curve

Psychiatrist Elisabeth Kubler-Ross (1969) developed the Five Stages of Grief as a model to understand better the stages an individual goes through upon receiving a terminal illness diagnosis. Educators can use the model better to understand the emotional impact on individuals during organizational change (Tarnoff et al., 2021). The model has proven helpful for mental health professionals and faculty members of educational institutions when working with individuals who have experienced a traumatic event or grief (Tarnoff et al., 2021; Wang & Wang, 2021). The five stages of the Kubler-Ross framework consist of reactions individuals undergo as they encounter change: denial, anger bargaining, depression, and acceptance (Kubler-Ross, 1969. It should be noted that individuals do not go through each stage in a specific order; some may move forward and backward, while some may skip over distinct stages (Kubler-Ross & Kessler, 2014).

During stage one, individuals may be in shock or denial about proposed changes or events (Tarnoff et al., 2021). Educators should communicate the need for change, provide information sources, be receptive to questions and concerns, allow individuals to internalize the benefits of the proposed change, and remember that an individual's level of influence over change influences their response (Tarnoff et al., 2021).

During stages two and three, individuals may experience anger and bargaining (Kubler-Ross, 1969). Anger is a visible stage where individuals may express frustration and can drive motivation (Tarnoff et al., 2021). Leaders should focus on the source of anger rather than the symptoms (Tarnoff et al., 2021). Continual communication and training regarding change are essential components to alleviating anger (Tarnoff et al., 2021). In the bargaining stage, reactions shift, and individuals may be negatively engaged in the change process by negotiating ways to minimize the personal impact (Tarnoff et al., 2021).

Stage four is the darkest or lowest point of the change curve. In this stage, leaders should be prepared to deal with depression and confusion (Tarnoff et al., 2021). According to Tarnoff et al. (2021), the depression stage is preferred to the bargaining stage as individuals begin to see that bargaining was unsuccessful and that despair may drive motivations. Individuals may become disengaged or unmotivated and start to fixate on minor problems with the change (Tarnoff et al., 2021). Leaders should anticipate and plan for such and allow employees time to work through their depression while offering continued communication and training (Tarnoff et al., 2021).

Individual attitudes shift positively in the acceptance stage (Tarnoff et al., 2021). Employees will become more engaged, and resistance will decrease. In this stage, the long-term attitudes toward the change become apparent (Tarnoff et al., 2021). Some individuals will merely become compliant, while others will begin to embrace the change, seeking opportunities to participate (Tarnoff et al., 2021).

Protective Factors

There can sometimes be confusion between childhood adversity and trauma (Temkin et al., 2020). While trauma can be a potential response to adversity, it is essential to recognize that children may react differently to challenging situations based on various factors (Temkin et al., 2020). These factors include the specific nature of the experience, its level of severity, frequency, and duration, as well as the surrounding context of risk and protective factors (Temkin et al., 2020). According to the Child Welfare Information Gateway (n.d.), protective factors encompass a range of conditions that facilitate individuals' overall health and well-being. Protective factors can be perceived as advantageous elements that counteract adverse events (SAMHSA, n.d.). According to SAMHSA (n.d.), a positive correlation exists among risk factors and a negative correlation between risk factors and protective factors, suggesting that individuals possessing specific risk factors are more prone to having multiple risk factors and less likely to possess protective factors.

Relationship risk factors can encompass parental substance abuse, parental mental illness, child abuse and neglect, and a lack of supervision (SAMHSA, n.d.). Parental involvement is a protective factor in relationships (SAMHSA, n.d.). Community risk factors encompass neighborhood violence and poverty (SAMHSA, n.d.). Community protective factors can include faith-based activities or extracurricular engagement (SAMHSA, n.d.). Racial discrimination, low socio-economic conditions, legislation, and societal norms that promote substance abuse are examples of risk factors at the societal level (SAMHSA, n.d.). Legislation that restricts hate crimes, assistance programs that increase socio-economic conditions, and shifting societal norms are protective factors at the societal level (SAMHSA, n.d.).

It is essential to consider that exposure to adversity may not always lead to trauma or enduring negative consequences (Temkin et al., 2020). Many children who face challenging circumstances have shown resilience and the ability to regain their previous levels of functioning when they receive assistance from a caring and attentive caregiver (Temkin et al., 2020). The National Center on Safe and Supportive Learning Environments suggested that a comprehensive, whole-child approach prioritizes every student's well-being, safety, engagement, support, and challenge, widely recognized as a benchmark for sustainable school improvement and contributes to long-term student success. Child abuse and neglect can be mitigated by applying a protective factors framework that involves the practical identification and provision of resources to families requiring support (Child Welfare Information Gateway, n.d.). The Whole School, Whole Community, Whole Child (WSCC) model is a comprehensive protective factors framework developed by the Centers for Disease Control and Prevention (CDC) to address health-related issues within educational settings (CDC, n.d.; SAMHSA, n.d.). The WSCC framework underscores the significance of community involvement in bolstering schools and highlights the relationship between student health and academic performance (CDC, n.d.; SAMHSA, n.d.). According to the CDC (n.d.), evidence-based practices that encompass protective factors such as employee wellness, family engagement, health education, and nutrition services, among others, are essential for student success.

Resilience

Resilience is a psychological attribute that enables individuals to effectively recover from adverse circumstances or obstacles, such as unemployment, disease, calamity, or the loss of a significant person (Amherst H. Wilder Foundation, 2014; Mayo Clinic, 2022). A prevalent misconception is that resilience is most frequently demonstrated by individuals who have not

experienced significant adversity (Yaugher et al., 2020). Enduring adversity is essential to cultivating resiliency and can serve as a protective factor against various mental health disorders, including but not limited to anxiety and depression (Mayo Clinic, 2022; Yaugher et al., 2020). Traumatic experiences can overwhelm an individual's capacity for coping, leading them to develop coping mechanisms that may provide short-term benefits but cause substantial long-term harm (Amherst H. Wilder Foundation, 2014). According to the American Psychological Association (n.d.), psychological studies have indicated that the skills necessary for positive adaptation and resilience can be developed (Amherst H. Wilder Foundation, 2014). To promote resilience, the Mayo Clinic (2022) suggested that developing solid relationships, finding a sense of accomplishment in daily tasks, setting clear and achievable goals, journaling, directing attention toward achievement, and seeking out faith-based groups are examples of strategies that individuals can employ.

Restorative Practice

Restorative practices, derived from the theoretical foundations of restorative justice, encompass an approach to conflict resolution that emphasizes fostering and revitalizing school communities (Lustick, 2021). Restorative practices focus on fostering community and enhancing the climate and culture of the school (Lustick, 2021). Establishing and cultivating a sense of community holds significant importance within educational environments, as it plays a crucial role in the growth and welfare of students (Lustick, 2021). According to Lustick (2021), schools can accomplish this by cultivating a heightened sense of accountability among students towards their classmates and teachers, fostering an equitable and nurturing atmosphere. Restorative practices are primarily focused on the principles of mutual respect, dignity, accountability, and fairness and are frequently implemented in schools to improve student behavior and reduce

suspensions and expulsions (Hickman, 2022; Joseph-McCatty & Hnilica, 2023). According to Villani (2021), the idea that schools gain from routinely suspending or expelling students for common, non-violent forms of teenage misbehavior is not supported by research. Villani (2021) further stated that, in contrast, research indicated that frequent suspension and expulsion are linked to detrimental long-term results for students.

In 2014, there was a notable development in restorative practices, as the Department of Education recognized the effectiveness of implementing school-wide intervention systems to address issues such as bullying and disparities in disciplinary actions (Villani, 2021). The topic of conversation focused on the increasing discrepancy in disciplinary actions and the higher rates of suspensions has led to the proposal of implementing restorative practices as an alternative to traditional approaches to school discipline (Villani, 2021). Additionally, in 2014, the Department of Justice implemented the Supportive School Discipline Initiative, strengthening the importance of restorative practices in educational settings (Joseph-McCatty & Hnilica, 2023; Lustick, 2017).

To address the sensitive and intricate nature of students' disciplinary situations, schools have implemented a range of restorative practices (Villani, 2021). These practices vary in complexity, with some requiring minimal training while others necessitate specialized knowledge. (Villani, 2021). Informal restorative practices embedded in school culture include circles, restorative chats, restorative conferences, community conferences, peer mediation, and peer juries. Complex restorative practices are frequently integrated with social-emotional learning (SEL) programs and initiatives such as Response to Intervention (RTI), Positive Behavior Interventions Supports (PBIS), and Trauma-Informed Schools (TIS) (Joseph-McCatty & Hnilica, 2023). RTI, PBIS, and TIS directly responded to issues surrounding inequitable school exclusions such as zero-tolerance policies. According to Joseph-McCatty and Hnilica

(2023), restorative practices represent an ideological framework that seeks to influence long-term outcomes in rapport improvement, relationship-building, and creating an enriched school environment.

Response to Intervention (RTI)

The Response to Intervention (RTI) framework is a comprehensive, tiered approach that seeks to quickly identify and offer the necessary support to students displaying learning and behavioral difficulties and rule out insufficient instruction as the cause of learning difficulties (IRIS Center, n.d.; Response to Intervention Action Network, n.d.). The framework is designed to guide decision-making in general and special education settings (IRIS Center, n.d.; Response to Intervention Action Network, n.d.). Analyzing student outcome data aims to create a coherent system of instruction and intervention (IRIS Center, n.d.; Response to Intervention Action Network, n.d.). In the United States, the Individuals with Disabilities Education Act (IDEA) (2004) was reauthorized in 2004, containing a provision allowing but not requiring states to adopt the response to intervention (RTI) approach. In the general education setting, the Response to Intervention (RTI) process begins with adopting high-quality instructional strategies and the execution of a comprehensive screening for every student (IRIS Center, n.d.; Response to Intervention Action Network, n.d.). The purpose of progress monitoring is to assess each student's level of performance and rate of learning. Interventions with increasing rigor are implemented to accelerate the learning of struggling students (IRIS Center, n.d.; Response to Intervention Action Network, n.d.). The length and intensity of educational interventions are based on how each student responds to the intervention strategies used (IRIS Center, n.d.; Response to Intervention Action Network, n.d.). Decisions relating to the educational needs of students are derived from a thorough examination of multiple measures of data gathered over

time (IRIS Center, n.d.; Response to Intervention Action Network, n.d.). The tiered approach incorporates increasing levels of instruction that offer focused, evidence-based interventions designed to cater to the needs of each student (IRIS Center, n.d.; Response to Intervention Action Network, n.d.).

In the RTI framework, universal screening of all students is conducted to facilitate the identification of students who may be at risk of failing academically (IRIS Center, n.d.; Response to Intervention Action Network, n.d.). In Tier 1, all students can benefit from high-quality, research-based instruction (IRIS Center, n.d.; Response to Intervention Action Network, n.d.). In some systems, universal screening is regarded as a component of Tier 1 (IRIS Center, n.d.). Each week, student progress is evaluated. By analyzing student data, educators identify students who require more intensive monitoring or intervention (IRIS Center, n.d.; Response to Intervention Action Network, n.d.). Tier 2 students whose progress falls short of expectations receive differentiated or supplementary support from the teacher or another educational specialist (IRIS Center, n.d.; Response to Intervention Action Network, n.d.). The student's progress is continually tracked (IRIS Center, n.d.; Response to Intervention Action Network, n.d.). In Tier 3, students can receive additional and more intensive instruction, which can be administered through various methods, if their progress requires improvement following Tier 2 instruction (IRIS Center, n.d.; Response to Intervention Action Network, n.d.). Contingent on the policies of the state or district, students may qualify for special education services or undergo a comprehensive assessment to ascertain the presence of a learning disability based on progress monitoring data (IRIS Center, n.d.).

Response to Instruction and Intervention (RTI^2)

Response to Instruction and Intervention (RTI2) is a multi-tiered system of support for teaching and learning (California Department of Education, 2023). This process integrates resources from general education, categorical programs, and special education to create a comprehensive system of core instruction and interventions that will benefit every student (California Department of Education, 2023). According to the California Department of Education (2023), the central tenets of the RTI2 process include high-quality classroom instruction, high expectations, assessments, data collection, positive behavioral support, research-based interventions, a problem-solving systems approach, fidelity of program implementation, staff collaboration and development, parent/family involvement, and the identification of learning disabilities. Tennessee has adopted the three-tiered RTI2 academic framework to reduce the likelihood of students experiencing persistent academic difficulties (Tennessee Department of Education, n.d.). The RTI2 framework emphasizes promptly intervening with students with early signs of academic challenges (Tennessee Department of Education, n.d.).

According to Fisher and Frey (2010), RTI and RTI2 share the fundamental approaches. RTI2, however, emphasizes leveraging classroom instruction to facilitate academic gains. In RTI2, Tier 1 interventions are enhanced by concentrating on high-quality, scaffolded instruction to ensure equitable access to information for all students. Quality instruction involves teachers effectively addressing individual needs, ensuring lessons align with established standards, and continuously monitoring student progress (Fisher & Frey, 2010). Classroom instruction is an ongoing process, with educators facilitating flexible grouping strategies and gradually releasing responsibility to facilitate learning autonomy (Fisher & Frey, 2010).

In RTI2, Tier 2 interventions emphasize high-quality supplementary instruction, with regularly scheduled instruction in small, homogenous groups (Fisher & Frey, 2010). Experts provide immediate feedback to students, with a recommended frequency of three weekly sessions, each lasting 20-30 minutes, over 20 weeks (Fisher & Frey, 2010). Academic recovery initiatives offer timely interventions to address students who lag due to external factors like illness. Interventions are scheduled before and after school, aligning with the core curriculum (Fisher & Frey, 2010).

According to Fisher and Frey (2010), within the Response to Intervention (RTI) framework, Tier 3 interventions are implemented with regular and supplementary instruction outside of the general classroom environment. This objective can be accomplished by implementing a more frequent instructional schedule wherein students are regularly divided into smaller groups (Fisher & Frey, 2010). Individualized instruction is facilitated by this approach, which requires the active participation of highly skilled educators possessing specialized expertise (Fisher & Frey, 2010). Customizing these interventions according to the individual student's academic proficiency level is necessary while ensuring their active engagement in reading and writing activities (Fisher & Frey, 2010). An optimal Tier 3 instructional approach encompasses integrating vocabulary development, background knowledge acquisition, word analysis, and comprehension skill enhancement (Fisher & Frey, 2010).

Positive Behavior Interventions and Supports (PBIS)

Positive Behavioral Interventions and Supports (PBIS) is an evidence-based, three-tiered framework that aims to facilitate comprehensive schoolwide practices by which educators and support staff offer a comprehensive system of support for students' academic, behavioral, and

social-emotional needs (Center on Positive Behavioral Interventions and Supports, n.d.; Michigan Department of Education Office of Special Education, n.d.). The primary objective of PBIS is to cultivate a secure and conducive environment within educational institutions by addressing the social, learning, behavioral, and emotional requirements of all students, including those with and without individualized education programs (IEPs) (Michigan Department of Education Office of Special Education, n.d.). Positive behaviors are consistently reinforced, while negative behaviors are systematically corrected, according to the PBIS model (Kane et al., 2016). The active involvement of families, supportive school administration, and ongoing professional development opportunities are crucial in providing personnel with the skills and knowledge to effectively implement each level of PBIS (Center on Positive Behavioral Interventions and Supports, 2023).

Like RTI and RTI2, student data is disaggregated to analyze and identify various subgroups of students (Center on Positive Behavioral Interventions and Supports, n.d.). In the PBIS framework, Tier 1 systems, data, and practices support students, teachers, and staff throughout all school settings (Center on Positive Behavioral Interventions and Supports, n.d.). They are established as a basis for fostering positive and proactive support for everyone in the school (Center on Positive Behavioral Interventions and Supports, n.d.). Tier 1 is established through a shared vision and the formation of a leadership team that possesses expertise in areas such as SEL, coaching, behavioral modifications, mental health, academics, and trauma (Center on Positive Behavioral Interventions and Supports, n.d.).

Tier 2 interventions primarily concentrate on implementing focused, secondary prevention tactics specifically tailored to cater to the requirements of a particular group or population deemed at risk (Center on Positive Behavioral Interventions and Supports, n.d.).

According to the Center on Positive Behavioral Interventions and Supports (n.d.), Tier 2 interventions are required for 10-15% of students and provide more focused interventions than students receive in Tier 1. Tier 2 supports include additional adult supervision, supplementary prompts or reminders, and a broader range of positive reinforcement techniques (Center on Positive Behavioral Interventions and Supports, n.d.).

Tier 3 interventions are a component of a comprehensive three-tiered prevention approach (Center on Positive Behavioral Interventions and Supports, n.d.). These interventions are characterized by their intensive and personalized nature, as they are specifically designed to cater to the unique requirements of individual students (Center on Positive Behavioral Interventions and Supports, n.d.). To enhance academic performance, students classified as Tier 3 receive tailored and customized forms of assistance (Center on Positive Behavioral Interventions and Supports, n.d.). The successful implementation of Tier 3 supports tailored to students' individual needs necessitates the active participation of students, educators, and families in functional behavioral assessments, the development of intervention plans, and the coordination of support services through wraparound and student-centered planning strategies (Center on Positive Behavioral Interventions and Supports, n.d.).

School Climate and Culture

School climate refers to the subjective impressions of the overall quality and nature of the school environment (National Center on Safe Supportive Learning Environments, n.d.; National School Climate Council, 2007). It encompasses various elements, such as ensuring the safety of the school environment, fostering a supportive atmosphere for academic and disciplinary matters, and cultivating relationships that are characterized by respect, trust, and care (National

Center on Safe Supportive Learning Environments, n.d.; National School Climate Council, 2007). The school climate can impact various aspects of the educational environment, such as attendance and graduation rates, academic achievement, the establishment of interpersonal connections, and the retention of teachers (Davis & Warner, 2015; Osher et al., 2020). A positive school climate is characterized by safety, a supportive academic, disciplinary, and physical environment, and respectful, trustworthy, and caring relationships among students and faculty (National Center on Safe Supportive Learning Environments, n.d.; National School Climate Council, 2007). Eliminating potential trauma triggers and encouraging inclusive practices are necessary to create a safe and supportive school climate (National Center on Safe Supportive Learning Environments, n.d.; National School Climate Council, 2007). Findings by Kwong and Davis (2015) indicated that the climate of a school can be negatively impacted by several things, such as harsher disciplinary measures, metal detector use, and increased policing of schools. All students require a safe and supportive learning environment in which they can be seen, heard, and respected, particularly those students who have experienced trauma or adversity (National Center on Safe Supportive Learning Environments, n.d.). Kane et al. (2016) asserted that a positive school climate is crucial for K-12 school improvement.

Despite the frequent interchangeability of the terms school climate and school culture, the former pertains to the enduring physical and social setting of an institution, as well as the values or beliefs that have been universally embraced (Kane et al., 2016). Since culture is more deeply ingrained in a school, it can only be changed over an extended period by systematically changing the school's climate (Gruenert, 2008). Schools with a positive and strong culture share common goals (Bayar & Karaduman, 2021). Bayar and Karaduman (2021) found that students identified components that defined school culture as the school's history, individual accomplishments,

friends, extracurricular activities, and dress code. Bayar and Karaduman (2021) also found that students considered their academic development, sense of competition, and motivation for academic success as school culture factors that influenced overall achievement. The results of Bayar and Karaduma's (2021) study indicated that increasing social activities, improving library resources, fostering positive teacher-student interactions, and providing opportunities for field trips were changes in school climate that could improve overall school culture.

Principles of Trauma-Informed Care

SAMHSA (2014) states that a trauma-informed approach aims to prevent retraumatization and mitigate inadvertent triggers. Fallot and Harris (2009) first introduced five principles of trauma-informed care: safety, trustworthiness, choice, collaboration, and empowerment. Later, as a collaborative effort between the Centers for Disease Control's Center for Preparedness and Response and SAMHSA's National Center for Trauma-Informed Care, the two agencies expanded the principles and introduced the Six Guiding Principles to a Trauma-Informed Approach, which included Fallot and Harris's (2009) five principles of safety, trustworthiness, choice, collaboration, and empowerment and added gender, cultural, and historical issues (Carello, n.d.; Centers for Disease Control and Prevention, 2020).

Safety

Safety in trauma-informed applications is defined by the individuals being served and focuses on establishing physical, psychological, and emotional safety through interpersonal interactions and the physical environment (SAMHSA, 2014; Shier & Turpin, 2022). Fallot and Harris (2009) suggested that an atmosphere that fosters safety, acceptance, and respect should be

created. School districts should create privacy policies, establish a plan for handling potentially violent situations, and adhere to them strictly (Fallot & Harris, 2009).

Trust

According to Shier and Turpin (2022), trust in trauma-informed approaches is created when clients and staff have open, sincere relationships that define clear expectations for how services will be provided. Further, transparency must be present regarding goals or outcomes and how they will be achieved (Bowen & Murshid, 2016). Trustworthiness can be enhanced by creating clear requirements for tasks to be completed, setting interpersonal boundaries, and creating an environment of consistency and transparency (Fallot & Harris, 2009).

Empowerment

According to SAMHSA (2014), trauma-informed organizations operate under the assumption that people come first, and that individuals and communities are resilient and can recover from trauma. Empowerment provides individuals with the tools to overcome psychosocial difficulties by recognizing their strengths (Shier & Turpin, 2022). Programs for coping mechanisms and decision-making are presented as part of trauma education and awareness. Providing flexibility and adaptability within service offerings can facilitate empowerment (Shier & Turpin, 2022).

Choice

Providing individuals with choice means giving them input and control over the services they receive and to what extent they choose to participate (Harris & Fallot, 2001). The purpose of choice is to maximize experiences (Fallot & Harris, 2009). According to Fallot and Harris

(2009), individuals should be allowed to participate in personal goal setting. The individual perceives that they are afforded dignity and respect by being offered alternatives and formulating a plan that capitalizes on their abilities (Trauma-Informed Oregon, 2016). Making meaningful decisions enables individuals to maintain a state of presence, exert control, and assume a leadership role to the greatest extent possible (Trauma-Informed Oregon, 2016).

Collaboration

In trauma-informed approaches, collaboration is the creation of genuine partnerships with service recipients in the provision of services and a reduction in the disparity in power between staff and recipients (Shier & Turpin, 2022). Collaboration facilitates a relationship characterized by power-sharing (SAMHSA, 2014). Collaboration may occur at various levels, including the program level, collaborative treatment settings, and service user groups (Shier & Turpin, 2022). Collectively, the parties interact to establish a program or regimen for treatment (Shier & Turpin, 2022).

Cultural, Historical, and Gender Issues

To respect individuals' varied experiences and identities, in trauma-informed settings, individuals and groups work to be sensitive to historical, cultural, and gender concerns (Carello, n.d.). According to SAMHSA (2014), cultural biases and stereotypes are suspended, gender-responsive services are provided, and the therapeutic benefits of cultural ties are leveraged. Organizations that operate from the trauma perspective acknowledge and provide sensitivity to historical traumas (SAMHSA, 2014).

The University of Michigan Model of Trauma-Informed Schools

The foundation of the University of Michigan School of Social Work (n.d.) trauma-informed school model is constructed upon ten fundamental pillars of content and corresponding recommendations, of which deliberate broadness of these ten areas is intended to provide schools with the flexibility to tailor them according to their unique contexts. The ten pillars included ensuring safe communities, increasing awareness of trauma, increasing awareness of biases, building community, developing positive relationships, reducing punitive discipline, communication of and reinforcing expectations, avoiding deficit thinking and deficit language, incorporating social-emotional skills, and creating support systems, and are expanded below (University of Michigan, n.d.).

Ensuring Safe Communities

According to the University of Michigan (n.d.), when children are provided with a secure and nurturing educational environment, they tend to perform better on academic tasks and show decreased vulnerability to frustration when faced with social and intellectual challenges. Therefore, creating safe and nurturing environments establishes a fundamental basis for protection for children. The University of Michigan (n.d.) model asserted that educators should effectively communicate and demonstrate established procedures, allowing students to adjust their behavior accordingly. Additionally, implementing regular and standardized routines and practices is advantageous for students who have encountered traumatic events, as it cultivates a perception of security and stability (University of Michigan, n.d.). Authors of the model cautioned that cultural sensitivity is imperative, as reacting to students without considering the

potential interpretation of their actions can alienate students and erode trust (University of Michigan, n.d.).

Increasing Awareness of Trauma

Most children who encounter a specific type of adversity also encounter additional forms of adversity, indicating a tendency for adverse events to accumulate within families and communities (University of Michigan, n.d.). The likelihood of a child being exposed to adversity, including trauma, is influenced by demographic factors, such as race, ethnicity, and marginalized identities (University of Michigan; n.d.). Individuals belonging to racial and ethnic minority groups and those with other marginalized identities can face a greater risk of exposure to such adverse experiences (University of Michigan, n.d.). The model highlighted that mental health experts frequently misdiagnosed many children with trauma backgrounds (University of Michigan, n.d.). Additionally, behaviors that align with trauma are frequently mischaracterized in educational settings (University of Michigan, n.d.). Therefore, educators must comprehensively understand the trauma's impact on students (University of Michigan, n.d.).

Increasing Awareness of Biases

According to the University of Michigan (n.d.), existing literature suggests that educators and school support staff face heightened pressures and expectations regarding student performance. Consequently, this can lead to deficit-oriented viewpoints towards certain student groups, particularly those from racial and ethnic minorities and individuals with marginalized identities (University of Michigan, n.d.). The attitudes and perceptions held by educators, both at a conscious and unconscious level, regarding students' capabilities substantially influence their expectations regarding students' academic attainment (University of Michigan, n.d.). The model

emphasized the need for educational professionals to actively challenge any implicit biases they may have to effectively mitigate the effects of trauma on students' academic performance and behavior (University of Michigan, n.d.).

Building Community

According to the University of Michigan (n.d.) model, a trauma-informed approach to school and classrooms is based on building strong communities that foster safety, welcome, and value for all members. The core elements of a functional school or classroom community encompass equity and empathy toward others (University of Michigan, n.d.). To cultivate and maintain robust communities and relationships, professionals advocate for implementing school-wide events, providing service-learning opportunities, organizing classroom meetings, and student-led activities (University of Michigan, n.d.). Additionally, the model emphasized that emotional and practical support are crucial after traumatic events (University of Michigan, n.d.).

Developing Positive Relationships

Implementing a trauma-informed approach within educational settings involves establishing positive relationships, prioritizing pro-social behavior, and cultivating safety, inclusivity, and respect for all individuals (University of Michigan, n.d.). Educators who build trusting relationships with their students have the potential to help those students develop the ability to regulate their behavior by modeling problem-solving strategies and overcoming challenges (University of Michigan, n.d.). The model emphasized the importance of using efficient classroom management techniques and teachers actively fostering a culture that values trust and appreciation for the unique qualities of students to foster positive relationships among students (University of Michigan, n.d.). Educators can use strategies to strengthen their

relationships with their students and foster camaraderie by knowing each student's name, greeting them enthusiastically when they enter the classroom, and providing opportunities for students to interact positively and amicably with one another (University of Michigan, n.d.).

Reducing Punitive Discipline

According to the University of Michigan (n.d.), punitive disciplinary measures in schools can erode the trust between students and school staff, diminish students' sense of belonging to the school community, and lead to reduced levels of academic attainment and increase involvement in the juvenile and criminal justice systems. Understanding that individuals who have encountered traumatic events are particularly prone to triggers and consequences, such as facing disciplinary actions due to their propensity for exhibiting anger and engaging in explosive behaviors, is vital to effectively addressing the needs of students (University of Michigan, n.d.). According to the model, schools that embrace restorative practices as an alternative to punitive measures foster an understanding of how actions can impact others and promote behavioral alternatives (University of Michigan, n.d.).

Communicating and Reinforcing Expectations

According to the University of Michigan (n.d.), a positive correlation exists between high academic performance and positive behavioral and emotional outcomes among students. Therefore, the University of Michigan (n.d.) model emphasizes the importance of setting ambitious academic goals and expectations for students. The model cautioned that when behavior expectations are ambiguous or poorly and inconsistently enforced, teaching and learning will suffer, and teachers will be more likely to resort to punitive discipline strategies when problems arise (University of Michigan, n.d.). Clear goals and expectations reduce the

need for disciplinary action and promote mutual respect for educators and peers (University of Michigan, n.d.).

Avoiding Deficit Thinking and Deficit Language

According to the University of Michigan (n.d.) model, deficit thinking can be traced back to ideologies rooted in racism and classism, which characterized marginalized individuals as inherently lacking particular abilities or qualities. The model contended that students should be approached from a strengths-based perspective (University of Michigan, n.d.). By emphasizing the pre-existing capabilities of students and exploring how these capabilities can be harnessed to enhance their academic performance, students are provided with opportunities to develop self-assurance, experience increased motivation, and perceive the educational setting in a favorable light (University of Michigan, n.d.).

Incorporating Social-Emotional Skills

According to the University of Michigan (n.d.) model, social and emotional learning (SEL) has been integrated into educational settings as a comprehensive approach to enhancing academic achievement, fostering positive school environments, and mitigating negative behaviors like peer harassment and bullying. Within the framework of a trauma-informed approach, SEL assumes a central role aimed at enhancing students' abilities to regulate their emotions and resolve conflicts (University of Michigan, n.d.). The model also noted that when approached from an equity perspective, SEL entails the active participation of educators as co-learners who engage in introspection regarding the influence of their personal backgrounds, cultural practices, and biases on their perceptions of appropriate student communication and behavior (University of Michigan, n.d.).

Creating a Support System

While trauma-informed schools are primarily built upon universal programs and practices, it is essential to ensure the availability of tiered supports and selective interventions for children who require additional assistance (University of Michigan, n.d.). To optimize the implementation of tiered interventions, the model suggested that schools establish systematic procedures for evaluating and promptly addressing student issues and cultivating collaborative partnerships with external professionals who possess specialized expertise in trauma care, such as mental health practitioners and social workers (University of Michigan, n.d.). Additionally, to address the needs of historically underserved populations, partnering with community organizations to offer wraparound services can reduce barriers to care outside of schools (University of Michigan, n.d.).

Trauma-Informed Schools

Blodgett and Dorodo (2016) found that few educators enter the classroom following their preservice training fully equipped with the knowledge and experience to address social-emotional and behavioral challenges. Marquez-Flores et al. (2016) found that 65.3% of educators lacked training in working with students who experienced childhood sexual abuse, and 90.7% were unfamiliar with identifying the signs and symptoms associated with childhood sexual abuse. Research conducted by Blodgett and Dorodo (2016), Conley et al. (2014), and Rahimi et al. (2021) indicated a critical need for professional development related to trauma-informed practice and pedagogy.

Trauma-informed practice (TIP) is an educational strategy that aims to make it easier for students who have experienced trauma to participate in classroom instruction (Puchner &

Markowitz, 2023). In TIP, it is essential for educators to treat all students with unconditional positive regard in order to foster a positive learning environment by demonstrating respect and admiration towards all students without discrimination or conditions (McConnico et al., 2016). According to Puchner and Markowitz (2023), educators must prioritize their students' social and emotional well-being above academic accomplishments. Educators can foster a nurturing and supportive environment to improve learning outcomes by recognizing and attending to students' emotional needs.

Because of educators' time spent with students, educators are uniquely positioned to recognize and support those susceptible to emotional and behavioral disorders (Conley et al., 2014). Adopting trauma-informed practice poses a significant challenge for practitioners as it calls for a fundamental mindset change and the development of new skill sets (Carello & Butler, 2015). To address the challenges posed by student development, perceived behavioral issues, and academic performance, educators must increase their understanding of trauma's impact on children and the subsequent impact on their behavior (Carello & Butler, 2015; Puchner & Markowitz, 2023). Carello and Butler (2015) assert that this can be achieved by equipping educators with effective instructional strategies and interventions.

The Trauma-Informed Schools Act of 2022, formally defined in the federal education code, enables states and school districts to assist educators in gaining access to professional development opportunities to improve their support of students affected by ACEs (Library of Congress, 2022). The federal education code encourages trauma-informed practices in public schools while allowing states to use federal monies for teacher and staff training (Library of Congress, 2022). Trauma-informed practice highlights the importance of fostering a sense of safety, empowerment, and trust and includes evidence-based professional development,

disciplinary measures, and school-based planning (Carello & Butler, 2015; Library of Congress, 2022). According to Cole et al. (2013), a key element of a trauma-sensitive school is a coordinated, integrated approach to service delivery, and trauma-sensitive individual services and programs are crucial in special education and general education. Atkins et al. (2010) and Eber et al. (2011) emphasized the need for population-based care grounded in a public health model of prevention to address mental health needs at the primary or universal level that addresses the basic needs of all students, the secondary level that addresses needs of children at risk, and a tertiary level that addresses needs of children identified with specific mental health needs.

Cole et al. (2013) asserted that children must feel comfortable and connected to others in all areas of the school. Prevention and interventions such as teaching pro-social skills have been recognized as essential to reducing behavioral issues in early childhood and mitigating future behavioral problems that frequently result in mental health diagnoses in adolescence (Solomon et al., 2012). The National Child Traumatic Stress Network (n.d.) highlighted the significant impact of trauma on a child's emotional development, physical and mental health, and educational outcomes, emphasizing the need for professional training and resources for educators. Cole et al. (2013) asserted that all students, not just those who have suffered from trauma or ACEs, benefit from trauma-informed education.

By establishing positive, trauma-informed instructional practices and interventions in the classroom, educators can build relationships and create expectations that can steer individuals toward a more positive trajectory (Johnson, 2018). The Crisis Prevention Institute (2021) asserted that a trauma-informed school environment involves key stakeholders, protects staff from vicarious trauma, and enhances collaboration with other agencies, ensuring a coordinated

approach to prevention and intervention. The Amherst H. Wilder Foundation (2014) noted that implementing a trauma-informed approach agency-wide is one way organizations can help identify strengths and prioritize action steps but cautioned that adopting large-scale organizational change may be met with resistance. Successful implementation depends on shared knowledge, consensus, and ongoing staff training (Amherst H. Wilder Foundation, 2014).

Trauma-Informed Instructional Practices

The significance of incorporating a trauma-informed approach in education has gained prominence due to the growing body of research highlighting trauma's effects (Bethell et al., 2014; Bilbrey et al., 2022). Educational institutions must be adequately equipped to offer intervention strategies for children who have experienced traumatic events (Bilbrey et al., 2022). Carello and Butler (2015) proposed a conceptual framework for implementing a trauma-informed educational practice that fosters a safe learning environment and focuses on student characteristics, content presentation and processing, assignment requirements and policies, instructor behavior, student behavior, classroom characteristics, and self-care.

Student Characteristics

Students bring a variety of personal characteristics and a history of complex events from their lives to their academic endeavors (Carello & Butler, 2015). Because of past trauma, mental illness, current difficulties, and complex life changes, instructors should presume that some students are at risk for retraumatization or vicarious traumatization (Carello & Butler, 2015). According to Carello and Butler (2015), educators must become knowledgeable about the effects of trauma on learning and the symptoms of trauma, retraumatization, and vicarious traumatization to implement this working assumption.

Content Presentation

Educators should be aware that course material and assignments can retraumatize or cause vicarious trauma to students (Carello & Butler, 2015). Educators should screen material to assess for appropriateness and omit shocking or disturbing content to mitigate potential trauma. Carello and Butler (2015) recommended that educators develop warnings for disturbing or challenging content that must be taught so that students are aware of and can prepare for the severity and duration of the topic. Further, Carello and Butler (2015) recommended that educators conduct verbal and written checks throughout the class to assess student well-being and adjust as necessary. Class discussions should be held for students to process, analyze, refocus, and regain emotional distance from the content (Carello & Butler, 2015). Carello and Butler (2015) suggested that by acknowledging, normalizing, and discussing difficult emotions, educators can foster students' understanding of their trauma and the trauma of others.

Assignment Requirements and Policies

Carello and Butler (2015) suggested that educators critically evaluate goals and justifications for assignments that pose potential triggers for retraumatization and examine alternative assignments, where appropriate, that respect students' boundaries. Educators should also learn about the possible consequences of classroom disclosure and put policies and procedures in place to ensure students feel protected and prevent embarrassment (Carello & Butler, 2015). Examples of such procedures could include a late-day policy that grants all students additional days throughout the semester to turn in work without having to explain or face the consequences and allowing for drafts of papers to provide ungraded feedback and identify issues before they lead to failure of an assignment (Carello & Butler, 2015).

Instructor Behavior

Instructor behavior can inadvertently put students in a state of high alert (Carello & Butler, 2015). Students may attempt to use instructor behavior to justify inappropriate or excessive reactions. Carello and Butler (2015) recommend that educators refrain from minimizing or dismissing students' concerns and use neutral language with a strengths-based perspective. Educators should disclose that a trauma-informed approach is employed and that student comments and suggestions are welcome and incorporated into the learning environment (Carello & Butler, 2015). To foster introspection and comprehension without being intrusive, instructors should facilitate classroom discussions about emotions and intense feelings that individuals may sometimes experience (Carello & Butler, 2015). Carello and Butler (2015) also cautioned that instructors should refrain from assuming a counseling role, remain aware of their levels of emotional involvement, and keep literature and resources readily available to make a smooth transition to counseling referrals and intervention services, specifically when working with individuals who are in crisis.

Student Behavior

Students’ behavior may present triggers and stimulate unacceptable reactions from their peers (Carello & Butler, 2015). For instance, student conduct that is hostile, confrontational, or disrespectful toward other students or the educator calls for prompt intervention (Carello & Butler, 2015). Educators are encouraged to use such occasions as crucial learning opportunities to demonstrate healthy solution-focused conduct in the learning environment (Carello & Butler, 2015).

Learning Environment

For some students, specifically those with hyperarousal symptoms, the classroom environment or behavior demonstrated by the educator or other students may potentially create traumatic triggers (Carello & Butler, 2015). Carello and Butler (2015) suggested that educators should be sensitive to the trauma-related needs of students. For instance, to enhance feelings of security, some students, such as those with a history of assault, may prefer to sit with their backs against a wall (Carello & Butler, 2015). Educators can foster a safer learning environment by providing opportunities for and being as accommodating to student requests as is appropriate (Carello & Butler, 2015).

Self-Care

Carello and Butler (2015) suggested that educators should model and practice classroom self-care. Stipp (n.d.) cautioned that working with individuals impacted by trauma can result in trauma contagion due to exposure to secondary trauma. Even seasoned professionals can be impacted emotionally, relationally, or physically Stipp (n.d.). Educators should highlight the importance of self-care and provide classroom discussion opportunities that address obstacles and solutions for students and staff alike to practice self-care (Carello & Butler, 2015). Practicing self-care increases the ability of individuals to develop healthy relationships (Stipp, n.d.).

Prevention

According to Anda, “what is predictive is preventable” (The Health Federation of Philadelphia, n.d., para. 3). Children who experience two or more ACEs are nearly three times more likely to experience grade retention (Hertz, 2020). In contrast, children who experience no

ACEs are more likely to be engaged in school (Hertz, 2020). Schools play a vital role in creating supportive environments that protect students from the effects of ACEs, building resilience, and fostering belongingness (Conley et al., 2014; Hertz, 2020). Developing secure, caring, and stable environments for all children and families is essential to preventing ACEs (Conley et al., 2014; Hertz, 2020). Strategies to minimize adverse childhood experiences are linked to lower rates of suicidal behavior, depression, substance use and abuse, arrest and incarceration, and improved academic performance (Centers for Disease Control and Prevention, 2019).

Fortson et al. (2016) asserted that child abuse and neglect can be reduced by enhancing parents' capability to provide for their children's needs and increasing household financial stability and security. The CDC (2019) suggested that such support is evidenced through family-friendly work policies, child tax credit incentives, nutrition assistance programs, and subsidized childcare for low-income families, which help parents more efficiently provide the necessary care for their children.

The Centers for Disease Control and Prevention (CDC) (2019) developed a comprehensive set of technical resources to assist states and communities in effectively utilizing the most up-to-date evidence to prevent various forms of traumatic exposure. These resources address the multitude of violence types and the negative impact on children from social, economic, and other environmental factors within the home and community settings (CDC, 2019). According to the CDC (2019), the available evidence suggests that ACEs can be effectively prevented through various strategies, including enhancing economic support systems for families, fostering social norms that safeguard against violence and adversity, facilitating a positive and supportive environment for children to thrive and achieve their maximum potential, providing parents and youth with skills to cope with stress, regulate emotions, and overcome

daily challenges, establishing connections between youth and caring adults as well as engaging them in meaningful activities, and implementing interventions aimed at mitigating both immediate and long-term negative consequences.

Enhancing Economic Support Systems for Families

Child Trends (2019) reported that approximately 40% of Americans under the age of 18 live in low-income households, and approximately 10% of children living in the country are considered to be in extreme poverty. According to the CDC (2019), Capaldi et al. (2012), and Stith et al. (2009), research indicated that parents who experience financial hardship are more likely to experience high stress levels, depression, and relationship strife within their families. Such conditions may negatively affect a person's capacity to carry out household duties, restrict resources available to their children and families, and consequently increase the likelihood that they will engage in violent and ACEs-related behaviors (CDC, 2019; Fortson et al., 2016; Niolon et al., 2017).

Tax credits, like the Earned Income Tax Credit (EITC) and Child Tax Credit (CTC), help employed households make more money while at the same time easing the financial burden of childcare costs (CDC, 2019; Levitis & Koulish, 2008; Waldfogel, 2004). Evidence suggests that CTCs can successfully reduce child behavioral issues, which are linked to a higher risk of later engaging in violent behavior toward intimate partners and peers (CDC, 2019; Milligan & Stabile, 2011). The Earned Income Tax Credit (EITC) has proven to be effective in reducing family poverty while also having a significant impact on several other factors, including infant mortality, health insurance coverage, academic performance, parental stress, and mental health problems (Arno et al., 2009; CDC, 2019; Evan & Garthwaite, 2014). Additionally, families who

receive childcare subsidies are more likely to use high-quality childcare services, increasing the likelihood that children will grow up in relationships and environments that are stable, predictable, and supportive (CDC, 2019; Michalopoulos et al., 2010).

Fostering Social Norms

Norms are the shared beliefs and expectations of a group regarding proper conduct on the part of its members (Basile et al., 2016; CDC, 2019; Fortson et al., 2016). A change in societal norms that tolerate or support indifference to violence and hardship is necessary to prevent adverse childhood experiences (ACEs) (Basile et al., 2016; CDC, 2019; Fortson et al., 2016). According to Poole et al. (2014), research suggests that public education campaigns to help parents comprehend the cycle of abuse positively influence parenting practices, reduce children's exposure to parental violence and conflict, reduce child behavior issues, and improve parents' knowledge of preventative measures.

Ensuring a Strong Start

Because of a variety of factors, including health issues, substance abuse, mental health issues, financial constraints, and limited access to resources and support networks, parents may find it challenging to fulfill their obligations to give their children adequate care and foster a nurturing environment (CDC, 2019; David-Ferdon et al., 2016; Fortson et al., 2016). By offering developmentally appropriate childcare, preschool enrichment programs that encourage family engagement, and after-school programs that can help with addressing children's needs and offer support for families, schools can lay a solid foundation for students' learning (CDC, 2019; David-Ferdon et al., 2016; Fortson et al., 2016; Niolon et al., 2017). Such prevention strategies can also strengthen ties between the home and school environments, which can be advantageous

for economically disadvantaged students who might not have access to the resources and support they need to learn and grow (CDC, 2019; David-Ferdon et al., 2016; Fortson et al., 2016; Niolon et al., 2017).

Skill-based Learning

Adverse childhood experiences (ACEs) can be prevented by incorporating skill-based learning, which covers the areas of stress management, conflict resolution, and emotional regulation (Basile et al., 2016; CDC, 2019; David-Ferdon et al., 2016; Niolon et al., 2017; Stone et al., 2017). Adopting preventive measures can reduce victimization due to violence, drug abuse, sexually transmitted diseases, teen pregnancies, child abuse, and neglect. According to studies by Hahn et al. (2007) and Matjasko et al. (2012), regardless of grade levels, school settings, or demographic characteristics, the application of social-emotional learning strategies has been found to impact the reduction of peer violence significantly. These methods protect young people from violence and actions that might jeopardize their well-being (Hahn et al., 2007; Matjasko et al., 2012).

Establishing Connections Between Youth and Caring Adults

Caring adults who volunteer their services in a variety of roles in a young person's life, such as teachers, mentors, family members, neighbors, or community members, have the potential to make a significant impact on the prevention of youth violence and the improvement of their prospects (CDC, 2019; David-Ferdon et al., 2016). This preventive strategy protects children from the adverse effects of parental absence, frequent relocation, and exposure to unfavorable influences in education and community contexts (Basile et al., 2016; CDC, 2019; David-Ferdon et al., 2016). Children and teenagers can gain access to positive role models and

enriching extracurricular activities through mentoring and after-school programs (CDC, 2019; David-Ferdon et al., 2016). According to previous research, mentoring programs have improved outcomes in various areas, including behavioral, social, emotional, and academic effects. Additional benefits include improved academic performance, interactions between parents and children and between students and teachers, and parental assurance (Basile et al., 2016; CDC, 2019; David-Ferdon et al., 2016).

Summary

Chapter 2 provides an overview of the relevant research on ACEs, the pervasiveness of trauma, the historical context of trauma-informed, the framework of trauma-informed care, and the rationale for trauma-informed approaches. Also included in the chapter are frameworks of change theory and the trauma-informed instructional practices that educators can employ to foster change and pro-social behavior. Chapter 3 describes the methodology of the study. Chapter 4 presents the findings of this study concerning the research questions and emergent themes. Chapter 5 provides further context and implications for practice and future studies.

Chapter 3. Methodology

The purpose of this qualitative phenomenological study was to examine the perceptions of educators regarding trauma-informed instructional practices in primary and secondary education. Educators will be defined as professionally licensed educators who provide instruction at the classroom level. Trauma-informed practices will be defined as the awareness of the impact of trauma, understanding of the signs and symptoms, and the response to the impact. The primary components of this chapter include the essential research question and guiding questions, research design, site and participant selection process, data collection and analysis procedures, conceptual framework, and ethical considerations.

Research Questions

The essential research question for this qualitative study is: What are educators' perceptions regarding trauma-informed instructional practices? The following supporting questions were used to guide the research:

1. What training have educators received regarding trauma-informed approaches?
2. To what extent have trauma-informed instructional practices been implemented?
3. What are educators' perceptions of the effectiveness of trauma-informed instructional practices?
4. What changes do educators perceive in their interactions with students?

Research Design

This study was conducted to gain a deeper understanding of educators' lived experiences and perceptions related to the use of trauma-informed instructional practices by evaluating educators' knowledge of the effects of trauma on students, familiarity with trauma-informed instructional practices, and opinions of the effectiveness associated with these practices. Creswell and Creswell (2018) stated that the research approach employed in a study is "influenced by the research problem, or issue being studied, the personal experiences of the researcher, and the audience for whom the researcher writes" (p. 20). The qualitative inquiry investigates individuals' attitudes, meanings, behaviors, and beliefs in their natural settings (Flick, 2007). A qualitative approach was deemed best to examine educators' perceptions of trauma-informed instructional practices in primary and secondary classrooms.

Phenomenological research is a qualitative approach to scholarly inquiry derived from philosophy and psychology (Creswell & Creswell, 2018; Smith, 2018). Phenomenology investigates the first-person accounts of a phenomenon or an event they personally experienced. The origins of phenomenology are rooted in the works of Austrian-German philosopher and mathematician Edmund Husserl and were expanded over a century by Heidegger, Sartre, Beauvoir, and Merleau-Ponty (Adams & Van Manen, 2012; Creswell, 2014; Zigon & Throop, 2021). A lived experience is the first-person account of an individual's thoughts, emotions, actions, reflections, and awareness of a significant and enduring meaning-making event (Frechette et al., 2020). In a phenomenological investigation, researchers examine the essence of the lived experience and interpret the meaning and significance of that experience to gain insight into the participants' experiences, perceptions, and behavior.

Site Selection

For this study, the research was conducted in primary and secondary schools within one northeast Tennessee school district. The schools within the district were selected based on educators' completion of trauma-informed training and implementation of trauma-informed instructional practices.

Sample Selection

In qualitative sampling, the ability to examine the entire population that a subset represents depends mainly on the size and diversity of the sample (Mack et al., 2005). That is not to say, however, that superficial information gathered from extremely large and very diverse samples will be representative of a population (Elmusharaf, 2016). Qualitative researchers, through saturation, gather information from a narrow group who share a unique perspective (Creswell & Creswell, 2018). Qualitative research does not have a stringent threshold for sample size. Small sample sizes are typical to obtain rich information and support in-depth analysis. Lincoln and Guba (1985) contended that sampling can cease when no new information is obtained. For phenomenological studies involving qualitative interviews where participants are asked unstructured, open-ended questions, Creswell and Creswell (2018) suggested that a sample size of six to eight participants may provide saturation.

In this study, participants were identified through purposive sampling to understand the lived experiences of educators who provided instruction to students in elementary and secondary classrooms and implemented trauma-informed instructional practices. The sample consisted of eight participants.

Participants

To better understand the experiences and perceptions of educators who worked in elementary and secondary settings and implemented trauma-informed instructional practices, participants were identified at each institution and invited to participate in the study. Invitations to participate in the research study were sent to 35 individuals. Nine responses were received, one of which was a decline. Participants in this study comprised eight individuals who provided instruction to PreK-12th grade general and special education students. Additional criteria required for participation in the study included:

1. Possession of active educator licensure with an academic or career and technical education endorsement
2. A minimum of three years of classroom experience
3. Had attended training on trauma-informed approaches

Exclusion criteria included individuals under the age of 18 and anyone who did not meet the inclusion criteria.

Data Collection Strategies

Qualitative research examines phenomena through flexible, semi-structured avenues such as observations, focus groups, conversations, recordings, interviews, and photographs (Barrett & Twycross, 2018; Denzin & Lincoln, 2018; Mack et al., 2005). Therefore, qualitative data such as emotions, words, and feelings are collected (Barrett & Twycross, 2018). Open-ended questioning in qualitative research enables participants to share ideas freely and allows researchers to explore and explain individuals' relationships and experiences and identify and explain patterns of social

behavior within groups (Creswell & Creswell, 2018; Denzin & Lincoln, 2018; Mack et al., 2005).

Although the traditional method for collecting data for qualitative studies is in-person interviews (Creswell, 2013), video conferencing provides a cost-effective and convenient alternative to face-to-face interviewing. Penn-Edwards (2004) suggested that the ability to record and replay images and sound captured during an event can allow the researcher to conduct thorough analysis and decoding of underlying information such as extralinguistic and cultural cues and tone, pitch, and timbre that may have been missed at the time of the event. Video and audio recordings can also contribute to the confirmability of a study by allowing member checking and additional researchers to validate findings and mitigate the bias of the original researcher (Forero et al., 2018).

For this study, the phenomenological approach to data collection was conducted via one-on-one video conferencing interviews with educators who provided general and special education instruction to students in PreK-12th grade. After contacting participants via email, informed consent was presented and obtained, and interviews were conducted and recorded via Microsoft Teams. Each interview lasted approximately 30-45 minutes. Field notes were taken during and immediately following the interview's conclusion to ensure that pertinent information was documented (Denzin & Lincoln, 2018). Member checking was conducted to allow participants to correct errors, provide feedback, and add or withdraw any information (Creswell & Miller, 2000; Lincoln & Guba, 1986).

Data Analysis Strategies

Following data collection, verbatim transcripts of the video recordings were generated. Following each interview, participants received the transcripts for member checking. Member checking is carried out to improve the study's credibility and guarantee its validity (Creswell & Miller, 2000; Lincoln & Guba, 1985; Lincoln & Guba, 1986). Member checking is accomplished by enabling participants to point out and correct any errors, offer feedback on how well their intentions were communicated, and, if necessary, supply additional information. The data was then coded and analyzed to identify emerging themes, synthesized, and summarized (Creswell & Creswell, 2018).

Conceptual Framework

Trauma-informed care is a strengths-based conceptual framework of organizational change that focuses on healing and mitigating the retraumatization of at-risk individuals through the principles of safety, trust, empowerment, choice, and collaboration (Bowen & Murshid, 2016; Shier & Turpin, 2017). The term “trauma-informed” was first introduced in 2001 by Harris and Follet as a method for approaching social, behavioral, and mental health treatment services from the lens of trauma (Ayre & Krishnamoorthy, 2020; Knight, 2019). The emphasis of trauma-informed care is understanding that almost everyone has experienced some form of trauma in their life, the nature of trauma, and the influence that trauma can have on individuals and communities (Ayre & Krishnamoorthy, 2020; Knight, 2019; SAMHSA, 2014b). Trauma-informed organizations are intentionally designed to notice, comprehend, and limit the potential long-term impacts of exposure to a traumatic experience, even if an individual does not perceive trauma as influencing their behavior (Kubiak et al., 2017).

Assessment of Quality and Rigor

When conducting a qualitative investigation, "rigor" pertains to the reliability and credibility of the study's findings. It aims to present an accurate portrayal of the population being studied. Lincoln and Guba (1985) identified four criteria – credibility, dependability, confirmability, and transferability – crucial in establishing confidence and preserving the quality and rigor of qualitative research.

Credibility

Establishing confidence in study results is known as credibility and is developed through the researcher's immersion in the study, techniques and interviewing processes used, peer debriefing, triangulation, and member checking (Forero et al., 2018; Lincoln & Guba, 1985; 1986). Peer debriefing or peer review is the process by which the research is reviewed by someone knowledgeable about the research or the phenomenon being studied (Creswell & Miller, 2000). Creswell and Miller (2000) assert that peer reviewers play the devil's advocate by challenging the researcher's interpretations, procedures, and assumptions. Member checking improves the interpretations of data collected by seeking informal feedback from the study participants and other stakeholders to ensure that the formal findings reported are accurate and authentic (Creswell & Miller, 2000; Lincoln & Guba, 1986).

Utilizing multiple data sources to check themes is called cross-checking data or triangulation (Lincoln & Guba, 1986). The four main triangulation methods in qualitative studies include data triangulation, methods triangulation, investigator triangulation, and theory triangulation (Hine, 2017). Using multiple sources of data, such as time, space, and persons, to identify and compensate for weaknesses is known as data triangulation. Utilizing various

methods to conduct a study to mitigate biases and insufficiencies is known as methods triangulation. Employing the expertise of multiple investigators, interviewers, analysts, or observers to confirm findings and enhance credibility is investigator triangulation. Employing multiple theories to examine a phenomenon from varying perspectives is known as theory triangulation. Examples of the various types of data used in qualitative studies include observations, field notes, using multiple strategies to test competing theories in a single study, obtaining multiple perspectives of a single phenomenon by collecting data from multiple individuals, and analyzing data sets using various methods.

Transferability

Transferability is directed by the individual reading the research and determines how the study could be applied to their circumstances or setting (Barnes et al., 2005). To be transferrable, elaborate descriptions of every aspect of the study, including structures, assumptions, and data, must be provided (Bhattacherjee, 2012). Purposeful sampling and data saturation are utilized to increase the degree to which the findings of a qualitative inquiry are transferrable to additional settings (Forero et al., 2018; Lincoln & Guba, 1985; 1986). Patton (1990) asserts that the rationale behind purposeful sampling is to create a deliberate selection of cases where resources may be limited from which rich information can be obtained and best utilized, thereby achieving a greater understanding of the research. Miles and Huberman (1994) emphasize saturation, or continuous sampling until no new substantial information can be acquired, to ensure transferability.

Dependability

Dependability is established by creating a study that can be replicated within a similar set of participants by providing an extensive and detailed description of the methods and steps used, ensuring an audit trail exists, triangulation, and peer review (Forero et al., 2018; Lincoln & Guba, 1985; 1986). An audit trail provides clear explanations of all methods used and decisions made, supporting documentation, and interpretations of findings made by the researcher while carrying out a study (Carcary, 2020).

Confirmability

To ensure the accuracy and authenticity of study results, researchers establish confirmability by using reflexivity and triangulation (Forero et al., 2018). Ensuring reflexivity and triangulation means that other researchers can validate the findings, further increasing confidence in the study (Forero et al., 2018). Reflexivity involves the researcher actively reflecting on the data collected, justifying their decisions in writing, and challenging assumptions. By documenting this process, peer reviewers can investigate and confirm the accuracy of the study's findings (Forero et al., 2018).

Ethical Considerations

Orb et al. (2001) highlight the ethical concerns that can emerge when researchers gain access to community groups and how their actions can impact the participants. Qualitative researchers must navigate ethical dilemmas that can arise from violating privacy or anonymity, infringing on the subjects' autonomy, and causing harm to the participants, fellow researchers, or the research itself (Taquette & Borges da Matta Souza, 2022).

Summary

Chapter 3 contains the methodology related to the essential research question: What are educators' perceptions regarding trauma-informed instructional practices? The research questions and research design, site selection, population and sample, participant information, data collection strategies, data analysis strategies, and assessment of quality and rigor are included. Chapter 4 presents the findings of this study concerning the research questions and emergent themes. Chapter 5 provides further context and implications for practice and future studies.

Chapter 4. Findings

The purpose of this qualitative phenomenological study was to investigate the perceptions of classroom-level educators in one northeast Tennessee school district regarding the application of trauma-informed instructional practices by assessing educators' awareness of the impact of trauma on students, their familiarity with trauma-informed instructional practices, and their opinions of the effectiveness of such practices. The essential research question for this qualitative study was: What are educators' perceptions regarding trauma-informed instructional practices? The following supporting questions were used to guide the research:

1. What training have educators received regarding trauma-informed approaches?
2. To what extent have trauma-informed instructional practices been implemented?
3. What are educators' perceptions of the effectiveness of trauma-informed instructional practices?
4. What changes do educators perceive in their interactions with students?

The data collection method for this phenomenological study involved one-on-one video conferencing with PreK-12th grade general and special education teachers. After obtaining informed consent, 30–45-minute interviews were conducted and recorded via Microsoft Teams. Field notes were taken before, during, and after the interview to capture essential details (Denzin & Lincoln, 2018). After each interview, verbatim transcripts were created from the video recordings. Member checking supported the validity of the research study by allowing participants to examine the transcripts to identify and address any potential errors, provide constructive feedback on the clarity of their intentions, and, if needed, contribute any additional

information they deemed beneficial. Pseudonyms were used to mask participants' identities. Table 2 below outlines the interview questions corresponding to the research questions.

Table 2

Research Questions and Interview Questions Relationship

Research Question	Interview Question
What training have educators received regarding trauma-informed approaches?	1, 2, 3, 4
To what extent have trauma-informed instructional practices been implemented?	5, 6
What are educators' perceptions of the effectiveness of trauma-informed instructional practices?	7, 8
What changes do educators perceive in their interactions with students?	9, 10, 11

Interview Participant Profiles

Invitations to participate in the research study were sent to 35 purposively selected individuals. Criteria to participate in the study included possession of active educator licensure with an academic or career and technical education endorsement, a minimum of three years of classroom experience, and having attended trauma-informed approaches training. Nine responses were received, one of which was a decline. Thus, the sample consisted of eight individuals who taught general and special education students in PreK through 12th grade. According to Creswell and Creswell (2018), in phenomenological studies that involve qualitative interviews with unstructured, open-ended questions, a sample size of six to eight participants is recommended to

achieve saturation. Table 3 below outlines the demographic information of the participants, including gender, years of experience, education level, and grade level taught.

Table 3

Interview Participant Demographics

Participant	Gender	Years of Experience	Level of Education	Grade Level Taught
1	Female	14	Bachelor	PreK - Sixth
2	Female	7	Master	Fifth and Sixth
3	Female	4	Bachelor	Sixth
4	Female	17	Bachelor	Third
5	Female	23	Bachelor	Ninth - 12th
6	Female	7	Bachelor	10th and 12th
7	Female	13	Bachelor	Third
8	Female	21	Education Specialist	Ninth - 12th

Interview Results

Data obtained from the interviews were coded and analyzed to identify significant themes. Analysis of the data revealed the following themes: (a) increased awareness of trauma and ACEs, (b) desire for additional training, (c) the diversity of adverse childhood experiences (ACEs) and trauma exposures, (d) perceived negative behaviors resulting from or masking trauma, (e) the significance of procedures and structure, (f) the need for supplementary resources, (g) importance of relationship building, (h) importance of opportunities for success, (i) facilitation of individualized instruction, (j) increased empathy, (k) increased patience and self-awareness, and (l) emotional, physical, and mental stress.

Research Question 1

What training have educators received regarding trauma-informed approaches?

Analysis of the data for this research question revealed two themes: (a) increased awareness of trauma and ACEs and (b) desire for additional training. This question was intended to identify themes regarding the types of trauma-informed training educators had received and to identify the skills or knowledge acquired as a result. Participation in training regarding trauma-informed approaches was a requirement for this study. Three educators reported receiving trauma-informed training as part of their preservice or degree-advancement coursework. Seven educators reported receiving training as part of their school's professional development offerings. Two educators reported serving on teams that participated in model site visits as part of their respective schools' efforts to become designated as trauma-informed schools. The educators' narratives revealed two themes: increased awareness of trauma and ACEs exposure experienced by some of their students and a desire to have more training to help them feel better equipped to work with trauma-impacted students.

Increased Awareness of Trauma and ACEs

When educators were asked about the training they received, they expressed that until participating in the training, they did not recognize certain events as being traumatic nor the extent to which trauma could affect their students. Because of this increased awareness of students' circumstances outside of school, they noted that they were more inclined to take a whole-child approach to interactions, instruction, and learning. The educators' narratives exposed a theme of increased awareness of trauma and ACEs exposures their students encountered. Educator 3, a sixth-grade instructor, noted, "We focused a lot on ACEs and the

different things to look for." Educator 5, a ninth through 12th-grade instructor, stated, "As teachers, we see behaviors. We see incidents. But in the training, we were specifically taught the signs and symptoms of students who were trauma-impacted. That was helpful." Educator 6, a tenth and 12th-grade instructor, explained, "I have learned that what happens in the classroom is minor compared to what some kids face at home. Kids cannot focus on learning if they are dealing with a situation messing with their mental, physical, and emotional health." Educator 7, a third-grade instructor, revealed, "The training gave me an understanding of what is actually considered in terms of trauma that affects children. It was a much wider scope than I originally anticipated."

Educator 1, a PreK through sixth-grade instructor, stated:

> The training really helped me to be aware of all the situations that we may encounter. I think it really helped us all because most of us didn't realize the extent of the issues that were going on with our students. To keep my eyes open. It's not just about what we see in the classroom. We encounter very young students who have already been through a whole world of things that some of us as adults have never gone through.

Educator 2, a fifth and sixth-grade instructor, revealed:

> It was a big eye-opener because children often think what they are living through is normal—being more aware of situational circumstances that the children really can't help. They don't have control, but it's our job to be mindful of those instances and give as much love, attention, and care as possible to that situation.

Educator 4, a third-grade instructor, expressed:

> We were taught to recognize the signs of trauma and be able to react to those situations in the classroom. Things like using a calming corner. It was focused on how to deal with situations more in the classroom versus interrupting the class and dealing with them outside of the classroom.

Educator 8, a ninth through 12th-grade instructor, articulated:

> The training helps you attain a better way to deal with students and to see students and how they may react or perceive certain situations in the classroom. You can work with them differently. You see how important it is to give them choices and to identify things that may assist them, not only in the classroom but when they leave the classroom.

Desire for Additional Training

Although the educators in this study demonstrated an enhanced ability to recognize trauma because of their training, their narratives revealed that this heightened awareness also created uncertainty in handling certain situations. The narratives provided by the educators revealed a theme centered around their expressed desire to receive additional trauma-informed training. Educator 3, a sixth-grade instructor, stated, “I personally would like to have a little more training on trauma. Even though I am a seasoned teacher, it's still helpful to have refreshers on recognizing trauma and be able to help students.” Educator 7, a third-grade instructor, stated, “I am familiar with working with students who have experienced trauma, but I do not feel well-trained. On a scale from one to 10, I would say I’m a five.”

Educator 4, a third-grade instructor, noted:

> I would like to have more trauma-informed professional development. I can't say that I feel well-equipped. A lot of times, I don't know their background story unless things come out, so they may be going home and dealing with stuff that I have no idea about unless they tell me.

Educator 6, a ninth through 12th-grade instructor, revealed:

> There are instances when I've had to reach out to colleagues and co-workers for resources. I think trauma was a chapter in a textbook in a college course for me, so I feel like it should be a whole college course in and of itself because you are not prepared for what you face when you enter the classroom.

Educator 8, a ninth through 12th-grade instructor, revealed:

> I wish we could have more training in the school system that covered trauma. I think I feel okay with my level of knowledge, but I would definitely welcome additional training. I don't think we have covered it enough in our professional development.

Research Question 2

To what extent have trauma-informed instructional practices been implemented?

Analysis of the data for this research question revealed four themes: (a) diversity of ACEs and trauma exposures, (b) perceived negative behaviors resulting from or masking trauma, (c) importance of routines and structure, and (d) the need for additional resources. The purpose of this question was to expose themes regarding the various forms of trauma-informed instructional practices that educators implemented in their classrooms. Without identifying

specific students, the educators shared stories of students' trauma and adverse childhood experiences in their classes. According to the educators, their training had caused them to approach every child through the lens of trauma. The educators noted that their interactions and approaches to working with specific students became more individualized when they became aware of specific traumas. Educators from two schools noted that frequent communication between counselors, administrators, and classroom teachers allowed all faculty to be aware of students at risk for or actively experiencing trauma or ACEs. The educators' narratives revealed themes of the diversity of ACEs and trauma exposures that students encountered, perceived negative behaviors frequently result from or are an attempt to mask trauma, the benefit of providing routines and structure, and a desire for additional resources to help educators feel better-equipped to work with trauma-impacted students.

Diversity of ACEs and Trauma Exposures

The educators described the diversity of ACEs and trauma experienced by their students. Educator 4, a third-grade instructor, explained, “We have a lot of students who are living in hotels or even in campers, which is considered homelessness. We have a lot of students who live with family members.” Educator 6, a tenth and 12th-grade instructor, noted, “I have students who don't know where their parents are. Students who are facing some sort of abuse and neglect situation. I've taught students who were homeless.” Educator 8, a ninth through 12th-grade instructor, stated, “I see sexual abuse, physical abuse, mental abuse, homelessness, and poverty.”

Educator 1, a PreK through sixth-grade instructor, revealed:

> I have seen a gamut of ACEs. I've had children who have been placed midway through the year with foster families. I have had deaths in the family. We've had situations where

> they've moved from place to place or even just, you know, we've had children that have come in and told us that Mommy and Daddy might be in jail.

Educator 3, a sixth-grade instructor, expressed:

> We see a lot of grandparents raising grandchildren or great-grandchildren. Absentee parents, some of whom have just moved away or they're on drugs. I just had a student the other day who can't get in touch with her best friend. Her best friend's boyfriend killed himself, and now she's afraid that her best friend has killed herself. I see neglect. Just recently, we had a mother who openly admitted that she was giving her son sleeping pills to try to control him at night because he was too hyper.

Educator 5, a ninth through 12th-grade instructor, stated:

> Some students have lost their parents due to suicide or drugs. We have children of incarcerated parents. I have seen food insecurity. Students who hoard up food and hide it in their backpacks until it would rot. Then, we would find it in the classroom because of the smell.

Educator 7, a third-grade instructor, expressed:

> We have students who were removed from their homes and put into foster care due to severe abuse. I see students come from split homes, which seems to play into behavior-wise depending on where they're back and forth between parents. I've had students who have faced both physical and sexual abuse. I've had homeless students.

Perceived Negative Behaviors Resulting from or Masking Trauma

Another theme that emerged during educators' narratives was that perceived negative behaviors often resulted from the students who were dealing with trauma or ACEs or an attempt to mask their trauma. Their responses are outlined below.

Educator 3, a sixth-grade instructor, stated:

> You can generally tell what the students see at home. For example, when a student experiences violence at home, they will often interact with their peers violently because that is just all they know. They only know pushing, hitting, and shoving.

Educator 4, a third-grade instructor, noted:

> I had a student who lashed out in class. It was mentally and physically draining. He would yell and scream at the other kids. I don't even know how to explain it. It was something that I had not experienced before. We were all on pins and needles because we didn't know what might trigger him. I later learned that he was dealing with some significant trauma, and the behavior was a result. The training made me take a step back and realize that we have to look at the whole situation.

Educator 5, a ninth through 12th-grade instructor, explained:

> They're focusing on everything else to hide the real problem. Education is not a priority, but survival is. Fighting is. Education takes a back seat. And, of course, the behaviors. They act out. Educationally, those are the students that are in Tier 3 or getting referred for special education. Maybe not because they have deficits in reading and math, but because

> of the lack of things. They're focusing on fighting to hide their insecurities. They're focusing on everything else to hide the real problem. Academically, those guys or girls and guys are on the list for Tier 3 intervention. That's for kids that don't really, truly have a deficit in learning. The behaviors are covering up the real problem, but they are referred to special ed because of the issues and the lagging behind in subject areas.

Educator 6, a tenth and 12th-grade instructor, articulated:

> I tend to be slow to react anyway, but I try to think about what's happening behind the scenes to contribute to situations. I'm more apt to play detective now. To figure out if something has a cause and then make sure that cause is at the forefront of my reactions to their actions in the classroom. Trauma impacts everything. You can track it.
> Some students might be more willing and apt to snap and catch attitude. Or they might have stopped turning in assignments, or the assignment quality has just gone way, way down.

Educator 7, a 3rd grade instructor, revealed:

> The majority of my lower-performing students tend to be the ones who have trauma and ACEs exposure. They're my students who never have their homework. They're my students who never have the materials that they need. They are my students who come in more concerned about whether they missed breakfast. Can they still get breakfast? So, then we spend time making sure that they are fed and have what they need before we even get to our instruction.

Importance of Routines and Structure

One theme that emerged from the educators' narratives was the need to establish routines and provide students with structure. Some educators noted that they provided an opportunity for ownership by assisting with drafting the classroom rules. Educator 4, a third-grade instructor, explained, "We have a consistent routine. They thrive off that." Educator 5, a ninth through 12th-grade instructor, noted, "We have a daily routine. They come in and sit down, do what they needed to do, but also take care of their needs emotionally, socially, and physically."

Educator 1, a PreK through sixth-grade instructor, stated:

> In preschool, you have to keep a routine because that is the only bit of structure some of these kids have. They made their own set of rules. We wrote them down and hung them up. They were reminded every day that I didn't make those rules, and the rules that we have were for safety, and that they made those rules. We couldn't guarantee that they had structure outside of the classroom, but they could tell you the routine we did every day in preschool. And we didn't veer from that if we could help it.

Educator 2, a fifth and sixth-grade instructor, revealed:

> We have established daily schedules. We switch classes at the same time. Predictability is important. They know what's going on. It's on the board every day. I prepare them if there's a special event going on. We make sure that they have announcements. This way, nothing is sprung on them at the last minute. I have a classroom contract that I send home, and it has every detail outlined from day one. It outlines my classroom and behavior expectations, procedures, and incentives.

Educator 3, a sixth-grade instructor, stated:

> We establish routines. I've enforced those regularly. We need to stay on schedule. I think that does create predictability and gives them some idea of normalcy. This year, I had them make the rules themselves. I have three sets of classroom rules because I have three classes during the day, but they all really go together. I just kind of remind them, "You guys said that you wanted this to happen. This is your rule." I kick it back to them even when they buck against it. It was consistent across the classes. I thought there would be certain kids who wouldn't want any rules, but even the ones that struggled the most and that have so many things going on, they wanted the rules. They were, "Yeah, we need to have that. Don't get up out of your seat and walk around. We don't all need to be walking around." They just don't know how to respond to it because they don't see it enough.

Educator 7, a third-grade instructor, claimed:

> Routines, in all honesty, are for my own needs as much as for the students. I need the consistency, and I need the structure. Here's what we're doing. Here is when we're doing it. They generally know what materials they need for each subject because we use the same ones every day. I keep my schedule posted on the board any day that we have a change of schedule. I write the change of schedule on the board so that they know exactly what they're coming into each day.

Need for Additional of Resources

Three educators' narratives revealed that a need for additional resources prevented them from feeling fully equipped to provide adequate support to their students. The educators' responses are outlined below.

Educator 3, a sixth-grade instructor, revealed:

> I feel like I probably have more knowledge than resources available to me. It is difficult to create an environment where students feel comfortable talking about their problems. There is not a lot of opportunity for private conversations in the classroom. I work very hard to create an environment where they feel comfortable coming to talk to me if the need arises, but there's not always the time or the resources. Those are private conversations, and there's not a lot of private activity in a classroom.

Educator 4, a third-grade instructor, expressed:

> I feel like I can only do so much in the classroom. I don't really feel that I have a lot of resources outside of the classroom. We don't have a lot of time because there are other things we have to cover.

Educator 5, a ninth through 12th-grade instructor, noted:

> I think a lot of it's really challenging. You have to become flexible. We are taught as teachers to drill, drill, drill, test, test, test. But when you get to the real problem of things, it's not about the test.

Research Question 3

What are educators' perceptions of the effectiveness of trauma-informed instructional practices?

Analysis of the data for this research question revealed three themes: (a) importance of relationship building, (b) importance of opportunities for success, and (c) facilitation of individualized instruction. The purpose of this question was to reveal educators' perceptions regarding the effectiveness of trauma-informed instructional practices. The educators' narratives indicated that they worked diligently to build relationships with their students. Their purpose was to create an environment where their students knew they were seen, heard, cared for and had someone they relied on and trusted. By establishing those relationships, the educators observed that their students were more prone to share their circumstances and concerns, were more forthright, and actively engaged in the classroom. Two educators' narratives indicated that establishing those relationships was an effective classroom management tool. The themes that emerged were the importance of relationship building, opportunities for success, and promotion of individualized instruction, which were critical factors in creating an environment conducive to whole-child instruction.

Importance of Relationship Building

The educators' narratives uncovered the theme of the importance of relationship building. Educator 1, a PreK through sixth-grade instructor, stated, "I think it's really about relationships. You can tell. And a child can tell really quick if you're going to be accepting and if you're going to give them space."

Educator 3, a sixth-grade instructor, articulated:

> If you can get inside, even just a little bit, you can build that relationship with them. That allows them to trust you when some of them have never trusted anyone. Some children have never had anyone to trust or depend on. They reach out to you and want to make you happy there. That's present in even some of the hardest kids. They want to make people happy. They want somebody to be proud of them, and building that relationship goes a long way. Just saying, "I'm really proud of you today. You have done a great job." They get excited they want to do more.

Educator 4, a third-grade instructor, noted:

> A lot of times, I pull students aside and try to talk to them, especially if we have some downtime. Just have a one-on-one conversation with them. Just to talk. I know a lot of students don't get that kind of attention at home, so it's more about getting to know the students and having that relationship with them.

Educator 6, a tenth and 12th-grade instructor, claimed:

> I work on building relationships from day one. I tell my students that they're safe with me and I'm here to help them in any way, shape, or form. Sometimes, what happens in the classroom is minor compared to what some of these kids go through. They don't know where their parents are. They're facing some sort of abuse and neglect situation. I can't teach them until they know that they're safe, at least when they're with me. So, you have to build those relationships first of all before you can do anything.

Educator 8, a ninth through 12th-grade instructor, noted:

> Relationships are the most important aspect of working with students. Their ability to relate to people, to be able to have reciprocal relationships with their peers, relationships with their teachers, and their interactions in the classroom environment. It also impacts their social and extracurricular activities.

Importance of Opportunities for Success

Another theme emerged was the importance of creating opportunities for students to feel successful. The educators' responses are outlined below.

Educator 2, a fifth and sixth-grade instructor, stated:

> I have a policy where anything under 70 can be redone for full credit. I don't care if you made a 69, and then you get the extra bonus points. If you redo it and you get the whole thing, that's cool with me. And then if children will just ask, you know, hey, I got an 85 on this, but I know what I did wrong. Can I redo it and get credit? Absolutely. Why not? If you can show me that you know how to do it, show me.

Educator 5, a ninth through 12th-grade instructor, revealed:

> We decided as a school to give everyone certificates if they made a C or above. They got a certificate on awards day. We also had nine-week field trips. The principal got a limo, and they took those students who were C and above out to eat. Every nine weeks, inflatables came out for C students and above, and it just gave more incentive because some of those kids would probably be D students.

Educator 6, a tenth and 12th-grade instructor, expressed:

> My students can redo essays. They can redo classwork assignments, tests, quizzes, and speeches. I even let students, if I know that they struggle with speaking in front of a crowd, they can come in and present just to me, or you can record it at the house, and I can watch it later. I try to meet them where they are and anything I can do to help them display their knowledge. Or if they came in and they were not having a great day because something had happened. I'm like, "Hey, don't even worry about it. Let's just redo this when you're feeling better or when you're feeling up to it."

Educator 7, a third-grade instructor, noted:

> I always give them the chance to correct their assignments. I don't give them the new grade because I don't feel like it's fair. If I have three kids make 100 and you made 40, now you get to make 100. I don't do that, but you may correct it. I will average your scores. So, they can go from 40 to 70. It's still an improvement, but I also don't want to punish the ones who did well the first time.

Facilitation of Individualized Instruction

Another theme that emerged from the educators' narratives was how individualized instruction was facilitated by implementing trauma-informed practices. Below are the responses of two educators.

Educator 7, a third-grade instructor, noted**:**

> What I'm teaching in the classrooms is really at the bottom of what some students are concerned about. We're trying to work our way through every student's needs that need to be met before they can fully participate in what I'm doing in the classroom.

Educator 8, a ninth through 12th-grade instructor, revealed:

> I think it individualizes education for students. I have a special education background, and my whole background is individualizing education, which I feel is part of working with all students who struggle. I think this makes it even more in-depth because you're trying to help students to overcome or to deal with things that have occurred in their lifetime.

Research Question 4

What changes do educators perceive in their interactions with students?

Analysis of the data for this research question revealed three themes: (a) increased empathy, (b) increased patience and self-awareness, and (c) emotional, physical, and mental stress. The purpose of this question was to determine the perceptions of educators regarding the changes in their interactions with their students because of their training on trauma-informed practices. The emerging themes included educators' increased empathy toward students and increased patience and self-awareness in their interactions.

Increased Empathy

Educators' narratives revealed that their increased awareness of trauma among individuals made them stop to consider that many of their students were among that population or were at risk. That realization shaped their interactions. Their narratives are outlined below.

Educator 1, a PreK through sixth-grade instructor, stated:

> I think it's just really helped me to be more open. More flexible. I think it's really helpful. With all of the demands that we have on us as educators, sometimes it's hard for us to remember that we need to take into account that students sometimes just socially, mentally, and emotionally cannot do what we may need them to do.

Educator 2, a fifth and sixth-grade instructor, revealed:

> You have to be empathetic. They're kids. They can't help that they haven't made the decisions yet. I have found it difficult but rewarding. I just have really high expectations for my kids, so that's been a difficult area. Going from having high expectations and behavior to match it to being more understanding and being more graceful and more patient. Having grace for these kids that aren't given grace at home. My patience has grown. Being self-aware. Understanding when I need to take a break or a short walk if something isn't going right or it's just chaos. There are times when my teacher assistant comes in, and I'm like, "Hey, I need you to be in here for five minutes." I may just go into the bathroom and just wash my hands. It's just getting out of the environment and then coming back in. Just taking that five-minute break works wonders.

Educator 3, a sixth-grade instructor, articulated:

> I definitely think I approach things differently. I try to look at the whole situation, not just the child. Not just the action. I'm looking for what a child brings into school this morning on his shoulders. Did he sleep last night? Did he eat last night? Did you eat breakfast this morning? If he didn't get breakfast, let's go get him some breakfast. Just the things that we take for granted as parents and educators that people do for their children. We just expect it to happen. But some people just don't or can't take care of their children.

Educator 4, a third-grade instructor, expressed:

> Honestly, I think it makes me take a step back and just look at the situation. Think about the if they've been through anything. I try to get them to talk to me because sometimes they won't open up to anyone. I don't get upset with them and what they did. I try to figure out what has caused them to act the way they are.

Educator 5, a ninth through 12th-grade instructor, commented:

> Academics are not on the front burner. It's usually on the back burner, if it is even on the stove, so to speak. So, I never assigned homework after figuring all this out. These kids were survivors. I didn't mind them getting up in class as much as I did previously. I have a lot more compassion now because I have to work with these students. It is a part of my daily routine. You have to get to the root of the problem.

Educator 7, a third-grade instructor, expressed:

> I feel like the way that you approach all children, not just the children who face trauma but all children. I think it makes a difference in how they're willing to relate back to you. If you can face them with an issue but still with kindness, I think they feel more likely that they can open up to you with it. I think that they realize that you're willing to meet them halfway versus "I'm the teacher. I'm the authority."

Educator 8, a ninth through 12th-grade instructor, asserted:

> Ensure students follow the rules. Now I recognize if they have their head down, they're not paying attention, or today they're not giving their best effort, something may be up.

> Previously, we would just send them to ISS or the office. Recognizing it's okay that every day does not go perfectly in the classroom. Maybe that day, they just don't feel up to it because they are worried about outside factors at home. So, you're able to maybe get them to participate in a different way where they work with a partner or do a different assignment.

Increased Patience and Self-Awareness

According to the educators' accounts, their training and increased awareness and understanding of trauma's influence on individuals had cultivated and increased patience and heightened their self-awareness of their interactions with their students. Educator 4, a third-grade instructor, said, “I try to use a softer tone and not such a stern voice, especially when they start acting out and they're getting frustrated. I try to stay calm in the situation.” Educator 5, a ninth through 12th-grade instructor, stated, “I have a lot more compassion.” Educator 8, a ninth through 12th-grade instructor, noted, “I've taken a definite laid-back approach in reading the room. I zone in and think maybe they're having a tough time today.”

Educator 2, a fifth and sixth-grade instructor, revealed:

> My patience has grown. I am also more self-aware. I recognize the need to take a walk if something isn't going right or it's just mad chaos. There are times when my teacher assistant comes in, and I just say, "Hey. I need you to take over for five minutes." It's just being able to get out of the environment and then come back in. Just taking that five-minute break works wonders.

Educator 3, a sixth-grade instructor, explained:

> I am unexpectedly patient with certain children. I am patient with all of my students, but especially those that I just know are struggling. I think I've changed a lot. I'm more patient than I ever thought I could be.

Educator 6, a tenth and 12th-grade instructor, asserted:

> It's absolutely where I keep my emotions in check. What a student says might hurt my feelings, but I try to press pause on that and think of why they're saying what they're saying or doing what they're doing before I react. I try to meet them where they are.

Educator 7, a third-grade instructor, revealed:

> I don't want to say I am more lenient because I set high expectations, but I do approach things differently. I'm more patient. But then, on the flip side, as a parent, I think that it's the opposite at home. I use up all my patience during the day, and by the time I get home, I just have nothing left.

Emotional, Physical, and Mental Stress

Based on the analysis of their responses, another theme that emerged was the influence that working with trauma-impacted students had on educators' emotional, physical, and mental wellness. Educator 4, a third-grade instructor, stated, “I think about it a lot. I try not to, but it's kind of the job. You can't help but worry about your students.” Educator 5, a ninth through 12th-grade instructor, noted, “When I got into this position and found the situations that my kids were in, I just had to learn how to deal with it.”

Educator 1, a PreK through sixth-grade instructor, stated:

> It actually was taking a toll on my health. We were having trouble getting an assistant. I was trying to do two people's jobs at the same time. I worked sick, and I ended up almost in the hospital. The stress really took a toll on me.

Educator 2, a fifth and sixth-grade instructor, revealed:

> I think it's just the role of an educator. The stress and the implications that are put on us. The pile keeps growing. I guess I have learned to deal with it differently. I don't want to say I feel like it puts more responsibility on me, but being aware and implementing these practices, I'm more understanding. More patient.

Educator 3, a sixth-grade instructor, expressed:

> I feel guilty when it gets to the point that I've really had to just kind of draw that line in the sand. When I have to say, enough is enough. Then I feel so much guilt for that. I understand that they have to know those boundaries, and once they've crossed that line, they have to understand that they've gone too far. But I deal with sleepless nights. The summers are the worst because, at least during the school year, I know they get breakfast and lunch, and I can send home some food in the little food bags that we get. But during the summer, are they safe? Have they eaten? Are they having any action interaction with anyone?

Educator 6, a tenth and 12th-grade instructor, expressed:

> It's difficult to hear their stories. It's stuff that I would not wish on my worst enemy what these kids are having to deal with. It's okay to cry. In the same way that I tell my students, if they're telling me something, they get torn up. I'm like, "Hey, it's okay. Cry.

> Let it out. It's okay." When they leave, I'm crying and letting it out just because it's a lot. I can't imagine how some of these kids are able to get up and go in the morning knowing what they're dealing with. So, I'm having to take some self-care issue situations to decompress. You can feel the emotion, but you have to put it away and help the kid. But you make sure that you feel it and don't bottle it up. It's a lot.

Educator 7, a third-grade instructor, revealed:

> One of my students and their siblings all ran away from home, but we only knew they were missing. They weren't found for weeks. That one was hard. I replayed [our last encounter]. What was the last thing I said to her? Did I fuss at her? Was I kind to her? What was she wearing? Because I saw her one day and the next, alerts were going out that the children were missing. The children had run away, and it was weeks, weeks before they were found. I would wake my husband up in the middle of the night and be like, "What if they were taken?"

Educator 7, a third-grade instructor, went on to say:

> I'm more patient. But then, on the flip side, as a parent, I think that it's the opposite at home. I use up all my patience here during the day, and by the time I get home, I just have nothing left.

Educator 8, a ninth through 12th-grade instructor, noted:

> I think it does sometimes take its toll. In special education, I work with students so closely. I know lots of things about them. Maybe some other teachers don't get as involved and know about their lives and their family.

Summary

Chapter 4 presents the findings of this study concerning the research questions and emergent themes. The purpose of this qualitative phenomenological study was to investigate the perceptions of classroom-level educators regarding the application of trauma-informed instructional practices by assessing educators' awareness of the impact of trauma on students, their familiarity with trauma-informed instructional practices, and their opinions of the effectiveness of such practices. Data collection study for this study included video conferencing with PreK-12th grade teachers, field notes, and transcripts of the video recordings. Member checking confirmed the study's validity, allowing participants to identify errors, provide feedback, and contribute additional information. Pseudonyms were used to mask identities. Data obtained from the interviews were coded and analyzed to identify significant themes. Chapter 5 provides further context and implications for practice and future studies.

Chapter 5. Summary

Statement of Purpose

The purpose of this qualitative phenomenological study was to investigate the perceptions of classroom-level educators regarding the application of trauma-informed instructional practices by assessing educators' awareness of the impact of trauma on students, their familiarity with trauma-informed instructional practices, and their opinions of the effectiveness of such practices. The essential research question for this qualitative study was: What are educators' perceptions regarding trauma-informed instructional practices? The following supporting questions were used to guide the research:

1. What training have educators received regarding trauma-informed approaches?
2. To what extent have trauma-informed instructional practices been implemented?
3. What are educators' perceptions of the effectiveness of trauma-informed instructional practices?
4. What changes do educators perceive in their interactions with students?

One-on-one video conferencing with PreK-12th grade general and special education teachers was used to collect data for this phenomenology. After receiving informed consent, 30-45-minute interviews were conducted and recorded using Microsoft Teams. Field notes were taken during and after the interview to capture important information (Denzin & Lincoln, 2018). Following each interview, verbatim transcripts of the video recordings were created. Member checking aided the validity and reliability of the research study by allowing participants to

examine the transcripts for potential errors, provide constructive feedback on the clarity of their intentions, and contribute any additional information they deemed valuable. Pseudonyms were used to mask participants' identities. According to Creswell and Creswell (2018), a sample size of six to eight participants is recommended in phenomenological studies that involve qualitative interviews with unstructured, open-ended questions to achieve saturation. Invitations to participate in the research study were sent to 35 purposively selected individuals. There were nine responses, one of which was a decline. As a result, the sample consisted of eight people who taught general and special education from PreK to 12th grade.

Data obtained from the interviews were coded and analyzed to identify significant themes. Analysis of the data revealed the following themes: (a) increased awareness of trauma and ACEs, (b) desire for additional training, (c) the diversity of adverse childhood experiences (ACEs) and trauma exposures, (d) perceived negative behaviors resulting from or masking trauma, (e) the significance of procedures and structure, (f) the necessity for supplementary resources, (g) importance of relationship building, (h) importance of opportunities for success, (i) facilitation of individualized instruction, (j) increased empathy, (k) increased patience and self-awareness, and (l) emotional, physical, and mental stress.

Chapter 1 presented the introduction to trauma, the history of trauma research, and trauma-informed instructional practices as educational interventions. Chapter 2 provided an overview of the relevant research on ACEs, the pervasiveness of trauma, the historical context of trauma-informed, the framework of trauma-informed care, and the rationale for trauma-informed approaches. Chapter 3 detailed the methodology related to the essential research question. Chapter 4 presents the findings of this study concerning the research questions and emergent themes. This chapter provides further context and implications for practice and future studies.

Research Question 1

What training have educators received regarding trauma-informed approaches?

Analysis of the data for this research question revealed two themes: (a) increased awareness of trauma and ACEs and (b) desire for additional training. The purpose of this inquiry was to identify the prevalent themes related to the trauma-informed training that educators had undergone, and to determine the specific skills or knowledge they had gained from it. Training on trauma-informed approaches was required for participation in this study. Three educators stated they received training on trauma-informed practices during their preservice or degree-advancement coursework. Seven educators reported receiving training as part of their school's professional development program. Two educators served on teams that participated in model site visits as part of their school's efforts to become designated as trauma-informed schools. The participants' narratives exposed two main themes: a heightened awareness of trauma and adverse childhood experiences (ACEs) among their students and a need for additional training to enhance their ability to support students affected by trauma.

Increased Awareness of Trauma and ACEs

When asked about the training they had received, participants expressed that, although they considered themselves experienced educators, the training helped them better understand the types of traumas their students encountered and the extent to which they were exposed. This finding was consistent with the findings presented in Chapter 2.

According to SAMHSA (2014), the premise of trauma-informed approaches is to promote the acknowledgment and understanding of traumatic events, experiences, behaviors, and

interventions for individuals who have undergone trauma (SAMHSA, 2014). Cunningham (2004) observed an increasing demand for practitioners to be prepared to work with trauma survivors. The University of Michigan Model (n.d.) suggested that educators need a comprehensive understanding of the impact of trauma on students. Evidence to support an increased understanding of ACEs and trauma was gathered from participants who described their training experience. Educator 7, a third-grade instructor, said, “The training gave me an understanding of what is actually considered in terms of trauma that affects children. It was a much wider scope than I originally anticipated.”

Educator 1, a PreK through sixth-grade instructor, explained:

> The training really helped me to be aware of all the situations that we may encounter. I think it really helped us all because most of us didn't realize the extent of the issues that were going on with our students. To keep my eyes open. It’s not just about what we see in the classroom. We encounter very young students who have already been through a whole world of things that some of us as adults have never gone through.

Desire for Additional Training

Participants' narratives suggested that heightened awareness of trauma types and the extent to which their students were exposed resulted in uncertainty in handling specific situations. Participants expressed a shared interest in receiving additional training in trauma-informed approaches. This finding was consistent with the findings presented in Chapter 2. According to Temkin et al. (2020), adversity and trauma experienced as children can occasionally be confused. Although trauma may be a possible reaction to adversity, it is essential to understand that children may respond to difficult circumstances differently depending on

various conditions (Temkin et al., 2020). Blodgett and Dorodo (2016) found that educators often lack sufficient training to effectively address social-emotional and behavioral difficulties upon entering the classroom following preservice training. According to findings by Carello & Butler (2015) and Puchner and Markowitz (2023), to address the challenges posed by student development, perceived behavioral issues, and academic performance, educators must increase their understanding of trauma's impact on children and the subsequent impact on their behavior. Blodgett and Dorodo (2016), Conley et al. (2014), and Rahimi et al. (2021) found a crucial need for trauma-informed practice and pedagogical professional development. Evidence supporting these findings is supported by educators who expressed their concerns about working with trauma-impacted students. Educator 7, a third-grade instructor, stated, "I am familiar with working with students who have experienced trauma, but I do not feel well-trained. On a scale from one to 10, I would say I'm a five."

Educator 6, a tenth and 12th-grade instructor, stated:

> There are instances when I've had to reach out to colleagues and co-workers for resources. I think trauma was a chapter in a textbook in a college course for me, so I feel like it should be a whole college course in and of itself because you are not prepared for what you face when you enter the classroom.

Research Question 2

To what extent have trauma-informed instructional practices been implemented?

Analysis of the data for this research question revealed four themes: (a) diversity of ACEs and trauma exposures, (b) perceived negative behaviors resulting from or masking trauma,

(c) importance of routines and structure, and (d) the need for additional resources. The purpose of this question was to expose themes regarding the various forms of trauma-informed instructional practices that educators implemented in their classrooms. Several teachers mentioned that they had adopted trauma-informed practices because they saw the benefit and their efforts were individual contributions toward their schools becoming trauma-informed. The educators engaged in thoughtful accounts of the different trauma-informed approaches they implemented. The themes that emerged included students having a variety of ACEs and trauma exposures, perceived negative behaviors frequently resulting from trauma or a student's attempt to mask trauma, placing a strong emphasis on establishing routines, involving students in establishing classroom rules and creating opportunities for student success. These findings align with the existing literature and research presented in Chapter 2.

Diversity of ACEs and Trauma Exposures

Educators' narratives indicated they worked with students with various trauma and ACEs exposures during their careers. This finding aligns with the literature presented in Chapter 2.

The National Child Traumatic Stress Network (n.d.) found that by age 16, 25% of children in America will have experienced at least one ACE. According to Bronfenbrenner (1979), children often find themselves intertwined with many ecosystems, including but not limited to their domestic, educational, societal, and cultural surroundings. All aspects of a child's existence are impacted by the interactions and influences of these ecological systems (Bronfenbrenner, 1979). A child's development can be positively or negatively impacted by a multitude of settings and individuals, such as neighborhoods, relatives, and the parents' places of employment (Bronfenbrenner, 1979).

Child Trends (2019) reported that approximately 40% of Americans under the age of 18 live in low-income households, and approximately 10% of children living in the country are considered to be in extreme poverty. According to the CDC (2019), Capaldi et al. (2012), and Stith et al. (2009), research indicated that parents who experience financial hardship are more likely to experience high levels of stress levels, depression, and relationship strife within their families. Such conditions may negatively affect a person's capacity to carry out household duties, restrict resources available to their children and families, and consequently increase the likelihood that they will engage in violent and ACEs-related behaviors (CDC, 2019; Fortson et al., 2016; Niolon et al., 2017).

Evidence to support these findings was captured from the educators' descriptions of the myriad of students' trauma and ACEs exposures. Educator 8, a ninth through 12th-grade instructor, stated, "I see sexual abuse, physical abuse, mental abuse, homelessness, and poverty."

Educator 1, a PreK through sixth-grade instructor, stated:

> I have seen a gamut of ACEs. I've had children who have been placed midway through the year with foster families. I have had deaths in the family. We've had situations where they've moved from place to place or even just, you know, we've had children that have come in and told us that Mommy and Daddy might be in jail.

Perceived Negative Behaviors Resulting from or Masking Trauma

Another theme that surfaced from this study was that perceived negative behaviors were frequently attributed to or an attempt to conceal trauma. This finding aligns with the previous academic research and studies in Chapter 2.

According to the University of Michigan (n.d.), behaviors that align with trauma are frequently mischaracterized in educational settings. Therefore, educators must comprehensively understand the trauma's impact on students (University of Michigan, n.d.). According to Minahan (2019), students who have experienced trauma often struggle to effectively express their emotions or discomfort, leading them to exhibit behaviors such as aggression, avoidance, or other anti-social behavior. Trauma in the classroom can present as aggression, hyper-independence, defiance, forgetfulness, apathy, difficulty making transitions, self-isolation, and inappropriate responses to unanticipated changes (Mental Health America, n.d.; Todd, 2021).

Trauma at school, including but not limited to punishment, racial injustices, and bullying, can result in school avoidance, further impairing already academically vulnerable students (Mental Health America, n.d.). According to Horsman (2004) and SAMHSA (2014b), trauma and violence alter how an individual behaves, how they form social ties, and their ability to learn. Eliminating potential trauma triggers and encouraging inclusive practices are necessary to create a safe and supportive school climate (National Center on Safe Supportive Learning Environments, n.d.; National School Climate Council, 2007). Understanding that individuals who have encountered traumatic events are particularly prone to triggers and consequences, such as facing disciplinary actions due to their propensity for exhibiting anger and engaging in explosive behaviors, is vital to effectively addressing the needs of students (University of Michigan, n.d.).

Because of educators' time spent with students, educators are uniquely positioned to recognize and support those susceptible to emotional and behavioral disorders (Conley et al., 2014). To address the challenges posed by student development, perceived behavioral issues, and academic performance, educators must increase their understanding of trauma's impact on

children and the subsequent impact on their behavior (Carello & Butler, 2015; Puchner & Markowitz, 2023). Instructor behavior can inadvertently put students in a state of high alert (Carello & Butler, 2015). Students may attempt to use instructor behavior to justify inappropriate or excessive reactions. Students' behavior may present triggers and stimulate unacceptable reactions from their peers (Carello & Butler, 2015). For instance, student conduct that is hostile, confrontational, or disrespectful toward other students or the educator calls for prompt intervention (Carello & Butler, 2015). Educators are encouraged to use such occasions as crucial learning opportunities to demonstrate healthy solution-focused conduct in the learning environment (Carello & Butler, 2015).

The finding also aligns with the RTI, RTI^2, and PBIS frameworks. The RTI framework is a comprehensive, tiered approach that seeks to quickly identify and offer the necessary support to students displaying learning and behavioral difficulties and rule out insufficient instruction as the cause of learning difficulties (IRIS Center, n.d.; Response to Intervention Action Network, n.d.). According to the California Department of Education (2023), the central tenets of the RTI^2 process include high-quality classroom instruction, high expectations, assessments, data collection, positive behavioral support, research-based interventions, a problem-solving systems approach, fidelity of program implementation, staff collaboration and development, parent/family involvement, and the identification of learning disabilities. PBIS is an evidence-based, three-tiered framework that aims to facilitate comprehensive schoolwide practices by which educators and support staff offer a comprehensive system of support for students' academic, behavioral, and social-emotional needs (Center on Positive Behavioral Interventions and Supports, n.d.; Michigan Department of Education Office of Special Education, n.d.).

Evidence to support this finding is evidenced educators' narratives regarding the behaviors they observed from their students.

Educator 4, a third-grade instructor, noted:

> I had a student who lashed out in class. It was mentally and physically draining. He would yell and scream at the other kids. I don't even know how to explain it. It was something that I had not experienced before. We were all on pins and needles because we didn't know what might trigger him. I later learned that he was dealing with some significant trauma, and the behavior was a result. The training made me take a step back and realize that we have to look at the whole situation.

Educator 5, a ninth through 12th-grade instructor, stated:

> They're focusing on everything else to hide the real problem. Education is not a priority, but survival is. Fighting is. Education takes a back seat. And, of course, the behaviors. They act out. Educationally, those are the students that are in Tier 3 or getting referred for special education. Maybe not because they have deficits in reading and math, but because of the lack of things. They're focusing on fighting to hide their insecurities. They're focusing on everything else to hide the real problem. Academically, those guys or girls and guys are on the list for Tier 3 intervention. That's for kids that don't really, truly have a deficit in learning. The behaviors are covering up the real problem, but they are referred to special ed because of the issues and the lagging behind in subject areas.

Educator 6, a tenth and 12th-grade instructor, detailed:

> I tend to be slow to react anyway, but I try to think about what's happening behind the scenes to contribute to situations. I'm more apt to play detective now. To figure out if something has a cause and then make sure that cause is at the forefront of my reactions to their actions in the classroom. Trauma impacts everything. You can track it.
>
> Some students might be more willing and apt to snap and catch attitude. Or they might have stopped turning in assignments, or the assignment quality has just gone way, way down.

Importance of Routines and Structure

A common theme in educators' accounts was the importance of implementing regular schedules and offering students overall structure. Some educators reported facilitating a sense of ownership among students by helping formulate the classroom rules. This finding is consistent with the prior scholarly works and investigations detailed in Chapter 2.

According to the University of Michigan (n.d.), incorporating regular and standardized routines and practices has been found to positively affect students who have faced traumatic events, as it contributes to creating a sense of security and stability (University of Michigan, n.d.). It is essential to ensure that all students have access to a secure and encouraging learning environment where their voices are heard and their needs are respected (Carello & Butler, 2015). It is especially crucial for students who may have faced challenging experiences or trauma (National Center on Safe Supportive Learning Environments, n.d.). Addressing potential trauma triggers and promoting inclusive practices are essential to fostering a safe and supportive school environment (National Center on Safe Supportive Learning Environments, n.d.; National School Climate Council, 2007).

According to Shier and Turpin (2022), trust in trauma-informed approaches can be fostered by establishing open and sincere relationships between clients and staff, with clear expectations for providing services. Additionally, it is crucial to ensure transparency when communicating the goals or desired outcomes and the strategies that will be employed to achieve them (Bowen & Murshid, 2016). Enhancing trustworthiness can be achieved by establishing well-defined requirements for task completion, establishing healthy interpersonal boundaries, and fostering an environment characterized by consistency and transparency (Fallot & Harris, 2009).

Allowing students to participate in the setting of classroom guidelines also aligns with the concept of choice as presented in the literature. Providing individuals with choice involves empowering them to have a say in the services they receive and the level of their involvement, as highlighted by Harris and Fallot (2001). According to Fallot and Harris (2009), one perspective suggests that choice aims to enhance and broaden experiences. Fallot and Harris (2009) suggest that it may be beneficial to consider allowing individuals to have a say in personal goal setting. When presented with different options, the person feels valued and respected and encouraged to create a plan that utilizes their strengths (Trauma-Informed Oregon, 2016). Making meaningful decisions allows individuals to stay engaged, have a sense of control, and take on a leadership role as much as possible (Trauma-Informed Oregon, 2016).

This finding also aligns with the University of Michigan (n.d.) model, emphasizing the importance of setting ambitious academic goals and student expectations. The University of Michigan (n.d.) suggested that educators should skillfully communicate and demonstrate established procedures, enabling students to adjust their behavior appropriately. The model suggests that when behavior expectations are not clearly defined or consistently enforced, they

can negatively impact teaching and learning (University of Michigan, n.d.). In such situations, teachers may be more inclined to use punitive discipline strategies when faced with problems (University of Michigan, n.d.). Establishing clear goals and expectations can help minimize the necessity for disciplinary measures and foster a culture of mutual respect among educators and peers (University of Michigan, n.d.). Evidence to support this finding was collected from educators' responses.

Educator 1, a PreK through sixth-grade instructor, stated:

> In preschool, you have to keep a routine because that is the only bit of structure some of these kids have. They made their own set of rules. We wrote them down and hung them up. They were reminded every day that I didn't make those rules, and the rules that we have were for safety, and that they made those rules. We couldn't guarantee that they had structure outside of the classroom, but they could tell you the routine we did every day in preschool. And we didn't veer from that if we could help it.

Educator 2, a fifth and sixth-grade instructor, asserted:

> We have established daily schedules. We switch classes at the same time. Predictability is important. They know what's going on. It's on the board every day. I prepare them if there's a special event going on. We make sure that they have announcements. This way, nothing is sprung on them at the last minute. I have a classroom contract that I send home, and it has every detail outlined from day one. It outlines my classroom and behavior expectations, procedures, and incentives.

Educator 3, a sixth-grade instructor, noted:

> We establish routines. I've enforced those regularly. We need to stay on schedule. I think that does create predictability and gives them some idea of normalcy. This year, I had them make the rules themselves. I have three sets of classroom rules because I have three classes during the day, but they all really go together. I just kind of remind them, "You guys said that you wanted this to happen. This is your rule." I kick it back to them even when they buck against it. It was consistent across the classes. I thought there would be certain kids who wouldn't want any rules, but even the ones that struggled the most and that have so many things going on, they wanted the rules. They were, "Yeah, we need to have that. Don't get up out of your seat and walk around. We don't all need to be walking around." They just don't know how to respond to it because they don't see it enough.

Educator 7, a third-grade instructor, revealed:

> Routines, in all honesty, are for my own needs as much as for the students. I need the consistency, and I need the structure. Here's what we're doing. Here is when we're doing it. They generally know what materials they need for each subject because we use the same ones every day. I keep my schedule posted on the board any day that we have a change of schedule. I write the change of schedule on the board so that they know exactly what they're coming into each day.

Need for Additional of Resources

Educators' accounts also revealed a lack of resources that kept them from feeling equipped to provide necessary assistance to their students. Although the educators did not indicate which specific resources were required, analysis of the interviews indicated that having

additional time to focus on the social-emotional needs of students was the most needed. The existing literature presented in Chapter 2 is consistent with this finding.

The Tennessee Department of Mental Health and Substance Abuse Services Planning and Policy Council conducted a Needs Assessment (2022) highlighting the opportunity to enhance workforce development for mental health professionals in the northeast Tennessee region, specifically improving access to care for adolescents. According to the data, Tennessee ranked 50th in the nation (TDMHSASPPC, 2022). The TDMHSASPPC (2022) also noted that it has been observed that a notable proportion, approximately 12%, of adolescents diagnosed with severe depression receive ongoing treatment. While it is true that schools provide a significant portion of mental health treatment, there may be occasional challenges in meeting the demand for services (TDMHSASPPC, 2022). These challenges can be attributed to the fact that some therapists are employed by multiple schools, potentially leading to availability shortages (TDMHSASPPC, 2022). According to the TDMHSASPPC (2022), there has been no recent adjustment to reimbursement rates for care, and there are currently limited funds allocated to expand services. The scarcity of these resources has been found to negatively impact school performance, housing stability, healthcare utilization, and involvement in the juvenile justice system (TDMHSASPPC, 2022).

The National Child Traumatic Stress Network (n.d.) highlighted the significant impact of trauma on a child's emotional development, physical and mental health, and educational outcomes, emphasizing the need for professional training and resources for educators. Carello and Butler (2015) cautioned instructors to be mindful of their roles and boundaries, maintain their emotional engagement, and ensure they can access relevant literature and resources to effectively facilitate referrals and intervention services, mainly when supporting individuals in

crisis. This finding was supported by evidence from educators who shared their narratives about the need for additional resources.

Educator 3, a sixth-grade instructor, revealed:

> I feel like I probably have more knowledge than resources available to me. It is difficult to create an environment where students feel comfortable talking about their problems. There is not a lot of opportunity for private conversations in the classroom. I work very hard to create an environment where they feel comfortable coming to talk to me if the need arises, but there's not always the time or the resources. Those are private conversations, and there's not a lot of private activity in a classroom.

Educator 4, a third-grade instructor, stated:

> I feel like I can only do so much in the classroom. I don't really feel that I have a lot of resources outside of the classroom. We don't have a lot of time because there are other things we have to cover.

Research Question 3 Discussion

What are educators' perceptions of the effectiveness of trauma-informed instructional practices?

Analysis of the data for this research question revealed three themes: (a) importance of relationship building, (b) importance of opportunities for success, and (c) facilitation of individualized instruction. The purpose of this question was to gain insights from educators about their perspectives on the effectiveness of trauma-informed instructional practices. The educators' narratives suggested they put considerable effort into establishing solid connections

with their students. Their objective was to establish a nurturing atmosphere in which their students felt acknowledged, valued, supported, and had a dependable and trustworthy role model on whom they could rely. Through establishing these relationships, the educators noticed that their students were more willing to share their circumstances and concerns, were more open and honest, and actively participated in the classroom. According to the narratives of two educators, it was observed that building relationships with students proved to be a valuable strategy for effective classroom management. The identified themes included the significance of fostering relationships, providing opportunities for success, and promoting individualized instruction.

Importance of Relationship Building

The educators' narratives revealed that they felt strongly about establishing solid student relationships. The literature reviewed in Chapter 2 provides support for this finding.

According to the University of Michigan (n.d.), research suggests that children exposed to a supportive and caring educational environment demonstrate improved academic performance and reduced susceptibility to frustration when confronted with social and intellectual difficulties. To create a trauma-informed approach within educational settings, it is essential to focus on building positive relationships, prioritizing pro-social behavior, and fostering an environment that promotes safety, inclusivity, and respect for all individuals (University of Michigan, n.d.). Educators who establish strong and trusting relationships with their students can support the development of their students' ability to manage their behavior (University of Michigan, n.d.). According to Magnuson and Schindler (2019), educators are essential in creating a positive environment for students' social and emotional development through meaningful and supportive interactions.

According to research by Hyland-Russell and Groen (2011), attitudinal barriers towards education can sometimes arise due to systemic and situational challenges that accumulate over time. Additionally, these barriers can be further intensified by negative educational encounters. When learners encounter challenges related to their cultural background, social environment, or educational experiences, it can sometimes lead to a temporary lack of confidence in their educational abilities (Willans & Seary, 2007). Establishing safe and nurturing environments is crucial for ensuring the well-being and protection of children. Therefore, education systems must be attentive and accommodating to learners' unique needs and challenges (MacKeracher et al., 2006).

According to Ansboro (2008), individuals with attachment disturbances may exhibit reduced empathy toward others and experience cognitive schemas that are not fully aligned. These individuals may face challenges in developing healthy relationships and establishing trust, as Goodman (2017) and van der Kolk (2014) suggested. The presence of positive role models who demonstrate responsible behavior and healthy relationships can help shape more positive expectations of others (Goodman, 2017; van der Kolk, 2014). According to the Mayo Clinic (2022), fostering strong relationships, finding fulfillment in daily activities, setting realistic goals, journaling, focusing on personal achievements, and exploring faith-based communities are some strategies individuals can consider for enhancing resilience.

The concept of school climate pertains to the personal perceptions and evaluations of the general excellence and characteristics of the school setting (National Center on Safe Supportive Learning Environments, n.d.; National School Climate Council, 2007). Climate includes a range of components, such as prioritizing the well-being of the school environment, promoting a positive atmosphere for academic and disciplinary issues, and nurturing relationships that are

built on principles of respect, trust, and care (National Center on Safe Supportive Learning Environments, n.d.; National School Climate Council, 2007). A positive school climate is often associated with a secure environment, an encouraging academic and disciplinary setting, and respectful and nurturing relationships between students and faculty members (National Center on Safe Supportive Learning Environments, n.d.; National School Climate Council, 2007).

According to Shier and Turpin (2022), trust in trauma-informed approaches can be fostered by establishing open and sincere relationships between clients and staff, with clear expectations for providing services. Incorporating a trauma-informed approach within educational settings entails establishing positive relationships, prioritizing pro-social behavior, and cultivating an environment that promotes safety, inclusivity, and respect for all individuals (University of Michigan, n.d.). According to the University of Michigan, educators who establish strong relationships with their students can support the development of their students' behavior regulation skills. Relationship building is achieved through the demonstration of problem-solving strategies and the ability to overcome challenges (University of Michigan, n.d.). The University of Michigan (n.d.) suggested that teachers who employ effective classroom management techniques and create an environment that promotes trust and appreciation for students' individual qualities can cultivate positive relationships among students. Educators can enhance their relationships with students and promote a sense of camaraderie by familiarizing themselves with each student's name, warmly welcoming them upon entering the classroom, and creating opportunities for positive and friendly interactions among students (University of Michigan, n.d.). By implementing constructive, trauma-informed instructional practices and interventions in the classroom, educators can foster positive relationships and set expectations that can guide individuals toward a more favorable path (Johnson, 2018).

This finding is also consistent with the framework of restorative practices. Restorative practices are primarily focused on the principles of mutual respect, dignity, accountability, and fairness and are frequently implemented in schools to improve student behavior and reduce suspensions and expulsions (Hickman, 2022; Joseph-McCatty & Hnilica, 2023). Restorative practices have positively affected rapport improvement, relationship-building, and creating a positive school environment (Joseph-McCatty & Hnilica, 2023). Evidence to support this finding was collected from educators' narratives, highlighting the significance of fostering strong relationships with their students.

Educator 3, a sixth-grade instructor, stated:

> If you can get inside, even just a little bit, you can build that relationship with them. That allows them to trust you when some of them have never trusted anyone. Some children have never had anyone to trust or depend on. They reach out to you and want to make you happy there. That's present in even some of the hardest kids. They want to make people happy. They want somebody to be proud of them, and building that relationship goes a long way. Just saying, "I'm really proud of you today. You have done a great job." They get excited they want to do more.

Educator 6, a tenth and 12th-grade instructor, stated:

> I work on building relationships from day one. I tell my students that they're safe with me and I'm here to help them in any way, shape, or form. Sometimes, what happens in the classroom is minor compared to what some of these kids go through. They don't know where their parents are. They're facing some sort of abuse and neglect situation. I can't

> teach them until they know that they're safe, at least when they're with me. So, you have to build those relationships first of all before you can do anything.

Educator 8, a ninth through 12th-grade instructor, noted:

> Relationships are the most important aspect of working with students. Their ability to relate to people, to be able to have reciprocal relationships with their peers, relationships with their teachers, and their interactions in the classroom environment. It also impacts their social and extracurricular activities.

Importance of Opportunities for Success

The significance of providing opportunities for students to feel successful also emerged as a theme. This conclusion is reinforced by the literature reviewed in Chapter 2.

Fallot and Harris (2009) suggest that it may be beneficial to consider allowing individuals to have a role in personal goal setting. When presented with different options, the person feels valued and respected and encouraged to create a plan that utilizes their strengths (Trauma-Informed Oregon, 2016). Making meaningful decisions allows individuals to stay focused, have a sense of control, and take on a leadership role as much as possible (Trauma-Informed Oregon, 2016). Carello and Butler (2015) suggested that educators have the potential to create a more secure learning environment by offering suitable opportunities and being responsive to student requests. Evidence to support these findings was captured from educators' narratives detailing how they provided students with opportunities for success, ownership in their learning, and celebrations for said success.

Educator 2, a fifth and sixth-grade instructor, noted:

> I have a policy where anything under 70 can be redone for full credit. I don't care if you made a 69, and then you get the extra bonus points. If you redo it and you get the whole thing, that's cool with me. And then if children will just ask, you know, hey, I got an 85 on this, but I know what I did wrong. Can I redo it and get credit? Absolutely. Why not? If you can show me that you know how to do it, show me.

Educator 5, a ninth through 12th-grade instructor, revealed:

> We decided as a school to give everyone certificates if they made a C or above. They got a certificate on awards day. We also had nine-week field trips. The principal got a limo, and they took those students who were C and above out to eat. Every nine weeks, inflatables came out for C students and above, and it just gave more incentive because some of those kids would probably be D students.

Facilitation of Individualized Instruction

Another theme in the educators' narratives was the positive impact of implementing trauma-informed practices to facilitate individualized instruction. This finding aligns with the literature presented in Chapter 2.

The Response to Intervention (RTI) framework is a comprehensive, tiered approach that seeks to quickly identify and offer the necessary support to students displaying learning and behavioral difficulties and rule out insufficient instruction as the cause of learning difficulties (IRIS Center, n.d.; Response to Intervention Action Network, n.d.). The tiered approach implemented in RTI incorporates increasing levels of instruction that offer focused, evidence-

based interventions designed to cater to the needs of each student (IRIS Center, n.d.; Response to Intervention Action Network, n.d.).

RTI^2 is a multi-tiered system of support that integrates resources from general education, categorical programs, and special education to create a comprehensive system of core instruction and interventions that will benefit every student (California Department of Education, 2023). According to the California Department of Education (2023), the central tenets of the RTI^2 process include high-quality classroom instruction, high expectations, assessments, data collection, positive behavioral support, research-based interventions, a problem-solving systems approach, fidelity of program implementation, staff collaboration and development, parent/family involvement, and the identification of learning disabilities. RTI^2 focuses on customizing interventions according to the individual student's academic proficiency level and is necessary for ensuring their active engagement in reading and writing activities (Fisher & Frey, 2010).

Positive Behavioral Interventions and Supports (PBIS) is a well-established framework that effectively supports students' academic, behavioral, and social-emotional needs. It provides educators and support staff with a comprehensive system of support, allowing them to offer students a wide range of services. The main goal of PBIS is to create a safe and supportive environment in educational institutions by addressing the social, learning, behavioral, and emotional needs of all students, including those with and without individualized education programs (IEPs) (Michigan Department of Education Office of Special Education, n.d.). Evidence to support these findings was captured from educators' narratives regarding students who required individual support and instruction.

Educator 7, a third-grade instructor, noted**:**

> What I'm teaching in the classrooms is really at the bottom of what some students are concerned about. We're trying to work our way through every student's needs that need to be met before they can fully participate in what I'm doing in the classroom.

Educator 8, a ninth through 12th-grade instructor, revealed:

> I think it individualizes education for students. I have a special education background, and my whole background is individualizing education, which I feel is part of working with all students who struggle. I think this makes it even more in-depth because you're trying to help students to overcome or to deal with things that have occurred in their lifetime.

Research Question 4 Discussion

What changes do educators perceive in their interactions with students?

Analysis of the data for this research question revealed three themes: (a) increased empathy, (b) increased patience and self-awareness, and (c) emotional, physical, and mental stress. The purpose of this question was to gather insights from educators about their perspectives on changes that have occurred in their interactions with students because of their training in trauma-informed practices. The emerging themes encompassed educators' growing empathy toward students and their increased patience and self-awareness in their interactions.

Increased Empathy

Educators' accounts demonstrated how their growing understanding of trauma caused them to pause and consider the possibility that many of their students belonged to that population or were at risk. That realization had a significant impact on their interactions. This conclusion is strengthened by the literature discussed in Chapter 2.

Social-emotional learning entails the active participation of educators as co-learners who introspect the influence of their personal backgrounds, cultural practices, and biases on their perceptions of appropriate student communication and behavior (University of Michigan, n.d.). According to the University of Michigan (n.d.), a trauma-informed approach to school and classrooms is centered around developing solid communities prioritizing safety, inclusivity, and respect for all individuals. The University of Michigan (n.d.) model stresses the importance of a functional school or classroom community that prioritizes equity and empathy towards others (University of Michigan, n.d.).

Compassion fatigue, personal trauma, and vicarious trauma are all potential consequences for educators and school personnel due to their professional roles (Brunzell et al., 2018; National Center on Safe Supportive Learning Environments, n.d.). The concept of vicarious trauma pertains to the effects of empathetic interaction with others and exposure to traumatic events on an individual's attitudes (Cunningham, 2004; Gorniak, 2022). Compassion fatigue manifests when an individual, motivated to continue assisting others, endures excessive emotional strain because of repeated exposure to the distressing experiences of others. This condition is also known as secondary traumatic stress (Gorniak, 2022; Hansen et al., 2018). This finding was

reinforced by evidence from educators' narratives regarding their increased empathy toward their students.

Educator 3, a sixth-grade instructor, articulated:

> I definitely think I approach things differently. I try to look at the whole situation, not just the child. Not just the action. I'm looking for what a child brings into school this morning on his shoulders. Did he sleep last night? Did he eat last night? Did you eat breakfast this morning? If he didn't get breakfast, let's go get him some breakfast. Just the things that we take for granted as parents and educators that people do for their children. We just expect it to happen. But some people just don't or can't take care of their children.

Educator 4, a third-grade instructor, expressed:

> Honestly, I think it makes me take a step back and just look at the situation. Think about the if they've been through anything. I try to get them to talk to me because sometimes they won't open up to anyone. I don’t get upset with them and what they did. I try to figure out what has caused them to act the way they are.

Increased Patience and Self-Awareness

Based on the educators' perspectives, their training and enhanced awareness of trauma's impact on individuals have helped them develop patience and become more self-aware in their interactions with students. The literature discussed in Chapter 2 provides additional support for this conclusion.

According to Carello and Butler (2015), certain instructor behaviors may unintentionally cause students to become more vigilant. Carello and Butler (2015) suggest that educators should avoid downplaying or disregarding students' concerns instead of using neutral language focusing on their strengths. Carello and Butler (2015) also recommended that educators consider the importance of modeling and practicing self-care in the classroom. The findings are strengthened by evidence obtained from educators' narratives, which indicated increased patience toward their students and enhanced self-awareness regarding their interactions with them. Educator 4, a third-grade instructor, stated, “I try to use a softer tone and not such a stern voice, especially when they start acting out, and they're getting frustrated. I try to stay calm in the situation.”

Educator 2, a fifth and sixth-grade instructor, revealed:

> My patience has grown. I am also more self-aware. I recognize the need to take a walk if something isn't going right or it's just mad chaos. There are times when my teacher assistant comes in, and I just say, "Hey. I need you to take over for five minutes." It's just being able to get out of the environment and then come back in. Just taking that five-minute break works wonders.

Educator 6, a tenth and 12th-grade instructor, revealed:

> It's absolutely where I keep my emotions in check. What a student says might hurt my feelings, but I try to press pause on that and think of why they're saying what they're saying or doing what they're doing before I react. I try to meet them where they are.

Emotional, Physical, and Mental Stress

Another theme that emerged from the analysis of their responses was the influence that working with students affected by trauma had on educators' mental, physical, and emotional health. Having increased empathy for trauma-impacted students can cause educators to be susceptible to compassion, personal trauma, or vicarious trauma.

Stipp (n.d.) cautioned that even seasoned professionals were susceptible to emotional, relational, and physical effects. Vicarious trauma influences an individual's perspectives from exposure to traumatic experiences and empathetic involvement with others (Cunningham, 2004; Gorniak, 2022). The cognitive functioning of educators is similarly impacted by how students' brains are impacted by trauma, leading to the induction of a fear response (Gorniak, 2022). The fear response elicits changes in their cognitive, emotional, and physiological states (Gorniak, 2022). Like the initial distressing incident, an array of symptoms may ensue if this reaction is not adequately processed (Gorniak, 2022).

Burnout and compassion fatigue are similar (Thurrot, 2021). Burnout is commonly induced by an excessive workload or an overwhelming quantity of responsibilities (Gorniak, 2022). Compassion fatigue manifests when an individual, motivated to continue assisting others, endures excessive emotional strain because of repeated exposure to the distressing experiences of others. This condition is also known as secondary traumatic stress (Gorniak, 2022; Hansen et al., 2018). Compassion fatigue is characterized by a range of symptoms, including but not limited to emotional detachment, hopelessness, loss of appetite or sleep disturbance, irritability, anger, sadness, and emotional detachment, as well as a diminished perception of personal and occupational fulfillment (Gorniak, 2021). Educators' narratives support the conclusions,

suggesting that working with trauma-impacted students influenced their physical, emotional, or mental well-being.

Educator 1, a PreK through sixth-grade instructor, stated:

> It actually was taking a toll on my health. We were having trouble getting an assistant. I was trying to do two people's jobs at the same time. I worked sick, and I ended up almost in the hospital. The stress really took a toll on me.

Educator 3, a sixth-grade instructor, revealed:

> I feel guilty when it gets to the point that I've really had to just kind of draw that line in the sand. When I have to say, enough is enough. Then I feel so much guilt for that. I understand that they have to know those boundaries, and once they've crossed that line, they have to understand that they've gone too far. But I deal with sleepless nights. The summers are the worst because, at least during the school year, I know they get breakfast and lunch, and I can send home some food in the little food bags that we get. But during the summer, are they safe? Have they eaten? Are they having any action interaction with anyone?

Recommendation for Practices

Upon examination of educator responses and review of existing literature and scholarly works, the following practice recommendations are made:

- Administrators should establish ongoing system-wide training for all faculty and staff that includes the effects of trauma, the symptoms of trauma, the importance of mitigating

retraumatization, and the influence of vicarious traumatization on both students and faculty and staff (Carello & Butler, 2015; SAMHSA, 2014b).

- Administrators should provide ongoing system-wide training for faculty and staff, including prevention and interventions such as pro-social skills that reduce behavioral issues in children (Solomon et al., 2012).

- A Trauma-Informed Care team that includes administrators, teacher leaders, and support staff should be assembled to strengthen consensus and knowledge and prioritize the steps to becoming a trauma-informed school system (Amherst H. Wilder Foundation, 2014).

- Educators should conduct written and verbal checks with students to ensure their well-being. Schools should bolster access to counseling services and interventions (Carello & Butler, 2015). Communication and literature should be provided to all faculty and staff about the services and interventions to ensure smooth transitions to such services.

- Create and actively support an environment that promotes the principles of restorative justice, which include mutual respect, dignity, accountability, and fairness (Hickman, 2022; Joseph-McCatty & Hnilica, 2023).

Recommendation for Future Research

Following an analysis of educator feedback and a review of relevant scholarly literature, the subsequent recommendations for future research are provided:

- A study could be conducted to examine which trauma-informed instructional practices are the most successfully implemented in classrooms.

- A comparison study could be conducted to examine behavioral issues and frequency in schools designated as trauma-informed schools and those that are not designated as trauma-informed schools.
- A study could be conducted to examine the availability of and extent to which access to mental health or behavioral health counselors are most beneficial for students.
- A study could be conducted to examine what specific resources educators feel would help them feel fully equipped to work with trauma-impacted students.
- A study could be conducted to examine celebrations and opportunities for success and student achievement.

Conclusion

Trauma can negatively influence students, including but not limited to difficulty forming bonds, absenteeism, struggle to focus and learn, poor academic performance, and increased risk for suspension or expulsion (National Center on Safe Supportive Learning Environments, n.d.). Trauma-informed models consider that trauma is prevalent and that almost everyone has experienced at least one traumatic event in their lifetime (SAMHSA, 2014b). Trauma-informed approaches seek to understand the impact of events, experiences, behaviors, and interventions for individuals who have experienced trauma (SAMHSA, 2014b). To learn, students must feel safe, nurtured, and known (Minahan, 2019). Because of educators' time spent with students, educators are uniquely positioned to recognize and support those susceptible to emotional and behavioral disorders (Conley et al., 2014). Implementing a trauma-informed approach within educational settings involves establishing positive relationships, prioritizing pro-social behavior, and cultivating safety, inclusivity, and respect for all individuals (University of Michigan, n.d.).

The purpose of this qualitative phenomenological study was to investigate the perceptions of classroom-level educators regarding the application of trauma-informed instructional practices by assessing educators' awareness of the impact of trauma on students, their familiarity with trauma-informed instructional practices, and their opinions of the effectiveness of such practices. The findings of this study suggest the following: (a) increased awareness of trauma and ACEs, (b) a desire for additional training, (c) diversity of adverse childhood experiences (ACEs) and trauma exposures, (d) perceived negative behaviors resulting from or masking trauma, (e) the importance of establishing procedures and structure, (f) the need for supplementary resources, (g) the importance of relationship building, (h) importance of opportunities for success, (i) facilitation of individualized instruction, (j) increased empathy, (k) increased patience and self-awareness, and (l) emotional, physical, and mental stress among educators. The results of this study align with the reviewed literature and scholarly works. This study will expand the body of research on trauma-informed schools, and educators and other stakeholders may use the information to inform training decisions and trauma-sensitive practices and policies in education.

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APPENDIX: Interview Questions

1. How familiar are you with the phrase “trauma-informed approaches”?
2. What training have you had regarding trauma-informed practices?
3. What specific knowledge have you gained as a result of the training?
4. How well-equipped do you feel to work with students who have experienced trauma?
5. Without identifying specific students, in what ways do you see trauma affecting students?
6. What trauma-informed instructional practices have you implemented in your classroom, if any?
7. How would you describe the effectiveness of trauma-informed practices, if at all?
8. Without identifying specific students, have you observed any differences in students since implementing these interventions?
9. Can you tell me a little bit about how working with students who have experienced trauma has affected you personally, if at all?
10. How has your behavior in the classroom changed as a result of attending/completing trauma-informed training, if at all?
11. Are there aspects of trauma-informed instructional practices that you find most rewarding or challenging?
12. Is there any information that you would like to add?

VITA

ALECIA B. BURLESON

Education:

Doctor of Education, Educational Leadership
East Tennessee State University
December 2023

Education Specialist, School Leadership
East Tennessee State University
May 2023

Master of Business Administration, Business Management
Milligan University
May 2012

Bachelor of Science, Business Administration, Marketing Management
East Tennessee State University
May 2004

Associate of Science, Business Administration
Northeast State Community College
May 2002

Professional Experience:

Educator, Tennessee Department of Correction
Northeast Correctional Complex
Mountain City, Tennessee
2019-present

Educator, Johnson County Schools

Mountain City, Tennessee

2004-2013

Contract Educator, Niswonger Foundation Learning Center Online Learning Center

Greeneville, Tennessee

2012-2013

Professional Licensure: 442 – ILL Beginning Administrator

474 – Business Education 7-12

475 – Business Technology 7-12