LIVED EXPERIENCES: EXPLORING THE IMPACT OF TRAUMA ON TEACHER

EXPERIENCES AND CLASSROOM PRACTICES

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The Supervisory Committee certifies that this ***disquisition*** complies with

North Dakota State University's regulations and meets the accepted

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ABSTRACT

The purpose of this phenomenological study was to explore teachers' experiences working with children impacted by adverse childhood experiences. As a dissertation in practice, this qualitative study was intended to examine the lived experiences of educators in regard to how trauma presents itself in the classroom setting and to explore their perceptions on the greater impact of trauma towards curricular outcomes, the classroom environment, and implications with regard to their role as educators. Data were collected from 12 interviews with six female middle school educators, employed within a school district that serves a medium sized community and the surrounding rural communities. Colaizzi's (1978) phenomenological data analysis strategy was used for data analysis and coding. Four major themes emerged in the findings to describe teachers' experiences working in their classroom settings with students with trauma histories: the overall impact of trauma, trauma impacts on educators, trauma impacts on classroom practices, and needs identified by educators. An Executive Summary and Recommendations are included as an actionable response to the complex problem of practice that underpinned this dissertation in practice.

ACKNOWLEDGEMENTS

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CHAPTER 1. INTRODUCTION

Each day, students bring with them personal stories and experiences with trauma to the

classroom setting (Cole et al., 2005; Wright, 2017). It is unrealistic to expect that they leave

these adverse experiences at the door and engage in the rigor and demands of the educational

system without feeling the impact these exposures have on their lives (Cole, et al., 2005; Craig,

2015; Wright, 2017). Although the classroom environment is structured for learning, as Bear et

al. (1992) highlighted, "...the ability to learn is dependent on a child's arriving at school with

basic needs met" (p. 45). Children with trauma histories have had their basic requirements for

healthy growth and development withheld or violated. Bear et al. (1992) indicated that children

need to have their "physiological needs met, as well as those for safety, belonging, trust, and

love" in order to "maximize the child's development as a learner" (p. 45). Koller and Bertel

(2006) wrote that "more children with a variety of emotional needs are included in the general

classroom setting, placing increased demands on both the special education and general

education teacher" (p. 198). Teachers play a multifaceted role in classrooms by teaching

prescribed curricula, modeling behaviors, encouraging social development, and establishing safe

spaces that foster growth of children; however, as highlighted in the literature, teachers

overwhelmingly agreed that they do not feel confident with their teacher education, knowledge,

and skills to successfully support and approach trauma and mental health needs of students in

their classrooms (Froese-Germain & Riel, 2012; Koller & Bertel, 2006; Reinke et al., 2011).

Although research is limited on the relationship between trauma impacts on the classroom and

educators, it is believed that there is a significant impact for teachers to achieve typical curricular

goals given the challenges associated with students' behavioral and emotional consequences of

exposures to trauma (Alisic et al., 2012; Bear et al., 1992; Craig, 2016). The impact of poverty,

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community violence, and the other forms of trauma clearly have an effect on children and their families, and concern must be extended to educators who work with traumatized children on a daily basis. Increased awareness of teachers' experiences with trauma impacts in the classroom raises awareness of the reality experienced by teachers and students, highlights the significant impact trauma responses play, and can influence a range of stakeholders to inform priorities.

Background

The Substance Abuse and Mental Health Services Administration (SAMHSA) (2014) defines trauma as resulting from "an event, series of events, or set of circumstances that is experienced...as physically or emotionally harmful or threatening and that has lasting adverse effects on the individual's functioning and physical, social, emotional, or spiritual well-being" (p. 7). Further, trauma is understood as an event that threatens one's perceived sense of personal safety or the perceived safety of someone near to them; notably, perception is the integral element (American Psychological Association, 2008; SAMHSA, 2014; Zero to Six Collaborative Group, 2010). Depending on how trauma is defined and data are collected, it is believed that nearly half of all children throughout the nation have experienced at least one traumatic event within the past 12 months, with many children facing multiple exposures throughout their childhood and adolescence (Berson & Baggerly, 2009; Child and Adolescent Health Measurement Initiative, 2013b; National Child Traumatic Stress Network [NCTSN], 2003).

In the mid-1990's the Center for Disease Control and Prevention (CDCP) and Kaiser Permanente collaborated to research Adverse Childhood Experiences (ACEs). Together, they discovered that exposure to trauma in childhood dramatically increased the risk for seven out of ten of the leading causes of death in the United States, including cancer, suicide, hypertension, and heart disease (Felitti et al., 1998). These traumatic exposures were identified as so significant

and pervasive that they directly changed human physiology, impacting the body's immune system, overall brain and hormone development. Since that seminal study, further research has evaluated the physical and emotional health outcomes for children who have experienced trauma such as physical, sexual, or psychological abuse, parental absence, domestic violence, and poverty (Anda et al., 2010; Finkelhor et al., 2013).

Lead researchers in the initial ACEs study, Dr. Vince Felitti and Dr. Bob Anda, established a direct correlation between exposure to childhood trauma and the negative impact on the developing brains and bodies of children (Felitti et al., 1998). Additional research has supported their work and further confirmed a connection with the neurobiological development of maltreated children, which carries lifelong implications, including physical and mental health issues, behavioral concerns, and emotional regulation (Felitti et al., 1998; Greeson et al., 2014; Jaffe et al., 2015). The NCTSN (2003) reported that children exposed to multiple traumas and subsequently experiencing traumatic stress "develop reactions that persist and affect their daily lives after the traumatic events have ended" (p. 1). According to Dube and colleagues (2001), recognition that these "traumatic childhood experiences are common and frequently take place as multiple events" (p. 3095) may be an early means to help prevent their occurrence.

Increasingly, research has demonstrated that the body's stress response system dictates the trauma response that occurs (Bremner et al., 2007). Those with significant trauma exposures have heightened stress response systems that may dominate all aspects of their lives and ultimately serve as their normal mode of functioning, even when actual dangers or threats of harm are absent. Traumatized children cannot easily shift from the arousal mode triggered in the brain and thus remain on guard or in survival mode all of the time, interfering with their ability to shift to an academic or learning mode (Bremner et al., 2007; Beers & De Bellis, 2002; Shields

and Cicchetti, 1998). Children with adverse experiences rarely understand that they experience the world differently than peers without trauma histories. As Cole et al. (2005) stated:

> Traumatized children cannot simply remove their "trauma glasses" as they go between home and school, from dangerous place to safe place. They may anticipate that the school environment will be threatening and constantly scrutinize it for any signs of danger. Their mission is to avoid this perceived danger and pain. Sadly, this mission often sabotages their ability to hear and understand a teacher's positive messages, to perform well academically, and to behave appropriately. (p. 17)

A review of literature contained extensive information and findings specific to trauma and childhood adversities and the potential lifelong implications of these experiences for victims' emotional, behavioral, and physical well-being (Ardino, 2001; Carlson, 2000; Felitti et al., 1998; NCTSN, 2008; Plumb, et al., 2016; Simpson et al., 2011). While many authors have generated solid evidence of the many challenges faced by those impacted by trauma, in particular childhood trauma, fewer addressed the manifestation of the trauma responses within the realm of the classroom setting (Carlson, 2000; Cole, et al., 2005; Goodman et al., 2012; NCTSN, 2008; Shonk & Cicchetti, 2001) and especially in relation to teacher's lived experiences (Craig, 2016). Former President Bush's New Freedom Commission on Mental Health (2003), stated, "Schools are where children spend most of each day. While schools are primarily concerned with education, mental health is essential to learning as well as to social and emotional development" (p. 58). Teachers are faced with increasingly difficult expectations of helping to manage mental and behavioral health needs of children and in their classrooms, tasks that were once thought to be assumed primarily by school counselors, social workers, and psychologists. One school-based intervention study found that over 40% of mental health interventions were provided directly by

classroom teachers versus specifically trained mental health providers (Franklin et al., 2012).

However, despite this, research has highlighted that most teachers report not feeling adequately

prepared to manage the complex social and behavioral issues of these impacted students

(Franklin et al., 2012; Froese & Riel, 2012; Koller & Bertel, 2006). Improved awareness of

educators' experiences of the nature of trauma and its impact on children and the classroom

setting can help traumatized children regain their ability to achieve academic and social mastery

and further inform trauma sensitive school culture (Craig, 2016).

Statement of the Problem

Children who have been exposed to trauma respond to the experience in an

individualized fashion, meaning not all children will necessarily have the same reaction or

degree of response to the trauma. Key considerations when determining the level of impact of

trauma include assessing the degree of disturbance, accounting for the developmental stage of

the child, exploring the family and community context, and looking at the availability of other

community supports (Osofsky, 1995). Given this information, it is important to note that not all

children that experience traumatic events become traumatized. Thus, there is not a prescribed

reaction on the part of educators or a simple format to follow in terms of support and adaptation

in educational settings that will serve to best respond to these students. Children who have faced

adverse experiences display a multitude of reactions that might include challenges with

attachment, emotional regulation, behavioral concerns, aggression, impulse control, social

interactions and other disruptive actions (Ardino, 2011; NCTSN, 2008; Simpson et al., 2011;

Streeck-Fischer & van der Kolk, 2000). Additionally, as Cole et al. (2005) indicated:

> Traumatic experiences have the power to undermine the development of linguistic and
>
> communicative skills, thwart the establishment of a coherent sense of self, and

compromise the ability to attend to classroom tasks and instructions, organize and

remember new information, and grasp cause-and-effect relationships—all of which are

necessary to process information effectively. (p. 22)

There is evidence that adverse experiences disrupt the development of executive

function; the range of abilities including shifting and focusing attention, memory, and self-

regulating behaviors, which are key to many of the tasks required for behavior control and

academic success (De Bellis et al., 2013; DePrince et al., 2009). Diamond and Lee (2011)

suggested that executive functions may be more important for academic success than cognitive

ability. Additionally, students with trauma related experiences are more apt to be referred for

special education services, more likely to score lower on standardized tests, and tend to struggle

with academic delays and deficiencies (Goodman et al., 2012; Shonk & Cicchetti, 2001).

Traumatized children's behavior can be perplexing and as suggested by Cole et al.

(2005), "Prompted by internal states not fully understood by the children themselves and

unobservable by teachers, traumatized children can be ambivalent, unpredictable, and

demanding" (p. 32). Knowing the difficulties experienced by children in the educational realm, it

is evident that focus must also be placed on supporting teachers and better understanding how

children struggling with trauma induced behaviors impact teaching practices and classroom

functioning. Terrasi and Crain de Galarce (2017) described the importance for teachers to

understand these reactions, suggesting that "teachers who are unaware of the dynamics of

complex trauma can easily mistake its manifestations as willful disobedience, defiance, or

inattention, leading them to respond to it as though it were mere 'misbehavior'" (p. 36). The

NCTSN suggests that the entire structure of the educational setting is impacted significantly by

those students who bring their trauma narratives to the classroom (2008) and further, as Bear et

al. (1992) implored, "there is no escape from confronting the issues for those who work with children, (p. 45). Traumatized children's behavior in the classroom can be troubling and often children's trauma responses are profoundly misunderstood. The unique and often misunderstood emotional and behavioral challenges of trauma victims can also bring stress, disruption, and dysregulation to the larger student body and school environment and further can lead to strained relationships with peers and teachers (Carlson, 2000; Cole et al., 2005). The impact of trauma on a student's academic life is significant yet little is known about educators' lived experiences related to establishing a culture and environment in their classrooms that increases self-efficacy, ensures understanding, and encourages growth.

Purpose of the Study

The purpose of this dissertation in practice was to explore teachers' perceptions of trauma, specifically, to understand their lived experiences regarding the impact of students' trauma histories in relation to the classroom setting, the impact of childrens' trauma responses in the classroom towards curricular outcomes, and implications with regard to their role as an educator. Additionally, the results of this study will inform further discussion of trauma sensitive school culture with the intent of better understanding educator experiences and ensuring that adequate supports are present to meet the needs of teachers working with students experiencing trauma in the classroom.

Research Questions

This study used descriptive phenomenology to explore the lived experiences of educators. To achieve the intended purpose, the following research questions were explored:

1. What is the essence of teachers' experiences with trauma in the classroom setting?

2. How do teachers' experiences with child traumatic stress influence their role as teachers?

3. How does child traumatic stress influence classroom instructional practices?

Significance of the Study

Through participation in this study, educators had the opportunity to discuss and present their lived experiences teaching traumatized students. These narratives explored impacts of trauma on the classroom setting and impacts on them as an educator. This study aimed to give voice to educators by generating awareness of the great impact of trauma on the broader classroom environment and the findings identified additional supportive and effective strategies needed to best meet the dynamic needs of teachers and students.

CHAPTER 2. LITERATURE REVIEW

Introduction

As Ko et al., (2008) suggested, "trauma confronts schools with a serious dilemma; how to balance the primary mission of education with the reality that many students need help in dealing with traumatic stress to attend regularly and engage in the learning process (p. 398). Traumatic experiences have important consequences for children's identity development, attitudes about learning, and the way they engage in relationships with others (Wright, 2017). Many of the challenges children with trauma histories face in school result from their inability to decode or process information, differentiate between threatening and non-threatening situations, form secure relationships with adults, and regulate emotions (Cole et al., 2005; NCTSN, 2008).

Children who have faced adverse experiences display a multitude of reactions that might include challenges with attachment, communication skills, emotional regulation, behavioral concerns, aggression, impulse control, and other disruptive actions (Ardino, 2011; Cole et al., 2005; NCTSN, 2008; Simpson et al., 2011; Streeck-Fischer & van der Kolk, 2000). According to the NCTSN (2008), trauma can significantly impact the routine and process of teaching and learning as children with trauma histories often struggle to differentiate between the classroom and less predictable parts of their lives, making the transition to school difficult. Elzy et al. (2013) found that trauma exposures can result in severe difficulties for school-aged children and further, students with trauma related experiences are placed in special education programs with greater frequency, have lower scores on academic achievement tests, maintain lower grade point averages, and have lower graduation rates (Goodman et al., 2012; Macomber, 2009; Shonk & Cicchetti, 2001; Smithgall et al., 2004).

The NCTSN (2008) suggested that the entire structure of the school experience is impacted significantly by those students who bring their trauma narratives to the classroom. Carlson (2000) stated that the unique and often misunderstood emotional and behavioral challenges of trauma victims can also bring stress, disruption, and dysregulation to the larger student and school environment. Trauma responses impact the lives and learning of youth in classrooms, and teachers are on the front lines as responders (Bride et al., 2007; Herman et al., 2009; Kutcher et al., 2009). Louis and Smith (1996) maintained that the "problems that students bring to school may overwhelm urban teachers, making it more difficult for them to successfully engage with normal issues of pedagogy" (p. 121). The work of teaching traumatized students can have a detrimental impact on the educator and their professional, family, and personal lives.

Osofsky (1995) described how trauma is expressed in the classroom and found that "children drew in graphic detail pictures of shootings, drug deals, stabbings, fighting, and funerals and reported being scared of the violence and of something happening to them" (p. 783). Knowing the difficulties experienced by children in the educational realm, it is evident that focus must also be placed on supporting teachers with having a solid working knowledge base of trauma and an understanding of how children struggling with trauma induced behaviors impact teaching practices and classroom functioning. Terrasi and Crain de Galarce (2017) described the importance for teachers to understand the potential impact of childhood emotional trauma on classroom behavior, suggesting that "teachers who are unaware of the dynamics of complex trauma can easily mistake its manifestations as willful disobedience, defiance, or inattention, leading them to respond to it as though it were mere 'misbehavior'" (p. 36). Mastering both academic and social skills are imperative for children's success. The goal is to increase teaching and learning time, reduce time spent with disciplinary actions, and help all students to thrive and

achieve success in the school community. By exploring the discrepancies between what teachers report receiving in training and the actual skills and training they identify needing to adequately fully support their students we can highlight areas of need. Additionally, increasing awareness of teachers' knowledge of trauma and the needs of students experiencing distress in their classrooms can greatly influence the priorities and direction of ongoing educational training programs.

<center>**Adverse Childhood Experiences**</center>

In the mid-1990's the Centers for Disease Control and Prevention (CDCP) and Kaiser Permanente, one of the largest managed care organizations in the United States, discovered through their Adverse Childhood Experiences Study that exposure to trauma in childhood dramatically increased the risk for seven out of ten of the leading causes of death in the United States (Felitti et al., 1998). These traumatic exposures were identified as so significant and pervasive that they directly changed human physiology: impacting the body's immune system, overall brain and hormone development, and even the way human DNA is transcribed. Lead researchers, Dr. Vince Felitti at Kaiser Permanente and Dr. Bob Anda from the CDCP, established a direct correlation between exposure to adversity, or childhood traumas, and the negative impact on the developing brains and bodies of children which carried lifelong implications, including physical and mental health issues, specifically suicide. Longitudinal research has demonstrated that children exposed to adversity are at risk for detrimental behavioral and mental health outcomes in youth and adulthood (Fergusson et al., 2013; Flaherty et al., 2013). According to Dube and colleagues (2001), recognition that these, "traumatic childhood experiences are common and frequently take place as multiple events" (p. 3095) may be the first step towards preventing their occurrence. Further, early identification and treatment

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of persons who have been affected by such early adversities may have substantial value towards suicide prevention.

The ACEs Study examined survey data from over 17,000 adults regarding their exposure to adverse childhood experiences and their current health status and behaviors (Felitti et al., 1998). Participants responded to questions that were categorized by areas of childhood abuse and exposure to household dysfunction. Respondents answered each question either "yes" or "no" based on their childhood experiences, which led to an individual ACE score equivalent to their "yes" answers. The greater exposure to these identified adverse experiences, the higher the individual's ACE score.

Results were correlated against participants' individual health outcomes and current behaviors. The research team learned extensive information with two overriding alarming outcomes. First, results indicated that it is common for most adults to have at least one or more ACE, regardless of gender, ethnicity, or economic status. Sixty-seven percent of those in the study had experienced at least one ACE, more than 20% endorsed three or more, and almost 13% had four or more ACEs (CDCP, 2014; Felitti et al., 1998). Second, results highlighted a dose-response relationship between health outcomes and ACE scores; the higher the ACE score the less positive the individual health outcomes (CDCP, 2014; Felitti et al., 1998). This included areas such as high-risk behaviors, obesity, heart disease, cancer, and sexual health concerns and diseases. Persons who had experienced four or more categories of childhood exposure, compared to those who had experienced none, had four to 12 times increased health risks for alcoholism, drug abuse, depression, and suicide attempts (Felitti et al., 1998). Additionally, the seven ACE categories were notably interrelated and those with multiple categories of traumatic childhood

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exposure were much more likely to have multiple health and behavioral risk factors later in adulthood (Felitti et al., 1998).

Childhood adversities refer to a wide range of challenging and severely negative experiences in early life development. While it is known that some stress in life is normal, and maybe even necessary for growth and development, the type of stress that results when a child experiences ACEs may become toxic when there is "strong, frequent, or prolonged activation of the body's stress response systems in the absence of the buffering protection of a supportive, adult relationship" (Shonkoff & Garner, 2012, p. 236).

Through the initial ACE study, researchers categorized the adversities participants responded to in relationship to past exposures to childhood maltreatment and household chaos or overall dysfunction. Three categories of maltreatment were identified: psychological abuse, physical abuse, and sexual abuse; and four categories of exposure to dysfunction in their childhood home: exposure to substance abuse, mental illness, parental separation or divorce, and incarceration of a household member.

Child Maltreatment

Child maltreatment is defined as any acts of commission or omission by a parent or caregiver that result in harm, susceptibility to harm, or threat of harm to a child under age 18, even if harm is not the intended result (Leeb et al., 2008). In 1999, the World Health Organization offered a universal definition of child maltreatment to constitute:

> All forms of physical and or emotional ill-treatment, sexual abuse, neglect or negligent treatment or commercial or other exploitation, resulting in actual or potential harm to the child's health, survival, development or dignity in the context of a relationship of responsibility, trust or power. (p. 1)

This definition was upheld through public law and the passing of the United States

Department of Health and Human Services Keeping Children and Families Safe Act of 2003 that

defined child and adolescent abuse and neglect as any recent act or failure to act on the part of a

parent or caretaker which results in death, serious physical or emotional harm, sexual abuse or

exploitation.

Gilbert et al. (2009) identify four categories of child maltreatment which include physical

abuse, sexual abuse, emotional or psychological abuse, and neglect and exposure to family

violence. Physical abuse involves a caregiver who inflicts physical harm towards the child and

includes those actions that cause a situation of high risk of potential harm (Mikaeili et al., 2013;

van der Put et al., 2015; Stoltenborgh et al., 2015). Forms of physical abuse may include shaking,

biting, punching, dropping, striking, or burning. Sexual abuse includes intercourse, all forms of

genital contact, exposure to sexually explicit materials, or forcing the child to witness or engage

in any sexual activities (Hyunzee et al., 2015; Mikaeili et al., 2013; van der Put, 2015). Further,

any actions done for the implied sexual gratification of the adult constitute sexual abuse

(Hyunzee et al., 2015; Mikaeili et al., 2013; van der Put, 2015). Emotional or psychological

abuse is the use of words and actions that are aimed at berating or belittling the child (Mikaeili et

al., 2013; Stoltenborgh et al., 2015; van der Put et al., 2015). Emotional maltreatment includes

yelling, screaming, terrorizing, and corruption as well as withholding emotional involvement or

rejection of the child by the caregiver.

Failure of a parent to meet a child's basic physical, educational, medical and emotional

needs is considered neglect (Mikaeili et al., 2015; Stoltenborgh et al., 2015; van der Put et al.,

2015). Additionally, neglect includes exposure to violence in the home and failure to provide

adequate supervision and protection from potential harm. Felitti et al. (1998) further

operationally defined these household dysfunction patterns according to the following: parental separation or divorce, a household member with substance abuse problems, mental illness by the primary caregiver, incarceration of a parent, and maternal victimization.

It is common that children who are exposed to one form of maltreatment often become victims of additional types of abuse, and as reflected in previous ACE research, have multiple exposures to adverse experiences throughout their early childhood and adolescence (Felitti et al., 1998; Gilbert et al., 2009). Hindley et al. (2016) identified four factors that were most consistently identified as predicting recurrent maltreatment towards children: the overall number of prior episodes of harm, neglect, conflict between parental figures, and significant mental health problems of parents. Children with a history of maltreatment were found to be approximately six times more likely to experience recurrent abuse or neglect than children without a history of abuse (Hindley et al., 2016).

Psychological Trauma

Post-traumatic Stress Disorder

The concept of trauma itself is not new, as decades of research and attention has been dedicated to those experiencing significant effects as a result of exposure to war, Holocaust survivors, sexual violence, and other highly charged dangerous situations. The American Psychological Association's (APA) Diagnostic and Statistical Manual of Mental Disorders, Third Edition (DSM-III) in 1980 marked the introduction of Post-Traumatic Stress Disorder (PTSD) as a formal mental health anxiety related diagnosis (Benedek & Ursano, 2009). In order to be diagnosed with PTSD, the individual being treated had to experience a catastrophic stressor that was seen as highly unusual or atypical from the usual experiences people faced (APA, 1980). The linkage between the trauma of war and post-civilian life was established by the

inclusion of this diagnosis in the DSM-III, leading to the start of conversations about the impacts of trauma that extended beyond what was previously believed. The inclusion of PTSD as a formal diagnosis was significant, as it suggested that "the etiological agent was outside the individual rather than an inherent individual weakness" (Friedman, 2018, para. 2). The framers of the DSM-III considered trauma related events, including war, torture, natural disasters, and accidents, to be quite distinct from painful experiences, seen as more normal difficulties of life such as divorce, serious illness, death and failures. According to Friedman (2018), the "dichotomization between traumatic and other stressors was based on the assumption that, although most individuals have the ability to cope with ordinary stress, their adaptive capacities are likely to be overwhelmed when confronted by a traumatic stressor" (para. 3).

Agaibi and Wilson (2005) regarded trauma as "stress events that present extraordinary challenges to coping and adaptation" (p. 196). The development of the DSM-IV (APA, 2000) went on to define these stressors as "experiencing, witnessing, or confronting events that involve actual or threatened death or serious injury, or a threat to the physical integrity of self or others" (p. 467). Further, in the DSM-IV, those exposed to these high stressors who met criteria for a formal diagnosis of PTSD also experienced symptoms associated with intrusive thoughts, avoidance of situations, and hyperarousal (APA, 2000).

As the DSM has been modified and updated, the criteria for a diagnosis of PTSD has changed as well as its related symptomology. The most significant change occurred with the adaptation of the DSM-5 which moved PTSD from the category of anxiety disorders (APA, 2013). The DSM-5 included a new diagnostic category, referred to as "Trauma and Stressor Related Disorders," which included those disorders that result from adverse events (APA, 2013). In addition to PTSD, other mental health conditions included within this category include

adjustment disorder, acute stress disorder, reactive attachment disorder, and disinhibited social engagement disorder. The re-classification of PTSD and these other stress-related disorders brings forth the important role both stress and trauma play in the formation and treatment of these disorders.

The DSM-5 defined trauma as an experience in which a person is "exposed to actual or threatened death, serious injury, or sexual violence" (APA, 2013, p. 271). This accounts for those persons who meet full diagnostic criteria related to psychological traumas and thus meet indicators of having a formal mental health disorder. In the DSM framework, a formal disorder refers to symptom clusters that interfere with one's ability to function and maintain stability in one or more areas of their life (Clark et al., 2017). These areas of instability may include relationships, education, or occupational impairments. Trauma and stressor-related disorders symptomology includes intrusive symptoms, previously known as re-experiencing symptoms (APA, 2000; APA, 2013). People experiencing these intrusive symptoms feel as though they are directly reliving or re-experiencing the traumatic event again. In addition to intrusive symptoms, Pfefferbaum (1997) highlighted both persistent avoidance of events that serve as reminders of the traumatic experience and persistent arousal related symptoms. These key characteristics of avoidance, arousal, and re-experience trigger intense feelings of panic, terror, grief, or despair and often come through flashbacks, emotional responses, and physiological reactions (Cyniak-Cieciura et al., 2017; Friedman, 2018; Pfefferbaum, 1997; Weber & Reynolds, 2004).

Trauma

Many clinicians have pushed for stronger, more broad definitions of trauma that are not limited to formal diagnostic criteria, but rather consider trauma-related symptoms as part of normal survival instincts or as "adaptive mental processes involved in the assimilation and

integration of new information with intense survival emphasis which exposure to the trauma has provided" (Turnbull, 1998, p. 88). According to the Substance Abuse and Mental Health Services Administration (SAMHSA) Trauma and Justice Strategic Initiative (2012), trauma is defined more broadly as "an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or threatening and that has lasting adverse effects on the individual's functioning and physical, social, emotional, or spiritual well-being" (p. 2). Similarly, Horowitz (1989) defined trauma as an event that overwhelms a person's ability to respond, and further suggested that trauma does not need to include actual physical harm to oneself but rather that an event can be traumatic if it overpowers one's ability to cope or contradicts one's worldview.

SAMHSA (2012) indicated trauma is an emotionally detrimental experience, either chronic or acute, with enduring negative impacts on well-being. Acute trauma refers to a single incident that occurs such as an accident or being the victim of a crime. As Terrasi and Crain de Galarce (2017) stated, children who grow up in a chronically dysfunctional environment often demonstrate symptoms defined as complex trauma: the "cumulative effect of traumatic experiences that are repeated or prolonged over time" (p. 36). Common sources of complex trauma include maltreatment such as emotional neglect and physical or sexual abuse; witnessing domestic violence; and experiencing homelessness, extreme poverty, or deprivation. Chronic trauma can also occur from repeated experiences of acute traumas (Perry, 2000). Complex trauma involves long-lasting experiences associated with chronic trauma, and involves those stressors that are prolonged, occur at developmentally vulnerable periods, such as children's emotional regulation, interpersonal skill development, and problem solving skills, and have potential to significantly impair development (Cook et al., 2005; Courtois & Ford, 2009;

Wolpow et al., 2009). Further, complex trauma involves harm-doing or extreme neglect to the victim by another person, typically the primary caregivers (Cook, et al., 2005; Ebert & Dyke, 2004).

Neurobiology of Trauma

All experiences change the brain, as it is designed to adapt in response to patterned, repetitive stimulation. Neuroscientists studying the brain have learned how it is impacted by fear and trauma and more specifically how early childhood experiences influence the young developing brain (Perry, 2000). Research has established that high levels of chronic stress and trauma are harmful to the brain, in particular the hippocampal area (Bremner & Narayan, 1998). The hippocampus plays a pivotal role with behavior inhibition and spatial learning and according to Joseph (1996) "when repetitively stressed and highly emotionally aroused, the hippocampus becomes so aroused that it is essentially deactivated…and under conditions of extreme stress…may be damaged" (p. 586). Functional capabilities of the mature brain continue to develop throughout one's lifetime, with the majority of the brain's critical structure and functional organization occurring in childhood (Joseph, 1996; Perry 2002).

Further research has demonstrated that children are particularly vulnerable to trauma because of the rapid growth and development occurring in their brains. During traumatic experiences, the brain remains in a heightened state of stress and fear-related hormones are activated (Perry, 1994; Perry, 2002; Weber & Reynolds, 2004), often referred to as a fight, flight, or freeze response pattern. In the context of trauma and anxiety research, the fear response described by Barlow (2002) reflects an interaction between learning and an innate, biological system designed to respond when threatened. Whether assessed accurately or not, if the threat is perceived as something that can potentially be defeated, the body goes into a fight mode

(Thompson et al., 2014; Wester, 2011). In these instances, hormones, specifically adrenaline, are released by the sympathetic nervous system, encouraging the body to fight and take control of the threatening situation. Conversely, if the threat is perceived as being too powerful to overtake, the body's response is to flee (Thompson et al., 2014; Wester, 2011). This flight response is connected to the body's biochemical response, enabling escape from the situation (Barlow, 2002; Thompson et al., 2014; Wester, 2011). Barlow (2002) suggests that the body's adaptive alarm system also includes a freeze response. Specifically, this disabling response is thought to overwhelm the other competing actions, leading to a freeze response, when typically, one might have chosen to either flee or act aggressively (Wester, 2011). This tonic immobility (Gallup, 1977) occurs when the situation is determined to be so threatening that it cannot be defeated nor escaped, leading to a sense of feeling self-paralyzed (Schmidt et al., 2007). The freeze response is similar to that of flight or fight in that it is believed to have adaptive value. It often includes motor and vocal inhibitions with an abrupt initiation and cessation, and although may appear counterintuitive when confronted with a threatening situation, may offer the best solution when there is little opportunity to escape or chance of fighting back (Korte et al., 2005).

During highly stressful or traumatic experiences, the human brain is in a heightened state and fear-related hormones are rapidly produced (Child Welfare Information Gateway, 2015; Weber & Reynolds, 2004). Although stress is a typical aspect of life, when a child faces prolonged traumatic exposures, their brain remains in this heightened survival state (Perry, 2002). Significant changes to emotional, behavioral, and cognitive functioning occur due to the body remaining in this heightened state for a prolonged period of time. Ultimately, these changes lead to long-term effects, resulting in dramatic impact to a child's behaviors, physical health, relationships, and emotional regulation (Child Welfare Information Gateway, 2015; Perry, 2002)

Specifically, there is impact to the "structure and chemical activity of the brain (e.g., decreased size or connectivity) and in the emotional and behavioral functioning of the child (e.g., oversensitivity to stressful situations)" (Child Welfare Information Gateway, 2015, p. 5). Thus, when children are exposed to chronic abuse or neglect and live in a world in which they experience chaos and threats to their safety, their developing brains may become hyper alert or not fully develop. As the brain's neural pathways are developing and adapting under chronic negative conditions, the brain, and thus the child, learns to cope in a negative environment, leading to possible impairments with their ability to respond to nurturance, safety, and kindness (Shonkoff & Phillips, 2000). These significant developments of the brain throughout childhood then bear heavy influence to the resulting adult brain and capacity to navigate future relationships, social situations, general coping skills, and overall life functioning.

Compassion Fatigue

Working with others struggling with trauma results in a significant cost to the caregiver, and although those costs vary, anyone who has experienced that relationship, "knows the toll involved in devoting singular attention to the needs of another suffering person" (Gentry, 2002, p. 39). Compassion fatigue refers to the development of high-stress symptoms through the process of working closely with those who have experienced traumatic experiences. In addition to compassion fatigue, the literature referred to this cost of caring as secondary traumatic stress or secondary stress disorder (Figley, 1995; Gentry, 2002; Jenkins & Baird, 2002; Pryce et al., 2007). Figley (1995) summed: "It is the stress resulting from helping or wanting to help a traumatized or suffering person" (p. 7). Those who listen to stories of personal trauma, abuse, extreme loss, or cruelty can become overly immersed in the experience and may even experience feelings similar to that of the individual directly impacted (Figley, 1999; Gentry, 2002). Stamm

(2002) addressed compassion fatigue's harmful effects: "The theory of secondary or vicarious traumatization records the deleterious effects of being in harm's way as an act of compassion. We have come to know that this saga can be heroic, tragic, or even dangerous" (p. 107).

Pryce et al. (2007) suggested, compassion fatigue can occur after a single encounter with a secondary trauma experience and results in natural emotions or behaviors from the exposure combined with a high level of stress or extreme concern for the traumatized person. Figley (1999) described symptoms of compassion fatigue as being quite similar to the formal diagnostic criteria for PTSD, with the idea that direct exposure to the traumatic event is met through hearing about instead of actually experiencing the trauma personally. Jenkins and Baird (2002), noted the only significant difference between compassion fatigue and PTSD, is that PTSD is experienced by someone who directly experienced the trauma and compassion fatigue is experienced by those who work closely with trauma survivors. Further, compassion fatigue can affect the brain in much the same way trauma impacts the actual victim:

> The brain emits a fear response, releasing excessive cortisol and adrenaline that can increase heart rate, blood pressure, and respiration, and release a flood of emotions. This biological response can manifest in mental and physical symptoms such as anger and headaches, or workplace behaviors like missing meetings, lateness, or avoiding certain students. (Minero, 2017, para. 10)

Figley (1995) categorized symptoms of compassion fatigue into three areas. First, indicators of psychological distress occur and may include (a) negative emotions, (b) nightmares or intrusive images, (c) sleep challenges, (d) headaches, (e) obsessive behaviors, (f) physiological symptoms of palpitations and hyperventilation, and (h) impairment of daily activities. Second, a cognitive shift results in professionals who experience feelings of extreme

helplessness and heightened vulnerability. Third, relationship challenges occur which may

include distancing self from others. Gentry (2002) divided the symptomatology of compassion

fatigue into subcategories of intrusive, avoidance, and arousal effects, as summarized in Table 1.

Table 1

Symptoms of Compassion Fatigue

Intrusive Symptoms
• Thoughts and images associated with the traumatic experiences • Obsessive and compulsive desire to help • Client/work issues encroaching upon personal time • Inability to "let go" of work-related matters • Perception of survivors as fragile and needing the assistance of caregiver • Thoughts and feelings of inadequacy as a caregiver • Sense of entitlement or special-ness • Perception of the world in terms of victims and perpetrators • Personal activities interrupted by work-related issues
Avoidance Symptoms
• Silencing Response (avoiding hearing/witnessing client's traumatic material) • Loss of enjoyment in activities/cessation of self-care activities • Loss of energy • Loss of hope/sense of dread working with certain clients • Loss of sense of competence/potency • Isolation • Secretive self-medication/addiction (alcohol, drugs, work, sex, food, spending, etc.) • Relational dysfunction
Arousal Symptoms
• Increased anxiety • Impulsivity/reactivity • Increased perception of demand/threat (in both job and environment) • Increased frustration/anger • Sleep disturbance • Difficulty concentrating • Change in weight/appetite • Somatic symptoms

Joinson (1992) first identified compassion fatigue as a unique form of burnout directly

linked to care-giving professions, particularly nursing. Figley (1995) went on to define

compassion fatigue as an outcome for those who work alongside others who have experienced adversities or extremely stressful events. Thus, professionals who have an enormous capacity "for feeling and expressing empathy tend to be more at risk of compassion stress" (Figley, 1995, p. 1). Although much of the early literature regards compassion fatigue in relation to human service employees and medical providers, more recent research has focused on other professions as well, including education. Empathic engagement for traumatized students is what makes teachers vulnerable to compassion fatigue (Figley, 1995). Teachers are challenged with the task of successfully managing multiple roles and responsibilities in their classrooms, including acting as educator, counselor, motivator, manager, school leader, resource provider, and mentor to fellow teachers (Cohen et al., 1996; Harrison & Killion, 2007). It is not surprising then, that Johnson et al. (2005) found teaching to be one of the most stressful professions, with levels of stress similar to those experienced by first responders, law enforcement, and social service workers, when measured in terms of experiences with physical health, psychological well-being, and overall job satisfaction.

Borntrager et al. (2012) studied compassion fatigue among school staff in the northwestern United States and found that despite feeling high levels of work satisfaction, approximately 75% of participants also reported experiencing high levels of fatigue. Of additional importance from their research was the indication that most individuals employed in mental health work, with similar reported levels of stress as school staff, were formally trained in trauma and secondary stress, whereas opportunities were not routinely a part of teacher education programs. Further, when exploring compassion fatigue, Hoffman et al., (2007) uncovered themes related to loss of control, empathy, and high levels of responsibility through their research with middle school special education teachers. Overall, research indicated compassion fatigue resulted

in a negative impact on teachers, was associated with distress (Kokkinos, 2007) and negatively impacted both student motivation and attitude toward learning (Zhang & Sapp, 2008).

<div align="center">**Trauma Impacts on Education**</div>

It is known that trauma plays a significant impact on students' learning, social interactions, emotional regulation, and overall behaviors in the school setting. Children impacted by trauma maintain high levels of toxic stress. This prolonged, unpredictable stress leaves them in a heightened state of hyper-arousal or hypo-arousal, resulting in the child's body being primarily concerned with self-preservation and survival (Perry, 2000).

Academic Implications

Children with a history of trauma may find it more difficult to pay attention and process new information, and evidence suggests may develop more severe sensory processing issues. Johnson et al. (2009) found that multiple learning processes are impacted through trauma, leading to difficulties with organization, comprehension, memory, and overall ability to maintain focus. Burke et al. (2011) found that children exposed to four or more ACEs were 32 times more likely to have behavioral and learning challenges as compared to those students with no reported adverse exposures. Further Slade and Wissow (2007) studied the relationship between child maltreatment and future adolescent academic performance. Their results indicated that more than one-third of students experienced neglect, physical abuse, and/or sexual abuse as a young child. Of these students, over half of them were found to have lower grade point averages and problems with homework completion (Slade & Wissow, 2007). Additional research has also shown that children with a history of child abuse and neglect are more likely to have poor school engagement, grade level retention and be referred for programming through special education supports (Shonk, & Cicchetti, 2001). Shonk and Cicchetti (2001) also found that those with

higher exposures to violence were more apt to have lower grades and more absences than peers with fewer experiences to violence.

Social Interactions

Children impacted by ACEs are known to have greater challenges with social interactions, including difficulty with both forming and maintaining friendships. They are also likely to struggle with differentiating between healthy and unhealthy relationships or may choose to socially isolate themselves entirely (Plumb et al., 2016). These attachment difficulties, especially related to trusting others, often manifest themselves as extreme challenges and often lead to other mental health related concerns (De Bellis, 2001; Dube et al, 2001; Plumb et al., 2016). The high likelihood of behavior and socioemotional problems is consistent with the idea that chronic traumatization leads to an overwhelming amount of stress, as well as decreased resources for trusting others, managing emotions, and resolving conflicts through socially appropriate means. van der Kolk and Courtouis (2005) have suggested that acute traumatic experiences often result in behavioral and emotional responses, including a formal diagnosis of anxiety disorder or PTSD, whereas chronic or complex traumatization may lead to pervasive effects on a child's development that is not easily captured through a single mental health disorder diagnosis.

Children who develop typically, with predictable caregiving and a secure sense of safety, well-being, and trust, generally enter their school aged years with the ability to develop and maintain relationships and navigate social situations. They are able to successfully self-regulate, seek direction from peers and adults appropriately, and develop trust with others (Erokzan, 2016). Conversely, children with insecure attachments generally lack positive, healthy relationships with adults who model appropriate and secure mutuality between people. Lacking

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these experiences leads to forming unhealthy relationships and further seeking others out to inappropriately meet their needs for affection and attachment (Erokzan, 2016; Plumb et al., 2016). Additionally, they see others, especially adults, as untrustworthy and unreliable, which leads to a belief that they cannot trust or seek support from them when needed (de Vries, 2016).

Classroom Behaviors and Emotion Regulation

The impact of adverse experiences extends beyond academic concerns and social interactions, as extensive research has emphasized the relationship between trauma exposure and both internalizing and externalizing behaviors (Hildyard & Wolfe, 2002; Shonk & Cicchetti, 2001; Toth et al., 2000). Trauma exposure is most commonly associated with PTSD, anxiety, depression, and disruptive behavior, and further that the extent of mental health symptomology increases linearly with the extent of traumatic victimization (Copeland et al., 2007; Finkelhor et al., 2007; Finkelhor et al., 2009). A 2010 study by Milot et al. (2010) explored the correlation between trauma symptomology and behavioral challenges in school aged children. Using three scales: a trauma symptom checklist, a child behavioral checklist, and a PTSD checklist, Milot et al. (2010) evaluated the mediating effect of trauma symptoms on the relationship between child abuse and/or neglect and both internalizing and externalizing behaviors of the children studied. Results indicated a significant relationship and further showed that childhood maltreatment was perceived as traumatic and thus played direct influence on difficulties in the classroom setting (Milot et al., 2010). Pasco Fearon et al. (2010) further supported this and indicated that the resulting insecure attachment that develops through traumatic exposures is a mediator with internalizing and externalizing behaviors, regardless of the age of those studied.

Research in 2010 by Esturgo-Deu and Sala-Roca found a significant relationship between disruptive classroom behaviors and students' capacity to manage stress. When the child

perceives unmanageable stress, the child's limbic system goes into overdrive, resulting in the fight, flight, or freeze mode, eliminating the possibility that the child will successfully be able to problem solve or effectively talk through the stressor (Bailey, 2000, Milot et al., 2010). When the stressful situations continue to pile up for the student, results can lead to higher disruption in the classroom, including aggression, rage, withdrawal or isolation. This leaves the child in a heightened emotional state makes classroom expectations nearly impossible to manage.

Trauma-Informed Care

Increased awareness about trauma and trauma-related effects for children has led to an increase in the attention on systems focusing on treating those impacted by trauma. There is extensive literature on various approaches to therapy with emphasis on the specialized therapeutic skills and knowledge needed to effectively treat those affected by trauma (SAMHSA, 2014). This growing body of research also maintains the position that support and healing for those impacted by trauma can also take place in non-clinical settings (Kinniburgh et al., 2005; Perry, 2006). Greenwald (2005) indicates that "parents, counselors, teachers, coaches…and others are all in a position to help a child heal" (p. 37). The creation of supportive trauma informed environments is a critical piece of the therapeutic transformation for victims of trauma.

The context in which trauma is addressed contributes to the outcomes for the trauma survivors and those supporting them. Trauma-informed care, sometimes referred to as a trauma-informed approach, is a framework regarded as essential to the context of care and critical when seeking to construct a culture that acknowledges the impact of trauma and strives to create an environment geared towards support and healing. SAMHSA (2014) goes on to state that:

A program, organization, or system that is trauma-informed realizes the widespread

impact of trauma and understands potential paths for recovery; recognizes the signs and

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symptoms of trauma in clients...; and responds by fully integrating knowledge about

trauma into policies, procedures, and practices, and seeks to actively resist re-

traumatization. (p. 9)

Further, trauma informed care brings together an interrelated triad of commitment,

understanding, and therapeutic practices organized with the goal of effectively meeting the

unique needs of those impacted by trauma.

The treatment of children exposed to prolonged trauma is complex and long-lasting. Bath

(2008) highlights critical factors or therapeutic pillars that are needed for healing to take place,

and van der Kolk and Courtois (2005) speak to three key therapeutic pillars used by

professionals for most effective supportive approaches: "… issues of safety, affect regulation,

coping and self-management skills" (p. 387). Bath (2008) believes, however, that therapists are

not the only ones that can help those impacted by trauma to heal, but rather that other supportive

adults can emphasize and build upon the elements of healing through "the development of safety,

the promotion of healing relationships, and the teaching of self-management and coping skills"

(p. 18). Abramovitz and Bloom (2003) add to these key concepts a focus on development of

goals and the specific experiences of loss endured.

Butler et al. (2011) referred to this specific shift in perspective and practice to a trauma-

informed approach as one that viewed trauma as not only a past event but one that is formative

and contributory to the individual's current situation. A trauma-informed approach is one in

which supportive adults understand others in the context of their life experiences and cultures,

with an awareness of and appreciation for their efforts of coping. Those that embrace a trauma-

informed approach believe in efforts to eliminate further harm and ensure safety by seeking to

minimize the possibility of re-traumatization. This is supported through an empathetic approach

that seeks to ask, "what happened to the person" rather than the implied judgment of "what is wrong with the person" (Butler et al., 2011).

Pillars of Care

On a larger scale, to be trauma-informed, necessitates multi-level changes across many domains (Harris & Fallot, 2001). Bath (2008) states that the full organization needs to be "organized with an awareness of the pervasiveness of trauma, its impact, and its self-perpetuating nature, as well as familiarity concerning the multiple and complex paths to healing and recovery" (p. 181). Additionally, in conjunction with this awareness, Harris and Fallot (2001) have identified five key principles to guide formation of supportive care: safety, trustworthiness, choice, collaboration, and empowerment. First, assuring safety is a critical precondition to working with those impacted by trauma. Creating space that is sensitive for their safety and respect is key for building trust and engagement. The assurance of safety is a necessary precondition to any effective therapeutic work with trauma survivors because an atmosphere that is respectful of survivors' need for safety, respect, and acceptance is fundamental for building trust and therapeutic engagement (Herman, 1992). Trustworthiness refers to building an environment that encourages transparency in order to build and promote honesty, collaboration, and mutuality in relationships. Next, trauma-informed care emphasizes control and choice for the trauma victim with a focus on ensuring understanding of their rights (Bath, 2008). The concept of collaboration involves a sharing of power and collaboration and is best supported in settings when there is understanding that the impacted individual is the expert on his or her own life. Lastly, forming a supportive trauma care environment requires a sense of empowerment. Empowerment refers to an emphasis on building a person's strengths and promoting resilience. Bath (2008) defines empowerment and resilience as seeking to explore

"coping strategies and sources of personal strength that have been used in the past" (p. 184). By truly embracing one's skills and abilities, those traits can be utilized when managing the challenges that arise from the ongoing effects of the adversity faced. This is further explained by Bath (2008) as a "focus on wellness rather than illness" as both "vital and empowering" (p. 184).

Trauma Sensitive Schools

Schools play a vital role in building resilience for students, providing consistency and safety, and promoting overall well-being through developing a positive school climate, adapting curriculum design, and modifying teacher professional development to meet the needs of children from diverse backgrounds and to increase cognitive growth and development (Cole, 2005). A sustainable, positive school climate fosters youth development and learning. Payne (2018) defines this climate as needing to be inclusive of norms, values, and expectations that support social, emotional and physical safety. Cohen (2013) identified four dimensions of trauma sensitive school environments that are essential for forging success: safety, teaching and learning, interpersonal relationships, and institutional environment.

1. **Safety:** Safety refers to the rules and norms of the school and includes both socioemotional safety as well as physical safety. When children's sense of safety and trust in others is restored, they experience a sense of agency, and are able to begin the process of healing (McConnico et al., 2016).

2. **Teaching and Learning:** Positive teaching practices that offer students individual attention, room to explore and feel supportively challenged, constructive feedback, and opportunities to proactive social interactions afford students the best avenue for success (Cohen, 2013; McConnico et al., 2016).

3. **Interpersonal Relationships:** Healthy nurturing relationships help children build resilience and learn to form attachments with others. Further, children learn a sense of value and mutual respect through the emotional attunement that occurs through mutuality in relationships (McConnico et al., 2016).

4. **Institutional Environment:** School environments that encourage engagement and connectedness are viewed as most encouraging in promoting safety and security for youth. Further, settings that are clean, in order, physically attractive, and those with adequate resources and educational materials offer students and educators opportunities to thrive (Cohen, 2013).

Professional development is referred to as an "important foundational component of trauma-informed schools because it can help build consensus for and competence in trauma informed approaches" (Chafouleas et al., 2016, p. 154). In order to successfully move forward with the implementation of a trauma-informed approach, schools must have consensus within the full school building. To move in this direction, schools must implement strong professional training, intended to educate school staff on the impact of trauma, recognize the needs of students who have a history of trauma, and to develop the skills necessary to best meet their needs. Trauma focused professional development training has been shown to build educator knowledge, impact attitudes, and develop practices favorable with supporting children with trauma histories (Brown et al., 2012; Green et al., 2015).

Pratt Model

A strong professional development framework can educate teachers, administrators, and other school staff about trauma and the impact adverse experiences play on students' lives and can offer practical strategies that can be used throughout the educational setting to best support

and teach trauma-affected students in ways that also positively benefit the larger school population by focusing on ways to help children feel safe in their environment. Providing school-wide support and education to encourage a trauma-informed lens to the complete school environment offers educators an opportunity to help promote healing from a traumatic experience that is not built upon punitive responses, but rather encourages connections and fosters resilience (Warshof & Rappaport, 2013). Effective mastery of social emotional competencies are correlated with improved well-being and better school performance, whereas the failure to achieve competence in these areas can lead to difficulties within personal, social, and academic areas (Goodman et al., 2011; Shonk & Cicchetti, 2001). Building from the trauma-lens, educators can respond to the needs of their students by reflecting on their own values and actions in order to promote safety in the classroom, which in turn develops ready learners. Teachers are valued as caretakers, role models, and trusted adults by children; offering them a unique role to respond with compassion, sensitivity, and care for those in their class.

A professional development plan designed from principles aligned with the Pratt Model, which promotes the idea of cultural transformation, will encourage direct "implied learning that offers beneficial effects in many other areas" (Pratt, 1994, p. 9). The trauma curriculum offered is intended to educate teachers and school staff about trauma and its influence on academic achievement, provide support within the classroom setting, and offer intentional techniques that can be utilized in all educational settings. Pratt suggests that providing educational opportunities in more global conditions in which people can develop their full potential is key and suggests that the "primary vehicle for growth is human relationships, and the preferred learning mode is direct personal experience" (Pratt, 1994, p. 14). Engaging educators through meaningful

professional development learning encourages active participation and engagement, and promotes a desire to bring to take the learning and use it in their teaching platforms.

Logic Model

The logic model serves to guide development of a framework for a trauma-informed professional development program, and specifically, focuses on mitigating the impact of trauma through education of the most recent research on brain development and evidence-based treatments (Plumb et., 2016). The cornerstone of the logic model is developing "a trauma-sensitive school culture that will help enable all children, regardless of trauma history, to reach their full academic potential (Plumb et al., 2016, p. 47). Five core components are highlighted through this model and considered imperative for schools in the implementation of a trauma-informed culture (Milwaukee Public Schools, 2015):

1. Training all school staff on the prevalence and impact of trauma on students.

2. Adopting a school-wide paradigm shift.

3. Creating and maintaining healthy and lasting relationships among staff, caregivers, and students.

4. Believing in and maximizing caregivers' self-efficacy and capacity.

5. Engaging with student resilience and empowerment.

Additionally, the logic model is based off of four pillars or components that guide the formation of the transition to a trauma-sensitive school through professional development opportunities: resource, activities, outputs, and outcomes (Milwaukee Public Schools, 2015; Plumb et al., 2016).

Flexible Framework

Another framework that offers guidance towards development of trauma-sensitive training and school climate is referred to as the flexible framework. This framework is designed to help individual school communities develop a plan for integrating trauma-sensitive routines and individual support throughout the school day (Cole et al., 2005). Multiple strategies are included with the framework that can be tailored to the needs of each school community and its individual students. Rather than promoting a one-size-fits-all perspective or one particular intervention, the flexible framework offers a structure that can be adapted to the unique needs of the school, regardless of its organizational structure or educational philosophy (Cole et al., 2005). The core components of this framework include:

1. Leadership and Culture

2. Professional Development

3. Access to Resources and Services

4. Academic and Non-Academic Strategies

5. Policies and Protocols

6. Collaboration with Families

Summary

Extensive research has been conducted on the history and prevalence of trauma. As evidenced in this literature review, trauma affects the entire educational system, including both trauma-impacted students as well as others in the classroom, both peers and teachers. Unique academic, social, and behavioral patterns of trauma victims cause increased stress in the classroom and teachers are in a pivotal position to help impact these ever-present challenges. The

understanding that educators play a unique and critical role in the recovery of trauma-impacted

students is supported through research on its impact on brain development and learning.

CHAPTER 3. METHODS

This study was built upon a qualitative approach in order to understand teachers'

perceptions of trauma, students' behaviors associated with trauma, and teachers' overall

experiences. This was explored through a phenomenological lens in order to provide a voice to

the experiences of teachers working with students with trauma histories. Creswell (2009)

suggested the use of phenomenology when the research questions require a profound

understanding of human experiences familiar to a group of people. This approach communicates

the essence of teaching traumatized students as well as the impact it has upon curricular goals

and the work of teachers through the lived experiences of educators.

Research Design

In order to fully reflect the perceptions of the study participants, a qualitative approach

was used. This approach focuses on the way people interpret and make sense of their

experiences and the world in which they live (Holloway, 1997). There exists a wide variety of

methods within the realm of qualitative research, with most seeking to "understand the social

reality of individuals, groups, and cultures...to explore the behavior, perspectives, and

experiences of people" (Holloway, 1997, p. 2). Cohen et al. (2011) states that qualitative

research "draws strongly on direct experience and meaning . . . an in-depth, intricate, and

detailed understanding, non-observable as well as observable phenomena, attitudes, intentions,

and behaviors" (p. 219). Qualitative research places emphasis on the "why" rather than the

"what" of social phenomena and uses personal experiences as everyday meaning-making

mediums.

Specifically, through phenomenological inquiry, this study explored how teachers make

sense of their experiences and transform those experiences into shared meaning through

phenomenological inquiry, that is, the description of phenomena as they present themselves or as they are given in experience. Phenomenology is concerned with how a person lived through and interpreted the phenomenon retrospectively (Giorgi & Giorgi, 2008). German mathematician, Edmund Husserl, a key founder of phenomenology, believed that this approach suspended all beliefs and was based on the meaning of the individual's experience (Creswell, 1994). Patton (2015) describes this methodology as the ability of the researcher to capture participants' experience in how they "perceive it, describe it, feel about it, judge it, remember it, make sense of it, and talk about it with others" (p. 115).

Husserl (1970) used the term "intentionality" to refer to this awareness of one's lived experiences encountered through thoughts, perceptions, emotions, and memories. Finlay (1999) described intentionality in this way: "the life world is not an 'objective' environment or a 'subjective' consciousness or set of beliefs; rather, the world is what we perceive and experience it to be" (p. 302). Each person experiences a situation differently, depending on personal experiences, and as such, in order to understand the phenomenon, it is important to collect several individuals' perceptions of the lived situation to determine commonalities.

Phenomenological research requires a "heedful, mindful wondering about the project of life" (van Manen, 1997, p. 38). Further, this process of inquiry seeks to invite others to experience the phenomenon being studied by inviting a sense of wonder through the intimate portrayal of the participants' experiences. As depicted by van Manen (2007), phenomenology is:

A project of sober reflection on the lived experience of human existence– sober, in the sense that reflecting on experience must be thoughtful, and as much as possible, free from theoretical, prejudicial and suppositional intoxications. But, phenomenology is also a

project that is driven by fascination: being swept up in a spell of wonder, a fascination

with meaning. (p. 12)

Heuristic research, a phenomenological research model, is critical in exploring research

participants' experiences (Moustakas, 1994). In heuristic research, research participants are the

only ones that can accurately describe their lived experience. In order for heuristic research to be

successful:

Only the co-researchers' [research participant] experiences with the phenomenon are

considered, not how history, art, politics, or other human enterprises account for and

explain the meaning of the experience. The life experience of the heuristic researcher and

the research participant is not text to be read or interpreted, but a comprehensive story

that is portrayed. (Moustakas, 1994 p. 19)

Interview Protocol

This study engaged participants through an interview process. Individual face-to-face

meetings were scheduled in order to explore their perceptions of and experiences with trauma

and its impact on the classroom setting and their work as teachers. Husserl believed that the pure

meaning of lived experiences could only be unpacked through direct interactions between the

researcher and study participants (Foctman, 2008; Wojnar & Swanson, 2007). Interviews were

conducted via videoconferencing due to COVID-19 as a means to help keep interviewees and

myself safe by refraining from direct, in-person contact.

This study utilized a semi-structured interview research design with the specific purpose

of exploring and gathering experiential narrative to act as a conduit for developing a richer

understanding of the human phenomenon (Turner, 2010). Semi-structured interviews are as

much about listening as they are about asking questions. However, it was important that I be able

to maintain consistency of topic discussion between participants (Opdenakker, 2006). Interview protocols were designed to allow for the flexibility needed for semi-structured interviews and were intended to guide the interviewer and provided flexibility to follow the conversation to collect rich information, while maintaining focus on addressing the research questions. Semi-structured interviewing allowed me to engage conversationally with one respondent at a time through a blend of open and closed-ended questions. Further, interviewing enabled follow-up questions while enabling the dialogue to "meander around the topics on the agenda, rather than adhering slavishly to verbatim questions as in a standardized survey" (Adams, 2015, p. 493). According to Bailey (1996) the interview "is a conscious attempt by the researcher to find out more information about the setting of the person" (p. 72) and as such is reciprocal in that both participant and myself were engaged in the dialogue. Husserl believed that this reciprocal transaction must include interaction, active listening, and observation to fully capture the participants' reality (Fochtman, 2008).

I anticipated that discussing trauma and its potential impact might be emotionally difficult for teachers to think about and to discuss with a researcher. As a school social worker, I believe that I have a unique set of interpersonal communication skills and was able to facilitate a meaningful discussion with educators who work with traumatized children. The teachers were able to disclose sensitive information which at times triggered their own emotions. Efforts were made to ensure that the teachers' privacy was respected, that appropriate boundaries were respected, and that interviews were focused and pertained to the study objectives. I was cognizant that this was a professional research relationship and not personal or therapeutic in nature If I felt that a participant was detrimentally impacted by the questions from the interview,

I would have paused the interview and would have provided the participants with resources for them to access support.

Study Participants

In order to address the aforementioned research questions, the study participants included middle school educators from a midwestern school program of over 1000 students, grades five and six. The school district identified for this study serves a medium-sized city and surrounding rural communities. In addition to this middle school, the district also consists of one high school, one middle school serving grades seven and eight, four elementary schools, and one alternative secondary school. Additionally, there are two much smaller private schools in the city. The entire metro area has greater than 200,000 residents, and the city in which the school district is located claims nearly one-fifth of those individuals. Close to 7000 students are enrolled in the school district, most of whom live within the city limits, though students in surrounding rural communities are served by this district as well. Like most school districts, the students served by the identified district have a wide array of backgrounds. Approximately 70% of students identify as White, and the largest populations of color, each representing about 10% of the district's population, identify as Black or Hispanic. The school district also serves a significant number of students from Middle-Eastern regions who identify as White, though they represent a diverse population of first, second, and third generation immigrants. The district reports over 40% of students receive free or reduced lunch, a number often associated with students in poverty. The district supported approximately 175 homeless students in 2019 and 60 students were placed in foster care due to abuse or neglect. Nearly 20% of students throughout the district receive special education services.

Purposive sampling, characterized by the inclusion of specific criteria met by the participants at the time of selection, was used to select study participants (Welman & Kruger, 1999). Since Boyd (2001) suggests between two to 10 participants and Creswell (1998) recommends interviews with up to 10 people for a phenomenological study, a sample size of nine core subject mainstream classroom teachers, with a minimum of three years teaching experience, were invited to participate in the study. Of the nine educators invited to participate in the study, six elected to engage with the interview process. The six participants were all female and self- identified as Caucasian. Their teaching experience ranged from three to 24 years, and together they shared a cumulative 79 years of teaching experience. One of the teachers interviewed has spent her entire teaching career in this particular district and the other five have previously taught in other school districts. All of the teachers have an undergraduate degree in education, four of them have their graduate degrees and one is currently enrolled in a graduate program.

Data Collection and Analysis

Following committee approval of the study proposal, Institutional Review Board (IRB) approval was received from North Dakota State University (NDSU). Since the public-school setting did not have an IRB, the NDSU IRB served as the IRB of record. Letters of permission and support from the school district and identified school were secured. Once approval was in place, potential eligible participants were contacted via email with information pertaining to this research study and inviting their participation. Those wishing to participate were asked to complete a brief online demographic survey regarding their years of teaching experience and the training they have had with regard to trauma.

Participation in this study was voluntary. Consent forms were provided to all participants with information on the study including risks and benefits anticipated, and although any participant could have dropped out of the study at any point, they were informed that agreeing to participate signaled an intent to complete all data collection tasks (Holloway, 1997; Kvale, 1996). Participants were invited to partake in two semi-structured interviews that each lasted approximately one hour, ranging between 40-75 minutes. This interview style allowed the researcher to capture qualitative data specific to the teacher's experiences (Patton, 2015).

Due to the COVID-19 pandemic, an IRB Protocol Amendment Request Form was submitted to accommodate interviews in a virtual setting versus in-person, as initially intended. The interviews were conducted virtually, via the Google Meet platform, and audio-recorded through that same platform. I choose to personally transcribe the interviews as an opportunity to immerse myself more fully in the experiences shared by the participants and to hear their narratives multiple times while working to accurately transcribe them. This process was an exacting and time-consuming activity which required strict attention to detail and review. The interviews were transcribed verbatim, including filler words such as "um, like, and so," and citing pauses and sighs. In accordance with Colaizzi (1978), I listened to the audio-recordings multiple times while reading the transcriptions to further ensure accuracy.

Analysis and coding of study narrative data were based primarily upon the method for phenomenological data analysis of Colaizzi (1978), whose seven-step iterative process was described by Shosha (2012) and Wojnar and Swanson (2007) as follows:

1. Reading each transcript multiple times to gain a feeling for their experiences shared by study participants.

2. Extracting significant statements from each transcript based on relevance to research questions.

3. Formulating meanings from the identified significant statements that "discover and illuminate meanings hidden in the various contexts of the investigated phenomenon" (Wojnar & Swanson, 2007, p. 176).

4. Sorting the meanings into categories, clusters, and themes.

5. Developing complete descriptions of the themes of the phenomenon by integrating the findings into exhaustive description of the phenomenon being studied. Wojnar and Swanson (2007) describe this as a process of coding the text for topics, comparing these topics for themes, and "bridging themes for their conceptual meanings" (p. 176).

6. Creating statements of identification through eliminating redundant or misused descriptions in order to "generate clear relationships between clusters of themes and their extracted themes" (Shosha, 2012, p. 41).

7. Clarifying and validating the findings with study participants through member checking.

Colaizzi's method was initiated through the transcription process, which enabled me to read and re-read each narrative multiple times to ensure accuracy. Once all interviews were completed, I printed two copies of each transcript and read each an additional two times to refresh my knowledge of their specific content and to begin identifying significant statements. During the first read of the transcripts, I highlighted potential sentences and phrases that spoke directly to the phenomenon studied. I then repeated this process for each of the transcripts a second time to determine reliability in my determination of significant statements. This process

generated 116 significant statements from the 12 interviews. Following this, I extracted all of the significant statements from the complete transcripts and generated one exhaustive list in an Excel spreadsheet. Each group of statements was color-coded in order to differentiate interviewees' narrative data.

Next, I reviewed each of the statements and assigned meaning to them by examining both the implicit and explicit meanings inherent in each. This process involved repeated review of the significant statements and proposed meanings, with many of them modified several times. This process resulted with 127 formulated meanings derived from the 116 significant statements. There were more meanings identified than statements, as some significant statements were multi-dimensional and thus resulted in more than one formulated meaning. This step entailed creative insight while preserving the connection with the participants' original transcriptions. I moved between what the participants said during their interviews to extracting their meaning, what Colaizzi (1978) referred to as making a ''precarious leap'' (p. 59). I sought to illuminate the hidden meanings of the phenomenon which was depicted in the original transcript while ensuring I did not "formulate meanings which had no connection with the data'' (Colaizzi, 1978, p. 59).

A review of both significant statements and their formulated meanings led to the initial emergence of nine themes. These themes, or clusters of meanings, were ultimately categorized into four main themes with seven sub-themes as discussed in the findings section that follows. According to Colaizzi (1978), one of the most crucial aspects of this step is ensuring confluence between meanings and theme clusters, which required me to review the sequence of the statements, formulated meanings, and the identified themes for consistency of each sequence. among each stage.

The next step involved writing an exhaustive description of each theme in order to organize clusters of meaning into narrative accounts that captured the full dimension of the participants' lived experiences. A purposeful effort was made during this process to focus on objective statements that allowed for deep exploration of themes and to understand the shared experiences of teachers working with traumatized students. By writing exhaustive descriptions, the fundamental structure of the phenomenon was constructed. This was achieved by ensuring the essence of each theme authentically reflected the participants' descriptions of their experiences.

Bracketing

The intended goal of this phenomenological research was to gain an in-depth understanding of the lived experiences of the study participants. Through this however, I, as the researcher, inevitably influenced the research process. Reflexivity is "the key thinking activity that helps us to identify the potential influence throughout the research process" (Chan et al., 2013, p. 3). Wall et al. (2004) suggested that a researcher can seek neutrality and bring reflexivity forward by putting aside prior understanding or preconceptions through the use of field notes or a reflexive "diary" and further by maintaining awareness of and caution towards the role of personal bias. Since I was professionally involved within the school setting, it was especially critical to remain aware of and sensitive towards experiences beyond one's own and the potential influence this plays in the research process. As I had this prior relationship, the lived experiences of study participants were explored in a way that aimed to bracket any presuppositions and communicate the essence of their experiences in as pure a state as possible.

Bracketing, the process of purposefully setting aside one's beliefs or what is already known of the phenomenon being researched, helps to minimize the influence of the researcher

throughout the research process (Carpenter, 2007; Giorgi, 2011). As Giorgi (2011) indicated, the researcher needs to maintain an open attitude in order to discover meanings and allow unexpected meanings to emerge. Bracketing the researcher's own experiences minimizes any tainting of the participant's lived experiences by possible biases in the researcher's beliefs and prior experiences and, as Shosha (2012) further explains, helps ensure integrity of data and trustworthiness of findings through striving for researcher objectivity.

One of the ways this was achieved in this study was through Colaizzi's (1978) data analysis process that clarified and validated the findings with study participants through member checking. According to Chan et al. (2013) this "procedure helps the participants to ascertain if their answers to any questions need to be rectified and ensures that the researcher has not misinterpreted the data" (p. 5). Study participants were provided transcripts of their interviews to verify that transcripts reflected their perspectives regarding the phenomenon studied. All participants confirmed that the transcripts provided reflected their experiences in the classroom.

Chan et al. (2013) suggested that the literature review process may also affect the researcher's ideas on the research topic. It was suggested that a complete literature review be delayed until further into data collection and analysis, so as to avoid preconceived ideas regarding themes or clusters of data that may already exist in the literature (Hamill & Sinclair, 2010).

> The issue of where to stop the literature review remains undetermined. We have to decide when to stop the review process by asking ourselves: "Do we understand the topic enough that we can justify the research proposal while maintaining our curiosity in this area?" Once we can answer "yes" to this question, we can suspend the literature review. (Chan et al., 2013, p. 4)

Therefore, to achieve bracketing, only a partial literature review was conducted at the onset of the research process, with additional review conducted to support the findings and recommendations identified through participants' interviews. Specifically, this included the topic of compassion fatigue.

Limitations

Several limitations existed with this study. Based on the study design, only a relatively small number of educators participated in the study. Consequently, participants in this study could not be reasonably expected to provide a complete representation of the full set of attitudes, beliefs, and experiences related to trauma as experienced by all educators across all grade levels. Additionally, issues of consistency and trustworthiness must also be considered. The interview questions were designed by this researcher, therefore there is likely to be a certain amount of bias involved. For example, my own prior experiences within this school building may have influenced the content and wording of the interview questions. Other elements, such as building climate, developmental needs of the student population, and other influential factors specific to each participant likely impacted participants' experiences and thus the perspectives portrayed may not be representative of all teachers working at this school. It is important to further clarify that results are not generalizable to all similar contexts; however, various findings may be transferable to comparable contexts. Additionally, my familiarity with this school system might have produced inevitable investigator bias.

CHAPTER 4. FINDINGS

Results

From 12 verbatim transcripts, 116 significant statements were identified and extracted and then examined for the identification of formulated meanings. These formulated meanings were arranged into clusters, resulting in four overall themes with two of those including an additional seven sub-themes; Appendix C provides a sample table of the significant statements and their formulated meanings, as organized according to themes:

- Overall Impact of Trauma

- Trauma Impacts on Educators

    o   Reality Versus Perception of Teaching

    o   Feeling Unprepared to Manage Trauma Responses

    o   Compassion Fatigue

    o   Unwavering Commitment to Students and the Teaching Profession

- Trauma Impacts on Classroom Practices

    o   Building and Maintaining Relationships

    o   Disruption to Other Students and the Learning Environment

    o   Emphasis on Social-Emotional Learning

- Needs Identified by Educators

Theme 1: Overall Impact of Trauma

Teachers interviewed shared a wide range of experiences with trauma and the impact of trauma behaviors in their classroom settings. All participants agreed that it was imperative for teachers to acknowledge its presence, with one stating that she felt there was "no getting around it." Another indicated that trauma "...is just overall an incredibly key factor to what I am doing in

the classroom. I don't think there is a way to ignore or avoid the impact trauma makes on what we are doing." The other participants echoed this same notion, "All day everyday it has an impact and we have to acknowledge it, work with it, maybe even embrace it, and then figure out how to still be successful in the classroom."

Participants all agreed that it was critical for educators to acknowledge and accept that their students bring trauma with them and often come to school with high levels of stress and adverse experiences, yet, most felt it was a challenge to fully understand trauma, especially since the effects are often not visible:

I think often times when we think of trauma, we think it'll be visible, and I'll be able to see it and that does not always happen. That is not always the case. I mean there are kids who do really well at school and some, these most well-behaved kids, come from the hardest and most difficult backgrounds.

Another teacher referred to this as children "carrying" their trauma with them, which she said is both difficult to see and understand. One participant shared that her experience with students that bring trauma to the classroom has been, "...the most eye-opening part of this career," an aspect that she was unprepared for:

When I went into teaching and just the weight on these kid's shoulders. It was significant and it impacted my classroom every single day. Whether it's not having food, not having stable housing, like if their parents are abusing alcohol or drugs and even needing to report a few things. That is heavy, heavy stuff and I guess I never realized just how much of that was prevalent before I became a teacher and met so many kids and realized how much help our kids need, how much more support they need.

Educators also shared the reality that higher risk students, those with significant trauma experiences, often require more of their time and attention in order to achieve and have the same opportunities as the other students in their classrooms. One shared that, "As a teacher you are just going to have to accept that you are going to have to invest more into them." She went on to state that it can be hard to adjust and accept that, as teachers want all students to have the same opportunities and individualized time:

I think that's sometimes the hard reality because you think, "well every kid needs help" and that's true, but these kids are going to need more upfront time from you in terms of investment of time from myself, the teacher, in order to thrive and no it's not going to be fair but equal isn't always fair. I do have to give more time to those kids in order for them to do well.

Often, this idea of greater individualized time with select students equates to what participants described as less time with core academic teaching, "This is heavy...but we need to do it...we can do all the reading and math strategies in the world and it's not to matter if we're not supporting them first coming from where they're at." Another shared her perspective:

And I think we all know that kids cannot be ready to learn the academics that we want them to when emotionally they are unsafe or so unwell-so that is there we have to start and often spend the bulk of our days.

The teachers agreed they understood the need to have students emotionally ready to learn, however they were also unprepared for the quantity of time that often takes, "I had no idea teaching would mean that. I just had no idea," as well as the exhaustive list of needs that students bring to school:

I think teachers are supposed to meet all of these needs. Rarely would we ever have a

classroom of students that do not have multiple students with extreme mental health

needs, families that live in poverty, kids that are homeless, kids that don't have

appropriate clothes or food and of course those with big, big behaviors. It is impossible to

just ignore or set aside these needs and just think we are going to teach math or science or

reading.

Theme 2: Impacts on Educators

Another theme identified through interviews relates to impacts on educators which was

captured through four connected sub-themes: reality versus perception of teaching, feeling

unprepared to manage trauma responses, compassion fatigue, and unwavering commitment to

students and the teaching profession.

Reality versus Perception of Teaching

The reality of teaching versus the perceived expectations are quite different and as shared

during the interviews, can feel like a sense of loss when personal expectations feel quite distant

from what educators actually experienced. One educator described her teacher work experience

as being quite different from what she expected:

Well when you think about me as an educator, from where I first started to now, we are

talking one extreme to the next. I had this cute, quaint, even clean idea of what it meant

to be a teacher. But, now being fully immersed in the idea of education and being a

teacher oh, oh my goodness it is nothing like that.

Another participant supported this sentiment and shared that she had to greatly shift her

ideas of what she imagined teaching would be and give herself permission to let go of those

ideals and accept a new reality, "I think years ago when that first started happening it was

devastating for me. I didn't know how to think about it, and I didn't know that it was okay to change my perspective." This was echoed by another participant who shared that, "The last several years has really changed me more because I think I have dealt with more and have seen more trauma and behaviors than I ever have." One teacher described her experiences working alongside students with trauma histories as "heartbreaking" and another commented that the emotional aspects of teaching are exhausting, stating, "It is emotionally so hard to manage the needs of the kids in my classroom and try to balance that with what I thought teaching was supposed to be."

Others supported this same notion and confirmed that their views of education have also changed as the reality of students' needs are more readily known and their impact on academics is exposed more fully. As one commented:

The kids in my class that struggle the most academically have so many underlying issues that there are not being addressed and needs that are so much bigger. It has really changed my view of what is a teacher and what being a teacher really meant.

This was confirmed by another participant, as she commented that her perception has had to shift towards a greater emphasis on teaching personal skills, coping strategies, and emotional wellness versus what she anticipated being primarily focused on her chosen academic content area, "I think I've had to develop a different way of teaching not just the content but teaching life skills and teaching them that being kind is sometimes more important than being smart in terms of their well-being." The shift towards educators taking on greater responsibility and emphasis on social-emotional learning needs of students in their classroom was also described by participants as one of the early contributing factors to some questioning their choice to remain in

education. A participant with many years of experience suggested that this is also a contributing factor to teacher burn-out:

> I think as well, we are definitely playing into teacher burnout too. Every day, we have teachers leaving the building in tears and things like that after so many hard days of those really hard behaviors with kids. I can definitely see the burnout going up, with the big class sizes and with so many things going on for so many kids, and then feeling like, you know, so much they are trying to handle and the frustration of, "I can't and I just want to teach a lesson and I can't even teach." And then trying to take care of behaviors and, "I need more hands, and I need more help." I definitely see people, it's heartbreaking to see people leaving the building a lot in tears or saying they don't want to come back to work tomorrow or those kinds of things.

Feeling Unprepared to Manage Trauma Responses

Teachers agreed that there is a high level of uncertainty about how to handle situations with students and describe each student and situation as needing a different approach, "Every kid and every situation is just so unique and what worked today for this student might never work again...the most challenging is just not always knowing what to do and how to best handle these situations...." Another participant commented that navigating this can take a great deal of commitment and effort, stating, "...no kid is ever the same, you know, so you learn to navigate where they're at...and it takes a while for you to figure out your response because it's not always how they want or need you to respond."

The dynamic needs of learners, especially those with trauma histories were described as complex and often beyond what participants could have anticipated. There are a great deal of unknowns with what children bring to school with them, which one participant referenced as

their "invisible backpack," adding "...we can't see them, but they have a lot in them. And then what is in them is just so significant and impacts just everything that kids have going on." She went on to state that despite not knowing the actual details or story that her students' carry, she is in tune to, "know something's going on." Another participant shared that she was, "not prepared to see the hurt and pain and poverty and sadness or even the anger that some of these kids come with each day," despite feeling as though she was well-versed on socio-economic factors and adversity that students faced. This was echoed by another teacher who shared that she often feels unprepared for the complex needs of her students stating:

> My school never taught me how to manage explosive anger or tearing apart classrooms or extreme mood changes. I was never prepared for how to handle kids that just completely shut down or refuse to ever say a word, or kids that can't stay awake ever or are always hungry. I did not think I would be asking friends for shoes and coats or finding food for kids or trying to help a kid figure out how to have a safety plan because they are not safe at home.

Given these dynamic needs of learners, participants described feeling unsure if their education and training has offered them the needed skill set to meet them. One shared that although teacher training highlights academic differentiation and special education supports, little is included about trauma, mental health, and social emotional needs of students, "There wasn't a lot of preparedness in my opinion for trauma...I feel like there is a gap and a sizable gap, in terms of social emotional support that need to be provided for students." This was echoed by another participant who said teachers, "fly by the seat of our pants on what seems right and what we should do." She went on to state that she tries to help students, but questions if she is "doing any good for them," as she doesn't feel educators are prepared enough. Her uncertainty

has even made her question if she is being helpful to her students or as she said, "wrecking the situation or making it worse," by what she perceives as her limited skill set.

Feeling forced into roles that are outside of their training and expertise is difficult and requires self-awareness in knowing when situations are beyond what a teacher can manage. Teachers shared stories of extreme trauma, including significant abuse and neglect, that they knew was outside of their practice area and required other interventions, "...Saying, like this is bigger and beyond me. I can't even. I can't help with that." Another teacher said that despite the expectation that teachers do more and take on more responsibilities for students' social-emotional learning, there is a point where she simply cannot take on more, "...I don't have enough support or I can't give information or whatever because I don't think I'm qualified for that, but that, it's an important piece and it's missing I would agree." Despite not being qualified for that, teachers share that they are still often put in the position of taking on the role of a mental health provider, which one teacher gently refuted by stating, "I am not the school counselor, but often think I am expected to take on that role by what I experience each day with some of my more challenging students."

Despite feeling unprepared or out of their comfort zone, participants agreed that they have to consistently convey a sense of calm and in control of themselves and their classrooms:

> All the things that they bring, their own selves, like if someone's acting out or yelling across the room or throws books and literally is like a case-by-case you know. It's hard and it's hard to stay like calm and keep everybody else calm. And it is so important, and they need me to be calm. I don't want other ones or any of them to see me escalate and cuz, I was like, I was just going to make things worse and then yet what can I do for that moment.

One teacher shared that feeling unprepared was a "horrible feeling" but followed that up by stating:

> But what can you do? You have to just go with it-you have to breathe, keep calm, not
> yell, give space, and then pray and pray for the best possible outcome that results in the
> least harm to everyone.

Others shared these same feelings, one noting that she often feels in over her head with the unpredictability of her days, yet said, "I keep trying and keep working to do my best for these kids. I will keep on loving them and keep on giving them everything I can."

Compassion Fatigue

One of the prevailing themes for these educators working with traumatized students relates to the intense level and chronic nature of personal stress experienced. Nearly all of the participants talked openly regarding the weight of what they experience through their students' lives and described this as a sense of emotional fatigue that can be overwhelming to manage. One educator defined this as a sense of helplessness, sharing:

> You go home, and I think every teacher at least once a week was in tears over something
> because of what you see and hear. A feeling of helplessness. It is so heavy, each day,
> every day. And always different. And if you think you've heard it all, something else and
> it's tough and teachers say, always I can't be that, I can't wear all of these hats? Like how
> am I supposed to wear all of these hats as a teacher and yet you have to be all of these
> things for these kids.

Many participants indicated feeling exhausted and overwhelmed, which left them feeling depleted or drained and found it difficult to separate themselves from these feelings at the end of the school day. Participants shared stories of the challenge of walking away, leaving work at

work, and being fully present for their own children and families, as one teacher said, "I go home exhausted so many days. And that can be hard, as my family deserves and needs me too." Others shared that it is a challenge to not only feel their own heightened levels of stress, but also to witness colleagues struggle, as one noted, "I think in the past couple of years we have seen more people upset leaving the end of the day in tears and not wanting to come to work. I don't want them to feel that...That is so discouraging." Another shared her own experience in this way:

> I think I pour so much in the emotional or whatever it is, like the kid piece of it that I feel like I don't balance it. I don't feel like I can get it all done and there are days where I know that I should bring a bag home with me of stuff to look at or correct or those kinds of things and...I can't. I am drained. I am empty.

Participants shared that as the expectations for teaching increases, so does their need to lean more frequently on their colleagues for support, as they find solace in talking with those that seem to fully understand and can relate to similar experiences. One participant commented that, "I think sometimes they ask too much of educators, because I can't be everything to everybody all the time." Others echoed this and confirmed the need to rely on one another, as one participant shared:

> Having safe space to vent or cry or scream or just feel helpless with no judgement has kept me going. These teachers know exactly what I am going through, they are in deep just like me, there is no fear in being honest and painfully humble with them.

For some, the weight and emotional strain is so high that it extended beyond what can be managed without professional support. One participant disclosed that she herself has sought professional counseling as a means to manage the stress of being an educator and sees it as a necessity in order to maintain her own well-being. She shared, "...I carry a lot of the weight with

me, probably more than I should...It has helped having someone, have a professional tell me that, 'you are doing everything you can do,' and be the voice of reason for me." She and others shared that they experience their own type of trauma by some of their classroom exposures, which has led to significant emotional stress and even physical responses, including sleeplessness and night terrors. She noted, "...I would have nightmares about going back to school...it was nightmares like every single night...It was so traumatic for me and I don't even think I let myself realize how bad it was." She went on to share that this period of time led to her decision to seek professional therapeutic support.

Unwavering Commitment to Students and the Teaching Profession

Interviewing educators and hearing about their stressors presented an intriguing phenomenon: they were certainly overwhelmed and exhausted, yet at the same time spoke passionately about their love for education and remained reflective about their work with students. They talked openly about their frustrations and emotional struggles that frequently surfaced when working with traumatized students, however, seemed to balance that with high regard for their profession and desire to continually do more for their students. One teacher, who was earlier transparent with the emotional weight she carries of her students, shared that although teaching can be overwhelming and even exhausting, she keeps on going, stating, "...we keep doing it. We keep trying. Because really, what other option is there? All of these students need me for a different reason and to give up is really not an option." Another shared passionately:

> I think I have a more nuanced view of education after having taught for these years. If anything, I love my job more than I did when I first started, because it is so beautifully complicated and I mean that; and I mean beautifully complicated, cuz I kind of adore the

complexities of my job. It is just a true balancing act, as you wear different hats all the time.

Other participants described this same balance as a passion or desire to challenge the status quo and push themselves and their coworkers to remain committed and passionate towards education, despite the heaviness and emotional stress that persists. Participants shared that the emotional investment they feel for their students also pushes them to consider education through "a trauma lens," finding greater empathy or compassion with the students in their classrooms. This was described in one interview as needing to teach through a lens with which not all educators personally have experience, "I don't have an extreme trauma background...nothing on the level of which so many of these students deal with day in day out...it brought more empathy into my role as an educator." All seemed to agree that they continue to improve their skills and knowledge base in order to minimize stress and maintain their commitment to their students and education:

> I just want to understand these kids better and I want every possible technique and tool in my toolbox so that I don't feel overwhelmed or exhausted but rather have the understanding and compassion and empathy to keep going.

Another participant commented that the emotional mutuality between teachers and students encourages educators to do more, "I have to do better for them! I have to better understand them and then I have to help the people around me. We can do a better job helping the kids and then maybe teachers won't feel so upset when something happens…" This was confirmed by another participant teacher who shared that her students and their experiences have greatly shaped who she is as an educator, "It has made me more empathetic, it has made me

more genuine, it has made me more sensitive to the reality that my students are experiencing daily."

Theme 3: Impacts on Classroom Practices

Another theme identified through interviews relates to impacts on classroom practices which was captured through three sub-themes: building and maintaining relationships, disruption to other students and the learning environment, and emphasis on social-emotional learning.

Building and Maintaining Relationships

Participants universally noted the importance of relationships when working with students impacted by trauma in their classrooms. In fact, many noted that early relationship building and taking the time to set a foundation in which to build classroom culture and strong relationships was one of the key components to effective student engagement and interaction. As one teacher shared, this early work also helps with building trust as well:

> In the beginning of the year, that's hard because they don't know me yet or we have not developed trust yet and we know that students from trauma do not trust easily, so it might take me longer to build that with them, but I find that if I set that groundwork at the beginning of the year to really connect with those kids and then we can use that individual time better.

Another shared that setting expectations early, creating safe space in the classroom, and individualizing relationships are crucial when laying this foundation. She shared that she often tries to have, "good conversations as an entire class at the beginning of the year but also individually with students with whom I know this is going to be an ongoing challenge." Further, she shared that clear expectations help to shape classroom culture which then enables her to "create and maintain a safe and welcoming space."

Participants spoke openly about the need for teachers to be genuine and authentic with relationship building with students, which requires an investment of time and energy:

I know it sounds cliché, but I can't emphasize enough that just caring about them on an individual level-ensuring they know that you actually care. Sometimes, even just being able to say, "so what did you do last night" and they would question why I cared. But, really it cannot just always be about the academics because otherwise they feel like you're not invested or even just nagging, and that is not going to typically end well, so I need to give it some investment of my time and conveying that I really want to get to know you and what you are doing and you as a person.

One participant shared her relationship with a particular student which has been an effective tool in helping this teacher manage emotions and behaviors when they have escalated. She commented that this student responds positively towards her, often times more readily than with other adults in the building, which she attributed to their relationship, "I knew it was because she trusted me, we had a relationship, she knew I would not be angry and she knew it was the point where she had me." This same message was shared by another participant who said she strives to ensure her students feel supported and cared through genuine adult relationships:

At the end of the day, I still want to be there for all of my students. I still want to convey to them that I am a safe and trusted adult that they can come to with any problem. I really try to emphasize that to all of my students and so they always know that if they need to talk about anything I'm here. I'm here, and I genuinely care, and I want to help. I know that I've reached some students in that way. I mean I know because of the things they have disclosed to me, but it's an ugly path to get there, sometimes it's just a really ugly path.

It is clear through the stories they shared, that mutual relationships between teachers and students are powerful and highly valued by both sides. Participants stated that students see their teachers as safe people and as such, often share deeply personal information with them. One teacher shared that she sees this with multiple students each year who desperately seek out relationships, "These kids are just so hungry and starving for connection." Another went on to share that she finds students eager to connect with who, "...just open up and you know just kind of spill you know." She continued through a story with a student who disclosed to her that his mom's boyfriend, "...hurt me and beats me up at night…," leading to this student sharing that he was fearful of leaving his bedroom due to the punishment he would endure, which resulted in him having to "...pee in my boots in my bedroom." This student went on to beg this teacher to not make him return home at the end of her day. She emotionally shared that this was one of her first experiences hearing from a child about his trauma history and said, "...it changed me and how I taught, and I still think about it, and that was 11 years ago."

Participants conveyed sincere compassion for their students and the extraordinary space they hold in their classrooms for students, especially those who experience high levels of stress and trauma within many of their relationships outside of school. They take their role and relationship seriously and although it can be challenging, view it as much more than just their job as a teacher:

> I think that is one of my biggest responsibilities-to ensure my students know they are safe when they are with me, that they can trust me, that our classroom is a place for them to just be themselves and hopefully not feel that constant high level of stress and the feeling of being on edge all of the time. The challenge though is how to do that each and every day…. that is hard.

This was a common message shared by teachers with one describing it as a sense of love and committed responsibility:

For me, I want to love those kids as much as I possibly can when they're with me. When they are at school, they are my kids, they are still their parent's child, but when they are with me, I'm the adult for them at that time, and I take that responsibility very seriously.

Feeling this mutual love and true care for their students has greatly impacted the teachers interviewed. As evident through their stories, once they formed relationships with students and knew their stories, things felt more raw and impacted them in ways for which they were often completely unprepared. For one, she described it as knowing "the kid as a human being" and rather than just reading about situations, you are "instead feeling." She went on to describe it in this way:

I know this kid. This kid has a face, and they have a name and a life and they have a family. It all changes when they become human to you when they become like someone you know and care about and then you know that this is happening. That takes it to a different level, than just knowing about someone who went through something. But now I think, that is one of my students; one of my students in missing, one of my students was attacked by their grandmother, one of my students this and that-it is different when you know that story and it is now real. You can't prepare for that difference and you can't see that until it is real.

Disruption to Other Students and the Learning Environment

In addition to their extreme level of care and concern for their students who experience trauma and high stressful situations, teachers also share this same level of care for the other students in their classrooms. Participants commented how difficult it can be to manage some of

the high needs of particular students while ensuring the needs of everyone else in the class are met, "For me it is a balancing act. How can I be and do it all?" Another participant commented that it feels unrealistic to accomplish everything that is asked of educators in these moments, stating, "...expectations are so high and so unattainable when we really look at the needs of the classroom as a whole." She went on to share that the impact to the larger learning environment is significant and is often an area which she struggles to intervene with.

Teachers also expressed concern for their learners who frequently witness the emotional and physical outbursts of other students, which they said can be extreme. Examples were shared throughout the interviews of students' behaviors towards their peers and adults. One teacher shared, "There have also been times over the years where I have either directly or indirectly experienced students who throw things, kick, hit, run, jump on classroom furniture, push staff, assault other students, and are completely out of control." Another added that she has "had students who have been verbally aggressive-they are swearing, yelling at myself and others, saying horribly vulgar or sexual things and just overall verbally assaultive. That is so hard to manage as a teacher…"

Collectively, participants agreed that students witnessing these outbursts and behaviors often then experience their own higher levels of stress, frustration, and even anxiety:

> Depending on the degree of things, it is upsetting and sometimes kids tend to become used to it or are resilient to it or they know, but at the same time it impacts all of us and it stresses other kids out who I think are already kind of struggling with their own anxiety and things. I try to catch it early, but then there are those behaviors and a lot of the kids that like get frustrated.

Another shared that she sees the impact to other students as significant, which has led to both emotional and physical reactions:

My other students are so impacted by the outbursts and violence, it scares them, they can be tearful and afraid of the student, or sometimes are angry that their things were ruined or our activity was interrupted, or they just completely shut down themselves.

These sentiments were shared by several of the participants who commented that there is a fear on their part of causing harm or even trauma to the other students in their classroom who are exposed to chronic issues. One commented that a parent chose to keep her child at home for several days after an incident in the classroom in which another student was verbally and physically aggressive. Another participant echoed this same concern noting, "We had a student who was super, super violent and there were many kids, who when she was around at all in the hallway, kids didn't even want to go to the bathroom because they did not want to run across her." She went on to share that it impacted attendance and engagement in the classroom:

Our kids are coming into school and we are creating the trauma. Or we have students in the classroom that are bracing themselves and do not want to come to school and afraid of how the day is going to start.

Teachers shared the efforts they make to keep calm and in control of the classroom in situations where a student begins to get verbally or physically escalated, "I think when things start to get physical or heated in that way, that is when the rest of the class is on high alert, like waiting for something big to happen...and I don't want that here." Teachers shared that when students witness these actions they sometimes also have big reactions to the high stress situation and rely heavily on the teacher to model an appropriate response, "I think the kids really get on edge, they get uncomfortable, and usually in those moments that's when they listen the best and

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looking to me for like, what do I do in this situation?" This same participant went on to state that

for her it is also both physically and emotionally stressful to manage both the struggling student

and the rest of her classroom in these situations:

> I think I just get hypervigilant in those times and trying, like, it feels like you're trying to
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> manage everything. I think I just get really stressed out in those moments, but I have to
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> like, be so calm and at least appear really calm, which is hard to do. I definitely think I
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> have my own physical reactions, like my heart beating really fast, my breathing
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> quickening, and my brain just reeling of, what do I do. I am thinking quickly on how do I
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> keep them safe? How do I help this kid who is having this meltdown feel safe? Where do
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> they need to be right now and where do they need to be to feel safe right now?

> It can be hard for teachers to bounce back after such emotionally-charged situations when

students and staff are heightened, "It is so stressful and the energy in the classroom is so negative

and harsh, so to come back from that is really quite exhausting sometimes." Teachers reported

that they often eliminate much of their academic teaching after disruptions, as regrouping the

culture and wellbeing of the full classroom often extends into a large portion of the day. As one

shared, "So we usually do a class meeting after that where we can decompress and we can get

back to normal and really even work on our breathing and return to a place of calm and in

control." She went on to share that for her in those moments, "...the curriculum is secondary to

the well-being of the class again and I have to take that precedent of mental health before

academics."

Emphasis on Social-Emotional Learning

All of the educators interviewed talked openly regarding their teacher training programs

that emphasized content and teaching methodology yet lacked training on social-emotional

learning curriculum and preparedness, "My training is not in mental health, yet that is where we come back to time and time again." Another shared that she felt classroom teachers needed additional training in "school psychology knowledge or behavioral motivational" skills. One shared that the reality of teaching, versus what she had expected, were quite different as there is a much greater emphasis needed on teaching relationships and life skills:

> I feel like my entire job is just helping a lot of kids just get through the day. It's so much less about the material that we are can cover and so much more about like, "are you okay" and "are you safe." I have to think, "do you feel like you can learn something in your current environment or what's going on," and so it has changed everything...This is all about the relationships, about creating a safe space, creating an environment that meets some basic needs...and just having one-on-one connections to build that relationship.

> Another teacher shared similar thoughts:

> I think academics have taken the back seat in schools due to the ever-increasing needs of our students, we are forced to spend more of our time teaching skills, teaching empathy and compassion, teaching tolerance, and take care of often just the basic human needs of these little people. I guess that has become what our students need.

She went on to explain that although this shift in mindset is unlike what she expected, it is, however, a necessity in order to meet her students' needs, "I know that these areas are critical if we even want to consider expecting academic performance...and so, that is where we start and that is where we place our emphasis." Another teacher echoed this sentiment of teaching from the perspective of the whole child:

I think there needs to be more on how to support the children as human beings and not just as students. That is something that I wish there was more of, as because I think that if you don't get those basic needs met first it's really hard to reach them academically.

In regard to actual curriculum planning and academic goals for their classroom, all of the interviewees commented that they are often disrupted due to the social-emotional needs in their classroom. One laughed when asked about her daily plans, "As far as my curriculum and my goals. Ha! Sometimes, I wonder why I even have those? More often than not it seems they are out the window." Another used the exact same words, "Honestly, I feel like I've kind of gotten to the point where my curriculum goes out the window for the most part." She followed that up by stating, "Maybe there are sometimes weeks that go by and we get very little done because it's just one of those weeks with stuff going on with behaviors and that is more important than what I had planned to do." Another interviewee shared that she has needed to reframe what she previously believed was most important for her students:

As far as my goals, sadly for a lot of those students, I need to let go of pretty much all curricular goals. My goals become simply, stay in class and be present in my class. My goals are really things like, I want you to make positive relationships within this class so you want to be here, I want you to have a buddy, I want you to have someone you can trust that's not just me. I want you to trust me, but I want you to have a buddy to appear, a friend, so that they're just a little more inclined to stay in class. I am able to say, if you aren't going to read or do the work, then okay and if you're not going to follow any of the academic directions, but at least you are there, then ok. I've had to really let go sometimes. I wonder if that's a disservice to that student or if that's what they need you know. It's a hard balance.

Several of those interviewed also talked about the actual amount of time that social-emotional learning encompasses throughout the day, as one commented, "We have to set aside so much of our academic learning time for the social-emotional learning and that is a challenge." Another stated, "Some days, I wonder if I am actually doing any true teaching of my content area because my time is spent managing the social-emotional needs of my students."

Although teachers shared that they see the importance of setting aside their core content curriculum in order to meet students' social-emotional needs, they also disclosed that doing so caused stress:

> And there's a lot of pressure put on teachers to do things in a certain way or achieve certain benchmark scores and it seems often those in higher up administrative roles are so far removed from what is actually happening in our classrooms. I see and hear that all of the time.

Additionally, they described feeling personal stress and even a sense failure that is experienced, "For me personally as a teacher it's really hard. There's sometimes...I get to the end of the day and it's really hard to acknowledge that we really didn't get anything done...It's hard to not take that personal."

In addition to questioning if they are meeting expected standards and the personal stress experienced, one teacher also shared that opinions vary from her colleagues on how to balance core academic teaching with social-emotional learning:

> I do think it is hard though because you have staff members whose opinions on that clash greatly; we need to care about the well-being of the entire child and yet, and others, who are vocal about saying, "I am really here to teach, I am not here to be the counselor." And I do agree with that, but I think that if we're going to teach them, we have to teach them

as a whole person and not just focus on only the academics and brain, but also the heart. And that for me is the most important.

Another shared that, "There are many teachers who have been doing this for their entire lives who would say, 'Some days I just want to teach' and instead there are so many days that it does not feel like we are even doing any teaching."

Theme 4: Needs Identified by Educators

Interviewees collectively agreed that the overall education system needed to change in order to better grasp the changing needs of students and develop supports to more adequately meet needs of both students and educators. One teacher shared her personal growth experience towards learning more about equity and access, which she said has critically impacted her view of education and a critical place that she challenged the larger system to explore. She explained that:

> We need to prepare and really get to the deeper roots of why many of our students have all of these barriers and all of this trauma. And then, understanding access and access to opportunities and basic supplies to meet basic needs. And understanding how different forms of oppression play into that.

She went on to claim that many of the barriers her students face are often beyond their control, leading her to change her mindset, stating, "They don't need to do better, but we need to do better for them!" For her, this change in perspective has been a "transformative" aspect of her teaching career.

Others echoed this same idea of the system needing to adjust and accommodate the increasing and changing needs of students and families within the community, "Our kids are changing too and I feel like with kids changing like, I don't always think we are changing to go

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with that enough. And we're trying to do things the same way, but with different kids." Another felt that this change started with the notion of needing to have difficult conversations. "The more we can get people talking about it [trauma], the better off we're going to be...I feel there needs to be more real conversation and less rushed." She went on to share her thoughts on devoting more dedicated time to openly talk about students' trauma and resulting impacts, versus brief snippets of conversations that often occur in context of other things.

Aligned with this, participants talked about a need to improve educator formal training programs and ongoing professional development opportunities in order to better equip teachers for the high level of trauma responses children struggle with in school. One shared that although she has had training opportunities, they were often short and did not provide practical strategies and ongoing dialogue, "...we need more training that is actually hands-on and supportive." Another echoed these sentiments, and although has chosen to invest her personal time and resources to keep herself educated, sees the bigger concern:

> I think I feel fairly well prepared, but I've done a lot of the work myself because I'm interested in it and it's something I care deeply about...We did one district trauma training, and that is great, but unless we continue to keep up-to-date on what we need to do to support students of trauma, it's going to fall to the wayside because that's what happens unless you're staying up-to-date on current trends and data in your school….and learning about strategies and techniques to help those kids.

Another significant need identified through participants' experiences targeted unmet mental health needs of students and the increasing significant social-emotional challenges their students experience:

I wish there was more that the district was doing to address some of that, and I'm not

trying to criticize this district, but there are some sizable gaps in mental health supports.

There just isn't enough mental health support for students...and I think that we're doing a

disservice to those kids.

Others shared a need for, "...more supports for mental health and social, emotional

needs," in order to meet the dynamic challenges students presented in school. One teacher

commented that she adjusts her curriculum frequently to "differentiate my lesson plans to

support those social and emotional needs of those students." And another shared that her

students' mental health needs are so prevalent and impact all aspects of their learning, "the

social-emotional learning of my students is just so significant and such a big part of our

learning." One participant commented that her frustration with trying to help meet students'

mental health needs also stems from the struggle to navigate the system, "Sometimes when you

know a kid needs something, and all of the hoops that you have to jump through to get to that

and how much they have fail before they can get the help…"

In addition to increasing mental health support in schools, participants also agreed that

there was a need for additional support staff available, "we need more adults in our buildings that

are skilled and have the capacity to love no matter what and can reach these kids." Often,

resources are focused on the students with the highest needs, which causes great concern for

teachers who then see other students whose needs are often unseen as their behaviors are not

viewed as "needy" enough:

We need more people. We need more supports and more social workers, and more

counselors, and for all of the kids who need someone and who are struggling. Especially

for some of the low-key students who struggle who never get the support or time with

counselors and they never do because our counselors are bogged down with our most

needy kids.

Other participants shared similar sentiments, with one describing it as, "...needing more

hands," in regard to de-escalating the student struggling as well as helping to manage the other

students in the classroom. Another shared that she wants more supportive adults "who are

connecting, and talking, and watching, and intervening before things happened." This coincided

with what one participant suggested as one of the biggest changes needed:

I have one thing that I feel would change everything-we need smaller schools. Hands

down we need smaller schools! I think that is the single thing that could help our school

so much is if we had smaller class sizes.

She went on to share that smaller class sizes afford her more personal and authentic

relationships with students, "I want to be able to connect better and more with these kids. I want

more one to one interaction and that would make a big difference."

Summary

This chapter gave voice to middle school teachers' experiences and their work related to

trauma impacts in schools. The findings explored teachers' lived experiences working with

students with trauma backgrounds and the impact of those experiences on the classroom

environment and discussed the multiple personal and professional challenges presented by

teaching traumatized children. Major themes that emerged included: the overall impact of trauma

in the classroom setting, impacts on educators, impacts on the classroom environment, and needs

identified. The theme, impacts on educators, was captured through four connected sub-themes:

reality versus perception of teaching, feeling unprepared to manage trauma responses,

compassion fatigue, and unwavering commitment to students and the teaching profession. The

theme, impacts on classroom practices, was captured through three sub-themes: building and maintaining relationships, disruption to other students and the learning environment, and emphasis on social-emotional learning. The fourth theme highlighted needs identified by participants.

CHAPTER 5. EXECUTIVE SUMMARY AND RECOMMENDATIONS

Traumatized children's behavior in the classroom can be troubling and often children's trauma responses are profoundly misunderstood. The unique and often misunderstood emotional and behavioral challenges of children who are victims of trauma can also bring stress, disruption, and dysregulation to other students and the classroom environment and can strain relationships with teachers and peers (Carlson, 2000; Cole et al., 2005). The impact of trauma for students' academic life and social well-being is significant yet little is known about educators' lived experiences related to establishing a culture and environment in their classrooms that increases self-efficacy, ensures understanding, and encourages growth.

The purpose of this dissertation in practice was to explore teachers' perceptions of trauma, specifically, to understand their lived experiences regarding the impact of students' trauma histories in relation to the classroom setting, the impact of students' trauma responses in the classroom towards curricular outcomes, and implications with regard to their role as an educator. Additionally, the results of this study are intended to inform further discussion of trauma sensitive school culture with the intent of better understanding educator experiences and ensuring that adequate supports are present to meet the needs of teachers working with students experiencing trauma in the classroom.

This was explored through a phenomenological lens in order to bring voice to teachers and their experiences. Six middle school educators participated in a series of twelve semi-structured interviews. Interviews were audio-recorded and transcribed verbatim. Colaizzi's (1978) phenomenological data analysis strategy was used for data analysis and coding. Four major themes and seven sub-themes emerged in the findings to describe teachers' experiences working with students with trauma histories in their classroom settings: the overall impact of

trauma, trauma impacts on educators, reality versus perception of teaching, feeling unprepared to manage trauma responses, compassion fatigue, unwavering commitment to students and the teaching profession, trauma impacts on classroom practices, building and maintaining relationships, disruption to other students and the learning environment, emphasis on social-emotional learning, and needs identified by educators. As such, this executive summary is inclusive of those findings and proposed recommendations and serves as an actionable response to this study.

Figure 1

Executive Summary

Executive Summary & Recommendations

Educator Experiences with Trauma Impacts in the Classroom

Prepared By:
Danelle Klaman
November 2020

Figure 1. *Executive Summary* (continued)

The purpose of this phenomenological study was to examine teachers' experiences working with children impacted by adverse childhood experiences. Traumatized children's behaviors in the classroom can be troubling and often misunderstood. Their unique emotional and behavioral challenges can bring stress, disruption, and dysregulation to the entire school environment and further, can strain relationships with peers and teachers. The impact of trauma on a student's academic life is significant.

Figure 1. *Executive Summary* (continued)

This study intended to highlight educators' lived experiences related to establishing a culture and environment in their classrooms that increased self-efficacy, ensured understanding, and encouraged growth. Through data collected from 12 interviews with 6 female teachers, the lived experiences of educators were explored in regard to how trauma presents in the classroom. Findings included their perceptions on the greater impact of trauma towards curricular outcomes, the classroom environment, and implications with regard to their role as an educator. Additionally, findings included suggested recommendations to better support students and teachers.
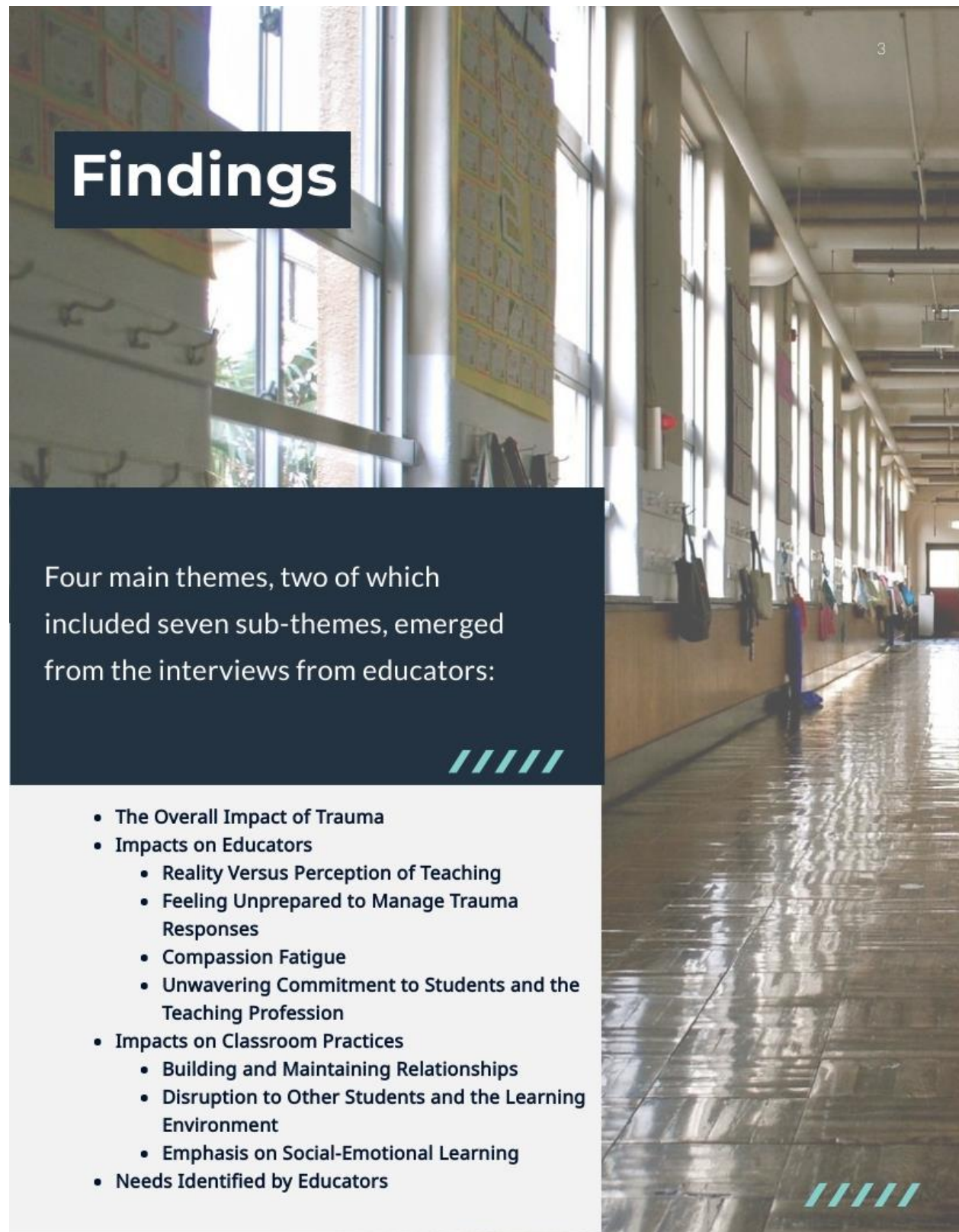
Figure 1. *Executive Summary* (continued)

Figure 1. *Executive Summary* (continued)

Overall Impact of Trauma

One of the common themes teachers discussed was the significant impact that trauma responses played in all aspects of their classroom settings. Teachers shared a wide range of experiences with trauma and all participants agreed that it was imperative for teachers to acknowledge its presence, with one stating that she felt there was "no getting around it." Due to its significant impact, it is critical for educators to acknowledge and accept that their students with trauma exposures often come to school with high levels of stress and responses to these adversities. It is often difficult to fully understand trauma, especially since the effects are often not visible and each student responds differently.

Research literature shows that students experiencing trauma are considered high risk, often needing more direct one-on-one time and attention in the classroom in order to achieve success and have the same opportunities as the other students.

"I think teachers are supposed to meet all of these needs. Rarely would we ever have a classroom of students that do not have multiple students with extreme mental health needs, families that live in poverty, kids that are homeless, kids that don't have appropriate clothes or food and of course those with big, big behaviors. It is impossible to just ignore or set aside these needs and just think we are going to teach math or science or reading."

"All day everyday it has an impact and we have to acknowledge it, work with it, maybe even embrace it, and then figure out how to still be successful in the classroom."

Figure 1. *Executive Summary* (continued)

Impacts on Educators

6

Reality Versus Perception of Teaching

The reality of teaching versus the perceived expectations are quite different and as participants shared, it can feel like a sense of loss when personal expectations are vastly distant from what educators actually experienced.

Participating teachers said they have been forced to change their perceptions and give themselves permission to let go of those ideals and accept the reality presented in their classrooms.

Students identified as struggling the most academically also have many underlying challenges and needs that educators say are much greater than they anticipated and not being fully addressed. Participants indicated that these aspects have changed their view of education and the role of a teacher; the emphasis has shifted towards teaching personal skills and emotional wellness versus what they anticipated being primarily focused on their chosen content areas. This shift towards educators taking on greater responsibility and emphasis on social-emotional learning needs of students in their classroom was also described by participants as one of the early contributing factors to some questioning their choice to remain in education.

"The last several years has really changed me...I have dealt with more and have seen more trauma and behaviors than I ever have."

"It is emotionally so hard to manage the needs of the kids in my classroom and try to balance that with what I thought teaching was supposed to be."

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Figure 1. *Executive Summary* (continued)

Impacts on Educators

7

Feeling Unprepared to Manage Trauma Responses

"Every kid and every situation is just so unique and what worked today for this student might never work again...the most challenging is just not always knowing what to do and how to best handle these situations..."

The dynamic needs of learners with trauma histories were described by participants as complex, especially since often these challenges are unknown or carried in their "invisible backpacks." Participants described being unsure if their education and training has offered them the needed knowledge and skills to adequately address students' trauma responses, mental health, and social emotional needs.

Teachers shared stories of extreme trauma, including significant abuse and neglect, that they knew was outside of their practice area and expertise, yet they often felt forced into situations that required them to do or be more that is beyond what they believe a teacher can manage.

Participants agreed that their educator training programs did not prepare them to manage trauma responses, which often results in educators operating by trial and questioning their efforts with students.

"But, what can you do? You have to just go with it-you have to breathe, keep calm, not yell, give space, and then pray and pray for the best possible outcome that results in the least harm to everyone."

Figure 1. *Executive Summary* (continued)

Impacts on Educators

Compassion Fatigue

> "Having safe space to vent or cry or scream or just feel helpless with no judgement has kept me going. These teachers know exactly what I am going through, they are in deep just like me, there is no fear in being honest and painfully humble with them.

Another prevailing theme identified related to the intense level and chronic nature of personal stress experienced. Participants talked openly regarding the weight of what they experience through their students' lives and described this as a sense of helplessness and emotional fatigue that can feel overwhelming.

Compassion Fatigue

The development of high-stress symptoms through the process of working closely with those who have experienced traumatic experiences

Participants said it was often a challenge to separate themselves from these feelings at the end of the school day and shared difficulty with walking away, leaving work at work, and being fully present for their own children and families. Compassion fatigue left teachers drained and depleted and participant teachers described emotional reactions (stress, tearfulness, and exhaustion) and physical symptoms (nightmares, sleeplessness, and fatigue) which for some, required professional support to manage.

Figure 1. *Executive Summary* (continued)

Impacts on Educators

8

Unwavering Commitment to Students and the Teaching Profession

"...we keep doing it. We keep trying. Because really, what other option is there? All of these students need me for a different reason and to give up is really not an option."

Interviewing educators and learning of their experiences and stressors presented an intriguing phenomenon: they were certainly overwhelmed and exhausted, yet at the same time spoke passionately about their love for education and remained reflective about their work with students. Teachers openly spoke of their frustrations and the emotional struggles that surfaced when working with traumatized students, however, seemed to balance that with incredible high regard for their profession and passion to continually do more for their students.

"I have to do better for them! I have to better understand them and then I have to help the people around me. We can do a better job helping the kids and then maybe teachers won't feel so upset when something happens..."

Despite the heaviness and emotional stress that persists, participants also shared their willingness to push themselves and their colleagues to remain committed and passionate towards education. Additionally, they shared that their emotional investment pushes them to consider education through "a trauma lens," finding greater empathy or compassion with the students in their classrooms. All seemed to agree that they continue to improve their skills and knowledge base in order to minimize stress and maintain their commitment to their students and education.

Figure 1. *Executive Summary* (continued)

Impacts on Classroom Practices

9

Building and Maintaining Relationships

"These kids are just so hungry and starving for connection."

Participants universally noted the importance of relationships when working with students impacted by trauma in their classrooms, with many highlighting early relationship building as key to establishing classroom culture and critical to effective student engagement and interaction.

Research literature shows that mutual relationships between teachers and students are powerful and highly valued by both sides.

Participants stated that students see their teachers as safe people and as such, often desperately seek out relationships and often share deeply personal information with them.

Participants conveyed sincere compassion for their students and the extraordinary space they hold in their classrooms for them, especially those who experience high levels of stress and trauma outside of school. They take their role and relationship seriously and although it can be challenging, view it as much more than just their job, with several describing it as a sense of love and committed responsibility.

"I think that is one of my biggest responsibilities–to ensure my students know they are safe when they are with me, that they can trust me, that our classroom is a place for them to just be themselves and hopefully not feel that constant high level of stress and the feeling of being on edge all of the time."

Figure 1. *Executive Summary* (continued)

Impacts on Classroom Practices

Disruption to Other Students and the Learning Environment

Participants commented how difficult it can be to manage some of the high needs of particular students while ensuring the needs of everyone else in the class are met. One shared that it is unrealistic to accomplish everything that is asked of educators in these high-stress moments, especially in regard to the impact to the larger learning environment and student body.

Teachers participants shared concern for their learners who frequently witness emotional and physical outbursts of other students. Collectively, they agreed that students witnessing these outbursts and behaviors often then experience their own higher levels of stress, frustration, and even anxiety. Additionally, teachers feared they may cause harm or trauma to these students who are exposed to chronic issues in the classroom.

Research literature shows that it is difficult for classrooms to recover from high emotionally-charged situations when both students and staff are heightened by the stress or negative energy in the classroom.

"Our kids are coming into school and we are creating the trauma. Or we have students in the classroom that are bracing themselves and do not want to come to school and afraid of how the day is going to start."

Teachers reported that they often let go of much of their academic teaching after disruptions, as regrouping the culture and well-being of the full classroom often extends into a large portion of the day, putting curriculum aside in order to meet the social and mental health needs of students.

"My other students are so impacted by the outbursts and violence, it scares them, they can be tearful and afraid of the student, or sometimes are angry that their things were ruined or our activity was interrupted, or they just completely shut down themselves."

Figure 1. *Executive Summary* (continued)

Impacts on Classroom Practices

Emphasis on Social-Emotional Learning

All of the educators interviewed talked openly regarding their teacher training programs that emphasized content and teaching methodology yet lacked training on social-emotional learning curriculum and preparedness.

Educators interviewed shared that they are frequently expected to re-adjust their days, as teaching has become less about content material and more about asking questions of safety, well-being, and emotional wellness. They reported that teaching has evolved into modeling healthy relationships, creating safe space, and meeting basic needs for students. Participants agreed they have accepted this shift, however, feel increased stress as they modify curricular expectations, decrease academic instructional time, and spend more time focused on teaching social-emotional learning skills.

"I think there needs to be more on how to support the children as human beings and not just as students. That is something that I wish there was more of, as because I think that if you don't get those basic needs met first it's really hard to reach them academically."

"Some days, I wonder if I am actually doing any true teaching of my content area because my time is spent managing the social-emotional needs of my students."

Participants shared feeling high amounts of pressure to follow content standards, manage district initiatives, achieve benchmark scores, and prepare students for standardized testing, while finding less and less time each day to provide core academic instructional time to students. Some shared they felt high stress and even failure in seeing how much time of their day is spent on social-emotional skill development versus academics.

Figure 1. *Executive Summary* (continued)

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Needs Identified by Educators

Interviewees collectively agreed that the overall educational system needed change in order to better grasp and meet the changing needs of students and to develop supports to more adequately meet needs of students and teachers.

Participants recognized the ever-changing and growing needs of students and families in response to their trauma exposures and felt the system needed to adjust in order to accommodate for the increased needs presented. Although the classroom environment is structured for learning, the literature suggests that students' ability to learn is dependent on them coming to school with their basic needs met. Children with trauma histories have had their basic requirements for healthy growth and development withheld or violated and as our participants stated, and the literature further supports, children need to have their physiological needs met, including those for safety, belonging, and trust in order to maximize their ability to learn.

"They don't need to do better, but we need to do better for them!"

Participants indicated that one of the first places the system needs to begin with is a critical exploration of equity and access. One participant suggested these conversations will lead to transformative change for all students and educators.

Figure 1. *Executive Summary* (continued)

Professional Development

Educational Opportunities

Study participants shared that educator formal training and ongoing professional development opportunities needed improvement in order to better prepare teachers to support students experiencing child traumatic stress and to build stronger trauma-informed classroom practices.

Participants stated that they spend their own time and resources, outside of their contracted school time, to attend training opportunities and continuing education seminars to ensure they obtained the most current and relevant research based interventions and skills needed to support students.

Participants' voices are supported in evidence-based literature that suggests that professional development is a key foundational component of trauma-informed schools as it builds consensus and competence in trauma-informed care. To achieve this, schools must implement strong professional training, intended to educate school staff on the impact of trauma, recognize the needs of students who have a history of trauma, and develop the skills necessary to best meet their needs. Training must be ongoing, hands-on, and supportive in nature in order to create cultural shifts.

Research further suggests that employing a trauma-informed lens offers educators an opportunity to help promote healing through connections and fostering resilience. Effective mastery of social emotional competencies is correlated with improved well-being and better school performance, whereas the failure to achieve competence in these areas can lead to difficulties within personal, social, and academic areas.

Figure 1. *Executive Summary* (continued)

Students' Mental Health

Social-Emotional Learning

Another significant need identified by educators targeted unmet mental health needs of students and the increasing social-emotional challenges their students experience. Participants stated that students' mental health needs are prevalent and felt that current services are inadequate at meeting those needs.

Teachers shared feeling unprepared to manage the hurt, pain and extreme emotions that children bring to their classrooms each day. Further, they readily acknowledged that they do not have the skill set and training to serve in the capacity of a mental health provider, school counselor, social worker, or therapist, yet are often placed in those roles as student needs demand it and other support is often unavailable.

This is supported in the literature, which suggests that schools should collaborate more with mental health professionals and other specialists to respond appropriately to trauma-related learning and behavioral problems. Research pushes for schools to provide trauma informed consultations to educators by trained professionals.

Effective programming must clarify the difference between the role of the teacher and the role of the mental health professional. Participants stated, and the literature supports, that the goal is not to turn teachers into therapists, but rather to enable and support them to create stable, supportive classrooms in which traumatized children can become full participants in the classroom and larger school community. Training must stress strategies for creating stronger linkages to mental health resources and for school teams to effectively refer families to mental health professionals when necessary.
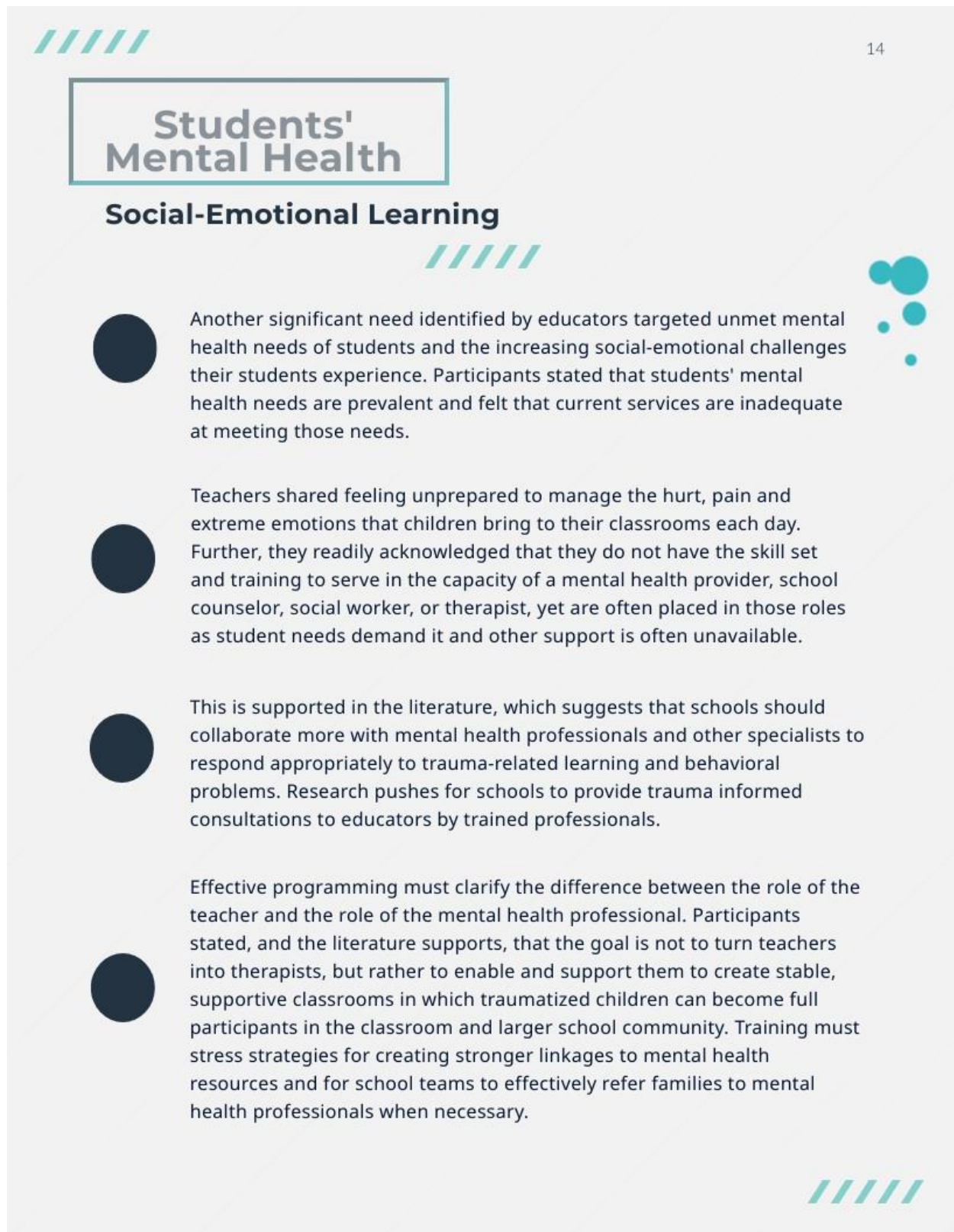
Figure 1. *Executive Summary* (continued)

Additional Support Staff

Smaller Classrooms, Lower Ratios

In addition to increasing mental health services in school, participants suggested that in order to support a trauma-sensitive school, there is a general need for lower student-to-staff ratios. In particular, they recommended additional support staff that are skilled at creating meaningful relationships and supporting students' dynamic needs.

Teachers stated that limited staff resources and school interventions do not meet the presented needs of all students. Those with highest emotional needs and most disruptive behaviors tend to occupy an exorbitant amount of support and programming, often leaving those with less demanding or visible needs unsupported.

Participants suggested that large class sizes and limited numbers of supportive and skilled adults in the schools were barriers to creating calm, personalized learning environments and fostering the personal attention that students crave. Teachers shared experiences with highly emotional or aggressive situations in which they did not have enough adult support to both de-escalate the situation and ensure the safety and well-being of the larger classroom of students. Significant instructional time was then also lost as educators worked to re-establish their learning environment and ensure basic safety for all students.

As evidence-based research demonstrates, creating trauma-sensitive, safe and supportive schools requires a significant mind-shift by teachers, administrators, and all school staff. It also requires systemic, holistic changes to transform school culture, build a supportive infrastructure, and alter interventions.

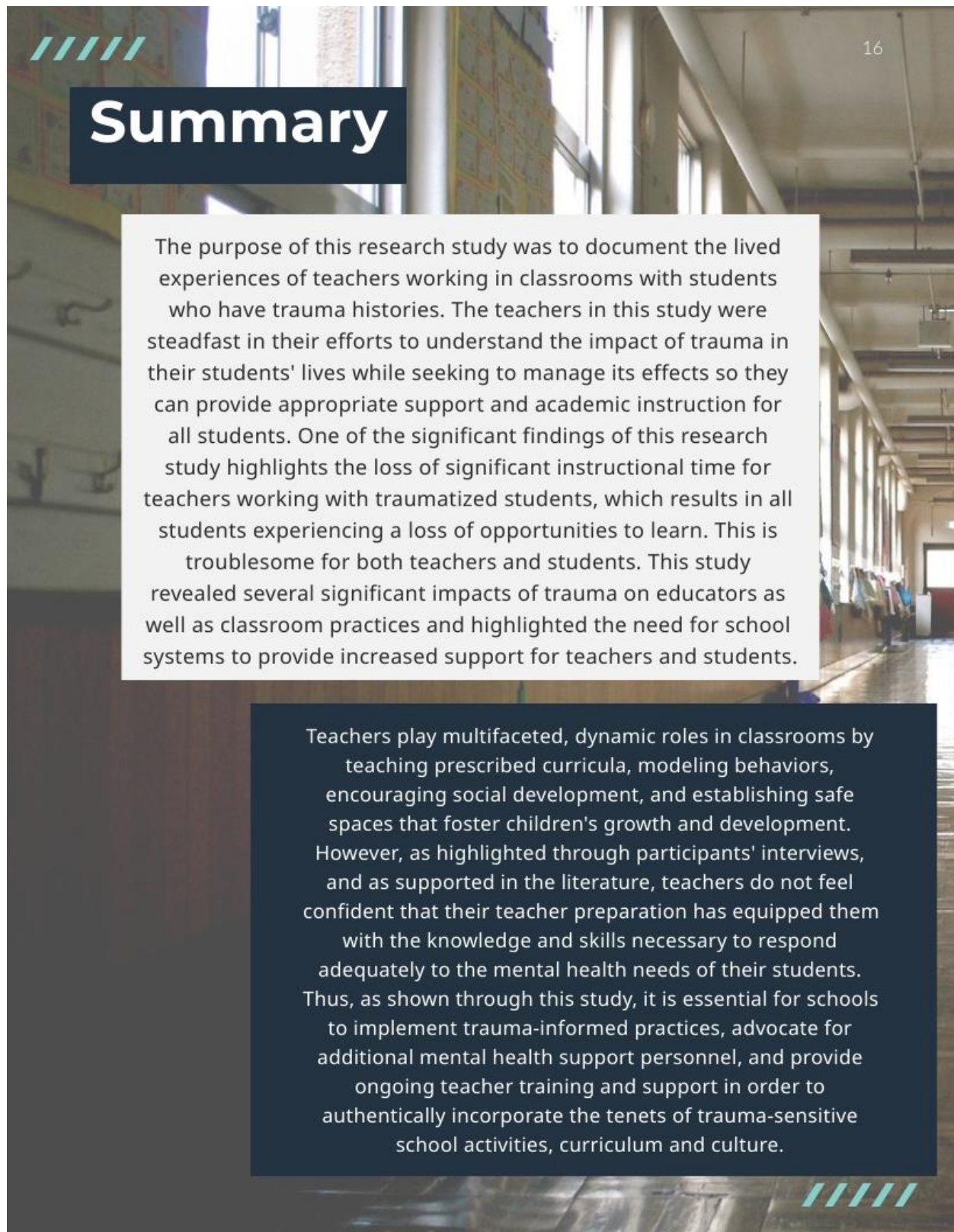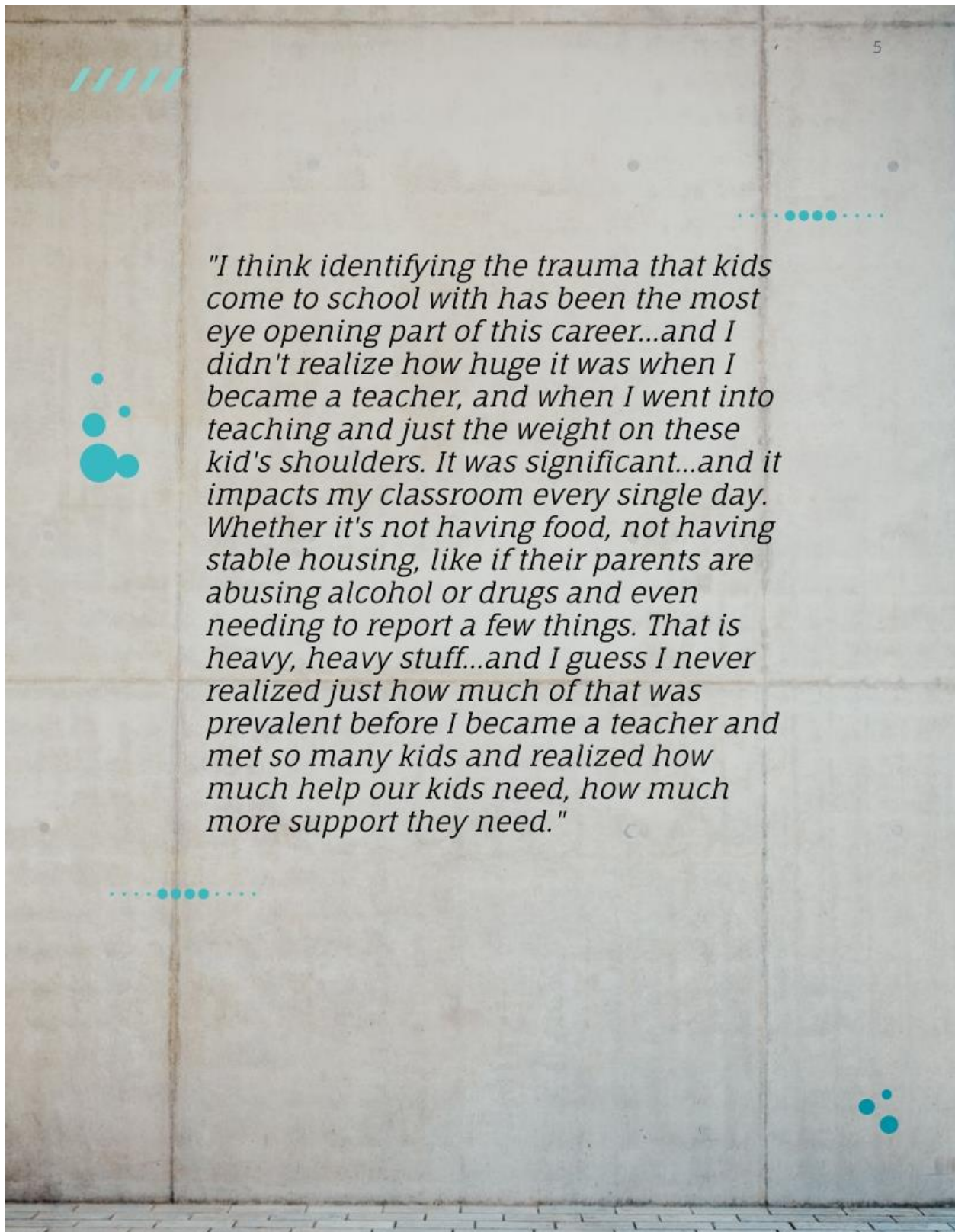**Figure 1.** *Executive Summary* (continued)

Summary

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The purpose of this research study was to document the lived experiences of teachers working in classrooms with students who have trauma histories. The teachers in this study were steadfast in their efforts to understand the impact of trauma in their students' lives while seeking to manage its effects so they can provide appropriate support and academic instruction for all students. One of the significant findings of this research study highlights the loss of significant instructional time for teachers working with traumatized students, which results in all students experiencing a loss of opportunities to learn. This is troublesome for both teachers and students. This study revealed several significant impacts of trauma on educators as well as classroom practices and highlighted the need for school systems to provide increased support for teachers and students.

Teachers play multifaceted, dynamic roles in classrooms by teaching prescribed curricula, modeling behaviors, encouraging social development, and establishing safe spaces that foster children's growth and development. However, as highlighted through participants' interviews, and as supported in the literature, teachers do not feel confident that their teacher preparation has equipped them with the knowledge and skills necessary to respond adequately to the mental health needs of their students. Thus, as shown through this study, it is essential for schools to implement trauma-informed practices, advocate for additional mental health support personnel, and provide ongoing teacher training and support in order to authentically incorporate the tenets of trauma-sensitive school activities, curriculum and culture.

Figure 1. *Executive Summary* (continued)

"I think identifying the trauma that kids come to school with has been the most eye opening part of this career...and I didn't realize how huge it was when I became a teacher, and when I went into teaching and just the weight on these kid's shoulders. It was significant...and it impacts my classroom every single day. Whether it's not having food, not having stable housing, like if their parents are abusing alcohol or drugs and even needing to report a few things. That is heavy, heavy stuff...and I guess I never realized just how much of that was prevalent before I became a teacher and met so many kids and realized how much help our kids need, how much more support they need."

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APPENDIX A. SEMI-STRUCTURED INTERVIEW PROTOCOL #1

1. Let's start with talking about your experiences with regard to children and trauma in your

    classroom (school)?

    a. Share your overall thoughts on trauma impacts

    b. Direct experiences in your role as an educator

    c. Think about classroom versus other school settings

2. What are some examples from your experiences where you were confronted with

    internalizing (withdrawal, shutting down) behaviors from a child with trauma in your

    classroom?

    a. How did you react?

    b. How do these experiences impact your classroom? other students? you personally

        as an educator? your curriculum goals?

3. How do you manage the internalizing behaviors of your students?

    a. What do you find most challenging about this?

4. What are some examples from your experiences where you were confronted with

    externalizing (aggression, outbursts) behavior from a child with trauma in your

    classroom?

    a. How did you react?

    b. How do these experiences impact your classroom? other students? you personally

        as an educator? your curriculum goals?

5. How do you manage the externalizing behaviors of your students?

    a. What do you find most challenging about this?

6. Is there anything else you would like to add about what we have discussed today?

APPENDIX B. SEMI-STRUCTURED INTERVIEW PROTOCOL #2

1. Thinking back to the experiences discussed during your first interview with regard to children and trauma in your classroom, how do you see these experiences impacting your role as an educator?

    a. How does this "fit" with your expectations of being a teacher?

    b. In terms of the kinds of responsibilities that make up your daily work as a teacher?

    c. In terms of the curriculum goals and learning targets for your content area?

    d. In terms of your beliefs and expectations about what it means to be a teacher?

    e. How has this changed over the scope of your teaching career?

2. Overall, how prepared do you feel to manage the needs and behaviors of your students with trauma in your classroom?

    a. How has your level of preparedness impacted your experiences as an educator?

    b. What are some situations or experiences that have played a role in this?

3. What specifically do you think has been most helpful for you in your role as an educator in regard to your past or current experiences with children with trauma histories?

4. What specifically do you think would be more helpful for you in your role as an educator moving forward?

5. Is there anything else you would like to add about what we have discussed today?

APPENDIX C. SAMPLE INTERVIEW DATA FOR PARTICIPANTS (A) – (F)

Significant Statements	Formulated Meanings	Themes
(b) But that's, that's where it gets hard and you bring that home with us. And they thrash out, and get upset, and you know things and you know that there are things going on-but we are teachers, and we care. You go home and I think every teacher at least once a week was in tears over something because of what you see and hear. A feeling of helplessness. It is so heavy, each day, every day. And always different. And if you think you've heard it all something else and its tough and teachers say always, I can't be that, I can't wear all of these hats? Like how am I supposed to wear all of these hats as a teacher and yet you have to be all these things for these kids.	It can feel helpless or emotionally exhausting to manage the emotional needs of students and carry their needs-to be all of the roles their need is hard.	
(d) After that class from two years ago, I basically said if I stay in teaching and if I continue with this, then I know that I can handle just about anything after having that class. I haven't shared this with a lot of people, but I would, like that summer after that class, I would have nightmares about going back to school and going to back to school week it was nightmares like every single night. I was scared, like what's going to happen when school starts? What if it's like last year? What if you know, it was almost like so bad? It was so traumatic for me and I don't even think I let myself realize how bad it really was until I was done with that group. I didn't realize how much it impacted me and I mean that is when I started seeing a therapist.	Teachers experience their own type of trauma by some of the things they are exposed to in the classroom, this can lead to significant emotional stress and even physical reactions that are beyond what anyone could prepare for going into education.	Compassion Fatigue

Significant Statements	Formulated Meanings	Themes
(e) I Had a student who was super, super violent and there were many kids, who when she was around at all in the hallway, kids didn't even want to go to the bathroom because they did not want to run across her. Our kids are coming into school and we are creating the trauma. Or we have students in the classroom who are bracing themselves and do not want to come to school and afraid of how the day is going to start.	Other students are afraid or fear coming to school as they are traumatized by what they see and experience there.	Disruption to Other Students and the Learning Environment
(c) I have had students who have been verbally aggressive-they are swearing, yelling at myself and others, saying horribly vulgar or sexual things, and just overall verbally assaultive. That is so hard to manage as a teacher and we are not at all trained on what to do in those situations.	Teachers are not trained on how to manage the extreme verbal behaviors of students in their classrooms and feel out of their scope of practice	
(d) I think the hardest part of it is when you know the kid as a human being. You are no longer just reading about it in a book, but instead feeling, I know this kid. This kid has a face, and they have a name and a life and they have a family. It all changes when they become human to you when they become like someone you know and care about and then you know that this is happening. That takes it to a different level, than just knowing about someone who went through something. But now I think, that is one of my students; one of my students in missing, one of my students was attacked by their grandmother, one of my students this and that-it is different when you know that story and it is now real. You can't prepare for that difference and you can't see that until it is real.	Once you have a relationship with a student and know their story, things become real and so much more impactful than anything you can read or hear about. It is impossible to ever be fully prepared for all of those situations, but rather you will feel it when it becomes real to you with that individual student and their life.	Building and Maintaining Relationships
(f) I think that is one of my biggest responsibilities-to ensure my students know they are safe when they are with me, that they can trust me, that our classroom is a place for them to just be themselves and hopefully not feel that constant high level of stress and the feeling of being on edge all of the time. The challenge though is how to do that each and every day…. that is hard.	Ensuring trust and safety in the classroom is a challenge to manage and it can be hard to convince a child from a trauma background that school and adults can be safe.	

Significant Statements	Formulated Meanings	Themes
(f) I have had to shift my idea of what it means to be that teacher and have had to take time to allow myself, on some level, to really let go of that. I think years ago when that first started happening it was devastating for me. I didn't know how to think about it, and I didn't know that it was okay to change my perspective.	The reality of teaching versus the perceived expectation are quite different and can even feel like a sense of loss to not meet that personal expectation of what the profession was going to look like.	Reality Versus Perception of Teaching
(a) The kids in my class that struggle the most academically have so many underlying issues that there are not being addressed and needs that are so much bigger. It has really changed my view of what is a teacher and what being a teacher really meant.	Views of teaching have changed as the reality of the students' needs are more known and their impact on academics is seen.	
(e) Then there's um a kid or two that comes through each year and the trauma that they have experienced is just so extreme that I've been able to say like, that's, that's not my wheelhouse. Saying, like this is bigger and beyond me. I can't even, I can't help with that.	Being self-aware that some trauma experiences of students are just beyond what a teacher is qualified for or can manage.	Feeling Unprepared to Manage Trauma Responses
(a) When you go to college to be a teacher, I remember they drill academics and that is important- making sure kids are aligned to standards and making sure that you know you're keeping them on level and growing them as a learner. But I wish there was more being done in regard to both trauma and also mental health.	Teacher prep programs do not do an adequate job of preparing educators for the reality of the mental health and trauma needs of students.	

Significant Statements	Formulated Meanings	Themes
(a) I mean I've had a number of times when things and lessons have been interrupted completely by one situation, but really you know, at that point my concern is more so with the well-being of that student and every other kid in the class. So, we usually do a class meeting after that where we can decompress and we can get back to normal and really even work on our breathing and return to a place of calm and in control. At that point, the curriculum is secondary to the well-being of the class again and I have to take that precedent of mental health before academics.	It is common for academic regime of class to be disrupted by a student's behaviors-this requires readjustment, calming techniques for the full class, and emphasis placed on mental health before academics.	Emphasis on Social-Emotional Learning
(c) I think teachers are supposed to meet all of these needs. Rarely would we ever have a classroom of students that do not have multiple students with extreme mental health needs, families that live in poverty, kids that are homeless, kids that don't have appropriate clothes or food and of course those with big behaviors. It is impossible to just ignore or set aside these needs and just think we are going to teach math or science or reading.	The needs of children in the classroom are exhaustive-they have to be met before beginning to teach core academics.	
(d) We need more people. We need more supports and more social work and more counselors and for all of the kids who need someone and who are struggling. Especially for some of the low-key students who struggle who never get the support or time with counselor and they never do because our counselors are so bogged down with our most needy kids.	More mental health support is needed in schools to support all students. Often, resources are put towards the highest need kids-but the students who often go unseen because their behaviors are not viewed as the highest level or need are left without good support.	Needs Educators Identified
(b) A lot of times it really is just needing more hands-meaning for the kid struggling or with the kids in my classroom, I just need more hands. I know that the loud behaviors really upset other kids and I'm always trying to keep it as calm as possible and deescalate as much as possible and figure, you know, in the moment what can you do to make that happen so that everybody is okay.	The big behaviors require more adult intervention in order to de-escalate, maintain order in the classroom, and keep everyone feeling safe.	

Significant Statements	Formulated Meanings	Themes
(a) As a teacher you are just going to have to accept that you are going to have to invest more into them. I think that's sometimes the hard reality because you think well every kid needs help and that's true but these kids are going to need more upfront time from you in terms of investment of time from myself, the teacher in order to thrive and no it's not going to be fair but equal isn't always fair. I do have to give more time to those kids in order for them to do well	The reality is that at-risk kids or those with trauma backgrounds will require more time and attention in order to thrive and have the same opportunities as the other students in the classroom	Overall Impact of Trauma
(c) Well I think trauma is just overall an incredibly key factor to what I am doing in the classroom. I don't think there is a way to ignore or avoid the impact trauma makes on what we are doing.	The impact of trauma is significant and underlies every aspect of the classroom.	
(f) I want to understand these kids better and I want every possible technique and tool in my toolbox so that I don't feel overwhelmed or exhausted but rather have the understanding and compassion and empathy to keep going.	There is a strong desire to understand more about trauma and have more techniques or skills to use to help minimize stress and maintain in the teaching profession.	Unwavering Commitment to Students and the Teaching Profession
(b) It's just like I think I get so invested in them emotionally and just mentally, and it's also why I decided to do this Masters. I have to do better for them! I have to better understand them and then I have to help the people around me. We can do a better job helping the kids and then maybe teachers won't feel so upset when something happens or maybe somehow someway or change something like that, you know.	Feeling passionate about not settling for the status quo but rather educating self more to be a stronger support for students and staff.	