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Trauma Informed Schools: Investigating K-12 Educator Perceptions from Professional Learning
to Implementing Practices

A dissertation

presented to

the faculty of the Department of Educational Leadership and Policy Analysis

East Tennessee State University

In partial fulfillment

of the requirements for the degree

Doctor of Education in Educational Leadership

by

Kelsey Cupp

August 2024

Dr. Ginger Christian, Chair

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Dr. Don Good

Dr. Jason Horne

Keywords: trauma-informed practices, trauma-informed professional learning, trauma, adverse
childhood experiences

ABSTRACT

Trauma Informed Schools: Investigating K-12 Educator Perceptions from Professional Learning to Implementing Practices

by

Kelsey Cupp

The purpose of this quantitative study was to further the understanding on how access to trauma-informed professional learning changed research-based practices in classroom and school-wide settings in K-12 schools. The guiding question for this quantitative study was: How has trauma-informed professional learning influenced changes in research-based practices in school-wide and classroom settings in K-12 schools? This research assessed the perceptions of elementary, middle, and high school teachers in one school district to investigate access to trauma-informed professional learning and potential changes in research-based practices in school-wide and classroom settings. Participants were teachers, in Northeast Tennessee, employed in urban schools implementing trauma-informed practices. Six research questions guided the study and quantitative data were analyzed using one-sample *t*-tests. Additionally, this researcher analyzed themes gleaned from the four-open ended questions at the end of the survey. The findings indicated that the means of all measures were significantly higher than the midpoint in elementary, middle, and high schools. The findings also indicated that trauma-informed professional learning supports the development of school-wide and classroom research-based practices and application of trauma-informed strategies in K-12 schools.

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DEDICATION

I want to, first, dedicate this study to my family unit. Mom, I would not be where I am without your encouragement, support, pushing me to reach my goals, and being a role model of perseverance and resilience. I love you so much. To my Harper-girl, you have been my motivation to complete this journey and despite many obstacles, you have kept me going. This is all for you, and I love you with all my heart. Dad and Rich, thank you for always being in my corner, cheering me on, and supporting me on this journey. I love you both so much. To my grandparents, I am proud to carry on the Cupp name into my new title of Dr. Cupp. I love you both so much.

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Chapter 1. Introduction

Traumatic childhood experiences cause numerous adverse effects on a child's development socially and emotionally and can lead to increased classroom disruptions and lower academic achievement (Berger, 2019; Puchner & Markowitz, 2023). Creating school environments that are safe, engaging, positive, and unbiased can mitigate the effects of trauma and build resiliency in children (Osher et al., 2021). Addressing trauma requires the use of several distinct elements to provide awareness of trauma, prevention, identifying factors of trauma, and effective assessment and treatment specific to each child's adverse effect (Substance Abuse and Mental Health Administration [SAMSHA], 2014). There are six pillars to trauma informed practices: safety; trustworthiness and transparency; peer support; collaboration and mutuality; empowerment, voice, and choice; and cultural, historical, and gender issues (Centers for Disease Control and Prevention [CDC], 2020). Without proper professional learning in identifying trauma and trauma-informed approaches, teachers are unknowingly causing re-traumatization in students (Nguyen, 2023). Therefore, school leaders have the responsibility to provide teachers and other support staff with access to trauma-informed training (DeCandia et al., 2014). According to the National Association of Secondary School Principals (NAASP), (2020), school leaders can follow five steps to create a trauma-informed school.

NAASP (2020) noted the five steps as follows: school leaders also becoming knowledgeable in trauma-informed practices and modeling these approaches to staff; helping staff identify triggers or adverse effects from their own childhood; providing information to community members about Adverse Childhood Experiences (ACEs); creating equitable trauma-informed practices throughout the entire school; creating a positive school culture that overcomes the effects of trauma, and re-traumatization. When students are provided with the

appropriate trauma-informed approaches for ACEs, it is possible for students to overcome trauma (SAMSHA, 2014).

Purpose of the Study

The purpose of this quantitative study was to further the understanding on how access to trauma-informed professional learning changed research-based practices in classroom and school-wide settings in K-12 schools. Findings from this study added to the literature surrounding trauma-informed professional learning, assessing the implementation of trauma-informed practices to mitigate the effects of ACEs, and provided recommendations for research-based practices through a K-12 continuum.

Statement of the Problem

Teachers who do not have a full understanding of the impact of trauma or how to appropriately implement trauma-informed practices can limit opportunities for students to learn strategies to self-regulate and engage in classroom activities (Osher et al., 2021; Puchner & Markowitz, 2023). According to Find Youth Info (2015), trauma is affecting children in all communities and responding to the adverse effects of trauma is crucial. Garcia et al. (2023) noted the importance of school leaders and teachers having trauma-informed professional learning to properly identify trauma responses in students to appropriately implement school-wide and classroom strategies that mitigate the effects of trauma. Additionally, Garcia et al. highlighted research on how school-wide application of trauma-informed practices can expand knowledge and awareness to provide safe, equitable, positive learning environments for students. Christian et al. (2022) noted that schools need systemic approaches to make sure that trauma-informed approaches are beneficial to students and teachers. Trauma-informed approaches are crucial for the growth of students socially, emotionally, and academically (Yoder et al., 2021).

Research Questions

The guiding question for this quantitative study was: How has trauma-informed professional learning influenced changes in research-based practices in school-wide and classroom settings in K-12 schools? An analysis of survey responses of teachers from ten urban schools in East Tennessee were used to evaluate how access to training changed the implementation of trauma-informed practices.

The study addressed the following research questions:

RQ1: Do teachers perceive that trauma-informed professional learning supports the development of school-wide research-based practices and application of trauma-informed strategies in elementary schools to a significant extent?

RQ2: Do teachers perceive that trauma-informed professional learning supports the development of school-wide research-based practices and application of trauma-informed strategies in middle schools to a significant extent?

RQ3: Do teachers perceive that trauma-informed professional learning supports the development of school-wide research-based practices and application of trauma-informed strategies in high schools to a significant extent?

RQ4: Do teachers perceive that trauma-informed professional learning supports the development of classroom research-based practices and application in elementary schools to a significant extent?

RQ5: Do teachers perceive that trauma-informed professional learning supports the development of classroom research-based practices and application in middle schools to a significant extent?

RQ6: Do teachers perceive that trauma-informed professional learning supports the development of classroom research-based practices and application in high schools to a significant extent?

Significance of the Study

According to Osher et al. (2021), trauma is a prevalent issue facing youth across the United States, where most children, will be exposed to one or more traumatic events before the age of eighteen. Additionally, Osher et al. noted that if teachers do not have the appropriate access to trauma-informed professional learning and know how to implement supports to combat the adverse effects, trauma will cause additional setbacks to students. The results of this study might provide additional data on how access to training changes the implementation of trauma-informed practices, and what further supports teachers need to implement these practices. Teachers and school leaders implementing practices to develop the whole child may see increased growth in behavior and academic achievement (Puchner & Markowitz, 2023).

Limitations and Delimitations

Limitations were present during this study because of the population that was selected. Specifically, this study may not be generalized to any other sections of this northeastern Tennessee school district. Because of this study, specific delimitations existed. This study's population was delimited to the teachers in a specific section of one northeastern Tennessee school district. In addition, the population of this study was delimited to participants who worked in schools that were identified as trauma informed schools.

Definitions of Terms

The following definitions, for this study, are provided:

Adverse Childhood Experiences (ACEs)- ACEs are events related to trauma that take place during childhood such as abuse, violence, growing up in households with mental health or substance abuse problems (Centers for Disease Control and Prevention [CDC], 2021).

Distributed Leadership- Distributed leadership is a leadership style where all individuals within an organization share responsibility and accountability when working towards common goals (Lead Academy, 2023).

Positive School Culture- Positive school culture is a set of elements that fosters strong connections, relevant values, and standards for performance and progress while supporting learning for everyone (Cordeiro, 2021; Deal & Peterson, 2016).

Re-traumatization- Re-traumatization is the concept of relapsing back into previous trauma (Nguyen, 2023).

Social Emotional Learning (SEL)- SEL is the process of developing a better awareness and management of self to form positive relationships with others and make responsible choices (CASEL School Guide, n.d.).

Transformational Leadership- Transformational leadership is a leadership style where leaders empower people in an organization to accomplish change through a shared vision (Baker, 2023).

Trauma- Trauma is an event or series of events that causes someone emotional or physical harm (Puchner & Markowitz, 2023).

Trauma-Informed – Trauma-informed is an understanding of how trauma affects people socially, emotionally, and cognitively to provide appropriate supports for behaviors from these effects (Puchner & Markowitz, 2023).

Trauma-informed Practices (TIP)- TIP is a framework centered on strengths rooted in the understanding and response to trauma (Ministry of Child and Family Development, 2020).

Whole Child- Whole child is an approach that focuses on taking care of a child’s social, emotional, and physical needs to reach their full potential (Ratnam, 2020).

Theoretical Framework

This study investigated teacher perceptions of trauma-informed professional learning and how professional learning supported the development of strategies identified through the SAMSHA pillars and application of practices across all grade bands. Two types of frameworks were examined and are the cornerstone of this research:

1. When providing trauma-informed care, SAMSHA identified six guiding principles. SAMSHA’s six guiding principles are in the CDC’s (2023) infographic in Figure 1 below.

Figure 1

SAMSHA Six Guiding Principles to a Trauma Informed Approach, 2020



Note. Figure 1 highlights the principles of trauma-informed care that the CDC (2020) shared from SAMSHA’s six guiding principles: safety; trustworthiness and transparency; peer support, collaboration, and mutuality; empowerment voice and choice; cultural, historical, and gender issues. Much of this research was founded on SAMSHA’s Six Guiding Principles of Trauma-Informed Care to assist communities, families, and trauma survivors in understanding the links between behavioral health and trauma (SAMSHA, 2014). SAMSHA’s Six Guiding Principles are the underlying framework for implementation of school-wide trauma-informed practices.

From 2020 “Infographic: 6 Guiding Principles to a Trauma-Informed Approach” by Centers for

Disease Control and Prevention, 2020,

(https://www.cdc.gov/orr/infographics/6_principles_trauma_info.htm). In the public domain.

2. In Maslow's Hierarchy of needs, a child cannot reach higher needs until survival needs are being satisfied (Laser-Maira et al., 2019; McLeod, 2023). Laser-Maira et al. explained that Maslow's hierarchy of needs begins at the physiological level of food, shelter, sleep, and other basic needs. In addition, Laser-Maira et al. noted the next levels of Maslow's hierarchy of needs being safety, security, affection, and a sense of belonging. Both frameworks correlate to creating safe learning environments for students and providing appropriate trauma-informed supports to produce higher achievement socially, emotionally, and academically moving students closer to self-actualization (McLeod, 2023; SAMSHA, 2014).

Overview of Study

Chapter 1 introduced the research topic, issue history, statement of the problem, key terms, theoretical framework, significance of the study, and limitations of the study. Chapter 2 contains a review of literature concentrating on the components of the implementation of trauma-informed practices that are research-based. Chapter 3 explains the quantitative methods used in this study such as population, instrumentation, data collection, and data analysis. Chapter 4 highlights the findings of the study. Chapter 5 concludes with a review of the results and suggestions for more research in this area of study.

Chapter 2. Review of Literature

Eller and Eller (2019) noted that trauma is a prevalent issue facing students across the country with long-lasting effects of trauma causing achievement gaps. Additionally, Eller and Eller emphasized the importance of educators understanding the detrimental effects of trauma and implementing trauma-informed practices to foster learning environments of resiliency. According to Berger (2019), trauma-informed practices enhanced educators' awareness of trauma and its effects on students, improved the supports and interventions provided by educators to these students to address specific needs. Additionally, Berger emphasized that educational leaders increasing opportunities for professional learning on trauma and trauma-informed practices reduced re-traumatization by school-wide use of restorative practices and alternative disciplinary actions. Christian et al. (2023) concluded that integrating trauma-informed approaches should be a process that is continual with a deliberate focus on creating a positive school culture and a safe learning environment.

According to Stokes (2022) teachers and school leaders participate in professional learning opportunities that are pertinent to the community of learners with programs that build on knowledge of specific subject matter and provide opportunities for teacher reflection and implementation of new learning. According to the National Education Association (NEA) (2023), professional learning in areas of trauma and trauma-informed approaches creates an environment where learning can occur for educators. Additionally, NEA concluded that it is imperative to prioritize the mental and physical health of students by providing access to mental and physical resources and support services, encouraging physical activity and healthy lifestyle choices, and creating open communication channels where students feel comfortable sharing concerns and asking for help when needed. By addressing the well-being of students, educators

can create an environment that supports overall student development and enables effective engagement in the learning process (NEA, 2023).

Adverse Childhood Experiences (ACEs)

Adverse Childhood Experiences (ACEs) are traumatic incidents or situations that happen during a person's childhood, usually before the age of 18, and have a major negative influence on their social, emotional, and physical well-being (Garcia & Scarlett, 2021). According to Garcia et al. (2023), ACEs and childhood trauma are common in the United States, where more than two-thirds of children suffer traumatic incidents before the age of 16. These experiences include three main categories, such as abuse, neglect, and household dysfunction (Center on the Developing Child, 2020). Garcia and Scarlett (2021) described three subcategories of abuse including physical, emotional, and sexual abuse as follows: (1) Physical abuse involved intentional harm or injury inflicted on a child; (2) Emotional abuse encompasses verbal assaults, threats, or constant rejection, damaging the child's emotional well-being; (3) Sexual abuse involves any form of inappropriate or non-consensual sexual contact or exposure experienced by a child. Additionally, Garcia and Scarlett noted that neglect involves the failure to provide a child's basic needs, both physical and emotional. Household dysfunction refers to various adverse circumstances within the family environment, such as parental substance abuse, where a caregiver struggles with addiction, leading to instability and neglect of the child's needs (Center on the Developing Child, 2007; Garcia & Scarlett, 2021).

Center on the Developing Child (2020) noted that without supportive adults, children can also experience an overactivation of stress that is known as toxic stress, which can be caused by violence in communities and racism. ACEs can impede the development of good coping strategies, making it more difficult to control emotions, manage stress, and build trustworthy

relationships (Boullier & Blair, 2018; Center on the Developing Child, 2007). Exposure to severe or long-term trauma can cause children to experience difficulties with learning such as impairments to working memory, cognitive performance, interpersonal connections, and physical health (Garcia et al., 2023). Kerker et al. (2015) completed a research study examining ACEs in young children via various child protective services and 98% of the children had experienced a minimum of one ACE, but an overall average of 3.6 ACEs. Additionally, Kerker et al. noted that each child with additional ACEs had a 32% increase in behavior problems, a 21% increase in having a severe medical condition, and 77% increase in problems with social interaction.

ACEs can have a significant and lifetime impact on a child's physical health (Kalmakis & Chandler, 2015). Research studies show a strong correlation between ACEs and a higher likelihood of various physical health problems (McInerney & McKlindon, 2015). According to Cloutre et al. (2019), when stress hormones are constantly heightened, it can lead to many physical health issues. Kalmakis and Chandler (2015) noted physical health issues in a study of health consequences related to ACEs, such as heart disease, diabetes, obesity, and hypertension. According to Vig and Asmundson (2020), ACEs can also have many effects on a child's social and emotional well-being, which can directly affect mental health. Ross et al. (2020) noted that ACEs can cause children to be more likely to have heightened stress reactivity, anxiety, depression, and post-traumatic stress disorder (PTSD). ACEs also cause an increase of chronic stress, which can alter a child's brain development in areas of emotional regulation and cognitive function (Mersky et al., 2013).

Douglass (2016) emphasized that altered development in areas such as emotional regulation and cognitive function can cause an increased number of behavior disruptions and decreased academic achievement. Specific examples of altered brain development in areas of

emotional regulation and cognitive function include impulsivity, emotional dysregulation, and difficulty concentrating (Kerker et al., 2015). Additionally, ACEs has effects on student engagement and social skills creating more difficulty for a child to create relationships with other students or teachers due to lack of trust (Cummings & Swindell, 2018). McInerney and McKlindon (2015) noted that it could be difficult for students who have suffered trauma to fully engage in class discussions, or group activities because students may exhibit avoidance, aggression, or withdrawal, which may increase feelings of loneliness and make it harder for them to study and interact with others. Educators who do not have professional learning experience in trauma, the effects of trauma, and trauma-informed practices can misunderstand the reason behind classroom disruptions leading to an increased number of disciplinary actions that cause students to not feel safe and disengage in the learning environment (Gittell, 2016).

If trauma-informed practices are a school-wide initiative, school leaders and teachers can mitigate the effects of ACEs by implementing early intervention and prevention efforts (Center on the Developing Child, 2007). For example, school leaders, teachers, and other stakeholders can identify and address ACEs early in students to provide students certain interventions to mitigate the negative effects (Dinehart et al., 2013). Creating trauma-informed school environments provides students with a foundation for healthy brain development, safe learning environments, access to supportive relationships, and opportunities to foster resilience (Centers for Disease Control and Prevention, 2023; Choi et al., 2019). Additionally, Cummings and Swindell (2018) noted that early intervention of ACEs begins with extending information to communities on how to prevent childhood trauma and providing resources to families affected by ACEs.

Understanding how to prevent ACEs or mitigate the effects of ACEs helps communities work together in potentially breaking generational cycles of childhood trauma and promoting positive developmental outcomes for children (Douglass et al., 2021). Being trauma-informed means creating spaces of empathy, understanding, and support for students suffering from negative effects of trauma to promote student success (Holmes et al., 2015). When teachers are provided with trauma-informed professional learning, students are provided appropriate behavior intervention support in the classroom environment to mitigate the effects of ACEs (Loomis, 2018). Teachers who are implementing trauma-informed practices are establishing consistent classroom routines, giving time and space for self-regulation, and fostering a positive culture in the classroom of understanding and inclusion of all students (Sciaraffa et al., 2018).

Neuroscience of Trauma and How it Affects the Brain

According to Hayduk (2023), the effects trauma can change the physical structure of the brain. Additionally, Hayduk emphasized the hypothalamus regulates the brain's stress response system. Trauma causes dysregulation in the hypothalamus where stress hormones such as cortisol and adrenaline are released constantly causing chronic stress. Chronic stress causes negative changes in neural connections and restructuring of brain circuits (Bremner, 2006). According to Rosenthal (2019) one traumatic event or recurring traumatic events significantly impacts several regions of the brain, which alters the brain's structure, function, and connectivity. In addition, Rosenthal noted that neurological changes caused by traumatic events could have long-lasting effects on an individual's mental health and overall well-being.

Some long-lasting effects of trauma include symptoms of post-traumatic stress disorder, which can vary in intensity and occasionally interfere with an individual's daily life if he or she never receives professional treatment for PTSD (Banyan Mental Health, 2020; Hayduk, 2023).

Banyan Mental Health also emphasized that others may experience trauma and have more subtle changes in thoughts, feelings, or behaviors. The brain's reaction to these kinds of situations is complex, including many networks and systems that control stress reactions, emotions, memory, and perception (Kumar et al., 2013). According to Rosenthal (2019) and the National Library of Medicine (n.d.), post-traumatic stress disorder (PTSD) is often developed after traumatic experiences and has certain effects on the amygdala, prefrontal cortex, and hippocampus. In addition, the effects traumatic experiences can affect many parts of the brain and those effects are described as follows:

1. Amygdala Hyperactivation:

People who suffer from PTSD may show signs of elevated amygdala reactivity, which can result in heightened emotional reactions and trouble controlling emotions.

2. Hypo functioning Prefrontal Cortex:

Difficulties in managing fear reactions and emotions can be attributed to decreased activity in regions of the brain that are involved in emotional regulation, such as the prefrontal cortex.

3. Changes in the Hippocampus:

PTSD is associated with changes in the hippocampus, which may cause issues with memory retrieval and recall.

4. The Hypothalamic Pituitary Adrenal (HPA) axis Dysregulation:

Stress hormones like cortisol and adrenaline are released when traumatic events set off the body's stress response. Extended or severe stress can throw off the HPA axis, causing erratic cortisol levels that affect mood, memory, and emotional control.

5. Changes in the Limbic System:

Trauma causes increased activity of the amygdala, a crucial region in emotional processing and danger detection, and this increased activity of the amygdala causes hypervigilance and elevated emotional reactions.

6. Impacts on the Hippocampus:

Trauma can have a damaging impact on the hippocampus causing it to become smaller, which could make it harder to combine memories, recall memories, and interpret events.

7. Prefrontal Cortex Impairments:

Trauma can cause impairments to the prefrontal cortex, which is important for impulse control, decision-making, and emotional regulation. In addition, changes in the prefrontal cortex produce difficulties associated with executive function, emotional control, and social relationships may arise from changes in this area.

8. Cingulate Gyrus Damage:

Trauma to the cingulate gyrus can result in improper emotional responses, a lack of fear, a diminished perception of pain, and difficulties learning.

9. Basal Ganglia Damage:

Damage to the basal ganglia is strongly associated with symptoms of depression.

10. Decreased size in the Corpus Callosum:

When the corpus callosum is decreased in size the brain cortex cannot appropriately coordinate between brain hemispheres causing disruptions for children to respond to external stimuli (Cimesa et al., 2023; Guy-Evans, 2023; Kumar et al., 2013; National Library of Medicine, n.d.; Rosenthal, 2019).

According to Bremner (2006), the amygdala processes emotions such as fear and perception of danger. Additionally, Bremner noted that trauma elevates the amygdala causing an increased awareness of dangers. In addition, increased size of the amygdala results in an increased response to stimuli and alertness, and struggles to control emotions (Simic et al., 2021). Kim et al. (2015) emphasized that the hippocampus recalls memories and contextualizes experiences. Traumatic events change the structure of the hippocampus causing a decrease in volume and function such as issues with recalling memories, issues with connecting memories of traumatic events, and issues telling differences between past and present experiences (Kim et al., 2015). According to Hathaway and Newton (2023), the prefrontal cortex makes decisions, controls impulses, and regulates emotions. Additionally, Hathaway and Newton concluded that traumatic events affect dorsolateral and ventromedial areas of the prefrontal cortex causing issues with regulating emotions, self-control, and working memory.

The limbic system is responsible for controlling emotions and houses sections of the prefrontal cortex, the hippocampus, and the amygdala (Kumar et al., 2013). Trauma affects the limbic system by causing dysregulation of emotions and increased vulnerability to stress resulting in symptoms of PTSD (Rosenthal, 2019). The default mode network (DMN) is responsible for self-awareness, self-reflecting, and recollection of individual experiences (Tian et al., 2021). In addition, Tian et al. suggested that trauma affects the DMN by individuals decreased self-awareness due to increased thoughts of past traumatic experiences.

According to Awasthi (2023), the nervous system can adapt and heal itself after traumatic experiences, which is known as neuroplasticity. Awasthi also noted that after traumatic events, people might temporarily lose cognitive abilities, yet neuroplasticity can offer restoration. Raypole (2020) added that therapeutic interventions, including trauma-focused therapies,

mindfulness practices, and other forms of cognitive-behavioral therapy, aim to leverage neuroplasticity to help individuals recover from trauma. Additionally, Raypole noted that these interventions focus on rewiring neural pathways, promoting emotional regulation, and fostering resilience.

In children, excessive stress to the body and the brain response systems over time might hinder healthy development (National Scientific Council on the Developing Child, 2014). In addition, the National Scientific Council on the Developing Child noted that this prolonged activation of stress is a catalyst to problems with memory and learning gaps. Greenberg (2021) emphasized that when a child is suffering from post-traumatic stress, parts of that child's brain are overused, or underused in certain circumstances. Additionally, Greenberg noted that a child consistently being in a mode of fight-or-flight causes the wiring of the brain and nervous system to only react to situations in a mode of survival and does not allow the brain to take in any current information, which lessens the ability to regulate emotions appropriately.

Ehrenfeld (2021) emphasized that children and young adults are susceptible to trauma. A child's brain is so pliable that trauma takes effect at a quicker rate, leaving more extensive damage trails and stunting brain development (Ehrenfeld, 2021; The Centre for YouthAOD Practice Development., n.d.). During typical brain development of a child, the hippocampus is in a high-functioning state where it takes in information from learning and commits that information from short-term memory into long-term memory storing facts, dates, and locations (Cimesa et al., 2023; Wendt, 2022). After a traumatic event, the hippocampus attempts to interpret the event and recollect details, but the trauma from the event causes overstimulation of the brain recalling details about the incident (BrainLine, 2019).

BrainLine (2019) noted that this overstimulation causes crucial elements of the incident to become skewed where not all the information is properly recorded. Trauma to the hippocampus also results in the brain struggling to separate painful memories of the past from life in the present, which can cause anxiety, depression, or PTSD (Coeur d'Alene Counseling, Inc., 2019). The amygdala's main job is to regulate and process strong emotions, such as fear, and sends signals from fearful stimulus to other parts of the brain like the hippocampus (Flint Rehab, 2022; Guy-Evans, 2023). Trauma can cause amygdala dysfunction which is linked to several neurodevelopmental and neurologic illnesses as well as psychiatric problems because it affects how the brain processes emotions, forms and stores memories, and conditions learning (Pugle, 2023). During the typical brain development of a child, the prefrontal cortex facilitates decision-making, rational thinking, processing complex information, processing language, speech, staying on-task, concentrating, and memory (The Human Memory, 2022). The effects of trauma to the prefrontal cortex may cause the inability to make rational decisions, or control impulses (Cimesa et al., 2023).

According to the Tennessee Department of Children's Services (DCS) (n.d.), ACEs, sometimes known as chronic childhood trauma, can interfere with a child's brain development. Additionally, DCS stressed that, if ACEs and the consequences are not addressed, children will find it more difficult to live a healthy life, thrive academically, and contribute to the future success of the state.

According to the University of Southampton (2020), an institutionalized children's brain activity and structure changed because of trauma. Additionally, The University of Southampton noted changed in areas especially related to social cognition, emotional control, and stress response as seen by the Positron Emission Tomography (PET) scans. The University of

Southampton also noted that there were noticeable alterations in brain function throughout the crucial early developing phases due to a lack of individualized care, caring, and emotional support. Scope Consultancy (2017) stated that in the typical development of a child's brain, each area is highly functioning to support cognition and the limbic system is working appropriately to regulate emotions, store memories, control impulses, and make rational decisions. Additionally, Scope Consultancy noted that when a child is dealing with adverse effects of trauma, the survival brain causes a child to react to stimuli by increasing impulsivity, decreasing the ability to regulate emotions, heightening flight-or-fight mode, and reversing the entire cognitive function of the brain. This makes learning challenging for a child dealing with the negative effects of trauma (Greenberg, 2021).

Greenberg (2021) also emphasized the impact of childhood trauma on the seven domains of child development such as, cognition, brain development, behavior, mental health, physical health, emotions, relationships. Garcia and Scarlett (2021) noted that trauma can affect cognitive development, including learning abilities, problem-solving skills, and academic performance, which could hinder attention span, memory, and executive functions. According to Huang et al. (2014), trauma can alter brain structure and function, particularly in regions related to stress response and emotional regulation and prolonged stress can affect the development of neural pathways and impact overall brain architecture. Children who have experienced trauma might display behavioral issues such as aggression, impulsivity, withdrawal, or difficulties in social interactions, and children might have trouble following rules, or exhibit self-destructive behaviors. (Huang et al., 2014). BrainLine (2019) noted that trauma can lead to various mental health challenges, including anxiety disorders, depression, PTSD, and other mood disorders, and

these can manifest at various stages of life. In addition, BrainLine emphasized that there is a correlation between childhood trauma and physical health problems later in life.

According to Osher et al. (2021), trauma can contribute to chronic health conditions like heart disease, obesity, and autoimmune disorders because of the impact of stress on the body. Additionally, Osher et al. noted that trauma can make it difficult for children to regulate and understand emotions causing an increase in fear, anxiety, or anger. Trauma results in difficulty expressing emotions, which can have a negative effect on creating or maintaining relationships (Puchner & Markowitz, 2023). Puchner and Markowitz also noted that traumatic experiences produce trust issues causing challenges in social skill and social interactions. Addressing childhood trauma often involves a wide range of supports that could include therapy, emotional support, behavioral support, and creating a safe environment for the child (DeCandia et al., 2014). Early intervention and support can mitigate some of the potential long-term effects of trauma (SAMSHA, 2014).

Identifying trauma and potential long-term effects helps aid school leaders, educators, and other stakeholders combat ACEs and help the overall well-being of students (Lynch, 2019). Therefore, trauma-informed practices being implemented into schools can offer early prevention and intervention in mitigating ACEs (ACEs Aware, 2021). According to Christian et al. (2023), for all teachers and children to benefit from trauma-informed instruction, schools need systematic approaches. Additionally, Christian et al. noted that these trauma-informed approaches should be implemented throughout a multiyear cycle that offer a range of programs to help students access and use resources to foster resiliency.

Traumatic experiences severely impact the brain causing life-altering effects on a child's brain development (Cimesa et al., 2023). Also, these traumatic experiences severely alter parts of

brain development responsible for regulating emotions, processing memories, and responding to stress (Wendt, 2022). Understanding the neuroscience of the brain and how trauma affects brain development emphasizes the importance of early intervention and prevention to mitigate the effects of trauma and foster resilience in children (Ehrenfeld, 2021).

Building Strong Brains Tennessee: Prevention and Mitigation of the effects of ACEs

Block et al. (2021) stated that The Building Strong Brains Tennessee (BSBTN) initiative educates others about ACEs and increases public awareness to provide early intervention in addressing childhood trauma. Additionally, Block et al. pointed out that the goal of the BSBTN initiative is to distribute knowledge supporting healthy child development to community members such as educators, healthcare professionals, and families. Community partnerships, training programs, and educational campaigns that provide resources like toolkits, manuals, and seminars with the goal of increasing awareness of ACEs, trauma-informed care, and strategies to promote positive childhood experiences are some essential elements of BSBTN. In response to a growing understanding of the importance of early intervention and promoting healthy childhood development to mitigate the effects of ACEs, BSBTN aims to build a more supportive and responsive community from all stakeholders in collaboration with other regions. BSBTN has the following goals that outline the initiative:

1. Raise the likelihood that every child born in Tennessee will have the chance to live a long, healthy, and fruitful life.
2. Increase public awareness about ACEs.
3. Influence Tennessee's public policy to encourage ACEs prevention and lessen the factors in the community that lead to them.

4. Encourage creative local and state initiatives that provide new perspectives and accurate effect measurements to reduce childhood toxic stress and ACEs.
5. Look for funding that is sustainable to make sure the state continues a long-term commitment to reducing the impact of adverse childhood experiences.
6. Adopt transparent, flexible governance methods by utilizing state-wide planning committees and the Three Branches Institute, which is composed of leaders from the Executive, Legislative, and Judicial branches of government. The Governor invited these leaders to convene and develop a shared agenda aimed at improving child welfare and realigning the juvenile justice system (Kennedy, 2018).

Daugherty and Poudel (2017) collected public opinions surrounding ACEs. Respondents were asked on their familiarity with Universal Parenting Place (UPP), which is a site where parents can get support and tools on raising children in healthy home environments; respondents were also asked about their support level and awareness of the ACEs initiative BSBTN (Daughterty & Poudel, 2017). Additionally, respondents were 6.2% familiar with UPP, while 81.9% of respondents thought the UPP initiative would be moderately effective; 74.8% of respondents were not familiar with the BSBTN initiative, but 81.5% of respondents felt the awareness within BSBTN initiative was incredibly important (Daughterty & Poudel, 2017). Block et al. (2021) emphasized that spreading awareness about ACEs and offering training to provide early prevention and intervention is the cornerstone of BSBTN. Additionally, Block et al. noted important steps that were implemented by the Tennessee Commission on Children and Youth to work towards this goal which consisted of providing initial training to people leading training on development of the brain, responsiveness to trauma, preventing and mitigating the effects of ACEs. Block et al. also noted other important steps that were implemented by the

Tennessee Commission on Children and Youth included providing information and tools to the public for ACEs; implementing training into school systems for teachers and administrators; using media outlets and social media to provide the public with information about the BSBTN initiative and the frameworks associated with the initiative. Approximately 7,000 teachers and administrators started receiving training in 2015, which ignited a change in the training model where individual schools could undergo training and become school experts in trauma-informed practices identifying those schools as trauma-informed schools adopting the Whole School, Whole Community, Whole Child (WSCC) Model (Block et al., 2021).

Whole School, Whole Child, Whole Community (WSCC) Model

Willgerodt (2021) stated that the Whole School, Whole Community, Whole Child (WSCC) model, that was introduced in 2014, is centered around students and focused on collaboration and coordination of various sectors in the school and community that promotes the social, emotional, and academic well-being of students. The WSCC is built on components of conventional school health approaches and the framework of the whole child (Association for Supervision and Curriculum Development (ASCD), n.d.). Yeshiva University (2023) noted the five tenets of the Whole Child Approach as healthy, safe, engaged, supported, and challenged. The criterion of each tenet is as follows:

1. **Healthy:** Students will come into the school healthy and participate in learning about healthy lifestyles.
2. **Safe:** Students have access to learning environments that are physically and emotionally safe.
3. **Engaged:** Students are actively engaged in their learning and are connected to the school and the community.

4. Supported: Students have access to individualized learning with the support of qualified school leaders and teachers who care about the students' social, emotional, and academic well-being.
5. Challenged: Teachers provide rigorous instruction that challenges students academically and promotes college and career readiness (ASCD, n.d.).

According to the CDC (2023b), the WSCC model highlights the value of evidence-based school policies and practices, the community's support of the school, and the links between academic success and health. Additionally, the CDC stated that the WSCC also fulfills the need for more focus on the physical and psychological environments, as well as the growing responsibilities that families and community organizations play in promoting healthy child development and behavior. The WSCC model was developed by the CDC and ASCD in cooperation with prominent figures in the work fields of education, school health, and public health to fortify a coordinated and cooperative strategy intended to enhance learning and health in our country's educational institutions (ASCD, 2016; CDC, 2023b). The following 10 components of the WSCC model noted:

1. Access to physical education and increased physical activity, which includes the national framework for physical education and youth physical exercise is the Comprehensive School Physical Activity Program (CSPAP). The five components of a CSPAP are physical education, physical activity before and after school, staff involvement, and family and community engagement.
2. Environments and services related to nutrition where students have opportunities to learn about and practice healthy eating from nutrition instruction, and food-related

communication, which helps students fulfill potential and has been related in studies to better learning results.

3. Access to health education, which is any combination of scheduled learning opportunities that provide students the chance to gain the knowledge and abilities they need to make wise health decisions is considered formal, structured health education.
4. School climate of social and emotional learning identifies the psychosocial facets of a student's educational experience that impact social and emotional development. In addition, academic achievement, connections with faculty and staff, families, and the community, and student participation in school activities, can all be impacted by a school's social and emotional atmosphere.
5. Safe school environments maintain the physical health and safety of students and staff in a safe and healthy school setting fosters learning.
6. Access to health services which address current and prospective health issues, school health services include emergency medical attention, first aid, evaluation, and planning for the treatment of chronic illnesses (such diabetes or asthma). Furthermore, the provision of care coordination services is complemented by wellness promotion, preventative services, and staff, student, and parent education. Also, these services are for guaranteeing referrals to private healthcare providers or the medical home, if necessary. To support student health care and a secure and healthy learning environment, health services establish connections between school personnel, students, families, the community, and healthcare professionals.
7. Access to social, psychological, and counseling services enhance students' mental, behavioral, social, and emotional well-being and foster academic achievement.

8. Health and wellness of staff fosters the physical and emotional well-being of school employees and protects the school personnel, which supports the academic and overall well-being of students.
9. Involvement with the community promotes student learning, development, and health-related activities and community clubs, organizations, and local companies form relationships with schools, pool resources, and provide volunteer labor.
10. Involvement with families promotes and enhances students' learning, growth, and health. Families and school personnel collaborate, and educational staff and families share responsibilities for fostering family participation in the classroom and school personnel's goal is to maintain family involvement by welcoming families and involving them in a variety of relevant ways (ASCD, 2016; CDC, 2023b).

According to Rooney et al. (2015), the ASCD has developed Whole Child Snapshots that are specific to each state and highlight how the needs of children are being met in comparison to other states in the United States, and schools use these snapshots to develop a plan of action for meeting the Whole Child needs of students. For example, Rooney et al. highlighted that the snapshots reveal the percentage of children living in poverty, child safety, engagement in school and elections, head of household education attainment level, and potential action steps to meet Whole Child needs. ASCD (2015) highlighted Tennessee's Whole Child Snapshot from the year 2015 noting that 27% of children are in poverty as compared the United States average of 22%.

Kennedy (2024) noted that in 2022, 17.6% of children were reported to be living below the poverty line. In addition, Kennedy also emphasized that Tennessee has a higher rate of victims experiencing abuse one or multiple times, so there is a need for all children to have access to resources for social and emotional well-being. Additionally, ASCD (2015) noted action

steps for schools in developing the Whole Child, which include, adopting the WSCC framework for district implementation; community partnerships to offer physical and mental health services to families; regularly assessing the school climate and gathering data on the school climate through staff, student, and parent needs' assessments; implementing SEL practices; offering extra-curricular activities for students; offering afterschool tutoring; having family engagement activities; providing instruction that meets the needs of the Whole Child, offering individualized instruction, and implementing student check-ins for accountability in academic performance and social and emotional status.

Social Emotional Learning (SEL)

Social emotional learning (SEL) is important for student success (Weissberg, 2016). SEL develops school cultures and learning environments that motivate students to be self-aware, respectful, responsible, and safe (Nava et al., 2021). SAMSHA (2023) concluded that SEL school environments foster greater opportunities for higher student achievement academically and socially when providing adequate support through students and adults gaining knowledge and skills on managing emotions, achieving positive goals, learning empathy, creating opportunities for positive relationship building, and making responsible choices.

Also, SAMSHA concluded that school leaders who implement SEL school cultures and learning environments must give all teachers and staff support in professional development of trauma-informed practices and components of SEL while following an organizational framework for social emotional learning. In addition, school leaders should also be receiving professional development of trauma-informed practices and the components of SEL to provide effective modeling of the professional learning standards for SEL (Grissom et al., 2021). Therefore, the

administrators, teachers, and staff can provide opportunities of engagement for student awareness in SEL (Nava et al., 2021).

According to Yoder (2021), schoolwide SEL is crucial for creating an environment that supports the complete development of students, which involves cultivating social and emotional skills, fostering positive relationships, and integrating these practices into academic learning. Additionally, CASEL School Guide (n.d.) emphasized that implementing schoolwide SEL is a process that can take time, but schools at any stage can monitor progress using the 10 indicators of Schoolwide SEL, and these indicators provide a framework for assessing and improving the implementation of SEL practices, ensuring that the school is on track to create a supportive and inclusive environment for all students. The indicators of school wide SEL are highlighted by CASEL School Guide (n.d.) that are as follows:

1. Classroom:

- Explicit SEL instruction where students practice and build social emotional skills appropriate for student development and culturally sensitive level.
- SEL goals are included into all subject areas' instructional material when combined with academic education.
- Youth voice and engagement to encourage students to become leaders, problem solvers, and decision makers elevating perspectives and experiences.

2. School:

- Supportive learning environments throughout the school that foster strong connections and a sense of community while also being culturally sensitive and accommodating to all students.

- Staff members develop social, emotional, and cultural competency. In addition, staff members also get the chance to work together, establish reliable connections, and promote a positive school climate.
- Administration emphasizes supportive discipline, which employs equitable, developmentally appropriate, restorative, and instructional discipline practices.
- There is an integrated support continuum for behavior and academics to make sure that student needs are satisfied.

3. Family:

- Real family partnerships are those in which schools and families work together to build strong bonds that promote student academic, social, and emotional growth.

4. Community:

- In aligned community partnerships, the vocabulary, approaches, and communication about SEL efforts both inside and outside of the school building are shared by school personnel and community partners.
- Encourage the development of continuous improvement systems that evaluate data on implementation and results to track target progress. Also, all SEL-related processes, procedures, and equity-focused policies are improved with this data (CASEL School Guide, n.d.; Yoder, 2021).

By prioritizing and supporting SEL, collaborating across and within departments and offices, providing professional development, and building partnerships with students, families, and communities, schools can create a supportive and inclusive culture that fosters all students’

well-being and academic success (Dinsdale, 2022). According to Bailey et al. (2019), SEL promotes holistic development and gives students the tools to succeed in various aspects of life. Additionally, Bailey et al. noted that SEL encompasses the cultivation of self-awareness, self-regulation, social awareness, relationship skills, and responsible decision-making. Duncan et al., (2017) emphasized that SEL can raise academic achievement by students gaining knowledge in areas of self-awareness, self-regulation, social skills, and the ability to make responsible decisions. In addition, Duncan et al. stated that with an increased awareness socially and emotionally, there is an increased ability for students to become more focused on learning in the classroom, set learning goals, and using the appropriate coping tools to overcome daily difficulties.

In conclusion, SEL focuses on building caring relationships with students and all stakeholders and creates a learning environment of equity and inclusion (Yoder, 2021). Additionally, SEL creates positive learning environments that include empathy, understanding, and respect between students and teachers (SAMSHA, 2023). Furthermore, SEL makes a substantial contribution to the development of critical life skills, in which students can acquire effective communication, problem-solving, collaboration, and conflict resolution techniques through SEL programs, which are essential for negotiating the challenges of adult life (Bailey et al., 2019).

School Leaders' Roles in Schools

Effective leadership is paramount to student and school success (Fullan, 2020). According to Northouse (2019), leadership is a series of actions or steps to achieve a common goal. Additionally, Northouse emphasized that leadership is a collaborative and interactive process where one person is influencing a group of people to execute this common goal. Kouzes

and Posner (2023) explained that when clear expectations are set and modeled by leaders, this inspires a shared vision throughout the organization. Positive connections between leaders and followers increase motivation for an organization to exceed expectations when working towards a common goal and core set of values (Deal & Peterson, 2016; Northouse, 2019; School of Education Online, 2023; UMass Global, n.d.).

An effective leader inspires followership when goals are clearly communicated, which ignites a commitment to the shared vision (Sergiovanni, 2006). Furthermore, Sergiovanni noted that a school leader has a responsibility to reinforce the vision of the organization while giving opportunities for teachers to be accountable in the implementation of school-wide goals in the classroom. Educational leaders gain commitment to a shared vision by modeling an example of high expectations for learning and high standards for implementation of meaningful learning experiences (Bush et al., 2019). According to Fullan (2020), this concept of school leaders and all stakeholders working together in a shared vision to make differences in students' lives is known as moral purpose. Additionally, Fullan mentioned that moral purpose is the basis of treating followers with respect, equality, and fairness.

Transformational leadership encompasses moral purpose, in which leaders model behavior that is ethically appropriate (UMass Global, n.d.). Northouse (2019) explained that transformational leaders work to understand motives of followers to provide safety and trust. Transformational leaders create opportunities for autonomy of followers to voice different perspectives and ask questions (UMass Global, n.d.). According to School of Education Online (2022a), transformational leadership in education is centered around schools providing learning opportunities where students are given autonomy in problem solving and thinking critically during learning.

Bush et al. (2019) explained that educational leaders have responsibilities to ensure that there is effective leadership throughout schools to promote academic success for all students. The first responsibility is the school leader establishing a shared vision in holding high standards in teaching and learning for the success of each student (Australian Children's Education and Care Quality Authority (ACECQA), 2022). The school leader should communicate the vision so that each person in the organization understands the change process and how it will be executed (Fullan 2020; School of Education Online, 2023). Hirsh et al. (2014) shared that the second responsibility is creating a climate that supports the shared vision.

Additionally, Hirsh et al. explained that school leaders must set the expectation that enriched learning experiences of the curriculum are at the forefront of all decision-making processes. School leaders must ensure that teachers are preparing lessons for students that maximize opportunities for interactive, hands-on, student-led instruction (Schools of Education Online, 2023; The Wallace Foundation, 2013). The National Association of Elementary School Principals (NAESP) (2021) noted that schools must give high-quality support to students cognitively, socially, and emotionally.

Furthermore, the NAESP noted that school leaders should work to engage parents and other members of the community to provide support for students outside of the school and inside the homes of students. Building strong relationships with every stakeholder will provide further access to enriched educational experiences for achieving the shared vision of success for every student (Fullan, 2020; NAESP 2021; School of Education Online, 2023). For example, building strong relationships begins when school leaders are working to ensure that all teachers are feeling supported and valued (Impact Advisors, 2023). The third responsibility of educational leaders is to foster leadership within other teachers (Hirsh et al., 2014).

When school leaders set high expectations and ambitious standards for instruction, this builds a strong school climate that ignites teachers to take ownership and accountability in setting high expectations and high standards for instruction with students in the classroom (Lead Academy, 2023). Accountability in schools takes the form of leadership teams, such as teacher leaders and instructional leadership teams (Hirsh et al., 2014). According to Lead Academy (2023), the instructional leadership team, or instructional support team is a form of distributed leadership.

The instructional leadership team along with the school leader supports the whole school community through the teacher evaluation process (US Program, 2016). This evaluation process develops high-quality teaching through feedback, teacher reflection, modeling a growth mindset from the leadership team for continuous improvement, tracking and monitoring student data as a basis of how to increase student progress, and gauging what professional learning supports are needed for growth in teacher instruction (Impact Advisors 2023). School leaders also entrust instructional coaches to provide feedback to teachers through walkthroughs, meeting regularly with professional learning communities (PLCs), and leading professional developments catered to specific teacher and student needs (Hirsh et al., 2014). Distributed leadership provides an extension of the shared vision of providing high-quality instruction for increased student achievement (Lead Academy, 2023).

Student achievement increases because of the model of setting high expectations for instruction from school leaders to teachers, and the model of setting high expectations for learning from teachers to the students (School of Education Online, 2023). The fourth responsibility of school leaders is improving instruction and achievement by creating professional learning for teachers to implement high-quality instruction (ACECQA, 2022).

Hirsch (2022) noted professional learning allows teachers to improve teaching and student learning. According to Hirsh et al. (2014), school leaders leverage staff strengths in the form of various responsibilities with data and other processes to create a school culture of continued improvement. Effective school leaders give opportunities for discussion in professional learning, in which teachers discuss instructional approaches being used and identify more research-based instructional approaches that continue to drive high-quality instruction (School of Education Online, 2023).

According to Robinson (2019), professional learning allows in-depth training of evidence-based practices to benefit teaching styles and student learning. Professional learning progresses instructional practice to reduce achievement gaps (NEA, 2020). Grissom et al. (2021) emphasized that effective principals are engaging teachers in professional learning that is specific to the schools' community of learners. Hirsh et al. (2014) noted that there is direct correlation between professional learning and increased success in student learning.

School Leader's Role in Trauma-Informed Practices

Bashant (2020) concluded that trauma is an incident surpassing a child's coping ability that can involve physical, emotional, and psychological suffering. These incidents frequently destroy a child's sense of security, safety, and worldview that can leave a permanent mark on a person's attitudes, feelings, actions, and general well-being (Douglass et al., 2021). According to Garland (2019), trauma can manifest in various forms, from acute incidents like accidents, natural disasters, or violence, to chronic exposure to abuse, neglect, or ongoing stressors and the effects of trauma can be immediate or may surface much later. Also, Garland emphasized that trauma could influence daily life in different emotional responses, such as intense fear, helplessness, anger, shame, and profound sadness. In addition, childhood trauma can disrupt a

child's sense of self, relationships, the ability to navigate the world with a sense of security and trust, and may experience symptoms, such as flashbacks, nightmares, hypervigilance, avoidance of triggering situations, or difficulties in regulating emotions (Bashant, 2020).

A trauma-informed approach in schools is paramount as it recognizes the pervasive impact of adverse experiences on students' lives and acknowledges the critical role educational institutions play in fostering a supportive environment for healing and growth (Douglass et al., 2021). According to Stokes and Brunzell (2021), adopting a trauma-informed lens helps schools acknowledge that many students may have experienced various forms of trauma, such as abuse, neglect, violence, or household dysfunction, which can significantly affect a student's ability to learn, regulate emotions, and form relationships. Additionally, Stokes and Brunzell emphasized that creating a trauma-informed school environment involves cultivating awareness among educators, administrators, and staff about the prevalence and effects of trauma. Perry and Winfrey (2021) noted that understanding trauma and the effects of trauma, creates a change in perspective that allows educators to approach students with empathy, understanding, and sensitivity, creating a safe and nurturing space that promotes emotional safety and trust. In a trauma-informed school, policies and practices are designed to avoid re-traumatization and provide support tailored to individual needs, that involves implementing trauma-sensitive teaching strategies, adopting restorative practices, creating predictable routines, and offering mental health resources within the school setting (Holmes, 2015). By prioritizing emotional regulation and social-emotional learning, educators can help students develop coping mechanisms, resilience, and support (Douglass et al., 2021).

According to the Tennessee Department of Education [TDOE] (n.d.) understanding the effects of trauma on students, faculty, and the school community while putting methods into

place to promote a secure and encouraging learning environment are essential components of becoming a trauma-informed school leader. Some key roles and responsibilities of becoming a trauma-informed school leader are as follows:

1. School leaders seek professional learning to become more educated on the adverse effects of trauma on their students, staff, and community.
2. School leaders create a trauma-informed culture. Leaders encourage strong relationships built between students and staff.
3. School leaders should provide professional development and learning opportunities where staff learn about trauma-informed practices and procedures on recognizing and responding to signs of trauma in students.
4. School leaders create opportunities for collaboration of staff, parents, and community partners to support students. Community partnerships provide resources and services to students and students' families.
5. School leaders should be available for self-care to prevent breakdown of the positive school culture and promote personal well-being. Model self-care by encouraging staff to take breaks, practice self-care as well, and seeking help if needed (TDOE, n.d.).

BSBTN's goals for preventing and mitigating the effects of ACEs seek to provide information about brain development and offer tools and resources for creating nurturing environments that foster resilience in children (Kennedy, 2018). According to Garcia et al. (2023), successful trauma-informed practices encompass whole school trauma-informed practices that align with the BSBTN goals in preventing and mitigating the effects of ACEs because the whole school trauma-informed practice creates a safe and positive school culture to foster resilience in children. Additionally, Garcia et al. (2023) emphasized that whole school

trauma-informed practices provide professional learning for school leaders and teachers that extends into more awareness of trauma and mitigating the effects of ACEs. TDOE (n.d.) noted that learning opportunities for staff, parents, and community partners raised awareness of ACEs and offers other opportunities for early prevention. Additionally, TDOE stated that community partnerships are important for students and parents to provide resources on identifying trauma and mental health services for students and families facing the aftermath of ACEs.

Framework of Trauma-Informed Practices

Trauma is described through three Es: events, experiences, and effects (Pringle et al., 2018). The three Es are defined as follows:

1. Event refers to exposure to a traumatic incident.
2. Experience refers to the way a person experiences an incident, and carrying the weight of trauma has negative effects on a person's life.
3. Effects refers to the long-term adverse effects of a traumatic event that could happen immediately after the event or be delayed after the event (Pringle et al., 2018).

Pringle et al. (2018) also emphasized that individuals facing negative effects from trauma struggle mentally, socially, emotionally if appropriate support is not offered to combat the effects of trauma. Huang et al. (2014) identified six guiding principles when implementing trauma-informed approaches to foster resilience as safety; trustworthiness and transparency; peer support; collaboration and mutuality; empowerment, voice, and choice; and cultural, historical and gender issues. The six key principles of a trauma-informed practice and explanations of those practices are as follows:

1. Safety is ensuring children and adults feel safe physically, mentally, and emotionally.

2. Trustworthiness and Transparency is ensuring a clear and concise communication of goals, procedures, and decision-making throughout the organization to promote trust and relationship-building.
3. Peer support from other peers and mutual self-help provides safety and hope.
4. Collaboration and mutuality involve partnering and leveling power among consumers and providers and allowing consumer control over treatment and recovery.
5. Empowerment, voice, and choice promotes client-centered recovery with the understanding of power differentials. Use of shared decision-making choice and goal setting and promotion of self-advocacy and consumer's unique concept of recovery
6. Cultural, historical, and gender issues involve offering services sensitive to the gender, culture, and unique background of consumer (SAMSHA, 2014).

Safety is being aware of different safety domains such as physical safety, emotional safety, and interpersonal safety (SAMSHA, 2014). In addition, safety extends to all age groups, each culture and race, all socioeconomic status, and other demographics (Peer Support Adaptation Project Advisory Group et al., 2022).

In trauma-informed practices, school leaders must also make decisions with complete transparency from the beginning of this process of implementation into their school; school leaders must value and listen to students, staff, teachers, committee members, and other stakeholders to ensure that all voices are heard (CDC, 2021). Additionally, the CDC noted that ensuring that all voices are heard allows a greater level of trustworthiness with the process of becoming trauma-informed because a higher level of transparency increases trust amongst all stakeholders. Trustworthiness and transparency in this change process begins with relationships with staff and creating a positive school culture (Peer Support Adaptation Project Advisory

Group et al., 2022.). Fullan (2020) concluded that “the moral purpose, relationships, and organizational success are closely interrelated” (p. 51). Peer support is a priority in a trauma-informed organization (SAMSHA, 2014). In a trauma-informed space, school leaders are given opportunities for openness, vulnerability, and authentic relationship building where staff are creating deeper mutual connections with one another (Peer Support Adaptation Project Advisory Group et al., 2022.). Huang et al. (2014) emphasized there is authenticity in relationships when staff feels fully supported; therefore, collaboration is more successful where there is a focus on working together to achieve a common goal.

In addition, Huang et al. noted that empowerment in trauma-informed approaches provides support to resiliency. Resilience is given from an outside source who highlights strengths and full potential of that person affected by traumatic experiences (Peer Support Adaptation Project Advisory Group et al., 2022). Therefore, a trauma-informed organization actively eliminates bias and stereotypes of cultures (SAMSHA, 2014). In addition, a trauma-informed organization offers services in gender responsiveness, words to address historical trauma, and creates valuable connections across cultures (CDC, 2021).

Professional Learning and Trauma-Informed Practices

Professional learning is important for educators to acquire the new practices, information, and abilities required to better meet the needs of their children (NEA, 2020). According to Robinson (2019), professional learning allows in-depth training of evidence-based practices to benefit teaching styles and student learning. Professional learning progresses instructional practice to reduce achievement gaps (NEA, 2020). Grissom et al. (2021) emphasized that effective principals are engaging teachers in professional learning that is specific to the schools’

community of learners. Hirsh et al. (2014) noted that there is direct correlation between professional learning and increased success in student learning.

Learning Forward (2022) stated that professional learning is a crucial component of school and local educational agency strategies for equipping educators with the knowledge and skills required to help students succeed and meet demanding academic standards. Professional learning includes activities as follows:

1. Enhance and broaden educators' understanding of the academic subjects they instruct.
2. Provide and understanding of how students learn and give opportunities to analyze student work and achievement data from various sources.
3. Use the student work and achievement data from various sources to drive the adjustment of instructional strategies, assessments, and other learning materials.
4. Provide opportunities for teacher reflection.
5. Aligned with school and district strategic plans.
6. Provide classroom management improvement.
7. Enhance instructors' comprehension of evidence-based, successful teaching techniques.
8. Provide strategies for increasing student academic achievement, and significantly enhancing teachers' expertise evidence-based practices (Learning Forward, 2022).

School leaders play an integral part in the success of professional learning in schools such as, setting the vision; resource allocation; creating a supportive culture; identifying needs; facilitating opportunities; modeling learning; monitoring and evaluation; recognizing and celebrating growth; supporting individual growth plans; and adapting to change (Lalor, 2022).

According to Huang et al. (2014) trauma is widespread and can have profound effects on a child's brain development affecting behavior, relationships, and overall well-being. Additionally, Huang et al. concluded that without proper support, the adverse effects of trauma can lead to anxiety, depression, PTSD, substance abuse, difficulties in forming healthy relationships, and challenges in academic or professional settings. Therefore, school leaders and teachers play a vital role in supporting students through trauma-informed practices (NEA, 2023). To provide support to students through trauma-informed practices, teachers and school leaders need adequate professional learning and training (Resilient Educator, 2023). In addition, the Resilient Educator noted that there are several advantages of professional development focused on trauma-informed practices, and continuing education programs that support trauma-informed learning settings can be beneficial for student growth and achievement. Some of the advantages of professional development in trauma-informed practices are: (1) Teachers learn to identify traumatic behaviors in students and are given tools to help support that student based on certain behaviors; (2) Increased teacher knowledge of SEL strategies to teach students self-regulation of emotions and self-reliance strategies; (3) Teachers create consistent classroom structure that fosters high expectations for learning and behavior; (4) Teachers gain support to design learning environments that benefit the whole child (Resilient Educator, 2023).

Providing access to professional learning in trauma-informed approaches gives educators opportunities to learn more about the effects of trauma on students' behavior, academic performance, and general well-being, and this understanding aids in identifying trauma symptoms and taking the proper action (Strobel Education, 2023). Teachers with access to trauma-informed professional learning are better able to establish classroom environments that are positive, safe, and encouraging, which allows students dealing with the adverse effects of

trauma to feel a sense of security and trust (Hanlon, 2022). Educators learn to approach students with empathy, understanding that certain behaviors might be coping mechanisms related to trauma, which leads to more compassionate and supportive interactions between students and educators (The Crisis Prevention Institute [CPI], 2021). Additionally, the CPI also emphasized that educators receiving trauma-informed professional learning creates a positive and culturally responsive approach to discipline policies and procedures that can lead to significant improvements in behavior, decreasing discipline referrals and expulsions, which improves student achievement.

Trauma-informed professional learning often involves the entire school community, including administrators, teachers, counselors, and support staff creating a positive school culture that promotes student success and a consistent approach to supporting students affected by trauma (Smith, 2021). According to Donofrio (2023), another way educators benefit from trauma-informed professional learning is because it provides tools to manage their own stress, understand how teaching methods impact students, and create a more positive work environment. In addition, Donofrio emphasized that trauma-informed professional learning enhances teacher knowledge of cultural differences and diverse backgrounds, allowing educators learn to integrate cultural sensitivity into their teaching, making the environment more inclusive and supportive.

School of Education Online (2022b) emphasized trauma-informed professional learning gives school leaders and teachers tools to identify indicators of trauma in students to offer the appropriate support and interventions to mitigate the effects of trauma. Additionally, School of Education Online noted that trauma-informed professional learning also helps school leaders and teachers create learning environments that are equitable, inclusive, empathetic, and trauma-responsive.

It is important for school leaders, teachers, and other staff to undergo trauma-informed professional learning to gain knowledge and tools to create trauma-responsive learning environments for students (SAMSHA, 2014). In addition, trauma-informed professional learning provides more opportunities in understanding ACEs and mitigating the effects of ACEs (Kennedy, 2018). Trauma-informed professional learning allows school leaders and teachers an opportunity to address the underlying causes of behavior disruptions from students dealing with ACEs (Garcia et al., 2019). According to Stokes and Brunzell (2019), trauma-informed professional learning also creates a positive school culture for support and collaboration among teachers to implement the most effective trauma-informed practices for students. Additionally, Stokes and Brunzell noted that trauma-informed professional learning creates a better preparedness among school leaders, teachers, and staff in the implementation of trauma-informed practices to mitigate the effects of ACEs. Trauma-informed professional learning provides school leaders, teachers, and staff increased knowledge of childhood trauma and its effects, while providing access to learning about tools and interventions to implement into school environments that work to mitigate the effects of ACEs and create safe, positive learning environments for student success (Garcia et al., 2019; SAMSHA, 2014).

Restorative Practices

Restorative practices are defined as a Whole School approach that includes various practices with the goal of creating a sense of community and building relationships while resolving conflicts and repairing hurt (Mouton, 2016; Wachtel, 2016). Restorative practices were introduced after restorative justice, which is an alternative of criminal justice offering a form of resolution of conflict through mediation or conference to hold the offender accountable for their actions with an awareness of the wrongdoing to make better choices in the future (Capstick,

2018; Elliot & Gordon, 2005; Mouton, 2016). In schools, restorative practices focus on positive discipline practices instead of focusing on punishment (Augustine et al., 2018; Garnett et al., 2020; Sword, 2020). There is a response to the conflict offering an opportunity for conversations and students to take responsibility for actions to repair student to student relationships or student to adult relationships to foster social and emotional growth (Garnett et al., 2020).

Restorative practices are accompanied by positive behavior interventions like circles, restorative conferences, restorative questions, and affective statements (Augustine et al., 2018; Sword, 2020). For example, proactive or community-circles are about trust building in the classroom community with the teacher and student versus responsive circles that are about engaging students to resolve conflict that involved harm from one student to another (Augustine et al., 2018). Restorative questions are tools that help guide restorative circles or restorative conferences to provide a time of reflection for the student offender (White, 2012). Affective statements allow students to express feelings regarding the behaviors of others (Augustine et al., 2018). Restorative practices are regularly implemented through a multi-tiered approach that includes three tiers: (1) Tier 1 is focused on building relationships and community and using affective statements between students and teacher; (2) Tier 2 is focused on the use of restorative conferences to discuss and resolve conflict between the parties involved; (3) Tier 3 is focused on circles that take on a more formal approach with students who are reintegrating into the school community after separation with supports like a behavior intervention plan (BIP) and teacher and students support from behavior liaisons (Garnett et al., 2020).

According to Augustine et al. (2018), the Pittsburgh Public School District implemented a two-year restorative practices program entitled Safer Saner Schools Whole Change Program to increase safety inside the schools of the district, more equitable ways of handling behaviors of

African American youth and increasing student achievement scores and dropout rates.

Additionally, Augustine et al. concluded that the findings of this study showed that restorative practices helped to decrease suspension rates in the elementary schools across the district; provided an improvement to each school climate; schools implementing the restorative practices with fidelity decreased suspension rates by 36% and the schools not implementing restorative practices with fidelity only decreased suspension rates by 18%; 49% of staff used affective statements, 69% of staff used restorative circles, 44% used conferences; secondary schools did not see much improvement with suspension rates decreasing.

Velez et al. (2020) noted that implementing restorative practices increased students' self-awareness and use of social skills, created a positive school climate, increased positive behaviors, decreased disciplinary referrals and suspensions, increased students' academic achievement. When teachers are given professional learning in restorative practices and school leaders ensure school wide restorative practices are implemented with fidelity, students increase self-awareness socially and emotionally which increases focus in the learning environment where students are working towards academic success (Smith et al., 2021).

Multi-Tiered Systems of Support (MTSS) and School Culture and Climate

Multi-tiered systems of support (MTSS) are identified as frameworks that develop the whole child in helping students grow socially, emotionally, and academically (Pendharkar, 2023; Rosen, n.d.). MTSS is aligned with Every Student Succeeds Act (ESSA) to create individualized learning opportunities for all students that incorporates equity and support for each student's needs (Lee, n.d.; Pendharkar, 2023; Rosen, n.d.). MTSS framework is built from evidence-based practices and focused on being proactive and providing early prevention crafted from individual school and student data to offer different layers of support based on the community of learners

(Novak & Rodriguez, 2023). Advancing Evidence and Improving Live (AIR) (n.d.-a) noted essential components of the MTSS framework:

MTSS offers a framework for educators to engage in data-based decision-making related to program improvement, high-quality instruction and intervention, social and emotional learning, and positive behavioral supports necessary to ensure positive outcomes for districts, schools, teachers, and students. The MTSS framework is comprised of four essential components: screening, progress monitoring, multi-level prevention system, and data-based decision making. Depending on state law, MTSS data may also support identification of students with learning or other disabilities (Para. 1).

MTSS framework has three tiers: (1) Tier 1 consists of all students in a general education classroom having access to grade-level content developing the whole child through social, emotional, and academic instruction, while monitoring student progress to possibly offer an extra layer of support in other tiers; (2) Tier 2 consists of small group interventions during a specific time throughout the day as other peers are receiving interventions noted on a school's master schedule that does not interfere with grade-level content so Tier 2 students still attend the same general-education class time as other peers; (3) Tier 3 consists of students receiving individualized instruction in a small group or one-on-one with a teacher during gaining more intensive and explicit instruction throughout the day while still getting exposure to grade-level content (AIR, n.d.-a; Novak & Rodriguez, 2023; Rosen, n.d.). According to Novak and Rodriguez (2023), MTSS focuses on giving the system responsibility in providing whole child support for the needs of all students while supporting staff to create a sustainable change. essential components when implementing MTSS within a school are as follows:

1. Establishing a shared vision throughout the school focused on equitable practices and positive learning experiences for students.
2. Providing explicit professional development for staff on implementation of different tiers.
3. Administrators hold whole child meetings regularly and discuss specific student needs while developing a plan of action within the multi-tiered system.
4. Creating additional leadership teams that help administrators conduct walkthroughs and provide feedback for teachers while ensuring fidelity of the MTSS.
5. Teachers are educating students with high-quality instructional materials while creating classroom environments that support all student needs in academics, behavior, and social-emotional well-being through tiered systems.
6. For students to have access to strong instructional designs and tiered support systems it is important for districts to become knowledgeable on obstacles keeping students from fully accessing learning to provide appropriate supports for schools and communities.
7. Engaging families in students' supports in academics, behaviors, and social-emotional well-being (Novak & Rodriguez 2023).

One example of MTSS in schools is Positive Behavioral Interventions and Supports (PBIS) and the Center on PBIS (2024) concluded that PBIS is where school leaders create a shared vision of a positive school culture focused on the whole child that supports students in areas of behavior, social-emotional well-being, such as mental health, and academics. PBIS consists of three tiers:

- Tier 1: Universal, Primary Prevention provides support to all in the school building and classroom expectations are aligned with schoolwide expectations and are taught explicitly to students, there is collaboration between all stakeholders and, there is consistent encouragement and accountability for student behavior.
- Tier 2: Targeted, Secondary Prevention gives students an additional layer of support and supervision adults in the school that work to give other opportunities for positive reinforcement with an increase of reminders, supports academically, and check-ins with students' families.
- Tier 3: Intensive and Individualized, Tertiary Prevention provides students with more individualized approach that may include teachers, school leaders, and families in creating an intervention plan for behavior and added supports for the student in the classroom (Center on PBIS; 2024).

According to AIR (n.d.-b), school culture and climate and MTSS is cyclic in nature and MTSS requires a positive school culture and climate to sustain the systematic change. Additionally, AIR noted that MTSS creates a positive, safe school environment that increases student success and academic achievement, decreases turnover rates in teachers, and decreases the number of discipline referrals.

Trauma-Informed Schools Instructional Plans

In trauma-informed schools all stakeholders work together to implement systems that identify and mitigate the effects of trauma (The National Child Traumatic Stress Network [NCTSN], 2017a). School leaders recognize the effects of trauma are detrimental to a child's social-emotional and brain development that causes a significant decline in students being able to

learn effectively (Alexander & Hinrichs, 2019). From the district level there are 10 core areas of a trauma-informed school system which are as follows:

1. School policies have action plans after identifying and assessing students who have been exposed to traumatic events as a form of early prevention and intervention of ACEs.
2. All stakeholders have access to resources dealing with early prevention and intervention of ACEs.
3. School leaders, teachers, and other support staff are given regular professional learning opportunities in trauma-informed practices and understand the impact that ACEs has on a student's learning and social-emotional well-being.
4. Including families and students while creating a trauma-informed school system and the planning process of implementing trauma-informed practices to build relationships and trust.
5. Effective modeling of positive social-emotional supports and incorporating trauma-informed practices in schoolwide behavior programs.
6. Creating school policies that are culturally responsive to trauma and educating staff on how to identify different responses to trauma based on individual experiences.
7. Procedures on responding to, recovering from, and mitigating effects of trauma crises should be communicated clearly and concisely.
8. School leaders, teachers and other support staff should be provided with training opportunities to mitigate the effects of secondary traumatic stress.

9. Schools should have discipline policies and certain practices that start with prevention of ACEs while incorporating positive behavioral supports like restorative practices to help students during a reentry into schools after a separation.
10. Collaboration of all stakeholders to implement trauma-informed practices effectively schoolwide (NCTSN, 2017b).

At the school level, implementation of trauma-informed practices begins by educating all stakeholders for a clear understanding of how trauma-informed practices will look at the school level; gauging staff needs and readiness to change through a survey to create staff supports that will later be identified in the action plan; creating regularly scheduled opportunities for trauma-informed professional learning for all staff on the definition of trauma and its effects; appointing instructional coaches and teacher leaders to perform walkthroughs as a form of fidelity and teacher accountability; open-communication between staff and school leaders on what is working and what is not working to provide the appropriate supports; regular and informal check-ins on staff to gauge social-emotional well-being (Guarino & Chagnon, 2018).

High Impact Strategies for Trauma-Informed Practices

According to Zaferis (2022) high impact strategies for teaching in the classroom are important for student success. The 10 high impact strategies for teaching in the classroom are as follows:

1. Students setting goals that reflect the grade-level standard and explicitly set goals as a checklist or success criteria for students to use individually.
2. Lesson structure and pacing that reflect the community of learners where the teacher anticipates areas in the lesson for differentiation, leveled questioning, and extra supports or enrichment.

3. Explicit teacher modeling of the content where teachers are showing students exemplars of the objective and how to get there.
4. Exemplars of student work displayed which give students opportunities for conversation of growth or insight to new strategies.
5. Student collaboration in the form of Kagan strategies like mix-pair-share and other partner talks.
6. Extra practice with work from the content in partner talks, stations, and small groups.
7. Higher-order questioning with various levels of Depth of Knowledge (DOK) question and giving all students opportunities to answer questions and access grade level content.
8. Feedback from teachers is important to give all students access to grade level content.
9. Student reflection on grade level content and discussing strategies and discussing opportunities for growth in student goals.
10. Student differentiation to provide scaffolds, supports, and enrichment to the community of learners.

High impact strategies for trauma-informed practices are an extension of high impact teaching and learning strategies with a basis of first forming relationships with students to foster a classroom environment of safety, trust, and security (Resilient Educator, 2018). According to Minahan (2019), teachers must anticipate negative responses to stimuli due to certain triggers from trauma, and with effective professional learning in trauma and trauma-informed practices teachers can effectively recognize triggers and provide appropriate trauma-informed supports in the classroom. Additionally, Minahan concluded that teachers must set explicit behavior expectations modeling these expectations in the classroom and provide consistency in behavioral

supports when students need alternatives for reinforcement, such as calming strategies, calming corners, classroom shares, and visits to in-school mindfulness rooms. Berger (2019) noted that consistency in routines and procedures positively affects students dealing with trauma effects because it gives more security and safety in the learning environment when students know what is expected. Also, Berger concluded that students setting behavior goals for themselves is crucial in giving students a choice to feel in control of social and emotional development, which continuously creates safety and security within the classroom yielding student success.

Chapter Summary

Chapter 2 identified literature surrounding ACEs and how trauma affects a child's brain development and how it has negative effects on learning outcomes. In addition, other literature highlighted initiatives, such as BSBTN to provide early intervention and prevention of ACEs, while offering learning and support to schools and parents to mitigate the effects of ACEs as well. The importance of trauma-informed professional learning was also highlighted in this review of literature, and shared why professional learning in trauma-informed practices is important in school leaders and teachers having the tools to mitigate the effects of ACEs and foster a positive school culture in whole school trauma-informed practices. Chapter 3 will give more details in the methodology of this quantitative study Chapter 4 will introduce the findings of the analysis of the data. Lastly, Chapter 5 concludes with a discussion of the findings and recommendations for future research on this topic of study.

Chapter 3. Methodology

The purpose of this quantitative study was to further the understanding on how access to trauma-informed professional learning changed research-based practices in classroom and school-wide settings in K-12 schools. This also added to the literature encompassing the school leader's role in providing opportunities for professional learning on mitigating the effects of trauma with the use of trauma-informed practices for all staff, and it added to the other literature surrounding how the implementation of research-based practices supports a positive school culture. This study examined teacher perceptions from a Likert scale survey to see if there were significant correlations between access to trauma-informed professional learning and a positive change of research-based practices in school-wide and classroom settings. The research design used in this quantitative study is descriptive. This quantitative study fits the criteria of descriptive research because it is describing the phenomenon of teacher perceptions that trauma-informed professional learning supports the development of school-wide research-based practices and application of trauma-informed strategies in K-12 schools to a significant extent, and teacher perceptions that trauma-informed professional learning supports the development of classroom research-based practices and application in K-12 schools to a significant extent. The perceptions were from teachers employed in trauma-informed schools, or schools implementing trauma-informed practices. The research examined how access to training changed the implementation of research-based practices. In addition, the research described how participating in trauma-informed professional learning supports a transition to positive school culture and classroom experiences. Teacher perceptions were taken from elementary, middle, and high school teachers. This descriptive design used a Likert Scale survey with four open-ended questions to evaluate teacher perceptions.

Research Questions and Null Hypotheses

This research examined the statistical significance of trauma-informed professional learning influencing changes in research-based practices in school-wide and classroom settings in K-12 schools. In addition, the following research questions and corresponding null hypotheses were used to examine the relationship between trauma-informed professional learning and positive school-wide and classroom settings in K-12 schools.

RQ1: Do teachers perceive that trauma-informed professional learning supports the development of school-wide research-based practices and application of trauma-informed strategies in elementary schools to a significant extent?

H₀1: Teachers do not perceive that trauma-informed professional learning supports the development of school-wide research-based practices and application in elementary schools to a significant extent.

RQ2: Do teachers perceive that trauma-informed professional learning supports the development of school-wide research-based practices and application of trauma-informed strategies in middle schools to a significant extent?

H₀2: Teachers do not perceive that trauma-informed professional learning supports the development of school-wide research-based practices and application in middle schools to a significant extent.

RQ3: Do teachers perceive that trauma-informed professional learning supports the development of school-wide research-based practices and application of trauma-informed strategies in high schools to a significant extent?

H₀3: Teachers do not perceive that trauma-informed professional learning supports the development of school-wide research-based practices and application in high schools to a significant extent.

RQ4: Do teachers perceive that trauma-informed professional learning supports the development of classroom research-based practices and application in elementary schools to a significant extent?

H₀4: Teachers do not perceive that trauma-informed professional learning supports the development of classroom research-based practices and application in elementary schools to a significant extent.

RQ5: Do teachers perceive that trauma-informed professional learning supports the development of classroom research-based practices and application in middle schools to a significant extent?

H₀5: Teachers do not perceive that trauma-informed professional learning supports the development of classroom research-based practices and application in middle schools to a significant extent.

RQ6: Do teachers perceive that trauma-informed professional learning supports the development of classroom research-based practices and application in high schools to a significant extent?

H₀6: Teachers do not perceive that trauma-informed professional learning supports the development of classroom research-based practices and application in high schools to a significant extent.

Population and Sample

The population involved in this study consisted of elementary, middle, and high school teachers from 10 urban public schools in one school district in Northeast Tennessee. Each of these K-12 schools are in the same regional team of the district because of each school's location to one another and elementary and secondary school feeder pattern. In the 10 urban elementary, middle, and high schools, there were approximately 40 teachers. The schools selected were either labeled as a trauma-informed school by the district, or the schools were implementing trauma-informed practices. In addition, these schools were labeled as high-poverty schools with poverty rates ranging from 50.4%-92.1%. With each of the 10 urban schools employing 40 teachers, there were approximately 400 survey responses. The sample consisted of voluntary responses of elementary, middle, and high school teachers from these 10 urban schools. The same survey was given to each grade level teacher; elementary, middle, and high. This site was selected because the 10 schools in the school district are labeled as trauma-informed schools or are implementing trauma-informed practices. Therefore, these schools were appropriate selections for the population of teachers giving perceptions of how trauma-informed professional learning influenced changes in research-based practices in school-wide and classroom settings in K-12 schools.

The teachers surveyed had prior professional learning in areas of trauma and trauma-informed practices before this descriptive quantitative study was conducted. This district requires teachers in this specific region to complete extended professional learning in areas of trauma and trauma-informed practices aligning with the district's strategic plan for the 2023-2024 school year. Teachers in this region are all working extended contracts ranging from 205, 210, or 216 days for the 2023-2024 school year. These extended contract days are used for opportunities for

mandatory professional learning. Each school in this regional team of the district used extended contract time on a specific day throughout the week to complete this professional learning in trauma-informed practices. Participants had in-depth professional learning in research-based practices during these extended contract days.

Instrumentation

The Educational Leadership and Policy Analysis (ELPA) Department and Strong BRAIN Institute at East Tennessee State University have surveyed school personnel who completed trauma-informed professional learning to study the school personnel perceptions on changes in school-wide and classroom settings after the completion of trauma-informed professional learning. The ELPA Department and Strong Brain Institute at ETSU use this information to help administrators find tools and resources in trauma-informed practices to help students with adverse childhood experiences make growth in academic achievement (East Tennessee State University, 2022). The survey items, in the Appendix, were taken from Christian et al.'s 2021 Resilient Schools Changing School Culture Instrument. Before the survey was administered to the elementary and secondary school teachers and administrators, the survey items were reviewed by IRB at ETSU, the administrators at the 10 urban K-12 schools, the supervisor of the district, the superintendent, and the elementary and secondary teachers involved in the study.

The same instrument was used for both elementary and secondary teachers. The answer choices to the questions in this Likert survey range from not at all true; somewhat true; true; and mostly true and contained four open-ended questions at the end. The Likert scale survey items were measured in two categories where nine measured if teachers perceive that trauma-informed professional learning supports the development of school-wide research-based practices and application of trauma-informed strategies in K-12 schools to a significant extent supporting

Research Questions 1 through 3. The other nine items measured if teachers perceive that trauma-informed professional learning supports the development of classroom research-based practices and application of trauma-informed strategies in K-12 schools to a significant extent supporting the Research Questions 4 through 6. The four open-ended questions at the end asked teachers to list all the trauma-informed practices currently being used in the classroom, describe the overall climate of their school, describe emergent behaviors among school staff, and how many school discipline referrals have been submitted by the teacher.

Internal validity was addressed in this descriptive quantitative study by using data to examine the statistical significance that trauma-informed professional learning supports the development of school-wide and classroom research-based practices in K-12 schools. External validity was addressed in this descriptive quantitative research study by using data and applying this data to examine any statistical significance that trauma-informed professional learning supports the development of school-wide and classroom research-based practices to other schools deemed as trauma-informed or implementing trauma-informed practices.

Data Collection

Before collecting data for this descriptive quantitative study, approval for the study was granted through the East Tennessee State University Institutional Review Board (IRB). Survey responses were collected through Qualtrics software. Teachers were sent the Qualtrics survey link through their school email. The names of schools and teachers were anonymized before analyzing data through SPSS software. Survey data were collected from elementary and secondary school teachers employed at the 10 urban schools during the second semester of the 2023-2024 school year. In addition, all teachers in this region had completed professional learning surrounding trauma and trauma-informed practices in the first semester of the 2023-

2024 school year. Elementary and secondary school teachers in 10 urban schools were sent a Qualtrics link to a Likert scale survey via school email. Survey participation from teachers was voluntary.

Data Analysis

For this descriptive quantitative study, data were analyzed with SPSS statistical analysis software. All data were analyzed at the .05 level of significance. The data sources being analyzed consisted of a Likert scale survey that included four open-ended questions. The research questions were analyzed with a series of one sample t-tests. After the statistical analysis, additional knowledge was gleaned from the four open-ended questions to examine common themes among teachers to further examine the significance that trauma-informed professional learning supports the development of school-wide and classroom research-based practices.

Chapter Summary

This chapter described the methodology and how it would advise the process of this research. In addition, this chapter explained the research questions, design of the research, population and sample, participants, data analysis and collections, and how this research proved validity, reliability, and objectivity. The Likert scale survey was used to inform how access to training changed the implementation of evidence-based practices and supported the transition to positive school culture and classroom experiences. Chapter 4 introduces the findings of the analysis of the data. Lastly, Chapter 5 concludes with a discussion of the findings and recommendations for future research on this topic of study.

Chapter 4. Findings

The purpose of this quantitative study was to further the understanding on how access to trauma-informed professional learning changed research-based practices in classroom and school-wide settings in K-12 schools. The perceptions examined were from teachers in one district, in Northeast Tennessee, employed in trauma-informed schools, or schools implementing trauma-informed practices.

The data addressed six research questions and their corresponding null hypotheses. The data were analyzed from 18 survey questions measured on a four-point Likert scale. In addition, the researcher analyzed themes gleaned from the four-open ended questions at the end of the survey. The Likert scale survey items were measured in two categories. Nine items measured if teachers perceive that trauma-informed professional learning supports the development of school-wide research-based practices and the application of trauma-informed strategies in K-12 schools to a significant extent supporting research questions 1 through 3. The other nine items measured if teachers perceive that trauma-informed professional learning supports the development of classroom research-based practices and the application of trauma-informed strategies in K-12 schools to a significant extent supporting the research questions 4 through 6. Participants were given the option to skip questions throughout the survey.

Research Question 1

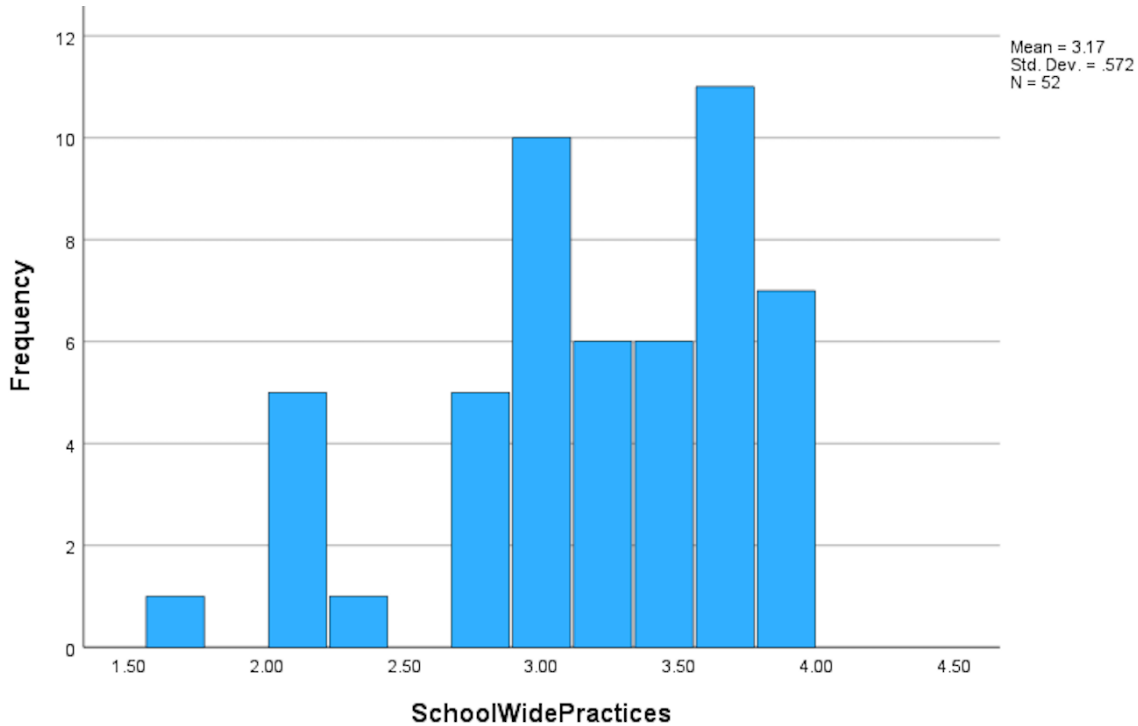
Research Question 1: Do teachers perceive that trauma-informed professional learning supports the development of school-wide research-based practices and application of trauma-informed strategies in elementary schools to a significant extent?

H₀1: Teachers do not perceive that trauma-informed professional learning supports the development of school-wide research-based practices and application in elementary schools to a significant extent.

A one sample *t* test was conducted on elementary school teachers' perceptions of trauma-informed professional learning supporting the development of school-wide research-based practices to evaluate whether the mean score was significantly different than the midpoint of 2.5. The null hypothesis H₀1 was rejected meaning the mean of 3.17 (SD = .572) is significantly higher than the midpoint of 2.5, $t(51) = 8.400$, $p < .001$. This means that trauma-informed professional learning supports the development of school-wide trauma-informed practices in elementary schools to a significant extent. Figure 2 shows a frequency report of 52 elementary teacher responses.

Figure 2

Elementary School Teacher Perceptions School-Wide Practices



Research Question 2

Research Question 2: Do teachers perceive that trauma-informed professional learning supports the development of school-wide research-based practices and application of trauma-informed strategies in middle schools to a significant extent?

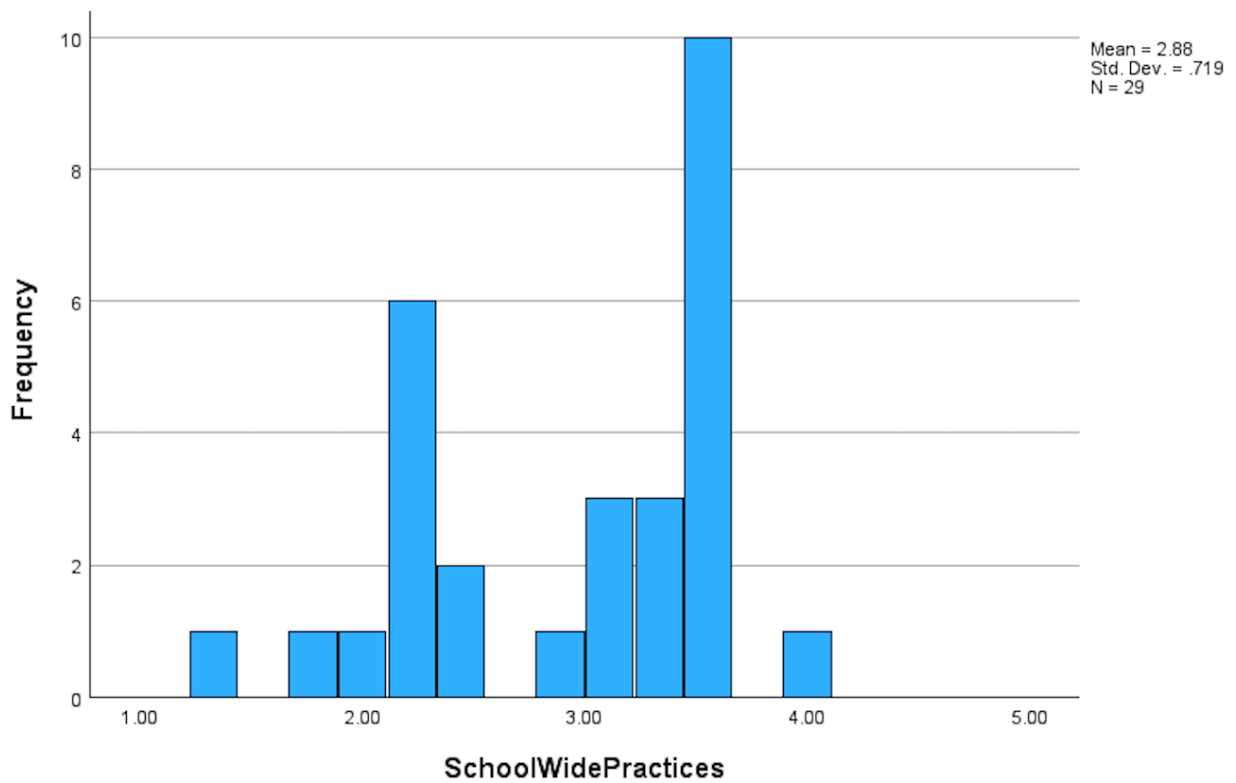
H₀2: Teachers do not perceive that trauma-informed professional learning supports the development of school-wide research-based practices and application in middle schools to a significant extent.

A one sample *t* test was conducted on middle school teachers’ perceptions of trauma-informed professional learning supporting the development of school-wide research-based practices to evaluate whether the mean score was significantly different than the midpoint of 2.5.

The null hypothesis H_02 was rejected meaning that the mean of 2.88 (SD = .719) is significantly higher than the midpoint of 2.5, $t(28) = 2.856$, $p = .008$. This means that trauma-informed professional learning supports the development of school-wide trauma-informed practices in middle schools to a significant extent. Figure 3 shows a frequency report of 29 middle school teacher responses.

Figure 3

Middle School Teacher Perceptions School-Wide Practices



Research Question 3

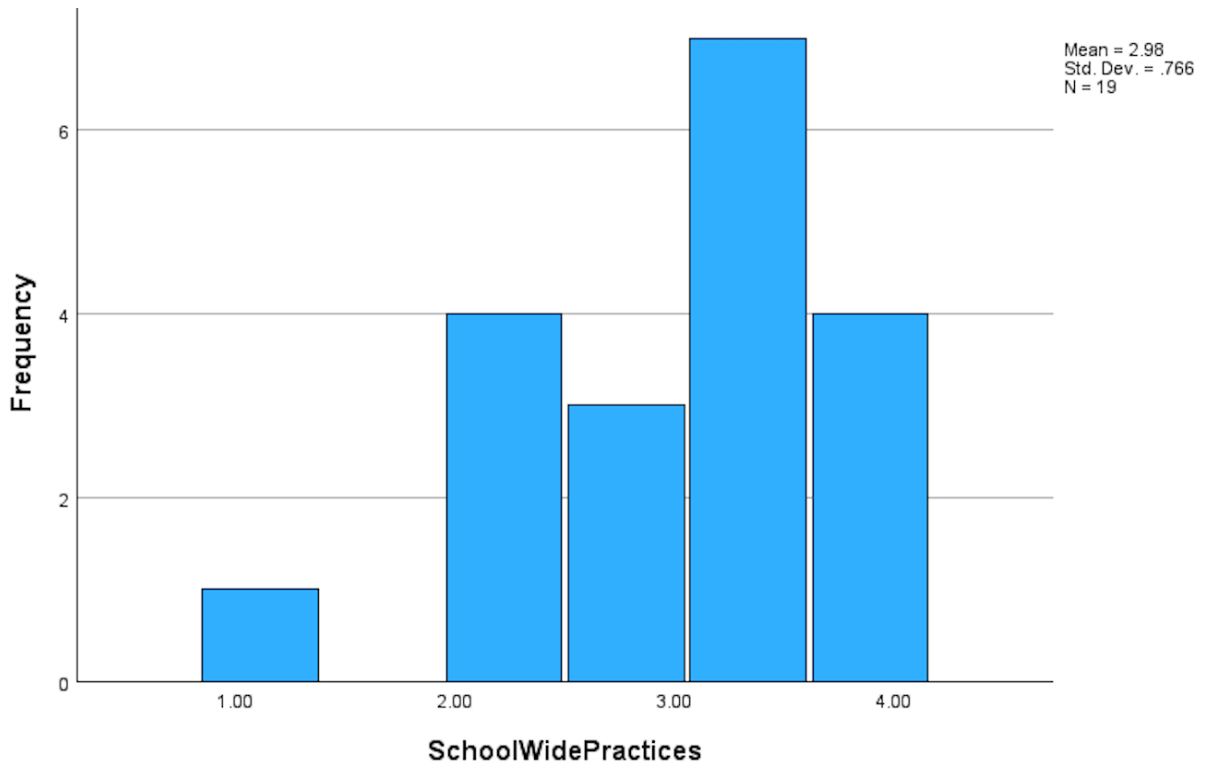
Research Question 3: Do teachers perceive that trauma-informed professional learning supports the development of school-wide research-based practices and application of trauma-informed strategies in high schools to a significant extent?

H₀3: Teachers do not perceive that trauma-informed professional learning supports the development of school-wide research-based practices and application in high schools to a significant extent.

A one sample *t* test was conducted on high school teachers' perceptions of trauma-informed professional learning supporting the development of school-wide research-based practices to evaluate whether the mean score was significantly different than the midpoint of 2.5. The null hypothesis H₀3 was rejected meaning that the mean of 2.98 (SD = .767) is significantly higher than the midpoint of 2.5, $t(18) = 2.744$ $p = .013$. This means that trauma-informed professional learning supports the development of school-wide trauma-informed practices in high schools to a significant extent. Figure 4 shows a frequency report of 19 high school teacher responses.

Figure 4

High School Teacher Perceptions School-Wide Practices



Research Question 4

Research Question 4: Do teachers perceive that trauma-informed professional learning supports the development of classroom research-based practices and application in elementary schools to a significant extent?

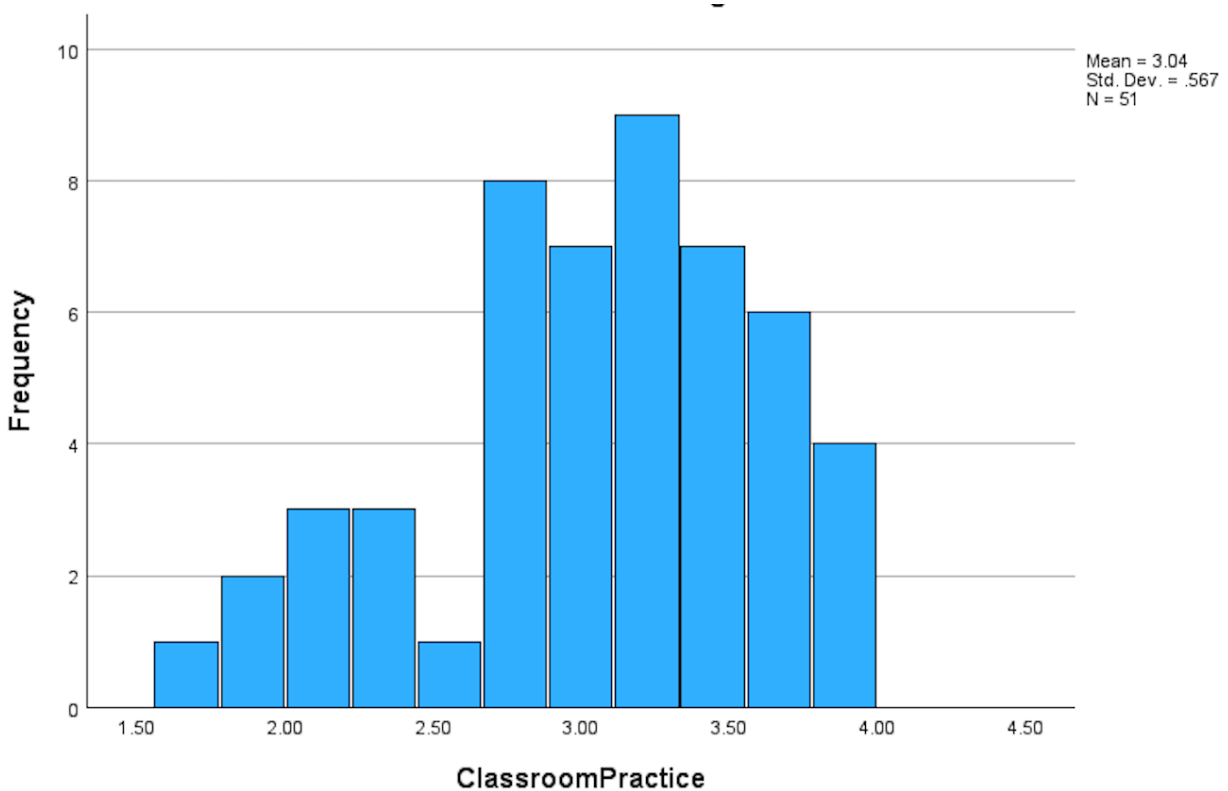
H₀4: Teachers do not perceive that trauma-informed professional learning supports the development of classroom research-based practices and application in elementary schools to a significant extent.

A one sample *t* test was conducted on elementary teachers' perceptions of trauma-informed professional learning supporting the development of classroom research-based

practices to evaluate whether the mean score was significantly different than the midpoint of 2.5. The null hypothesis H_0 was rejected meaning that the mean of 3.04 (SD = .567) is significantly higher than the midpoint of 2.5, $t(50) = 6.761$, $p < .001$. This means that trauma-informed professional learning supports the development of classroom trauma-informed practices in elementary schools to a significant extent. Figure 5 shows a frequency report of 51 elementary school teacher responses.

Figure 5

Elementary School Teacher Perceptions Classroom Practices



Research Question 5

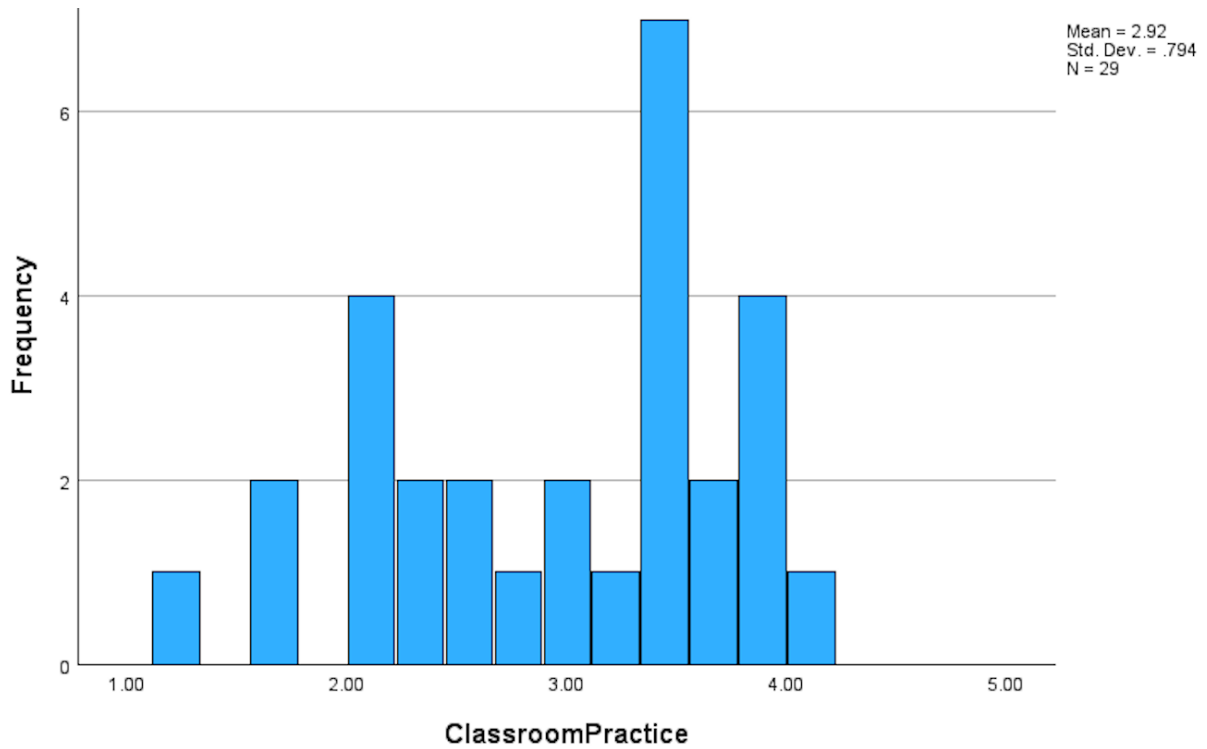
Research Question 5: Do teachers perceive that trauma-informed professional learning supports the development of classroom research-based practices and application in middle schools to a significant extent?

H₀5: Teachers do not perceive that trauma-informed professional learning supports the development of classroom research-based practices and application in middle schools to a significant extent.

A one sample *t* test was conducted on middle school teachers' perceptions of trauma-informed professional learning supporting the development of classroom research-based practices to evaluate whether the mean score was significantly different than the midpoint of 2.5. The null hypothesis H₀5 was rejected meaning that the mean of 2.92 (SD = .794) is significantly higher than the midpoint of 2.5, $t(28) = 2.873$, $p = .008$. This means that trauma-informed professional learning supports the development of classroom trauma-informed practices in middle schools to a significant extent. Figure 6 shows a frequency report of 29 middle school teacher responses.

Figure 6

Middle School Teacher Perceptions Classroom Practices



Research Question 6

Research Question 6: Do teachers perceive that trauma-informed professional learning supports the development of classroom research-based practices and application in high schools to a significant extent?

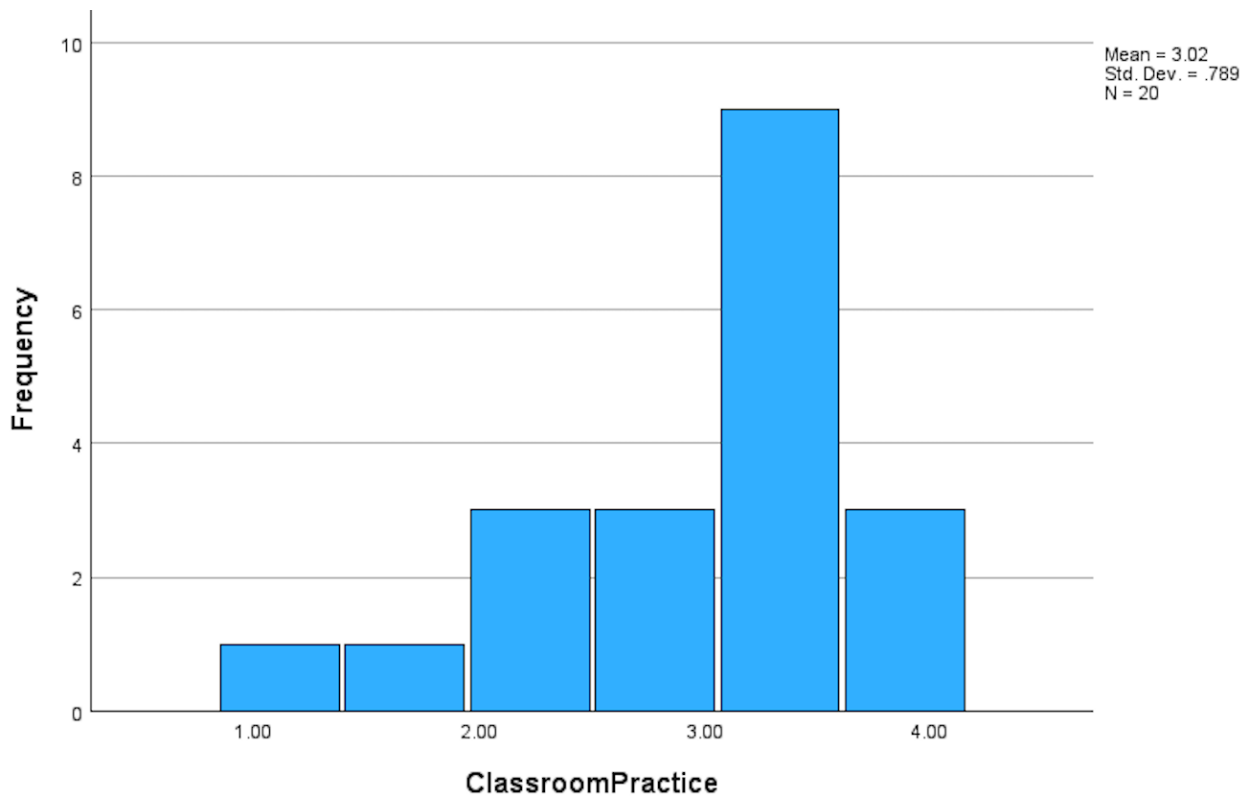
H₀6: Teachers do not perceive that trauma-informed professional learning supports the development of classroom research-based practices and application in high schools to a significant extent.

A one sample *t* test was conducted on high school teachers' perceptions of trauma-informed professional learning supporting the development of classroom research-based

practices to evaluate whether the mean score was significantly different than the midpoint of 2.5. The null hypothesis H_0 was rejected meaning that the mean of 3.02 (SD = .789) is significantly higher than the midpoint of 2.5, $t(19) = 2.928$, $p = .009$. This means that trauma-informed professional learning supports the development of classroom trauma-informed practices in high schools to a significant extent. Figure 7 shows a frequency report of 20 high school teacher responses.

Figure 7

High School Teacher Perceptions Classroom Practices



Open-Ended Items

The researcher found key takeaways supporting the Research Questions 1 through 6 from the four open-ended questions at the end of the online survey. The first open-ended question was: How many office referrals for disciplinary reasons have you had to make this year? Office

referrals for disciplinary reasons ranged from fewer than five to 79 office referrals for the 2023-2024 school year. Participants with lower numbers of office referrals indicated more trauma-informed practices being used school-wide and in the classroom, but participants with higher numbers of office referrals did not note many trauma-informed practices being used. In addition, those participants noted that their school felt chaotic.

The second open-ended item was: List all the trauma-informed approaches you are currently using in your classroom. The practices teachers identified, affirmed the importance of school-wide positive behavioral expectations, a process for restorative practices following a behavior challenge, and behavioral guidance as an instructional activity. Participants provided connections to developing the whole child as a focus in all grade bands.

The third open-ended item was: Please describe the overall climate of your school (e.g., my school feels chaotic/ students and staff always experience a sense of calm). Ten participants, all with high office discipline referrals, noted that their school feels chaotic, while remaining respondents noted that their school has a sense of calmness. More in-depth responses stated that administration helps with creating a sense of calm for teachers and students. There was a strong relationship between trauma-informed approaches being implemented in the schools and the overall climate of the participants' schools having a sense of calm. In addition, most of the participants who stated their school had a chaotic school climate noted that there were zero trauma-informed approaches being used; that there were few approaches being used in their school; that little to no approaches are being used; that nothing seems to work this school year.

The fourth open-ended item was: How would you describe the emergent behavior(s) among your school staff? (e.g., more curiosity around trauma sensitivity or reluctance toward trauma responsive practices). Most of the participants noted that there was more curiosity

surrounding trauma sensitivity and noted that there is an openness for continuous learning to help students succeed. However, some participants noted a reluctance toward trauma-responsive strategies because their students lacked interest in using practices and students who were already at an age where it was difficult to combat at risk behaviors and mindsets.

Chapter Summary

This chapter presented and analyzed data from elementary, middle, and high school teachers. Teacher perceptions were gathered from an online survey in Qualtrics. The online survey was distributed to 400 teachers in one school district of Northeast Tennessee. Two data measures were analyzed: 18 survey questions measured on a 4-point Likert scale and 4 open ended items. Six research questions guided the study and quantitative data were analyzed using one-sample *t*-tests. Additionally, I analyzed themes gleaned from the four-open ended items at the end of the survey. Findings indicated that there was a significant relationship between trauma-informed professional learning and the development of classroom and school-wide research-based practices in K-12 schools. This means that K-12 teacher perceptions of trauma-informed professional learning support the development of school-wide and classroom research-based practices to a significant extent. Chapter 5 concludes with a discussion of the findings, implications for practice, and recommendations for future research.

Chapter 5. Summary, Conclusions, and Recommendations

Osher et al. (2021) reported that children in the United States may be exposed to one or more traumatic events before the age of 18 and without the proper access to trauma-informed professional learning to combat adverse effects of trauma, teachers may unknowingly cause setbacks in students. The purpose of this descriptive quantitative study was to further the understanding on how access to trauma-informed professional learning changed research-based practices in classroom and school-wide settings in K-12 schools. The results of this study may be helpful to readers and provide additional data on how access to training changes the implementation of trauma-informed practices, and what further supports teachers need to implement these practices.

The guiding question for this quantitative study was: How has trauma-informed professional learning influenced changes in research-based practices in school-wide and classroom settings in K-12 schools? An analysis of online survey responses of teachers from 10 urban schools in northeast Tennessee were used to evaluate how access to training changed the implementation of trauma-informed practices.

Summary of Findings

Research Question 1

Research Question 1 focused on professional learning and application of school-wide trauma-informed practices in elementary schools. Results indicated a significantly positive relationship between trauma-informed professional learning and the development of school-wide research-based practices in elementary schools. This suggests that trauma-informed professional learning could be beneficial for fostering school-wide trauma-informed practices and a positive school environment. SAMSHA (2014) noted that trauma-informed professional learning equips

school leaders, teachers, and staff with a deeper understanding of childhood trauma to establish safe, nurturing learning environments conducive to the student's well-being and academic achievement.

Research Question 2

Research Question 2 focused on professional learning and application of school-wide trauma-informed practices in middle schools. Results indicated a significantly positive relationship between trauma-informed professional learning and the development of school-wide research-based practices in middle schools. This suggests that trauma-informed professional learning could be beneficial for fostering school-wide trauma-informed practices and a positive school environment. According to Stokes and Brunzell (2019), trauma-informed professional learning can significantly enhance the overall school climate by providing educators with the knowledge and skills to recognize and respond to the effects of trauma in students' lives.

Research Question 3

Research Question 3 focused on professional learning and application of school-wide trauma-informed practices in high schools. The results indicated a significantly positive relationship between trauma-informed professional learning and the development of school-wide research-based practices in high schools. This suggests that trauma-informed professional learning could be beneficial for fostering school-wide trauma-informed practices and a positive school environment. Therefore, there is an importance and effectiveness of incorporating trauma-informed approaches into professional learning to enhance the overall school climate. ACEs Aware (2021) concluded that trauma-informed professional learning gives educators an awareness of how ACEs can impact behavior and learning, and more of an awareness of the

effects of ACEs aids school leaders, teachers, and other support staff in selecting the appropriate supports for each student.

Research Question 4

Research Question 4 focused on professional learning and application of classroom trauma-informed practices in elementary schools. Results indicated a significantly positive relationship between trauma-informed professional learning and the development of classroom research-based practices in elementary schools. This suggests that trauma-informed professional learning could be beneficial for fostering classroom trauma-informed practices and a positive classroom environment. By incorporating trauma-informed strategies into professional learning, educators can better meet the diverse needs of students, create an empowering learning environment, and promote successful student learning outcomes (Alexander & Hinrichs, 2019).

Research Question 5

Research Question 5 focused on professional learning and application of classroom trauma-informed practices in middle schools. Results indicated a significantly positive relationship between trauma-informed professional learning and the development of classroom research-based practices in middle schools. This suggests that trauma-informed professional learning could be beneficial for fostering classroom trauma-informed practices and a positive classroom environment. Bashant (2020) concluded that trauma-informed professional learning provides teachers with an increased understanding of trauma and its impact, provides teachers with improved classroom management, enhances students' engagement, reduces behavioral issues, give teachers opportunities to recognize and address underlying causes of behavioral issues, and helps close achievement gaps by addressing barriers to learning.

Research Question 6

Research Question 6 focused on professional learning and application of classroom trauma-informed practices in high schools. The results indicated a significantly positive relationship between trauma-informed professional learning and the development of classroom research-based practices in middle schools. This suggests that trauma-informed professional learning could be beneficial for fostering classroom trauma-informed practices and a positive classroom environment. Trauma-informed professional learning allows teachers to integrate trauma-informed approaches into instruction and create classroom environments where students feel valued, supported socially and emotionally so students are more capable of succeeding academically (Bailey et al., 2019).

Open-Ended Item 1

The first open-ended item focused on classroom office referrals the participant had to make in the 2023-2024 school year. Office referrals for disciplinary reasons ranged from less than five to 79 office referrals for the 2023-2024 school year. The researcher identified several key themes in relation to the number of office referrals for disciplinary reasons and the use of trauma-informed practices in the school environment.

There were 90 participants who responded with lower numbers of office referrals and reported the use of more trauma-informed practices both school-wide and in the classroom. This suggested a connection between the implementation of trauma-informed practices school-wide and in classrooms and the decrease in office referrals for disciplinary reasons. There were 10 participants who responded with higher numbers of office referrals and expressed that their school climate felt chaotic. In addition, the participants reporting a higher number of office referrals for disciplinary reasons noted that trauma-informed practices were either non-existent

or trauma-informed practices were hardly being implemented. This suggested a connection between the lack of the implementation of trauma-informed practices school-wide and in classrooms and the increase in the number of office referrals for disciplinary reasons. In addition, the ten participants who reported the school climate as feeling chaotic expressed a lack of effort with administrative staff implementing trauma-informed practices. According to TDOE (n.d.), some key roles and responsibilities of a trauma-informed school leader when creating a trauma-informed culture are by providing opportunities for professional learning, collaboration, and encouragement of strong relationships between students and staff.

Participants noted different perceptions of the effectiveness of implementing research-based strategies following trauma-informed professional learning. Participants who noted a lower number of office referrals issues noticed a correlation in the use of trauma-informed practices with positive behavior outcomes and a positive school climate. These participants also noted the use of multiple trauma-informed practices within the classroom and reported a calmer school environment. However, participants who noted an increased number of office referrals reported little to no trauma-informed practices being used after the trauma-informed professional learning and reported a more chaotic and challenging school environment.

Open-Ended Item 2

The second open-ended item focused on all trauma-informed approaches currently being used in the respondent's classroom. From the responses to the second-open ended question about trauma-informed approaches being used in participants' classrooms, several key takeaways emerged. The practices teachers identified affirmed the importance of school-wide positive behavioral expectations, a process for restorative practices following a behavior challenge, and

behavioral guidance as an instructional activity. Participants provided connections to developing the whole child as a focus in all grade bands.

The first takeaway noted the importance of school-wide positive behavioral expectations. Participants noted the one trauma-informed practice as creating safe and supportive learning environment for students. Participants also noted having clear expectations and holding high expectations consistently in the classroom. In addition, participants noted the use of routines and structure in the classroom. Participants also noted opportunities for students to express emotions and creating an inclusive atmosphere where students feel safe to express themselves socially and emotionally. Teachers integrating SEL strategies into learning environments creates a safe and supportive space where students feel comfortable identifying emotions and using calming strategies to reset (SAMSHA, 2023).

The second takeaway noted the importance of restorative practices following a behavior challenge. Participants noted the one trauma-informed practice as creating safe and supportive learning environment for students. Participants also noted having clear expectations and holding high expectations consistently in the classroom. In addition, participants noted the use of routines and structure in the classroom. Participants also noted opportunities for students to express emotions and creating an inclusive atmosphere where students feel safe to express themselves socially and emotionally. Teachers integrating SEL strategies into learning environments creates a safe and supportive space where students feel comfortable identifying emotions and using calming strategies to reset (SAMSHA, 2023).

The last takeaway noted the importance of behavioral guidance as an instructional activity. Several participants noted incorporating emotional regulation techniques to self-regulate. Participants listed the use of calming spaces or calming corners which include a variety

of calming tools to allow students a space within the classroom to reset. In addition, participants listed mindful moments where teachers model breathing exercises to regulate big feelings. Participants listed the use of morning meetings to incorporate SEL materials that teach students emotional regulation strategies to use after identifying which emotion is being felt. The effects of trauma can alter the physical structure of the brain causing chronic stress and negative responses to stimuli at times (Hayduk, 2023). Negative responses to stimuli are often triggered in response to past trauma (Guy-Evans, 2023). Teachers having training in areas of identifying trauma, its effects, and implementation of trauma-informed practices is helpful when helping students regulate emotions (Hathaway & Newton, 2023).

Participants highlighted the importance of collaboration and support among staff members in implementing trauma-informed approaches in the classroom. This includes sharing strategies and resources, participating in professional learning, and seeking guidance from counselors or other support personnel. School leaders must lead with complete transparency and clear expectations when implementing trauma-informed practices making sure that all voices are heard from each stakeholder (SAMSHA, 2014).

Open-Ended Item 3

The third open-ended item focused on school climate. There were 10 participants, with high office discipline referrals, noted that their school feels chaotic, while the remaining 90 respondents noted that their school has a sense of calmness. More in-depth responses stated that administration helps with creating a sense of calm for teachers and students. There was a strong correlation between trauma-informed approaches being implemented in the schools and the overall climate of the participants' schools having a sense of calm. In addition, the participants who stated their school had a chaotic school climate noted that there were zero trauma-informed

approaches being used; that there were few approaches being used in their school; that little to no approaches are being used; that nothing works this school year.

Participants who noted trauma-informed practices being used in their schools reported a sense of calm in the school climate. In addition, most of the participants who stated that their school had a chaotic school climate noted that there were zero trauma-informed approaches being used; that there were few approaches being used in their school; that little to no approaches are being used; that nothing seems to work this school year. From the responses to the third open-ended question regarding the overall climate of participants' schools, several key themes emerged.

The first takeaway identified the importance of school climate. Participants described the school climate as either chaotic or calm. Those who perceived their school as chaotic often associated it with lack of trauma-informed practices being implemented. Conversely, participants who described a sense of calmness in their school often noted the presence of trauma-informed practices being implemented. School leaders play a crucial role in modeling expectations for teachers during implementation of trauma-informed practices to fully support students facing trauma (NEA, 2023).

The second takeaway identified the importance of administration. Some participants noted the role of administration contributing to the climate of the school. Participants who reported a sense of calm in their school noted that administration was supportive throughout the process of implementation of trauma-informed practices. However, participants who reported a chaotic climate in their school noted limited support when dealing with student behaviors. In addition, those participants noted that it was hard to implement strategies without an adequate school-wide plan. School leaders should develop a clear plan of expectations and procedures

when implementing trauma-informed practices so that all staff are aware of appropriate steps to take in all areas of implementation (CDC, 2021). There was a strong correlation between the implementation of trauma-informed practices and the overall climate of participants' schools. Schools where trauma-informed practices were used tended to have a sense of calmness, while schools with fewer or no trauma-informed practices often experienced a chaotic climate. Finally, it is important to note the frustration 10 participants perceived lack of support from administrators regarding disciplinary issues.

Overall, the takeaways that emerged from participants' responses emphasized the significance of trauma-informed practices on the overall climate of schools. School leaders that attempt to prioritize trauma-informed practices create safe and positive spaces for students and teachers (Smith, 2023). When administration models expectations for trauma-informed practices, it continuously supports teachers while implementing these practices in classrooms (Garcia et al., 2023).

Open-Ended Item 4

The fourth open-ended item focused on how the participants would describe the emergent behaviors of their school staff. Most of the participants noted that there was more curiosity surrounding trauma sensitivity and noted that there is an openness for continuous learning to help students succeed. However, some participants noted a reluctance toward trauma-responsive strategies because their student's lack of interest in using trauma-informed approaches and students were already at an age where it was difficult to combat at risk behaviors and mindsets. From the responses to the fourth open-ended question regarding the emergent behaviors of school staff, several themes emerged.

The first takeaway focused on curiosity and openness to learning. Many participants noted curiosity surrounding trauma-sensitivity where some noted a reluctance toward trauma-responsive practices. The participants who reported curiosity surrounding trauma-sensitivity also reported a calm school climate. However, participants who reported reluctance toward trauma-responsive practices also reported a chaotic school climate. The participants who reported reluctance toward trauma-responsive practices noted that the reluctance was lack of direction from administration on how to handle certain behaviors in a trauma-responsive way. The school leader paves the way for successful implementation of instruction to promote student learning outcomes (Fullan, 2020).

The second takeaway focused on commitment to student success. Many of the participants reported commitment to student success using trauma-informed practices. In addition, participants also noted the importance of continuous learning of these strategies to meet the diverse needs of students that experienced trauma. Holmes et al. (2015) emphasized that promoting student success and meeting diverse needs of students who have experienced trauma is about creating spaces of trust, compassion, and understanding.

The final takeaway focused on reluctance and challenges. Many participants noted more curiosity around trauma sensitivity. Although, many participants noted more curiosity around trauma sensitivity, some participants noted a reluctance and openness toward trauma-responsive practices. This reluctance may stem from challenges in implementing trauma-informed practices effectively due to lack of support from administration, or feelings of being overwhelmed with behaviors and lack of confidence in adequately implementing trauma-informed practices. Overall, the themes that emerged from participants' responses show a curiosity surrounding trauma-sensitivity. However, while there was a general curiosity and openness to learning, there

were also challenges and reservations that need to be addressed. School leaders' effort in providing support, resources, and ongoing professional learning can help encourage school staff to effectively implement trauma-responsive strategies and create a supportive and inclusive learning environment for all students (CDC, 2020).

Recommendations for Practice

The findings affirm that trauma-informed professional learning aids educators in creating positive school environments for students. In addition, there is a need for a well-rounded implementation of trauma-informed practices after receiving the appropriate professional learning in mitigating the effects of trauma. Multi-tiered systems of support (MTSS) offer multiple layers of support to develop the whole child socially, emotionally, academically, and work to mitigate the effects of trauma (Pendharkar, 2023; Rosen, n.d.).

After examining the findings and drawing conclusions, the following implications for practice have been identified:

- Each school year, as part of their strategic plan, school leaders should provide continuous district wide trauma-informed learning. Each professional learning should inform educators how to recognize trauma and respond to student trauma with specific trauma-informed practices.
- School leaders must work with faculty and staff to craft positive behavioral expectations and curriculum to teach school-wide behavioral expectations.
- Administrators should model trauma-informed practices and develop a consistent plan for implementation of these practices school-wide communicated to staff by a clear set of goals and expectations for implementation that are reflected in the school's individual e-plan. In addition, administrators should provide continuous check-ins with teachers and

other support staff to see where to strengthen implementation of trauma-informed practices and what is successfully meeting criteria of implementation.

- Educators should consistently implement trauma-informed practices into their classroom to mitigate the effects of trauma.
- Educators should be guided how to create learning environments that are safe, inclusive, culturally sensitive to provide students with appropriate tools to identify and regulate emotions to promote successful student learning outcomes.
- School leaders should include trauma-informed practices in strategic plans to strengthen a collaboration opportunity between staff, parents, and community partners to provide tools, resources, and services to students and families on trauma-informed care and mitigating the effects of trauma.
- School leaders should equip teachers who report a high number of office referrals with additional coaching to apply personalized trauma-informed practices.

Recommendations for Future Research

After analyzing educator perceptions through the online survey, the following recommendations for future research are made:

- Additional research should be conducted to examine what other resources and support teachers need from administrators when implementing trauma-informed practices in the classroom.
- Additional research should be conducted to examine what other resources and support teachers need when dealing with secondary traumatic stress.
- Additional research should be conducted to investigate administrator perceptions during a change initiative such as implementing trauma-informed care school-wide.

- Additional research should be conducted to better understand how to implement middle and high school trauma-informed practices.
- Additional research should be conducted to investigate what professional learning opportunities are offered to teachers new to the school district.
- Additional qualitative research should be conducted to investigate how to mitigate the impacts of adverse childhood experiences.

This study investigated educator perceptions and how professional learning influenced class and school-wide trauma-informed practices. Findings indicated that trauma-informed professional learning supported the development of educator expertise to a significant extent. In the post Covid era of teaching and learning, trauma-informed practices will continue to provide proactive resources to students, educators, and communities.

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APPENDIX: Resilient Schools Changing School Culture Survey

Participant Consent

Participant Consent.

Dear Participant:

My name is Kelsey Cupp, and I am a Doctoral Student at East Tennessee State University. I am working on a research project in my doctoral studies program. To finish my studies, I need to complete this research project. The title of my research study is Trauma Informed Schools: Investigating K-12 Educator Perceptions from Professional Learning to Implementation of Responsive Practices.

The purpose of this study is to further the understanding on how access to trauma-informed professional learning changed research-based practices in classroom and school-wide settings in K-12 schools. I would like to give a brief survey to teachers and administrators serving in urban schools using Qualtrics survey collection. It should only take about 15 minutes to finish. You will be asked questions about trauma-informed practices in your school. This study includes a minimal risk of loss of confidentiality as we are only collecting your role (i.e., administrator or teacher) and specific grade band; elementary, middle, or high school. This study may benefit you or others by potentially informing other school leaders and teachers of the significance of trauma-informed professional learning as they are undergoing the implementation process of trauma-informed practices. This survey will be open for a duration of 2 weeks.

Your confidentiality will be protected as best we can. Since we are using technology, no guarantees can be made about the interception of data sent over the internet by any third parties, just like with emails. We will make every effort to make sure that your name is not linked with your answers. Qualtrics has security features that will be used: IP addresses will not be collected, and SSL encryption software will be used.

Although your rights and privacy will be maintained, the research records may be looked at by individuals that have the legal right to see that information. This may include the ETSU IRB overseeing this research, other individuals at the University with the responsibility for ensuring we follow the rules related to this research, the federal Office of Human Research Protections (OHRP) that protects participants like you, ETSU, your school district, and the

research team.

All information that can identify you will be removed from the data. This data will then be stored for possible use in future research studies. We will not ask for additional consent for those studies.

Taking part in this study is voluntary. You may decide not to take part in this study. You can quit at any time. You may skip any questions you do not want to answer, or you can exit the online survey form if you want to stop completely. If you quit or decide not to take part, the benefits or treatment that you would otherwise get will not be changed.

- If you have any research-related questions or problems, you may contact me, Kelsey Cupp, at (865)363-0000. We are working on this project together with our Advisor Dr. Ginger Christian. You may reach her at [423-439-7623](tel:423-439-7623). This research is being overseen by an Institutional Review Board (IRB). An IRB is a group of people who perform independent review of research studies. You may also contact the ETSU IRB at 423-439-6054 or IRB@etsu.edu for any issues, questions, or input that you may have about the research or your rights as a research participant.

Sincerely,
Kelsey Cupp

Clicking the I AGREE button below indicates:

- I have read the above information.
 - I agree to volunteer.
 - I am at least 18 years old.
 - I am physically present in the United States
 - Participating school faculty have had all prior professional learning in trauma-informed practices during the Fall Semester of the current school year, 2023-2024
- I AGREE
- I DO NOT AGREE [**Note:** If they click this button, you should make sure they cannot proceed to the survey.]

Ver. 03/03/24

Approved by ETSU Campus IRB /Approval Date: March 8, 2024

- I AGREE
- I DO NOT AGREE

Q0. Select your role at school.

- Administrator
- Teacher

Q0. Select the grade band you are currently serving.

- Elementary School
- Middle School
- High School

Q1. Staff at my school understand the impact of trauma.

- Not at all true
- Somewhat true
- Mostly true
- True
- N/A

Q2. Staff understanding of the impact of trauma is incorporated into daily decision-making

practice at my school.

- Not at all true
- Somewhat True
- Mostly True
- True
- N/A

Q3. Timely trauma informed assessment is available and accessible to students at my school.

- Not at all true
- Somewhat True
- Mostly True
- True
- N/A

Q4. Disciplinary approaches are trauma informed at my school.

- Not at all true
- Somewhat True
- Mostly True
- True
- N/A

Q5. There is a system of communication in place with other agencies to help supplement trauma informed decisions concerning students at my school and/ or their families.

- Not at all true

- Somewhat True
- Mostly True
- True
- N/A

Q6. A continuum of trauma informed intervention is available for students at my school.

- Not at all true
- Somewhat True
- Mostly True
- True
- N/A

Q7. Social and self-regulation skill-building opportunities are offered for students at my school.

- Not at all true
- Somewhat True
- Mostly True
- True
- N/A

Q8. Expectations are communicated in clear, concise, and positive ways.

- Not at all true
- Somewhat True
- Mostly True
- True
- N/A

Q9. Goals for achievement of students affected by traumatic experiences are consistent with the rest of the class.

- Not at all true
- Somewhat true
- Mostly True
- True
- N/A

Q10. Students' strengths and interests are evaluated and incorporated into student behavior contracts.

- Not at all true
- Somewhat true
- Mostly True
- True
- N/A

Q11. Interventions are structured in predictable and emotionally safe ways.

- Not at all true
- Somewhat True
- Mostly True
- True
- N/A

Q12. Classrooms employ positive supports for behavior.

- Not at all true
- Somewhat True
- Mostly True
- True
- N/A

Q13. Information is presented using multiple modes.

- Not at all true
- Somewhat True
- Mostly True
- True
- N/A

Q14. Learning is assessed using multiple modes.

- Not at all true
- Somewhat True
- Mostly True
- True
- N/A

Q15. Opportunities exist for learning how to interact effectively with others.

- Not at all true
- Somewhat True
- Mostly True

- True
- N/A

Q16. Opportunities exist for students to learn how to plan and follow through on assignments.

- Not at all true
- Somewhat True
- Mostly True
- True
- N/A

Q17. In your classroom, trauma-informed practices have changed behavior and discipline?

- Not at all true
- Somewhat True
- Mostly True
- True
- N/A

Q18. The level of respect between staff and students have improved between students and staff have changed since the implementation of trauma informed practices.

- Not at all true
- Somewhat True
- Mostly True
- True
- N/A

Q19. How many office referrals for disciplinary reasons have you had to make this year?

Q20. List all the trauma informed approaches you are currently using in your classroom.

Q21. Please describe the overall climate of your school (e.g. my school feels chaotic/
students and staff always experience a sense of calm).

Q22. How would you describe the emergent behavior(s) among your school staff? (e.g.
more curiosity around trauma sensitivity or reluctance toward trauma responsive
practices?)

VITA

KELSEY CUPP

Education: Doctor of Education, Educational Leadership
East Tennessee State University
August 2024

Education Specialist, Educational Leadership
East Tennessee State University
December 2023

Master of Education, Elementary Education
East Tennessee State University
May 2018

Bachelor of Science in Education, Interdisciplinary Studies
East Tennessee State University
May 2016

Associate of Science, Teaching
Walters State Community College
May 2014

Professional Experience: Teacher, Belle Morris Elementary School
Knoxville, Tennessee
2017-Present

Teacher, Karns Elementary School
Knoxville, Tennessee
2016-2017

Professional Licensure: 442- ILL Beginning Administrator
499- Elementary K-6