

**Becoming a Trauma-Informed School: Teacher, Administration, and Support Staff's  
Perception of Preparedness to Handle Trauma in the School Setting**

by

Jaime Lee Baas

Liberty University

A Dissertation Presented in Partial Fulfillment

Of the Requirements for the degree

Doctor of Education School of Behavioral Sciences

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### **Abstract**

Childhood trauma is an increasing issue that families, children, and schools face. Schools are often restricted to specific protocols when handling undesired behaviors that could overlook or perpetuate trauma. Teachers, administration, and support staff could lack the skills to handle trauma and crisis in the school setting. This research used a single case study in a Title 1 school district focused on the perception of preparedness to address crisis using trauma-informed care—the district supports approximately 4,000 individuals including students, teachers, administration, and support staff. The purpose of this study was to explore the perceived ability of teachers, administration, and support staff to handle a crisis and how training in trauma-informed approaches may impact perception. Teachers, administration, and support staff were given an open-ended questionnaire to explore their experiences with trauma, trauma training, and perceived preparedness to handle a crisis. Interviews were then conducted and transcribed to look for developing themes within the research.

*Keywords:* trauma, trauma-informed care, trauma-informed counseling, primary education

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## Table of Contents

Abstract .....	3
Acknowledgments .....	4
List of Tables.....	9
List of Abbreviations.....	10
Chapter One: Introduction.....	11
Overview .....	11
Background .....	11
Historical .....	12
Social.....	14
Theoretical.....	15
Situation to Self.....	16
Purpose Statement .....	17
Significance of the Study .....	17
Research Question(s).....	17
Definitions .....	18
Summary .....	19
Chapter Two: Literature Review.....	20
Theoretical Framework .....	23
Maslow’s Hierarchy of Needs.....	23
Attachment Theory.....	24
Family Systems Theory.....	25
TF-CBT .....	27

ACEs .....	28
Related Literature .....	29
Trauma .....	29
TIC .....	30
Schools' Role .....	34
School Violence .....	36
Program Development.....	39
Training/Professional Development Needs.....	44
The Success of Trauma-Informed Practices.....	45
Community Mental Health's Role .....	46
Summary .....	48
Chapter Three: Method .....	50
Design.....	51
Research Question(s).....	51
Setting .....	52
Participants .....	53
Procedures .....	53
My Role as Researcher.....	54
Data Collection.....	54
Questionnaires .....	54
Interviews .....	56
Data Analysis .....	56
Trustworthiness .....	57

Credibility.....	58
Dependability and Conformability.....	58
Transferability.....	58
Ethical Considerations.....	59
Summary.....	59
Chapter Four: Findings.....	60
Participants.....	60
Results.....	63
Theme Development.....	63
Relationships.....	65
Trauma.....	66
Preparedness.....	67
Perception.....	69
COVID.....	70
Research Question Responses.....	71
Summary.....	72
Chapter Five: Conclusions.....	74
Summary of Findings.....	74
Overarching Question.....	75
Discussion.....	77
Superordinate Theme 1. Relationships.....	77
Superordinate Theme 2. Trauma.....	78
Superordinate Theme 3. Preparedness.....	79

Superordinate Theme 4. Perception .....	80
Superordinate Theme 5. COVID.....	80
Implications.....	80
Theoretical.....	81
Practical.....	82
Empirical .....	82
Delimitations and Limitations .....	83
Delimitations .....	83
Limitations .....	83
Recommendations for Future Research .....	84
Summary .....	84
References .....	86
Appendix A: Introduction Letter/Participation Request .....	97
Appendix B: Informed Consent .....	98
Appendix C: Recruitment Flyer .....	102
Appendix D: Sample Open-Ended Questionnaire .....	103
Appendix E: Sample Interview Questions .....	105

**List of Tables**

Table 1: <i>Trauma-Informed Approaches Discussed</i> .....	43
Table 2: <i>Participant Descriptions</i> .....	53
Table 3: <i>Superordinate Themes 1-5, Subthemes, and Number of Participants</i> .....	64

**List of Abbreviations**

Adverse Childhood Experiences	ACEs
Cognitive Behavior Therapy	CBT
Child Teacher Relationship	CTRT
Foundational Professional Development	FPD
Institutional Review Board	IRB
Leader in Me	LIM
Positive Behavior Intervention System	PBIS
Posttraumatic Stress Disorder	PTSD
Special Education	SPED
Trauma-Informed Care	TIC

## **Chapter One: Introduction**

### **Overview**

Trauma is a topic that has increased in prevalence and intensity over time. Trauma and its impacts are felt in numerous systems of a person's life. Because schools are one environment where trauma can set children apart from others, they are uniquely positioned to identify and work with trauma experiences and effects. Children spend most of their time in the school setting. However, most school employees have little to no training to recognize trauma and its impact on behaviors.

Behaviors, discipline, and trauma responses are often cited as reasons why teachers leave the field. Disgruntled parents, violence, flipped-over desks and chairs, and defaced classrooms can lead to burnout and decreased job satisfaction for teachers in the school system. School administrations often feel their hands are tied and are met with disgruntled parents attempting to get support over behavior concerns.

### **Background**

Trauma is an important topic that is continuing to grow. Trauma rates continue to increase, and school systems feel the brunt of trauma in children's lives. This case study will allow individuals working in school systems to reflect upon their training, needs, and experiences. Reflection is essential for those within the helping professions because it helps students learn from past experiences and assists credentialed professionals in continually developing to meet the ever-changing circumstances they encounter in their workplace contexts (Dewey, 1938). Reflecting on systems that are in place and on areas that can be improved is essential for school systems to continue to meet the evolving needs of their staff and students.

Therefore, this study will allow teachers, administration, and support staff to reflect upon their experiences identifying, addressing, and training to work with trauma in the school system.

## **Historical**

Children spend a significant amount of time in the school setting. Teachers and administrators can have a powerful impact on a child's life. Schools are constantly working in conjunction with the family and the community. In the past, schools had more power and often solely decided what discipline was appropriate for what behavior. Trauma rates continue to increase in children, with no end in sight. Schools have to readjust and reevaluate how to handle behavior issues. Teachers, administration, and support staff often are unsure of what approach to take. The following is a historical review of how schools have handled undesired behaviors. These behaviors could stem from the trauma that a child has faced.

Corporal punishment was once common practice in the school's way of handling discipline. *Corporal punishment* will be defined as "any discipline in which physical force is used and intended to inflict some form of pain or discomfort" (Gershof, 2017, p11). Researchers such as Gershof (2017) have raised concern over the use of corporal punishment in both the home and school settings. Children in a K-5 environment cannot be expected to never have behavior issues. Therefore, teachers, administration, and support staff must be prepared to handle undesired behaviors in the school setting. However, there is no evidence that corporal punishment promotes learning in the classroom (Gershof, 2017). One study found that children enrolled in a school that allowed corporal punishment had lower vocabulary rates, lower executive functioning, and lower motivation levels than peers who went to schools that did not condone corporal punishment (Talwar et al., 2011). School settings that use corporal punishment could be creating an environment of fear. Many countries, counties, states, and districts have

banned corporal punishment in response to a change in approaches. The shift away from corporal punishment has had both a positive and negative impact on the school setting. Research by Naong (2007) has found a direct correlation between teacher morale and student discipline. Since the phasing out of corporal punishment, teachers claim that discipline in the school setting has become less effective, and undesired behaviors and lack of discipline have impacted their passion and joy for teaching (Naong, 2007). Teachers have since cited a lack of consistency in disciplinary policies and procedures. Teachers have stated that there is often no support for them discipline-wise (Dunn, 2020). Lack of support, if perceived by teachers, could contribute to a lack of seeking help from others outside of the classroom who could be equipped to work with undesired behaviors and trauma specifically.

*Restraints* will be defined as physical holds on an individual to control behaviors. Restraints were initially designed to be used in settings such as psychiatric hospitals. However, the use of restraints in the school setting has increased. Schools often use restraints to handle disruptions, noncompliance, and extreme situations (Zaccaro, 2014). Research has found that restraint or seclusion in the public school setting could be partially influenced by gender, race, or a disability. A study recent study released statistics from 2009–2010 which indicated that 69% of students who received restraints had a diagnosed disability, 70% were male, and 50% were African American. These populations are also more likely to experience trauma outside of the school. The use of restraints could indeed cause further trauma or serve as triggers. Restraints can cause physical and psychological damage because of their nature and can limit trust between the school employees, children, and parents (Zaccaros, 2014). Restraints in the school setting can also traumatize the individuals conducting them and other children who could witness the events. Using restraints can contribute to a cycle of stress, confusion, and frustration throughout the

system. With the increase in trauma and decrease in options for schools, a new system is needed. Trauma-informed care (TIC) is an approach that is growing in demand, training, and popularity.

Suspensions are another technique that schools commonly utilize to address problem behaviors. Suspensions typically refer to days when the child is not allowed on the school campus. The child is sent home, and the school is not required to allow the student to make up their work. Suspensions can negatively impact several areas of a student's development, including school performance. Students miss out on valuable instruction time and numerous assignments. The students can feel hopeless or unable to catch up with their classmates (Crosby et al., 2018). Exclusionary discipline such as suspensions can also impact students' psychosocial functioning. This form of punishment has been linked to poor self-image and feelings of alienation and shame. Students become both academically and socially disconnected (Crosby et al., 2018). Students might not come from homes that are safe and supportive and could be thrust into a traumatic home environment for extended periods. Suspensions could be compromising school relationships that may provide a support system for the youth.

### **Social**

Trauma in the lives of children undoubtedly has an impact on many social levels. Trauma impacts the whole family system and multiple levels of the school system. Trauma also affects a child's ability to interact with teachers, administration, and support staff in a positive manner. This study can have a social impact as it examined the impacts or effects of trauma in the school system. Social impacts are often viewed as the effect on people resulting from an action or inaction. This study explored what happens as a result of trauma, historical responses to trauma, and future action needed to improve the way trauma is addressed in school settings.

## Theoretical

The framework of this study was grounded in several theories. This study utilized Maslow's hierarchy of needs, attachment theory, family systems theory, trauma-focused cognitive behavior therapy (CBT), and adverse childhood experiences (ACEs) to better understand trauma and the school system.

Maslow's theory consists of five levels: psychological, safety, love, esteem, and self-actualization. Maslow's hierarchy acknowledges that basic human needs must be met for a person to move on to the next level of the hierarchy. The bottom-level psychological needs are often where students and individuals get stuck. This level addresses the need for food, water, shelter, and sleep (Fisher & Crawford, 2020).

Attachment theory is the second theory guiding this study. This theory focuses on the bonds between people who are in relationships. One relationship that is considered is the parent-child relationship. John Bowlby, one of the founders of attachment theory, proposed that children are pre-designed from birth to form attachments and maintain proximity to their primary attachment figure, typically their mother. However, this could be any person who takes on the role of mother-figure for that child. Bowlby (1969) used the term *attachment*.

Family systems theory is rooted in the concept that the whole is greater than the sum of its parts. Another way of expressing this concept is that people are stronger together than as individuals. Proponents of this theory believe that one cannot understand everyone without understanding the whole system (Gehart & Tuttle, 2017). In the case of this study, the school system must also be understood when examining responses to trauma.

Trauma-focused CBT (TF-CBT) is an evidence-based practice that has been shown to help children, adults, individuals, and couples. This theory is a process that allows children to

overcome trauma-related difficulties. TF-CBT helps to reduce negative emotional and behavioral responses that could occur following a traumatic experience. This theory is used after sexual abuse, neglect, physical abuse, death, disasters, domestic abuse, and other traumatic events that one might experience. This theory is used to challenge the mind's way of thinking and beliefs surrounding a traumatic event.

A large amount of the research that has been conducted surrounding childhood trauma involves the concept of ACEs. ACEs are events that have the potential for lasting trauma that occurs between the ages of birth and 17. Some examples include experiencing violence, abuse, or neglect; witnessing violence in the home or community; or having a family member attempt or commit suicide. These types of events can undermine a child's sense of safety and interrupt their ability to trust. ACEs are linked to long-term health issues, including mental health issues and substance abuse (Barker et al., 2015).

### **Situation to Self**

As a behavior specialist working in a Title 1 school, this topic is important to me. As a therapist, I work with students through a trauma-informed lens. I strive to see behaviors as a response to a trigger or an unmet need. When I began working in the school system, I quickly realized that this was not the standard viewpoint. Behaviors are sometimes dealt with in a manner that can further traumatize a student or will continue to escalate the situation. I became curious about why specific approaches were used and what knowledge the teachers, administration, and support staff had surrounding trauma. This curiosity led me to conduct this study. An epistemological perspective was utilized throughout this study. Epistemology is a philosophical approach to understanding a topic. An epistemological approach is interested in

knowledge. It explores what kind of knowledge exists and how people come to know things (Creswell & Poth, 2018).

### **Problem Statement**

Trauma rates continue to rise, leading to an increase in undesired behaviors in the school system. Schools are uniquely positioned to identify and work with children who have experienced trauma. However, schools are often restricted by discipline policies. Teachers, administration, and support staff often feel unprepared to handle trauma responses, and attempts to do so could escalate behaviors. An approach to address undesired behaviors born out of a traumatic experience is needed.

### **Purpose Statement**

The purpose of the study was to explore a trauma-informed approach in schools and discover how prepared teachers, administration, and support staff feel to work with trauma and crisis in the school setting.

### **Significance of the Study**

Teachers, administration, support staff, and children need support to learn new ways to approach behaviors that traumatic early childhood experiences could influence. This study is significant as teachers continue to leave the field at high rates. This study could help with teacher burnout and prompt training in school settings to help teachers, administration, and support staff view behaviors through a different lens.

### **Research Question(s)**

1. **Overarching Question.** Does teacher, faculty, and administration's perception of trauma and trauma-informed practices impact behaviors in the primary school setting?

2. **RQ 1.** What perception do teachers, administration, and support staff hold regarding a trauma-informed approach?
3. **RQ 2.** Do the schools' teachers, administration, and support staff perceive themselves as capable of working with students who have a history of trauma?
4. **RQ 3.** Do the schools' teachers, administration, and support staff perceive their culture as being receptive to becoming trauma-informed?

### **Definitions**

*Corporal punishment* – Any discipline in which physical force is used and intended to inflict some form of pain or discomfort (Gershof, 2017).

*Restraints* – Physical holds on an individual to attempt to control behaviors (Zaccaro, 2014).

*Trauma* – Exposure to actual or threatened death, serious injury, or sexual violence in one (or more) of the following ways: (a) directly experiencing the traumatic event(s); (b) witnessing, in person, the event(s) as it occurred to others; (c) learning that the traumatic event(s) occurred to a close family member or close friend—in cases of actual or threatened death of a family member or friend, the event(s) must have been violent or accidental; (d) experiencing repeated or extreme exposure to aversive details of the traumatic event(s; e.g., first responders collecting human remains; police officers repeatedly exposed to details of child abuse). (Note: Criterion A4 does not apply to exposure through electronic media, television, movies, or pictures unless this exposure is work-related; American Psychiatric Association, 2013).

*Trauma-informed approaches* – Programs, organizations, or systems that realize the impact of trauma, recognize trauma symptoms, respond by integrating knowledge about trauma policies and practices, and seek to reduce retraumatization (Bernard et al., 2011).

*Trauma-informed care* – Programs, organizations, or systems that realize the impact of trauma, recognize the symptoms of trauma, respond by integrating knowledge about trauma policies and practices, and reduce retraumatization (Cohen et al., 2010).

### **Summary**

Schools are facing an increase in trauma, crisis, and undesired behaviors. They are often restricted in the approaches that they can take. Trauma-informed approaches to handling undesired behaviors are beginning to unfold. They could offer new perspectives and insights that could change the way schools handle undesired behaviors in the future.

## Chapter Two: Literature Review

This chapter will examine current literature pertaining to TIC, trauma, and trauma counseling. It will begin with an overview of trauma, including prevalence, early identification, and the need for TIC in schools. It will then shift towards the conceptual framework, including theories and concepts necessary to understanding TIC in schools. The framework will cover the school's role, the impact of school violence, program development, training, success rates, and the role of mental health.

Childhood is a particularly important time in the lives of humans. Children are learning to make sense of the world around them and learn essential life skills. The brain is developing at a rapid rate. Not all children grow up in a safe environment that allows them to learn and explore the world around them. Childhood trauma has become an increasing public health concern, with an estimated 4 million youth in the United States having experienced at least one traumatic event (Adams, 2010). Staggering statistics such as this are not expected to decrease any time soon. What does this statistic mean for children in the school system? What can be done in schools to help recognize childhood trauma, respond to trauma, and provide healing? These are a few questions that I hope to address. Once a child has experienced a traumatic event, they are left attempting to heal the damage. As mentioned, exposure to traumatic experiences among youth is a serious public health concern (Adams, 2010). These staggering increases in traumatic experiences leave schools attempting to adjust and find solutions for helping children cope. One idea that has been explored in research is the concept of taking a trauma-informed approach to working with children. A trauma-informed public behavioral health system that emphasizes core principles such as understanding trauma, promoting safety, supporting autonomy, sharing power, and ensuring cultural competence is needed to support traumatized youth and the providers who

work with them. Supporting youth with a history of trauma can assist in healing and better outcomes in adulthood, including higher graduation rates, more successful relationships, and healthier lives (Beidas et al., 2016).

When considering the prevalence of childhood trauma, children's settings must be prepared to address this issue. Children spend much of their time at home, school, or in childcare settings. Individuals in these environments are more likely to notice red flags and concerning behaviors. People in these settings could be among the first to alert others that trauma has occurred. When considering schools, the topic often shifts toward school safety. Research has shown that school safety is fundamental to fostering positive outcomes for children (Eisman et al., 2020). Over the years, shootings and other acts of violence in the school setting have increased. Violence in schools remains a critical public health issue, with 8.1% of elementary and 21.8% of middle school students reporting daily or weekly bullying in 2015–2016.

Similarly, over half of lifetime mental health concerns become evident before age 14 (Eisman et al., 2020). Creating safe, healthy, and supportive school environments with collaborative services is a necessary foundation for improving education outcomes for all students. Knowing that over half of lifetime mental health concerns occur before age 14 means that schools must intervene before a child reaches approximately eighth or ninth grade.

Early identification of students who present with mental health red flags or behavior issues is often attempted in schools. Universal screeners and teacher support assist in identifying red flags in students. These screeners often look for externalizing behaviors and may overlook trauma. These tend to be the same students with behavior issues who increase the need for services (Chester, n.d.). Children in the school system put themselves and others at risk when they run from the class, flip desks/chairs, throw items, and are aggressive towards themselves,

others, and peers. Often schools enforce in-school and out-of-school suspension and clear rooms, and trained staff are prepared to utilize restraints as a last resort. These options are often punitive and exacerbate the issue. Schools typically do not have mental health professionals on campus who are trained to deal with such extreme behaviors. Research has shown that when mental health services are embedded within school systems, they can create a continuum of integrative care that improves children's mental health and educational attainment (Fazel et al., 2014). To strengthen this continuum and for optimum child development, a reconfiguration of education and mental health systems to aid the implementation of evidence-based practice might be needed (Fazel et al., 2014). System reconfiguration is undoubtedly no easy task to take on. However, children, families, and schools could benefit from reforming how schools handle mental health issues and collaborating with mental health professionals.

Understanding this need to overhaul procedures and integrate TIC and mental health services in school is only the first step. The aim of this research was to help fill the gap in how prepared teachers, administration, and support staff feel to handle trauma in the school setting. This research was important to conduct as it has the potential to impact children, families, and school systems. The following review will create a working definition of trauma, TIC, and ACEs. These concepts are embedded throughout this study. Next, a theoretical framework for this study will be developed using Maslow's hierarchy of needs, attachment theory, family systems theory, and CBT. Community mental health will also be reviewed as it plays a significant role in assisting the school system in dealing with trauma, crisis, and behaviors in the school setting. Research related to this topic will also be explored concerning the school's role, training, and current trauma-informed practices.

## Theoretical Framework

### Maslow's Hierarchy of Needs

Existing theories are essential to apply to research topics. Theories allow researchers to better understand a topic and see issues from a different viewpoint. Maslow's original theory consisted of five levels: psychological, safety, love, esteem, and self-actualization. Maslow believed that needs must be met in each of these levels to achieve self-actualization. Maslow defined self-actualization as realizing one's potential, seeking personal growth, and pursuing peak experiences. Maslow's hierarchy acknowledges that basic human needs must be met for a person to move on to the next level of the hierarchy. The bottom-level psychological needs are often where students and individuals get stuck. This level addresses the need for food, water, shelter, and sleep (Fisher & Crawford, 2020). When students are in a survival mode or have experienced trauma, they may remain at this level of Maslow's hierarchy. Their fight-or-flight tendencies are activated in these cases. Maslow recognized that one could not expect children to come to school ready to learn when they have not eaten or slept.

Maslow's theory has been built upon over the years and now includes a hierarchy for teachers and struggling students. This hierarchy was designed in 2016 to help teachers self-regulate and decrease burnout in the field. Maslow also recognized that teachers must take care of themselves through five levels. Teachers should aim to meet each of the five categories: Level 1 – Subsistence: taking a nap, working out, etc.; Level 2 – Security: taking care of yourself first; Level 3 – Association: being around others; Level 4 – Respect: more respect for teachers; and Level 5 – Self-Actualization (Fisher & Crawford, 2020).

Researchers have since added a hierarchy for supporting struggling students. Much like the other two hierarchies, it consists of five levels: Level 1 – Physiological, which provides

supplies and food for students; Level 2 – Safety, which consists of creating safe environments that involve parents and the community; Level 3 – Love, which emphasizes inclusion, sports, and support; Level 4 – Esteem, which encompasses recognition of hard work and attendance; and finally, Level 5 – Self-Actualization (Fisher & Crawford, 2020). Applying this hierarchy in the school setting could help children who have experienced trauma feel safe and thrive.

Maslow's hierarchy provides a strong foundation for understanding basic human needs that trauma often interrupts. This theory will support the need for TIC in the school setting.

### **Attachment Theory**

Theories provide a lens through which you can view a person, family, or situation. One theory that blends well with studying childhood issues is attachment theory. This theory focuses on the relationships and bonds between people who are in long-term relationships. One relationship that is considered is the parent–child relationship. John Bowlby was one of the founders of attachment theory. Bowlby proposed that children are predesigned from birth to form attachments and maintain proximity to their primary attachment figure, typically their mother. However, this could be any person that takes on the role of mother-figure for that child. He used the term *attachment* (Bowlby, 1969).

Additionally, Bowlby studied the anxiety presented in children when separated from a primary caregiver. Bowlby found that attachment was established by meeting the child's needs. Children will seek proximity from a parent or caregiver when they need comfort and care. These early bonds have been found to significantly impact individuals throughout their lives.

Children have an innate drive to form relationships and attachments with people who care for them (Cherry, 2019). If a caregiver is responsive and readily available to care for a child, the child will develop a sense of security or a secure attachment. This type of attachment allows the

child to explore the world. When this process is interrupted, such as through trauma, a child learns that they cannot trust others or the world around them to meet their needs. Children diagnosed with oppositional defiant disorder, conduct disorder, or posttraumatic stress disorder (PTSD) often display attachment problems. These disorders are linked to early abuse, neglect, and trauma (Cherry, 2019). Attachment disorders also have a heavy link to abuse, trauma, and neglect, blending well with this study. School systems and teachers can step in and create an attachment with a child if willing and able by providing a trauma-informed approach to working with children. Attachment theory will be referenced and used as a base for understanding trauma and TIC throughout this process.

### **Family Systems Theory**

Examining more than one theory regarding trauma-informed practices is essential to fully understanding the approaches' impact on individuals, families, and communities. Family systems theory will also be referenced in this paper. The founder of family systems theory was Murray Bowen. Family systems theory is centered around the fusion between emotions and the intellect. The degree of fusion in people is variable and discernable. The amount of fusion in a person can be used as a predictor of the pattern of life in that person (Bowen, 1978/2004, pp. 304–305). Bowen's theory means that students are a product of their experiences and home life. The damage of toxic stress is caused by prolonged adversity in the absence of a supportive network of adults that help the child adapt. Schools with higher concentrations of low socioeconomic status (SES) might be serving families with high levels of toxic stress where loving parents can still not adequately protect their children. Therefore, it is incumbent on the schools to provide that supportive network (Blitz & Lee, 2015).

Triangulation is a core concept of family systems theory that will be explored. The idea of triangulation can be considered both a verb and a noun. Early family systems thinkers believed that the fundamental human relationship was a triangle. Human relationships were seen as interlocking triangles that could be either stable or unstable; this concept of triangulation often occurs to relieve stress or stabilize a relationship (Dallos & Vetere, 2012). Triangulation can occur within marriage, such as either spouse calling on their parent. A parent–child relationship in a school could become a triangle with the child’s teacher.

Family systems theory also states that the whole is greater than the sum of its parts. Another way of expressing this concept is that people are stronger together than as individuals. A family is a group of individuals who work together to form a complex system. Proponents of this theory believe that one cannot understand everyone without understanding the whole system (Gehart & Tuttle, 2017). Schools and classrooms themselves become a system for a child. Each classroom comprises many different individuals who bring their families' experiences with them to school. Understanding and working with these children requires gaining insight into their home life. Family systems research provides a map that helps school-based mental health professionals conceptualize how family interactions influence psychological problems. Once oriented to the family territory, school psychologists and counselors can create effective systemic interventions to address anxiety and school avoidance problems. School districts should provide school counselors and psychologists opportunities for professional development in family systems theory and family–school collaboration. Systemic therapists such as marital and family therapists and family psychologists are well positioned to offer such training to school-based mental health professionals (Carlson et al., 2020).

Incorporating family systems theory training and understanding into a school setting could assist teachers, administration, families, and communities in working together to ensure the best outcomes for students.

### **TF-CBT**

TF-CBT is an evidence-based practice that has been shown to help children, adults, individuals, and couples. This theory is a process that allows children to overcome trauma-related difficulties. TF-CBT helps to reduce negative emotional and behavioral responses that could occur following a traumatic experience. This theory is used after sexual abuse, neglect, physical abuse, death, disasters, domestic abuse, and other traumatic events that one might experience. This theory is used to challenge the mind's way of thinking and beliefs surrounding a traumatic event. This treatment provides a supportive environment for children to talk about upsetting events and learn new life skills to cope (TF-CBT, 2017). TF-CBT is often appropriate for children ages 3–18 who have experienced or been exposed to at least one traumatic experience; they could be presenting with symptoms of PTSD or have elevated levels of depression, anxiety, and shame. TF-CBT is a short-term process typically occurring within 12–16 weekly sessions. More sessions can be added in if deemed necessary. Sessions provide education, skills, and a safe place to talk. The acronym practice is often used when working with TF-CBT. The approach stands for psychoeducation, relaxation, affective expression/regulation, cognitive coping/processing, trauma narration, in vivo exposure, conjoint parent–child sessions, and enhancing personal safety/growth (TF-CBT, 2017). Professionals in the school setting can utilize this theory. The time frame needed corresponds closely with the time children are in school. The skills being taught often blend well in the classroom and can benefit the child by increasing positive behaviors within the school setting. Improvements are often seen across

numerous settings, including parental relationships, peer relationships, schools, and home life, making this theory an evidence-based practice that school therapists often utilize. TF-CBT theory will be referred to throughout this study due to its proven success rates and easy application of its techniques, even in a classroom setting.

### **ACEs**

A significant portion of the research that has been conducted surrounding childhood trauma involves the concept of ACEs. ACEs are events that have the potential for lasting trauma that occurs between the ages of birth and 17. Some examples include experiencing violence, abuse, or neglect; witnessing violence in the home or community; or having a family member attempt or commit suicide. These types of events can undermine a child's sense of safety and interrupt their ability to trust. ACEs are linked to long-term health issues, including mental health issues and substance abuse (Barker et al., 2015). The ability to identify and prevent ACEs could reduce numerous health conditions. Schools are often able to recognize ACEs. About 61% of adults across 25 states reported having experienced at least one ACE. Research has found that recognizing ACEs can eliminate up to 1.9 million cases of heart disease and as many as 21 million cases of depression. Women and poverty are linked to an increased risk (Baker et al., 2015).

Due to their high prevalence and associated risk of poor academic and health outcomes, ACEs and trauma are considered a public health epidemic. In response, there have been a surge of initiatives aimed at helping institutions and individuals serving people with trauma histories adopt the TIC approach (Baker et al., 2015). Prevention and intervention can both assist schools in effectively reaching their children.

Students' school success is directly related to their psychological well-being. Students need routine practices that increase and support their mental health (Doll et al., 2012). The problems in schools may only be the beginning. ACEs may impact an individual's ability to form healthy and stable relationships. They may also lead to instability in school, at home, and at work. ACEs are linked to financial problems, unemployment, and depression throughout life (Beehler et al., 2012).

ACEs provide a system for understanding the occurrences of trauma, and they can provide schools with vital statistics about trauma occurrences in their student body. However, they do not help teachers, administration, and support staff to address the potential behaviors that could stem from these experiences.

## **Related Literature**

### **Trauma**

Trauma is a topic that is constantly evolving. This topic is complicated and often hard to pinpoint precisely. The first step in understanding trauma is to examine a clinical definition of trauma. The *Diagnostic and Statistical Manual of Mental Disorders* (5th ed.; *DSM-5*; American Psychiatric Association, 2013) defines trauma as:

Exposure to actual or threatened death, serious injury, or sexual violence in one (or more) of the following ways: (1) Directly experiencing the traumatic event(s); (2) witnessing, in person, the event(s) as it occurred to others; (3) learning that the traumatic event(s) occurred to a close family member or close friend – in cases of actual or threatened death of a family member or friend, the event(s) must have been violent or accidental; (4) experiencing repeated or extreme exposure to aversive details of the traumatic event(s) (e.g., first responders collecting human remains; police officers repeatedly exposed to

details of child abuse) (Note: Criterion A4 does not apply to exposure through electronic media, television, movies, or pictures unless this exposure is work-related). (p. 271)

The traumatic experiences, as discussed above, can lead to the presentation of clinical issues. PTSD and anxiety disorders are often associated with trauma. Differentiating between the two conditions and establishing proper treatment is a clinical issue for mental health professionals (Briere & Scott, 2015). When these disorders present in children, the symptoms and behaviors displayed can be challenging to navigate in a school setting. Both PTSD and anxiety disorder can lead to distressing behaviors that could impact a classroom. Children with PTSD and anxiety disorders are more likely to exhibit irritable behavior with angry outbursts that could appear with little or no provocation. These outbursts could be seen as physical aggression towards people or objects (American Psychiatric Association, 2013).

Traumatic experiences are often viewed from the individual's standpoint. However, to understand trauma, it is essential to view it as a systemic issue. There are at least three systemic impacts. First, groups of people could experience the same traumatic event, and many could develop trauma-related problems. Second, there is usually an official system of response when a traumatic event occurs. Third, when a traumatic event impacts an individual, the other systems are also potentially affected (Briere & Scott, 2015). These systems often involve the school setting. The individuals in a school setting could endure a traumatic event together. More frequently, they could be responding to behaviors that stem from trauma and carry home their own experiences that the behaviors, restraints, classroom clears, or destroyed classrooms create.

## **TIC**

When considering a trauma-informed approach, one must define what this means. Research has defined *trauma-informed approaches* to include programs, organizations, or

systems that realize the impact of trauma, recognize the symptoms of trauma, respond by integrating knowledge about trauma policies and practices, and seek to reduce retraumatization (Bernard et al., 2011). At least two of the following three critical elements of a trauma-informed approach must be present: workforce development, trauma-focused services, and organizational environment and practices, which differ from trauma-specific interventions designed to treat or otherwise address the impact/symptoms of trauma and facilitate healing (Bernard et al., 2011).

The presence of children with trauma in the school system is not a new concept. Teachers have often been unknowingly working with victims of childhood trauma for generations. In the United States, it has been reported that approximately 3 million children a year have sustained maltreatment, with many more being abused or neglected to go undetected. Ten million children live in unsafe communities, with 16 million living below the poverty line. Upwards of 10 million children annually witness domestic violence. Nearly 11 million children under the age of 18 live with at least one parent suffering from alcoholism. More than 2.7 million have an incarcerated parent, and as many as 10 million have had at least one parent in jail at some point in their young lives (Paccione-Dyszlewski, 2016). Physical, sexual, and emotional abuse are among children's most cited forms of trauma. Childhood sexual abuse is also cited as one of the most prevalent and devastating forms of trauma. Childhood sexual abuse is associated with a plethora of catastrophic repercussions. A significant number of sexually abused children are likely to experience other forms of maltreatment that can seriously affect their emotion regulation abilities and impede their development (Hebert et al., 2017). Young children are more susceptible to the effects of trauma, which can result in developmental delays in language, cognitive functioning, attention, regulating emotions, and appropriate functioning in a classroom setting (Paccione-Dyszlewski, 2016). Children who have been victims of traumatic experiences are more likely to

be behind academically and are 2.5 times more likely to fail a grade (Broderick & Metz, 2014). Trauma-informed research has uncovered that trauma could manifest as perfectionism, anxiety, depression, destructive, violent, or suicidal behaviors. Students' ability to regulate emotions and their development can contribute to behavior issues in school and mental health needs. With the emergence of trauma-informed school models, mental health professionals and researchers are able to explain certain behaviors and challenges that the school system endures and offer solutions to address trauma responses.

The need for trauma-informed systems and supports is essential in helping treat the diverse needs of students (Harris & Falot, 2001). Trauma-informed approaches are especially important for schools that serve communities with high poverty rates. Children living in poverty have increased rates of exposure to trauma, such as family and community violence; increased stress from challenges, such as homelessness; and lack of food without adequate support (Blitz & Mulcahy, 2016). Implementing models that integrate trauma-informed practices in schools could profoundly benefit students, staff, and families (Fondren et al., 2019). What do these trauma-informed approaches entail? Awareness is the first step. The time is now for schools to shift their cultures to become more trauma-informed. A central understanding of a trauma-informed setting is that everyone who meets with a student assumes that they could have trauma in their background and responds accordingly. With a basic assumption that trauma is occurring, educators work to create a kinder, gentler environment where children feel safe to learn, explore, and reveal their experiences (Paccione-Dyszlewski, 2016). With awareness at the core of a trauma-informed school, educators can begin to view behaviors with understanding and attempt to avoid the cycle of further traumatizing a student. Awareness is not enough; staff training across disciplines, integrated trauma-sensitive routines, individual student support, close

collaboration with the behavioral health care community, well-crafted policies and procedures, and targeted, outcome-focused funding will help schools establish environments that will enable all children to succeed (Paccione-Dyszlewski, 2016).

Recent research has outlined four main components for trauma-informed approaches in the school setting. The first component identified is school-wide relationships. Schools build healthy bonds with children and staff rather than punishment, humiliation, and scolding. Teachers are encouraged to remain in control of themselves and maintain their composure to avoid escalating a student. Schools also seek to foster positive peer relationships, including conflict management (Wall, 2021). Second, schools that utilize trauma-informed approaches establish precise and predictable school routines. Expectations and limits should be clear and concise. Because predictability provides a sense of stability for students, teachers are encouraged to prompt students about upcoming changes and transitions (Wall, 2021). Trauma-informed approaches also empower students to use their voices to advocate and share interests and opinions. Instead of teachers giving ultimatums, they are encouraged to elicit feedback and allow students to have input into their educational journey. Teachers are taught to listen to the spoken message and underlying messages such as behaviors. Additionally, they can respond to triggers quickly and perhaps avoid further escalation. Students, alongside their teachers, are taught to be self-aware of their triggers and practice coping skills (Wall, 2021). Utilizing trauma-informed approaches teaches children to act differently instead of just telling them to act differently while teaching teachers to be aware of their personal feelings and reactivity. Direct instruction on social and emotional skills such as sharing, conflict management, cooperation, and prosocial behaviors is also used to promote safe and supportive classrooms.

## **Schools' Role**

Awareness of what is occurring in a community, as mentioned above, is beneficial in helping meet the needs of the children in the community and understanding what they are experiencing. A proper understanding includes considering school violence and trauma prevention strategies (Hausman et al., 2013). Children spend more time in school than in any other formal institutional structure. As such, schools play a crucial part in children's development, from peer relationships and social interactions to academic attainment and cognitive progress, emotional control, behavioral expectations, and physical and moral development (Franklin et al., 2012). Schools are in a unique position to be able to intervene with children facing childhood trauma. As mentioned, a child spends more time in school than at home. This presents an optimal outlet for connecting with children. Trauma-informed schools reach children in a supportive, healthy way instead of increasing trauma and stress.

Research surrounding trauma has taken a turn towards the school's role, with trauma-informed schools becoming a topic of increasing popularity. School systems continue to be viewed as a favorable environment for an initiative to prevent, promote, and protect mental health. However, programs are needed to help schools step in and promote mental health resources (Anthony & McLean, 2015). Providing services in the school could be critical to helping children who might not get treatment elsewhere. Utilizing school resources can also assist parents already pressed for time, balancing work, kids, and personal lives.

There has been a significant shift in what this looks like in the school setting. Schools have long been charged with issuing discipline. Until recently, corporal punishment and public ridicule were part of the standard procedure in schools. The use of corporal punishment has greatly decreased in recent years; however, the behaviors of children have become more

extreme. Schools face the difficult task of creating a safe environment, issuing consequences, and still growing children. Consequences include clearing classrooms, in-school suspensions, out-of-school suspensions, and restraints (Hammer et al., 2011). The use of restraints and seclusions is often common practice in numerous settings. The use of restraints is connected to higher occurrences of PTSD (Chandler, 2008). Opponents of restraint believe that the act by the professionals entrusted with keeping students safe in school does more physical and emotional harm to the very students they are trying to keep safe (Dowell & Larwin, 2016).

Research has found that incorporating trauma-informed approaches and mental health professionals into schools could significantly help students with behavioral and emotional needs and could be a key component to helping students succeed. Social workers often serve within schools in a variety of capacities, providing services such as skills training; individual, group, and family counseling; crisis intervention; home visits; parent support and education; and advocacy for students, families, and school systems (Meares et al., 2013). Schools are in a unique position where it could be challenging to employ mental health professionals and are relying on community mental health facilities to intervene. Mental health services within the school system can create a continuum of integrative care that improves children's mental health and educational success. Developing and implementing a continuum of supports may require a reconfiguration of education and mental health systems to implement evidence-based practice (Fazel et al., 2014).

Teachers could have an even more significant role in identifying trauma and mental health issues in the school system. Few studies have explored the teacher's role in working with trauma in the classroom. One study examined working with children with PTSD resulting from experiences living in a war-stricken country. One can learn about the teacher's role through this

study. Researchers in the study found that teacher-delivered skill-oriented programs could help students with significant PTSD. The skill programs were not aimed at targeting traumatic memories; instead, they introduced coping skills. The homeroom teachers were trained and supervised in each skill. As a result, the students demonstrated noticeably reduced levels of symptomatology (Berger et al., 2012). This system could be applicable to address other traumatic events children could experience in the classroom. These types of programs raise the idea of how important a teacher's role is in intervening and addressing trauma. Teachers play a significant role in behavior management in school settings. Teachers' stressors and personal experiences are predictive of behavior management, and their responses can increase positive or negative behaviors (Grining et al., 2010). Teachers, administration, and support staff could be escalating trauma responses and behaviors without a trauma-informed approach.

Research has found that children with frequent behavior issues and trouble in the school system are less likely to graduate and more likely to have run-ins with the juvenile justice system (Heckman & LaFontain, 2010). Graduation rates have long been a topic of discussion regarding the education system. Childhood trauma, adverse experiences in children's lives, and the school system significantly impact the rates at which children graduate from high school (Heckman & LaFontaine, 2010). Implementing a trauma-informed school program early on could show positive long-term trends in graduation rates. Children receiving treatment and services early in their lives can learn valuable coping skills that will follow them to graduation. Long-term studies are needed to fully understand the impacts of a trauma-informed school on children and families.

### **School Violence**

School violence is a topic that must be addressed when considering trauma-informed approaches and the training of teachers. School violence has impacted the lives of many and the

way that schools operate. Data from the 2018 United Nations Children's Fund report, which includes 122 countries (51% of the global population of children between 13 and 15 years of age), confirm that school violence is a worldwide phenomenon. Schools are entrusted with providing a safe environment for children to learn, cultivating their education, and nurturing their skills. About one-half of 13- to 15-year-old students worldwide, nearly 150 million participants, reported having experienced violence, such as physical fights or various forms of bullying, from their peers in and around the school. Bullying is probably the most common form of school violence children suffer (Ferrara et al., 2019). Based on these facts surrounding school violence, schools are now tasked with having a disaster plan. This plan must include a plan for natural and manufactured disasters. Safety plans involve having a well-thought-out and practiced method for acts of violence, including intruders and active shooters. The plan should include mitigation strategies, preventions, response, and recovery plans (Levers, 2012).

*School violence* for this paper will be defined as lethal and nonlethal acts of aggression in the school building or on school property, during afterhours school-sponsored activities, or to a student or staff member coming to or going from school (Levers, 2012). The school environment is essential to define when attempting to understand school violence, which can include the physical building and climate of the school. The school climate consists of the present social-emotional culture (Levers, 2012). School violence can damage the learning process for all students by hindering teachers' ability to teach effectively, disrupting students' concentration, and creating an environment of fear, all of which can cause children to stay at home or avoid school events (Ehiri et al., 2017).

School violence impacts the children, staff, and parents. However, it is essential to remember that not all impacts will go on to need intense interventions. The degree to which

children's developmental stages, past experiences, and living conditions are affected by exposure to violence and how children display their distress will help practitioners identify those children most in need of assistance (Levers, 2012). It is essential to understand assessment and look for symptoms of those that need intervention.

Schools have been working towards making progress in promoting health since the 1990s. Schools continue to expand a traditional take on schooling and aim to promote healthy schools. They are empowering schools to be more responsive (Clift, 2005). Trauma-informed approaches include programs, organizations, or systems that realize the impact of trauma, recognize the symptoms of trauma, respond by integrating knowledge about trauma policies and practices, and reduce retraumatization. Existing research has cited a lack of knowledge surrounding trauma-informed approaches, de-escalation techniques, and retraumatization of children as reasons why schools do not implement more trauma-friendly approaches. A current study found that teachers could identify externalizing problems but struggled with identifying internalizing behaviors. Struggles identifying behaviors occurred despite training services on "red flags" (Eiraldi et al., 2019). Teachers are not equipped to work with or handle some children's trauma, and more training is needed (Davis, 2016). The school setting has progressed, but there is still much training and work that needs to be done, including a strong base of research that promotes teachers' and schools' buy-in into a trauma-informed approach. Research alone may not be enough to motivate schools to try a new way of thinking and handling themselves and the children and families they serve. Case studies such as this could help highlight both the pros and cons of taking a trauma-informed school approach.

## **Program Development**

As noted above, due to their high prevalence and associated risk of poor academic and health outcomes, ACEs and trauma are considered a public health epidemic. In response, there have been a surge of initiatives aimed at helping institutions and individuals serving people with trauma histories adopt the TIC approach (Cohen et al., 2010). Trauma-informed programs in schools are becoming an increasingly popular concept. However, research and best practices are needed to assess the evidence and help implement a working model for trauma-informed programs in the school system (Herrenkohl et al., 2019).

Many schools are incorporating programs that promote school-wide health implementation. However, these programs have differing qualities. There is a significant relationship between quality school comprehensive health programs and school performance (Dix et al., 2012). Schools must apply trauma-informed approaches on multiple levels, including their Tier 1, Tier 2, and Tier 3 programs. Placing interventions on Tier 1, Tier 2, and Tier 3 could add to teachers' workloads and increase the curriculum needs, training, and demands. Recent case studies have found that implementing approaches with children and training teachers is necessary (Dorado et al., 2016).

Universal, school-based programs that prevent violent behavior have been used at all grade levels, from Pre-K through high school. These programs could target schools in a high-risk area, defined by low SES or high crime rates and selected grades. Children in those grades receive the programs in their classrooms, not in special pull-out sessions (Hahn et al., 2007). Class comprehensive programs could benefit all students, not only those struggling with emotions and behaviors. One such school comprehensive program is from Leader in Me (LIM), *The 7 Habits of Healthy Kids* (Covey, 2008), which aims to provide support, structure, shared

control, and social and emotional skills. The seven habits include: (a) being proactive, (b) beginning with the end in mind, (c) putting first things first, (d) thinking win-win, (e) seeking first to understand then be understood, (f) synergize, and (g) sharpen the saw. This program provides a school-wide language, numerous resources, and training that can be brought to the school by their professionals. LIM is a tool that teaches students leadership and life skills. The program helps create a student empowerment culture based upon the notion that every child can be a leader (TLIM.org, 2021). The program requires a shift in thinking that establishes a culture of leadership. Creating this culture requires multiple years of training to be fully embedded and for students to grasp what it means to be a leader.

Furthermore, LIM requires buy-in from all staff to ensure that it is implemented successfully (TLIM.org, 2021). Some schools have seen success in their culture from LIM; within their academics, 8 of 11 (73%) LIM schools improved reading proficiency since their baseline year; 7 of 11 (64%) LIM schools improved math proficiency since their baseline year; and 6 of 11 (55%) LIM schools improved science proficiency since their baseline year (Boody et al., 2014, p. 20). LIM highlighted that behavior, culture, and academics are indeed interconnected.

Schools have taken center stage to prevent mental health issues and promote whole-body wellness. Research and policymakers support integrating mental health services in schools, but there has been limited agreement on integrating supports. Positive behavioral interventions (PBIS) are among the most widely adopted approaches (Cook et al., 2015). PBIS is a school comprehensive prevention plan that is implemented in schools across the nation. The goal is to meet the needs of students while creating a healthier school environment. One goal is to increase positive student behaviors by changing how teachers interact with students (Bradshaw et al.,

2008). PBIS has reportedly been adopted in over 25,000 schools; PBIS is a three-tiered preventative framework that aims to work on primary prevention, secondary prevention, and tertiary prevention associated with improved student behavior and academic outcomes (Kittelman et al., 2019). The primary approach to PBIS involves setting three to five core behavior expectations, developing a consistent way to respond to problem behavior; ongoing teaching and modeling of expectations; and reinforcement of behaviors using praise and issuing of tickets to be exchanged for activities or items in a classroom store (Cook et al., 2015). PBIS effectively decreases overall discipline, reduces racial inequality, and increases a sense of school safety (McIntosh et al., 2021). The success of the PBIS school-wide framework varies due to the fidelity and training of teachers, administration, and support staff. The schools that showed the most improvement implemented a series of four full-day pieces of training that centered around PBIS interventions, supports, and equity in discipline approaches. Schools that implemented the training showed significant improvements in school outcomes, including discipline and school climate (McIntosh et al., 2021).

Another approach adapted for schools over the years is Conscious Discipline. Dr. Becky Bailey founded Conscious Discipline as a transformational social-emotional learning and classroom management approach. This program is both trauma-informed and evidence-based. Dr. Bailey founded four critical components of the discipline brain model, which recognizes brain/body/mind states likely to produce specific behaviors. The seven powers for conscious adults shift how adults see conflict to maintain composure and consciously respond to complex tasks. Creating the school family increases connections between adults and children at all levels. Finally, the seven discipline skills transform issues into teachable moments equipping children with social-emotional communication skills (Bailey, 2021). One school researched in Indiana

went from an “F” rating in 2015–2016 to an “A” rating in 2016–2017. Conscious Discipline played a vital role in the faculty’s ability to unite and see students differently. This shift was essential in the school achieving dramatic changes in test scores and referral numbers. The school saw third-grade test scores increase from 64.6% to 75% in English, 49% to 51% in Math, fourth-grade test scores grew from 57.3% to 70% in English, and 36.8% to 62% in Math (Bailey, 2021). This program offers multiple training outlets, including DVDs, online tutorials, and professional trainers. This program requires buy-in from everyone who could meet the child.

More research into best practices and implementation is needed in order to better serve students. Integrating services within schools and infrastructure development will require the continuation of novel research methodologies and efforts to involve stakeholders in the development, refinement, and sustainability of prevention and intervention programs. Actions such as those described hold promise for creating solid practice and science partnerships that can enhance the quality of school-based services and promote the sustainability of those interventions that improve the lives of students (Domitrovich et al., 2010). Trauma-informed practices in schools should not just be another fad that will come and go. Due to the increasing levels of adversity students face, the need to provide an environment where students feel safe and empowered will continue to be tremendous (Thomas et al., 2019).

Table 1 (below) has been inserted into the text to give the reader a quick view of the three discussed programs. It allows the reader to see each program's central concept, the training required, and the success. These programs are similar in that they are geared toward increasing desired behaviors and require buy-in from the entire staff. They differ in the length of training and their success rates.

**Table 1***Trauma-Informed Approaches Discussed*

Program	Main Concept	Training	Success
Conscious Discipline	Consists of four key components the discipline brain model, which recognizes brain/body/mind states that are likely to produce certain behaviors The seven powers for conscious adults, creates a shift in the way adults see conflict so they can maintain composure and consciously response to difficult task. Creating the school family, increases connections between the adults and children at all levels. Finally, the seven skills of discipline, transforming issues into teachable moments equipping children with social-emotional communication skills (Bailey, 2021).		One school that submitted for research saw third grade test scores increase from 64.6% to 75% in English, 49% to 51% in Math, fourth grade test scores grew from 57.3% to 70% in English and 36.8% to 62% in math.
Leader In Me	Consist of 7 Habits that aim to provide support, structure, shared control, and social emotional skills.	Requires multiple years of training and implementation to be fully embedded in the school culture.	8 of 11 (73%) of Leader in Me school improved in reading proficiency since their baseline year. 7 of 11 (64%) of Leader in Me schools improved in math proficiency since their baseline year. 6 of 11 (55%) of Leader in Me schools improved in science proficiency since their baseline year.
PBIS	School-wide implementation. The goal is to meet the needs of students while creating a healthier school environment. PBIS aims to increase positive student behaviors by changing the way that teachers interact with students.		PBIS has been shown to be effective in reducing overall discipline, reducing racial inequality, and increasing a sense of school safety.

## **Training/Professional Development Needs**

Becoming a trauma-informed school requires buy-in from teachers, administration, and support staff. Adequate buy-in means that everyone in the school system needs training surrounding trauma and behavioral approaches. One standard method to introduce a comprehensive system initiative in schools is foundational professional development (FPD). An FPD is a comprehensive school training that orients all staff to a new initiative. The FPD aims to motivate staff toward implementing the new initiatives into their classroom practices and school policy. An FPD would provide an overview of the prevalence, implications, and supports for traumatized students concerning trauma-informed schools. Increasing knowledge surrounding trauma and trauma-informed approaches could increase the enthusiasm and motivation of teachers to try a new approach (McIntyre et al., 2019).

Child-teacher relationship training (CTRT) is another program that teaches basic play therapy techniques to teachers. CTRT empowers teachers to serve as change agents in the lives of their students. School counselors trained in CTRT can assist teachers in more effectively understanding and responding to students, allowing counselors to focus on students with more complex situations (Opiola et al., 2020). CTRT training requires two phases. Phase 1 includes 11 weeks of 30-min training sessions. The goal is to teach and supervise teachers in attitudes and skills. Teachers learn how to let the child lead; reflect on content, behavior, and feeling; set limits; facilitate choices; and provide encouragement to build self-esteem. Trauma information such as ACEs and attachment are woven into the training. Phase 2 requires another 11 weeks of training and one 45-min weekly class coaching session. Teachers are taught to engage in group reflection, linking and responding to limit-setting, and empowering choices (Opiola et al., 2020).

This type of extensive training appears to show promising results; however, it can be complicated to achieve in a public school setting due to the length of training.

### **The Success of Trauma-Informed Practices**

When considering implementing TIC in schools, it is essential to review research findings about the success of these programs. Promoting the approaches of trauma-sensitive schools has the vast potential to impact all students positively, whether they have a history of trauma or not. Children and adolescents can process and thrive through adverse experiences with proper support. Schools are one place where intervention can occur. Trauma-informed schools have cultivated lasting resilience linked to behavior improvements, fewer suspensions, fewer expulsions, and increased academic success. The National Association of School Psychologists pointed out that trauma-informed schools promote students' feelings of physical, social, and emotional safety; a shared understanding among staff about the impact of trauma on students; positive and culturally responsive discipline policies and practices; access to school mental and behavioral health services; and effective communication collaboration. Successful trauma-informed schools implement the following guiding principles: safety, trustworthiness, peer support, collaboration, empowerment, and consideration of culture. Trauma-informed schools are safe, more successful, and support stronger communities through crisis prevention.

Higher compassion satisfaction and secondary traumatic stress (STS), and lower burnout were associated with the perceived effectiveness of TIC. Older teachers, and those with lower compassion satisfaction and higher burnout, were more likely to report intentions to leave education. STS and the perceived effectiveness of TIC were not associated with turnover intent (Allison et al., 2019). While some explored programs practice comprehensive class strategies,

there is merit to pulling children and working with them in one-on-one settings. Barret et al. (2013) stated:

We are encouraged by preliminary findings indicating positive impacts for schools with connected mental health systems compared to other conditions in team functioning and decision making; receipt of services by students with elevated needs; reduced inequity in service receipt for children of color; and teacher-rated improvements in social, emotional, and behavioral functioning with academic impacts being explored. (p.15)

Seeing gains in mental health is encouraging for implementing TIC in schools.

When considering the success of trauma-informed practices, the barriers must be examined. One 2019 study cited lack of support from administration and teachers, competing teacher responsibilities, lack of engagement from parents, and stigma surrounding mental health concerns as limitations to the success of TIC (Thomas et al., 2019). Culture barriers and the staff's ability to identify symptoms and distinguish them from other learning challenges, such as cognitive and language delays, further complicate schools' challenges in successfully becoming trauma-informed. The identification process is where collaborative services become effective. The teachers and staff are the frontlines that observe symptoms, while the psychologists, therapists, and counselors diagnose and delineate these diagnoses. Overcoming barriers and becoming successful trauma-informed schools requires ongoing collaboration between administrators, teachers, parents, students, psychologists, therapists, and counselors.

Collaboration is key to creating safe and more accepting schools.

### **Community Mental Health's Role**

Bridging the gap between schools and community mental health is not an easy task to accomplish. For school systems to become trauma-informed, they may need support from their

community mental health partners. One obstacle the mental health community faces is the stigma attached to mental illness. Often, families do not seek out help due to the perceived stigma of treatment and diagnosis. This hesitancy to seek help can leave children with untreated mental health issues. Stigma can impede children's access to healthcare. Hesitation can also be felt by school systems attempting to function and teach children experiencing severe mental health issues. How a community perceives mental health could contribute to the number of services people seek. Partnering with a child's school may increase trust in the available mental health resources. Another obstacle communities face is that areas with higher trauma rates are often poverty-stricken and underserved.

Insurance does not always cover mental health services. For this reason, community mental health programs have become increasingly utilized. Collaborating with the school system could help offset the cost of treatment, therapy, and medication that may deter community members from seeking service.

Public health and community development interventions are two fields relevant to mental health services (Wells et al., 2004). It is needed to examine community mental health, understand its contribution to trauma-informed schools, and take a closer look at what community means in community mental health. Communities will be referred to as social groups with a collective identity or shared attitudes and experiences, whether social, cultural, political, occupational, or based on affiliation through geography, institutions, or communication channels. Mississippi, where this research took place, has implemented an extensive youth program to address public mental health. Mississippi has created Mississippi Youth Programs Around the Clock (MYPAC), a federally funded effort to examine community-based alternatives to residential treatment for youth with severe mental health needs (Young et al., 2008). The primary purpose of MYPAC is

to assist in treating children and youth with emotional disturbances without sending them to inpatient settings. Being removed from the home for treatment can create another level of trauma for the youth and families. MYPAC provides intensive treatment to families through therapy, access to doctors, and on-call teams 24 hr a day. MYPAC is a benefit for families that may not be able to afford treatment. MYPAC bills the Mississippi Division of Medicaid, making it affordable for most families. The families that receive services benefit from the therapist coming to their homes or the children's schools. Home and school interventions appear to help the state's therapists and social workers to intervene and recognize child abuse and other issues that could arise for families. Research has shown that the participants showed improvement individually and as a family system. The treatment has effectively kept the family unit intact and prevented residential care (Young et al., 2008).

### **Summary**

Since their onset, schools have been learning to maneuver student behavior. Meeting the needs of students is forever evolving. With the staggering increase in children experiencing trauma, schools need new approaches to handling behaviors. Implementing a trauma-informed approach in schools could positively impact schools, staff, and children. However, asking districts, schools, and staff to change their entire approach is no easy task. It is a significant undertaking that will require more research, programs, and evidence to increase graduation rates, produce healthier students, and contribute to a more satisfied staff with higher retention rates. More research should focus on how to implement programs and what these programs might mean for teacher training. This training can impact the college curriculum, district policies, handbooks, and professional development opportunities. This topic has many options to continue

to explore, with a vast profound impact on the lives of youth. The time is now. Implementing practices that can lead to healthier children and adults can have a direct effect on society.

### **Chapter Three: Method**

The current study was a qualitative case study documenting teachers, administration, and staff perceptions of TIC within a primary school setting. This approach was chosen because the aim of this study was to understand views, experiences, and perceptions. This study explored teacher, administration, and support staff's perception of preparedness to handle trauma in the school setting. A Title 1 school in Mississippi was used in this study.

The rise in traumatic incidents is a topic that has been continually increasing over the years. The existing research on this topic helped to guide the subject of this paper—becoming a trauma-informed school: teacher, administration, and support staff's perception of preparedness to handle trauma in the school setting. The problem is that schools and their team are unprepared to deal with mental health issues such as suicide and violence. Schools are often unequipped to deal with mental health crises. Limited mental health training impacts the school system's ability to address behaviors. Research has indicated that many teachers and other school staff have limited knowledge of children's mental health and are unprepared to support distressed students (Frauenholtz et al., 2017).

Support staff, teachers, and administration have limited training. Despite little training, school professionals remain in the middle of the battle with students' mental health needs, and violent behaviors continue to increase in the school setting. Teachers are expected to respond to a wide range of student needs and circumstances, despite receiving little in their degree programs and subsequent teacher education to properly equip them for such realities (Graham et al., 2011). In addition to being expected to be responsive to student needs and circumstances, school staff are often concerned about self-injuring students. Staff are willing to help these students, but they lack accurate information about self-injury and response. Research has cited that school

staff have requested school policies and additional education regarding the behavior (Berger et al., 2015). This could be due to a need for more training for all school staff in trauma, crisis, and responses. Recent studies have found that an overwhelming 93% of educators report a high level of concerns for student mental health needs, while 85% report they feel the need for further training in the mental health needs of students (Moon et al., 2017). Recognizing the need for training, policy, and implementation is only the beginning. With statistics as high as these, educators feel the pressure to keep up with increasing rates of trauma, mental health needs, and the subsequent behaviors these issues produce.

### **Design**

This research was a qualitative case study documenting perceptions among teachers, administration, and staff related to TIC within a primary school setting. This approach was chosen because this study attempted to understand views, experiences, and perceptions.

Specifically, a group case study approach was taken for this study. A group case study focuses on a particular group's families, friends, or coworkers. In this case, all people who participated are coworkers in the same school district. A case study allowed for in-depth information to be obtained on how one school district is impacted by trauma and mental health crisis. The school district was chosen based on meeting the criteria of a Title 1 school, with 100% free meals, and the school's recent pleas to have more mental health professionals housed within the setting. However, it should be noted that more research on a broader population would need to be conducted to understand the issue on a more comprehensive level.

### **Research Question(s)**

This study explored one overarching research question: Does teacher, administration, and support staff's perception of trauma and trauma-informed practices impact behaviors in the

school setting? While answering this research question, this study aimed to answer the following subcategories of research questions:

1. **RQ 1.** What perception do teachers, administration, and support staff hold regarding a trauma-informed approach?
2. **RQ 2.** Do the teachers, administration, and support staff perceive themselves capable of working with students who have a history of trauma?
3. **RQ 3.** Do the teachers, administration, and support staff perceive their culture as being receptive to becoming trauma-informed?

### **Setting**

The research took place in a Title 1 school district. Title 1 school districts must meet specific state standards. Title 1 funds may be used for children from preschool through Grade 12. Local education agencies target the Title I funds they receive to public schools with the highest poverty rates. Public schools with poverty rates of at least 40% may use Title I funds and other federal, state, and local funds to operate a schoolwide program to upgrade the entire educational program (MDEK12). This school district is in a rural county in Mississippi and meets the state requirements of at least 40% living below the poverty line. This district contains nine schools, and approximately 4,000 students are enrolled. The district's minority enrollment is 100%. Also, 74.7% of students are economically disadvantaged. The district houses multiple headstart Pre-K programs, Grades K–12, and numerous community-based classrooms. For the confidentiality of participants, the exact name of the district is being withheld. This allowed participants to feel freer to speak and share their experiences. Participants were assigned pseudonyms consisting of P (participant) and numbers 1–10.

## Participants

In selecting participants, several qualifiers had to be met. Participants had to be 18 years of age or older. Participants had to be employed in a public school setting. The study includes teachers, administration, and support staff (counselors, behavior specialists, academic coaches, etc.). Table 2 (below) has been inserted into the text to give the reader a quick view of the used participants and descriptions. It allows readers to see each participant's gender, role in the school system, and education level. These participants are similar in many ways but differ in their roles and levels of education. Each participant was given a code name to protect their confidentiality. Each was given a letter P (participant) and a number 1–10. Columns reflect this participant code. Row 1 consists of the participants' gender (M – male; F – female). Row 2 states their current role in the school system, with some participants having had numerous roles throughout their career. Row 3 indicates their current level of education. However, it is worth noting that some participants were currently enrolled in either a master's, specialist, or doctoral program at the time of the study.

**Table 2**

*Participant Descriptions*

	P1	P2	P3	P4	P5	P6	P7	P8	P9	P10
Gender	F	M	F	F	F	F	F	F	F	F
Role	Teacher	Counselor	Administration	Teacher	Teacher	Librarian	Teacher	Teacher	Teacher	Teacher
Education	B	M	M	M	B	B	B	B	B	B

## Procedures

An open-ended questionnaire was distributed to employees willing to participate. All employees were able to complete the open-ended questionnaire on paper or via an online format. Participants were then asked to participate in a brief interview. All interviews were kept

confidential. The interview was designed to allow for open conversations surrounding trauma identification and responses. It also explored perceptions of their ability to handle trauma in the classroom. Once all open-ended questionnaires were returned, they were reviewed for themes and perceptions. Interviews were also transcribed verbatim and reviewed for themes.

### **My Role as Researcher**

The interview process utilized open-ended questions that allowed individuals to share their experiences with trauma in the classroom. I was responsible for selecting the topic, researching, and creating the open-ended questionnaire, and conducting interviews. I remained an active participant, reviewing each interview and transcribing answers.

I work in a school system as a behavioral therapist and am therefore invested in the outcome of this study. I am committed to public school systems and their success. I am also committed to assisting school staff's knowledge of trauma and ability to help children with trauma backgrounds. A bias could exist in that I know some of the strategies that are currently in place in school systems and am aware of areas that could be improved.

### **Data Collection**

Once approval from both IRB and the school district were granted, the data collection process began. The consent forms and open-ended questionnaires were distributed to the district's teachers, administration, and support staff. The employees were asked to participate voluntarily and were not compensated or penalized.

### **Questionnaires**

An open-ended questionnaire was created to use before interviews were conducted. The questions were as follows:

1. How familiar do you believe you are with childhood trauma?

2. What training, if any, in trauma-informed approaches do you have?
3. What courses/training have you taken or participated in that you believe helped you to engage childhood trauma in the school setting?
4. What has been your experience with implementing new behavior strategies?
5. What behaviors do you believe may be contributed to a trauma response (e.g., yelling, screaming, good manners, people-pleasing, etc.)?
6. Do you, or have you, had children in your school that exhibit trauma responses?
7. What strategies (e.g., seat changes, rewards, etc.) do you perceive beneficial when working with upset children?
8. What has been your experience with the use of behavior restraints?
9. Have you had a personal experience being in a class where the room had to be cleared out due to children's behavior?
10. Have you been scared for a classroom's safety due to a child's behavior in the school setting?
11. What do you perceive as your role in identifying and working with trauma behaviors?
12. Is there anything else about trauma, crisis, and responses you would like to share?
13. What is your role in the school system?

Questions 1–3 were created to gain an understanding of how much training each person had in trauma-informed approaches. Questions 4–6 were geared toward understanding the personal experience of each participant. Questions 7–8 were used to understand what strategies the participant currently utilizes. Questions 9–12 were used to gain insight into classroom experiences and emotions. Question 13 was needed to finalize the person's role in the school system. Once the questionnaire was complete, a time was scheduled to conduct the interview.

## Interviews

The interviews centered on trauma identification, techniques, and perceived ability to address trauma-related behaviors. During the interview, four open-ended questions guided the conversation. Open-ended questions allowed for individual experiences to emerge. The questions that were used to guide the conversation are as follows:

- What do you perceive as your role in identifying and working with trauma/behavioral needs?
- What have you experienced in terms of trauma and behavioral needs on the school campus?
- What context or situations have influenced your experience of working with trauma needs on school campuses?
- What emotions have you personally experienced working with behavior issues?

I kept field notes, a reflection log, and a memo to stay consistent with qualitative research procedures. Field notes were used to note the time, setting, location, and any behaviors that stood out. I used the reflection log to record thoughts, feelings, and actions while analyzing data. The memo log consisted of my thought process in coding themes and the codes that were assigned.

## Data Analysis

Written responses were reviewed before the oral interview was conducted. The oral interviews were then transcribed verbatim. The interview transcriptions allowed me to explore the data for themes. Themes are essential to identify other areas of needed research and enabled this study to take shape. Part of the transcription process included statements being analyzed. Researchers will go through and highlight significant statements or quotes (Creswell & Poth, 2018, p. 76). The highlighted statements and quotes were then compared to see if they shared

similarities. The differences were also crucial to this study. During this process, I used a comparative method of analysis. Words, phrases, feelings, and events were analyzed and given an initial open code. Open codes were then grouped into similar themes that were relevant to this study. This process allows for a cluster of themes to emerge. The themes are then used to describe what the individuals experience, and they are then used to present findings in written form.

The open-ended questions were reread, the audio recordings were replayed, and the data were recoded and compared a minimum of five times to ensure consistency. Several codes occurred more than once or were duplicates. These duplicates were further examined, merged, or isolated.

### **Trustworthiness**

A study must demonstrate trustworthiness and validity in order to achieve peer review. An investigation must be rooted in facts and statistics, not merely the researcher's opinion. Removing researcher bias and ensuring the validity of a study is daunting. This paper attempted to achieve the utmost trustworthiness and validity. Several steps were taken to achieve trustworthiness. Review and transcription are ways in which the researcher and transcribers can begin to assure the study's validity.

Like transcription, audio recordings were reviewed multiple times, cross-referenced with themes, and summarized in a written format. These steps ensured accuracy in the summary and the themes (Groenewald, 2004). Part of the process of transcribing recordings and sessions is the use of memorization. This occurs when the researcher writes down ideas as the data are collected and analyzed. The researcher then sketches out the flow of the process, which becomes part of developing the theory. The ideas formulate the process that the researcher is seeing (Creswell &

Poth, 2018, p. 84). To further address the study's validity, other members performed a check to ensure no bias was present.

### **Credibility**

Credibility refers to the extent to which the findings accurately describe reality.

Credibility depends on the richness of the information gathered and on the analytical abilities of the researcher. As the researcher, it was important that I remained open-minded and listened to what participants were saying. I used direct quotes and detailed descriptions to ensure that participants were accurately described.

### **Dependability and Conformability**

Dependability is a measure of reliability. To increase reliability, the researcher must ensure that the process is documented, logical, and traceable (Bloomberg & Volpe, 2022, p. 317). As the researcher, I carefully documented all the data that I collected. I also documented all the procedures that were used in analyzing data. Confirmability is “concerned with establishing that the researcher’s findings and interpretations are clearly derived from the data” (Bloomberg & Volpe, 2022, p. 313). This includes my ability to explain how conclusions were reached. Confirmability can be achieved through the ability to accurately capture participants’ experiences.

### **Transferability**

Transferability refers to the concept that findings in this setting might be applicable to other settings. I attempted to present participants and setting demographics in a way that would allow readers to determine if the population and experiences translate to other populations.

### **Ethical Considerations**

This study aimed to uphold high ethical standards. The safety and protection of all participants were considered throughout every stage of the process. Discussing trauma can trigger individuals to approach the topic with the utmost sensitivity and safety. Participants were given a detailed informed consent explaining the entire process. Protecting the identity of participants was a high priority. All interviews will remain confidential. All participants were informed of my role in the school district and the study. They could choose to participate and could withdraw at any time. All necessary procedures for the Institutional Review Board (IRB) were implemented, followed, and reviewed to ensure the best ethical practices.

### **Summary**

Trauma in early childhood is increasing at an alarming rate. While research is being conducted to inform professionals of its occurrence and significance, there is still a need to explore the role of a school system in responding to and treating trauma. Through this study, I aimed to better understand the school's systems employee's perspective on the crisis and what is needed to effectively respond to crisis and mental health issues in the school setting.

## Chapter Four: Findings

The purpose of the study was to explore a trauma-informed approach in schools and discover how prepared teachers, administration, and support staff feel to work with trauma and crisis in the school setting.

### Participants

In selecting participants, a few qualifiers had to be met. Participants had to be 18 years of age or older. Participants had to be employed in the approved districts school setting. The study included teachers, administration, and support staff (counselors, behavior specialists, academic coaches, etc.). These qualifiers constricted the study to actual public school district employees. As a systemic therapist, I was interested in how various job roles view trauma in the school system. Each person who interacts with a student can have a positive impact on the student or a potentially negative one that can cause a ripple effect in the classroom. To protect their confidentiality, participants were given a code P (participant) with an assigned number 1–10 (e.g., see Table 2).

*P1.* P1 is a licensed female teacher in her second year of teaching. P1 has a bachelor's degree in Early Childhood Education. P1 shared she often feels unprepared or “thrown into” situations surrounding trauma and behaviors in the school setting. She has found that forming relationships helps her address students' needs best. She stated that she felt that she needed formal training in trauma-informed approaches. She works with multiple children each year with a history of trauma and feels unprepared to help them.

*P2.* P2 is a male licensed school counselor in his third year as a school counselor. P2 holds a master's degree in School Counseling. P2 shared that he often feels pressure to offer teachers a “quick fix.” He knows that when working with trauma histories and trauma responses,

a quick fix does not exist. He encounters trauma responses weekly, sometimes daily, in his role. He often feels unprepared for the best way to approach students. He wishes there was more formal training for school staff on trauma-informed approaches.

*P3.* P3 is a licensed female teacher with 7 years of experience. P3 has also completed a master's degree in School Administration. P3 serves in administration. P3 feels that trust and relationships are the essential tools that she possesses. She often feels frustrated because she cannot find a way to help her students. She stated that teachers need more training in recognizing and responding to trauma in a way that does not worsen the situation.

*P4.* P4 is a licensed female teacher with 5 years of experience. P4 is also enrolled in a master's program for School Counseling. She feels more prepared now in a counseling program than in previous years with only her educational background. She finds that she is more understanding of situations. She has learned that students need an outlet to express their feelings. She hopes to learn more moving forward.

*P5.* P5 is a female teacher with 1 year of experience in the school setting. P5 holds a bachelor's degree in Psychology. P5 also has multiple years of experience working with children with varying degrees of physical and cognitive disabilities. She sees children with a trauma history or exhibiting trauma responses at her school site daily. She states that she knows there is not one way to process trauma, and children need an outlet.

*P6.* P6 is a female licensed teacher and librarian. P6 has served as a teacher in a behavior class in the past. She previously thought that she was good at working with and identifying trauma based on her experiences in a behavior class. She stated that since Coronavirus (COVID) lockdown, she no longer feels like she knows anything. However, she stated that she knows how

powerful her reactivity is in impacting children. She believes that adults' responses can make the children's behavior and responses worse.

*P7.* P7 is a licensed female teacher who also holds a special education (SPED) endorsement. She has been teaching in a SPED classroom for the last 5 years. P7 feels comfortable recognizing trauma responses as she has learned from her own trauma and therapy. She spends a lot of her time figuring out what is triggering the child, getting to the root and finding interventions that work. She does have training in CPI restraints but only uses them as a last resort, as they can be triggering for students and staff. She wishes that more training was available for staff and parents.

*P8.* P8 is a licensed female teacher. She earned her teaching degree through an alternate route program, not a specific elementary education program. It required her to take a few "quick" courses that did not include child psychology in addition to her original degree. She often feels thrown into situations with no formal training.

*P9.* P9 is a female licensed elementary education teacher with additional endorsements in music. This allows her to teach music education and places her in a unique position to work with every child within the school once a week. She does have training in Conscious Discipline and LIM. She feels that these programs have influenced how she interacts with children.

*P10.* P10 is a female teacher licensed in elementary education. She has been working in a Title 1 school for 6 years. She stated that what she has learned about working with children who present with trauma histories and trauma responses has come from personal experiences she has encountered in the classroom. She has learned to watch her tone, pick her battles, and allow the children a safe place to de-escalate.

## **Results**

The focus of this study was teacher, administration, and support staff's perception of preparedness to handle trauma in the school setting. Public school systems have a duty to provide an education to all children. They also have the responsibility of educating children in a safe environment that meets the needs of each student. Teachers' experiences, perceptions, and training to work with trauma are often overlooked aspects of the public school system. Ten public school employees participated in an open-ended questionnaire and an interview for this study. Questionnaires and interviews were then transcribed for themes.

### **Theme Development**

Interpreting data is vital in allowing researchers to analyze, summarize data, and answer research questions. Written responses to the open-ended questionnaire were reviewed before the oral interview was conducted. The purpose of the open-ended questionnaire was to establish a baseline and structure for the research. The oral interviews were conducted and then transcribed verbatim. While software can assist in this process, I personally transcribed each interview to understand the data better. The transcribed interviews allowed me to explore the data for themes. Themes are essential to identifying other areas of needed research and enabled this study to take shape. Part of the transcription process included the analysis of statements. Researchers go through and highlight significant statements or quotes (Creswell & Poth, 2018, p. 76). The highlighted statements and quotes will then be compared to see if they share similarities. During this process, I used a comparative method of analysis. Words, phrases, feelings, and events were analyzed and given an initial open code. Open codes were then grouped into similar themes that were relevant to this study. This process allows for a cluster of themes to emerge. The themes are

then used to describe what the individuals experience, and then used to present findings in written form.

The open-ended questions were reread, the audio recordings were replayed, and the data were recoded and compared a minimum of five times to ensure consistency. Several codes occurred more than once or were duplicates. These duplicates were further examined, merged, or isolated.

**Table 3**

*Superordinate Themes 1–5, Subthemes, and Number of Participants*

Superordinate Themes	Subthemes	Number of Participants
1. Relationships		10
	Students	5
	Parents	5
	Admin	3
	Staff	2
	Community	3
2. Trauma		10
	Personal	5
	Secondary	5
	Burnout	8
	Emotions	9

Superordinate Themes	Subthemes	Number of Participants
3. Preparedness		10
	Education	4
	Recognize	7
	Intervene	2
	Refer	10
	Training	10
4. Perception		5
	Ability	10
	Positive	7
	Negative	10
5. COVID		5

### **Relationships**

Relationships emerged as a theme in both the open-ended questionnaire and interviews. Relationships was a superordinate theme that was further broken down into subthemes of relationships, including students, parents, administration, staff, and community. One example comes from Participant P3; in response to what influences how she works with children with trauma backgrounds, she stated, “Building relationships with them if I don’t have that I can’t teach them. For kids with current or past trauma, I have got to establish trust with them.”

Relationships as a theme referred to more than just student and staff relationships. Relationships mentioned included parental engagement with the school, parent–child, and parent/teacher relationships. Participant P7 stated,

Having the parents understand how it (trauma) could affect children and having their buy-in also could help at the school level. I often hear they don't do that at home, or they don't do whatever, but it is because of expectations at home and school, and so then we are blamed for behaviors.

Also worth noting is the theme of relationships between administration and staff. Participants felt that supportive relationships with administration and colleagues helped them have better relationships with their students. Better relationships across the board helped meet the needs of students with a trauma history or trauma responses.

## **Trauma**

Trauma was another superordinate theme that arose during the data analysis process. Trauma was further broken down into subthemes, including personal and secondary trauma. Secondary trauma was further broken down into burnout and emotions and will be discussed in further detail.

Half of the 10 participants noted on the questionnaires or during their interview that their personal trauma impacts how they view, interact, and respond to trauma. Personal trauma was cited as a reason to be more empathetic to children. Participant P8 stated, “Having trauma myself in childhood, I am more empathetic and not a disciplinarian. I do recognize they need more attention and affection.” It was acknowledged that the personal trauma of staff could also be triggered by students' outbursts, hearing students' trauma history, and the administration's responses in addressing behaviors. Participant P7 stated,

Depending on the student and or situation, it can be triggering like for my trauma. It can be overwhelming, and I don't want to say scared, but just a lot to deal with sometimes.

Especially when you are the one being targeted with the aggressive behavior.

Personal trauma has motivated participants to learn about TIC and responses. Participant P8's questionnaire indicated that despite having no training in trauma-informed approaches, she "bases responses off her experiences of what would or would not have worked with her." Her responses suggested that she investigates alternative approaches such as "calming environments and locating a trusted person for the student to speak with."

Secondary trauma was a subtheme that emerged during both the questionnaire and interview process. It was broken down into two reoccurring themes: burnout and emotions. Secondary trauma is emotional distress that can develop in helping professionals when they hear about the experiences of those they care for. This includes individuals working in school systems and the children and families with whom they work. Burnout and high emotions were cited among participants noting secondary trauma.

### **Preparedness**

Preparedness arose as a superordinate theme in the data analysis process of this study. While analyzing data and the preparedness category, the subthemes of education level, recognition, intervening, refereeing, and training emerged.

Education level appears to have a significant impact on preparedness. Out of the participants, those with a master's degree or higher seemed to understand trauma better. Participant P3, currently in her school counseling program, stated, "The studies in my classes now I do have [*sic*] a broader understanding than I had said going into education without it." Further education and classes have left her "better able to recognize, understand, and empathize

with trauma.” While they did not note that they felt any better prepared to handle behaviors, when asked about feeling prepared to address trauma responses, Participant P2, this year’s school counselor, stated,

I don’t honestly, a lot of times it’s just my office providing a safe space for a student if they have a moment where they are really upset, mad, sad, whatever it may sometimes be it is just five minutes in my office to kind of cool down until they are ready to go back to class or they are ready to go on the bus whatever it might be.

All 10 participants who possessed a bachelor's or master’s degree would like more training on how to be prepared for and approach students with trauma history in a way that is not triggering to the students.

Recognition of trauma and trauma responses arose as a subtheme. Participants were unsure if they would be able to recognize trauma in a child. Participant P2, when discussing identifying trauma, stated, “I would think that I need training to really pinpoint. I think that I could probably spot something, but I couldn’t really tell you that it is trauma-specific without training. Maybe something just feels off.”

Intervening and training in trauma responses and with behaviors arose as a subtheme. Ten out of the 10 participants felt unprepared to appropriately respond to behaviors that may stem from trauma. All participants felt that they lacked formal, consistent training. Nine out of the 10 participants have worried about the safety of themselves or students at some point and felt unsure how to respond. Five of the nine participants indicated they had been scared for their safety, or stated that students throwing objects, yelling, and having extreme outbursts contributed to their fear. Participant P3 noted that she is often “uncertain what their next move will be, how to respond, or when to call for help.”

Referring out students who present with trauma behaviors was another subtheme that arose under preparedness. Participants noted they were often uncertain when a behavior that may stem from trauma could be classroom-managed and when to refer the student for more interventions. Worth noting was the concern over paperwork that came along with seeking assistance for help with trauma behaviors.

School staff are in a unique position where children spend more time with them than at home. This places staff in a position where they may be the first to notice a change in behaviors or spot potential trauma or abuse. However, based on the questionnaires and interviews conducted, this is a position staff do not feel prepared for. Participant P9 stated that this is “not a role she is comfortable with.” Participant P8 noted that “teachers aren’t aware of what they are getting into.”

### **Perception**

Perception arose as a superordinate theme in data analysis. Perception was broken down into three subthemes—perceived abilities of self, and positive perception of TIC, and negative perception of TIC. Ten out of the 10 participants were unconfident in their ability to interact with trauma and respond to behaviors. They did not feel they were prepared to address the behaviors they saw in the classroom.

Negative perception arose as a subtheme. Ten out of the 10 participants were uncertain that school cultures would perceive TIC as an acceptable approach. Multiple participants stated that they were unsure how it would be perceived but mentioned negative connotations associated with TIC. Staff were skeptical, felt it ignored behavior, and favored discipline, though it gave children an excuse. Participant P7 stated, “I think some teachers would probably look at it as this is just an excuse. We talk about kids getting sent to the office, and they just come back with a

lollipop.” Participants thought that trauma-informed approaches took too much time and would create even more paperwork. Participant P3 indicated on the questionnaire that, in her experience, trauma-informed practices “might work some in the beginning. It’s just too hard to keep up with overtime.” Participant P8 indicated that “it feels like removing and rewarding students, which is frustrating to teachers.” This perception may be due to the noted lack of understanding and training. Even participants who indicated personal trauma, knowledge of trauma, and an interest in learning trauma-informed approaches expressed that they are concerned that trauma-informed practices reward destructive behaviors and ignore discipline. This incongruity in perception indicates a challenge that trauma-informed practices would need to overcome. To quote Participant P1, “I think a lot of people are skeptical, and they want to see it before it happens.”

Seven out of the 10 participants also held positive views or expectations of TIC.

Participant P2 stated,

I think it would be a benefit for myself and other teachers to receive that kind of training so that we know how to better respond to trauma and our children. So that we can help them in the long run.

## **COVID**

Due to the timing of this study, COVID was another theme that emerged. Every questionnaire and interview had at least one mention of COVID. COVID and the necessary educational shifts have made identifying and interacting with trauma responses more difficult. Students have been partially online, and those in person appear to exhibit more trauma responses.

Participant P1 stated,

Pre/before COVID and post, you can see many changes. Like I didn't realize how much, but from when I worked before, it seemed like everything was smooth sailing, and you come back, and you have more kids hungry, more kids not knowing how to regulate their emotions, not knowing how to tell you they are sad, happy, or they are mad.

COVID was cited as changing behaviors and limiting ways to interact with children. It appears that COVID lockdown itself has been a traumatic experience for both students and staff in school systems. Participant P6 stated, "I before COVID thought I knew a little about trauma and working at an alternative school and doing my research, but now I feel like I don't know anything. That it is all out the window."

COVID was blamed for prolonged exposure to potentially traumatic home situations. COVID also was cited as making it more challenging to conduct home visits and provide families with resources such as mental health services and classes to assist with trauma.

### **Research Question Responses**

This study set out to answer four main research questions. An open-ended questionnaire and semistructured interviews were used to accomplish this goal. An in-depth look at each research question will follow.

#### ***Overarching Question***

Does teacher, faculty, and administration's perception of trauma and trauma-informed practices impact behaviors in the primary school setting?

This question was addressed in the theme of perception that arose during data analysis. Teachers and support staff indicated that they believe that if the administration values a concept, they provide training in this area and help reiterate concepts.

**RQ 1.** What perception do teachers, administration, and support staff hold regarding a trauma-informed approach?

The perception theme that arose in data analysis also addressed these research questions. Based on questionnaires and interviews, teachers, administration, and support staff are skeptical of trauma-informed approaches. They indicated that these approaches took too long. They also indicated that they would want to see success from these approaches before using them.

**RQ 2.** Do the schools' teachers, administration, and support staff perceive themselves as capable of working with students who have a history of trauma?

Teachers, administration, and support staff indicated they could work with students with trauma history. However, they did not feel prepared to work with them in a manner that would not further trigger the child. They also did not feel ready to talk about or respond to trauma responses.

**RQ 3.** Do the schools' teachers, administration, and support staff perceive their culture as being receptive to becoming trauma-informed?

The participants in this study did not believe that the culture in which they work is currently receptive to becoming trauma-informed. Participants felt that staff would see trauma-informed approaches as a way of avoiding discipline.

### **Summary**

Trauma rates continue to rise, leading to an increase in undesired behaviors in the school system. Schools are uniquely positioned to identify and work with children who have experienced trauma. However, schools are often restricted by discipline policies. Teachers, administration, and support staff often feel unprepared to handle trauma responses, and attempts to do so could escalate behaviors. Teachers feel unprepared, unsupported, and overwhelmed. An

approach to address undesired behaviors born out of a traumatic experience is needed. The purpose of this study was to identify and explore teacher, administration, and support staff's perceived ability to handle a trauma-informed crisis. This study highlights the need for formal training on trauma-informed approaches if schools hope to change their culture. If the administration, teachers, and support staff have not bought into the concept, it would be hard to implement in a manner that impacts real change within the system.

## **Chapter Five: Conclusions**

Trauma is a topic that has been increasing in prevalence and intensity over time. Trauma and its impacts are felt in numerous systems of a person's life. Schools are one environment in which trauma can set children apart from others, which is why schools are uniquely positioned to identify and work with trauma experiences and effects. Children spend most of their time in the school setting. However, most school employees have little to no training on recognizing trauma and its impact on behavior.

Behaviors, discipline, and trauma responses are often cited as reasons why teachers leave the field. Disgruntled parents, violence, flipped-over desks and chairs, and defaced classrooms can lead to burnout and decreased job satisfaction for teachers in the school system. School administrators often feel their hands are tied and are met with disgruntled parents attempting to get support over behavior concerns. This study explored one overarching research question: Do teacher, administration, and support staff's perceptions of trauma and trauma-informed practices impact behaviors in the school setting? Ten participants took part in this study.

This chapter will summarize and discuss the findings compared to previous research on TIC in the school setting. Implications of the study will then be provided along with limitations, delimitations, and suggestions for future research. The chapter will end with a summary of the study.

### **Summary of Findings**

The focus of this study was to explore if teacher, administration, and support staff's perception of trauma and trauma-informed practices impact behaviors in the school setting. The study hoped to provide teacher, administration, and support staff's unique perspectives and circumstances and textural and structural descriptions of their experiences to better understand

the participants' lived experiences in the public school setting. This section will summarize how each of the four research questions was addressed by the study's results.

### **Overarching Question**

Does teacher, faculty, and administration's perception of trauma and trauma-informed practices impact behaviors in the primary school setting?

The participants in the study indicated that the perception of administration, teachers, and faculty impact behaviors in the primary school setting. Participant P2 stated,

If you have an administration that treats it like it's no big deal or brushes it aside or acts like teachers or students are just overreacting, then the staff will reflect the same feeling and the opposite: If the administration takes trauma-informed approaches seriously, then the teachers will. Referring to approaches occasionally and at meetings might help to reflect that it is valued.

Participant P1 stated,

If they know you support it (trauma-informed approaches). They know the administration and other teachers are doing it as well, and we as a whole school must make that choice. Do we go along with it? They are setting the example, so typically, we follow the examples that are set before us.

### ***RQ 1***

What perception do teachers, administration, and support staff hold regarding a trauma-informed approach?

Perceptions indicate how people observe and experience things around them. In this study, the participants' perception was one of skepticism. Participant P1 stated, "I think a lot of people are skeptical." Participant P3 shared, "If the teacher doesn't have any background or

understand why the administration or counselors have the perspective they have, then they are probably going to look at it as nothing is happening or we aren't making any progress.

Participant P4 stated,

I think some teachers would probably look at it as this is just an excuse. You know we talk about kids getting sent to the office, and they just come back with a lollipop, so I feel like some teachers would just see it as just another excuse for kids to get away with x, y, z.

### ***RQ 2***

Do the schools' teachers, administration, and support staff perceive themselves as capable of working with students who have a history of trauma?

The answer to this question was a resounding "no." The participants felt that they lacked formal training regarding trauma. They thought that they could identify red flags or trauma responses but felt unprepared to handle them in the class. Only one of the participants indicated that they had training in trauma-informed practices. Participants said that they feel unprepared, overwhelmed, and unsupported.

### ***RQ 3***

Do the schools' teachers, administration, and support staff perceive their culture as being receptive to becoming trauma-informed?

The answer to this question was also "no." The participants in this study indicated that they thought it would be a slow process. Their responses revealed that about half of respondents perceived their culture as being receptive to becoming trauma-informed and half did not.

Participant P4 stated,

I would hope that they would. I think that it would be a benefit that everyone could have in their toolbox. That they could think about the counselor-to-student ratio. The people in the classroom don't always have a way to help or someone available to assist, so everyone needs something that they could use until they could get them further assistance in that room.

People, in general, are apprehensive about changing if they are told to try new strategies they have not tried before; they might be apprehensive because they might think, "This is the way I have always done something. Why do I need to change it?" It would take more buy-in because some people who do not have the experience or understanding feel the child needs discipline or repercussion for their actions rather than empathy and addressing the root of the problem.

### **Discussion**

Five superordinate themes emerged from the research describing the experiences and perceptions of 10 employees in a public school setting who continue to show up, dedicate their time to education, and persevere through the many challenges school systems face.

#### **Superordinate Theme 1. Relationships**

Relationships was a superordinate theme that arose during data analysis. Four relationship types emerged under this theme as subthemes. The relationships mentioned were teacher–student, admin–staff, parent–school, and parent–child. Participants expressed that childhood trauma impacts each of these relationships. Participants expressed needing training and resources that interact with each relationship and interaction for a child.

Research has supported the concept that a history of childhood trauma impacts all relationships. Children with trauma or adversity in early childhood create blueprints of

interactions with adults that embed caution and contain expectations of adverse outcomes, provoking more combative responses (Tiecher et al., 2003).

Participants stated they must build trust, especially with children with trauma history. Participants also expressed that they have found they must establish good relationships with the children entering the school doors. Research has supported this finding, stating that relationships are necessary for effective instruction, classroom management, and the promotion of student success (Kearns & Hart, 2017).

### **Superordinate Theme 2. Trauma**

Personal trauma is the second superordinate theme that arose during data analysis. Participants in this study noted that emotional trauma was two-fold. On the one hand, having a history of trauma allowed them to be more empathetic and understanding of the child. They could “be who they needed when they were younger.” Conversely, they were either less likely to issue consequences/discipline, or they were reactive and triggered by the child’s trauma history and behaviors. Regardless of how participants viewed the influence of trauma on interactions, they admitted that it had power over them and their interactions in the school system.

Five participants also indicated that they had experienced vicarious trauma. Vicarious or secondary trauma is the emotional duress that results when an individual hears about the first-hand trauma experiences of another person (Motta, 2012). Research has supported that personal trauma ties into superordinate Theme 1, relationships. The “toll it takes,” also recognized as secondary trauma, is a product of the teacher–student relationship that serves as the foundation for teaching (Crosby, 2015).

### **Superordinate Theme 3. Preparedness**

Preparedness is the fourth superordinate theme that arose during data analysis. While participants in the study had different roles in the school system, they indicated that they were unclear or uncomfortable having a role in identifying trauma. Participants did not feel prepared to handle trauma in the school setting. Participants did not feel ready to address behavior issues that stem from trauma or to talk about trauma with the children. All 10 participants indicated they thought they could spot “red flags,” notice a significant change in behaviors, and seek assistance from school mental health professionals.

“Teachers respond to trauma almost every day in their classrooms” (Tehrani, 2007,p.30), yet schools have historically placed mental health concerns in the hands of school counselors and social workers for students without providing commensurate resources for teachers. This general tendency neglects to recognize that teachers are often the first outside family members to learn about student trauma and feel its effects (Atkins & Rodger, 2016). Research would support the participants in their feeling of “unpreparedness.”

Education level is the third superordinate theme that arose during data analysis. Participants with a master’s, specialist, or doctoral degree indicated that they perceived themselves as more capable of understanding and interacting with trauma in the school system than those with a bachelor’s degree. Specialized psychology courses were cited as a reason why. However, participants still indicated that despite understanding more about trauma, they would like more formal and practical training teaching trauma-informed practices. Participants said that they would like to know what they “should do.” Most of what they apply and use has been from trial and error.

#### **Superordinate Theme 4. Perception**

Perception is the fifth superordinate theme that arose during data analysis. Participants expressed different views or perceptions of their role in identifying and working with trauma. The theme of perception provided profound insight into how participants viewed trauma-informed approaches. Participants' perceptions ranged from valuing trauma-informed practices and appreciating the need for trauma-informed approaches to thinking that it negated behaviors, took too long, or rewarded children's destructive behaviors. Overall, participants' perception of trauma-informed approaches in the school setting was "skeptical." A negative perception may influence teacher, administration, and support staff's willingness to attempt trauma-informed approaches and potentially color their view of the practices.

#### **Superordinate Theme 5. COVID**

COVID was a surprising theme that I was not expecting. All participants mentioned the COVID pandemic in their interviews. The participants felt that trauma work, trauma behaviors, and occurrences have not only increased since the pandemic, but they feel even less prepared to handle them. The COVID pandemic also made it more difficult for all the systems in a student's life to interact. Virtually learning with no internet, working parents, and limited resources proved to be a traumatic experience in and of itself.

#### **Implications**

This case study has both empirical and practical implications for professionals working in the public school system, parents/guardians, and students. This study's findings described how public school teachers, administration, and support staff view their abilities to identify and respond to trauma in children. While school personnel had a heart for children and wanted to influence the students with whom they interacted positively, they noted a lack of specific

training. They worried that they further traumatize students based on the behavior interventions they know. Results from this study can support documenting the resources for public school systems to provide additional training and services for families. The results emphasize the need to better support mental health in the school system and equip staff to interact with increasing trauma rates.

### **Theoretical**

Maslow's hierarchy of needs provided a theory for exploring teachers, administration, and support staff's perception of preparedness to handle trauma in the school setting. Findings from this study support Maslow's hierarchy. Participants noted that some red flags that seem to indicate trauma are hoarding food and stealing snacks. They noted that children may not always know how to say they are hungry. Therefore, they may act out or have a tantrum. Once the child gets a snack or a meal, they tend to calm down. This aligns with Maslow's theory that needs must be met for learning to occur.

Attachment theory aligns with the findings of this study. Attachment theory was also used to understand and explore teacher, administration, and support staff's perception of preparedness to handle trauma in the school setting. Participants noted that relationships are at the heart of learning. They stated that they were unable to teach children, especially those who present with trauma histories, without trust and relationships.

Family systems theory was also utilized to understand better teachers, administration, and support staff's perception of preparedness to handle trauma in the school setting. Family systems align with the current study. What impacts one person impacts them all. When students come to school with a trauma background, they cannot set aside what has occurred at home. It sticks with them, and the way that they process, in turn, impacts everyone with whom they interact. The

same can be said for teachers, administration, and support staff. When they are unaware of their trauma or react to situations, they also create a cycle.

### **Practical**

This study has identified that public school systems teachers, administration, and support staff lack training in trauma and would like to see training occur. This study has several practical implications for those in the school setting and education programs. Participants indicated that they wished they had a toolbox of approaches to behaviors to pull from. They also showed that they wanted to know how to deescalate and intervene in ways that did not further traumatize the children with whom they work.

Outside resources are another functional area supported by this study. School systems need more access to external resources to which staff can refer students and utilize themselves if they are experiencing secondary trauma. Participants noted that when students were overwhelmed or having tantrums, the counselor-to-student ratio was so high that they were not always able to receive support.

### **Empirical**

This study provides evidence that teachers, administration, and support staff in public school settings feel unprepared to identify and respond to trauma in a manner that does not further traumatize children. This study supports previous research that school employees spend more time with students and may be the first other than the immediate family to know about trauma. Yet, they feel unprepared and are not trained to address the issue.

This study contributed to empirical research on COVID's impact on the public-school setting. Participants brought up the COVID pandemic during their interviews without being prompted, highlighting the effect they felt that COVID has had on behaviors. As the COVID

pandemic is still raging on and the impacts are still beginning to trickle down into numerous aspects of people's lives, it is crucial to see how school systems perceive behaviors and trauma during the pandemic.

### **Delimitations and Limitations**

The purpose of the study was to explore a trauma-informed approach in schools and discover how prepared teachers, administration, and support staff feel to work with trauma and crisis in the school setting. This section will present the delimitations and limitations of the study.

#### **Delimitations**

Delimitations are decisions that a researcher makes to limit or structure the study. Delimitations are essentially boundaries that are set around the study. This study consisted of several delimitations. Participants had to be 18 years of age or older. Participants had to be employed in the approved school district setting. The study included teachers, administration, and support staff (counselors, behavior specialists, academic coaches, etc.). It did not include substitutes or people within the school not employed by the district. Another delimitation was that they had to be used by the school district, which granted permission for the study to be done.

#### **Limitations**

Limitations in research refer to potential weaknesses of the study that cannot be controlled. One possible weakness of this study is the sample size. Due to the nature of the design, I used a small sample size. A small sample size allowed for in-depth interviews where participants could speak about their experiences. However, this limitation does mean that the results may not be generalizable to the larger population of public-school settings. Another limitation was the geographical location of this study. This study focused on a single school

district in rural Mississippi. The results may not apply to other areas of the United States or outside of the United States. Future research is needed to validate these results.

### **Recommendations for Future Research**

This paper began before the onset of COVID and therefore did not aim to discuss this topic. However, it was brought up consistently by school staff during the questionnaire process and interviews, thus indicating that the impact, strain, and responses need to be further explored. There is no doubt that the global pandemic has affected school systems. Future research is required to thoroughly examine how COVID and the current pandemic have impacted the ability of teachers to implement interventions, recognize trauma, and provide resources.

More research should focus on how to implement trauma-informed school programs and what that might mean for teacher training. There is a plethora of information supporting the use of TIC in school systems. Still, there seems to be a gap in the literature concerning the long-term use of training, trauma-informed practices, teacher success, and student success. More research is recommended to determine how trauma-informed approaches affect student and staff's long-term success, health, and happiness.

### **Summary**

Schools are facing an increase in trauma, crisis, and undesired behaviors. They are often restricted in the approaches they can take. Trauma-informed approaches to handling undesired behaviors are beginning to unfold. These approaches could offer new perspectives and insights that could change the way schools handle undesired behaviors in the future.

This qualitative case study documents perceptions among teachers, administration, and staff related to TIC within a primary school setting. This approach was chosen because this study attempted to understand views, experiences, and perceptions. In selecting participants, several

qualifiers had to be met. Participants had to be 18 years of age or older. Participants had to be employed in a public school setting. The study included teachers, administration, and support staff (counselors, behavior specialists, academic coaches, etc.).

Once approval from both the IRB and the school district was granted, the data collection process began. The consent forms and open-ended questionnaires were distributed to all teachers, administration, and support staff. The employees were asked to participate voluntarily and were not compensated or penalized. Once the questionnaire was complete, a time was scheduled to conduct the interviews. The interviews centered on trauma identification, techniques, and perceived ability to address trauma-related behaviors.

Five superordinate themes emerged from the research describing the experiences and perceptions of 10 employees in a public school setting who continue to show up, dedicate their time to education, and persevere through the many challenges school systems face. The themes were relationships, trauma, preparedness, perception, and COVID.

Teachers, administration, and support staff indicated they feel unprepared to identify and work with trauma in the school setting. All participants said they would like more formal training on how to interact with students who present with trauma and manage their trauma.

As this study indicates, participants were skeptical about the idea of trauma-informed approaches and lacked understanding of how utilizing these approaches would be accepted in their culture. There appears to be a disconnect between seeking assistance, training, and implementing approaches. More research surrounding the long-term benefits of trauma-informed approaches in the school is needed.

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## Appendix A: Introduction Letter/Participation Request

School Elementary Employees:

As a graduate student in the Community Care and Counseling at Liberty University, I am in the process of fulfilling the requirements for a doctoral degree. Last week an invitation was extended to you, inviting you to participate in a research study. This follow-up letter is being sent to remind you to complete the open-ended question if you are willing to participate and have not already done so. The deadline for participation is --2022.

Participants, if willing, will be asked to complete an open-ended questionnaire and a brief interview. It should take approximately fifteen minutes to complete the open-ended questionnaire and an additional fifteen minutes for the interview. Participation will require approximately thirty minutes of time. Interviews will remain anonymous, and no personal, identifying information will be collected. The interviews are planned to be conducted in person. However, they may be online due to COVID-19 restrictions at the time.

To participate, please complete the interviews that are attached and place them in the envelope provided. If in person delivery of open-ended questionnaires or interviews occurs, please use the following link:

A consent document is provided with the open-ended questionnaires. The consent document contains additional information about my research. After reading the consent form, please sign and return it with your open-ended questionnaires. Doing so will indicate that you have read the consent information and would like to participate in the interviews.

Participants will not be compensated, but their participation is much appreciated. Participation will help the researcher, teachers, administrators, support staff, and children in the school system.

Sincerely,

Jaime Baas  
Behavior Specialist, LMFT

## Appendix B: Informed Consent

### Title of the Project:

BECOMING A TRAUMA-INFORMED SCHOOL: TEACHER, ADMINISTRATION, AND SUPPORT STAFF PERCEPTION OF PREPAREDNESS TO HANDLE TRAUMA IN THE SCHOOL SETTING.

**Principal Investigator:** Jaime Baas, M.S., LMFT, Liberty University

### Invitation to be part of a Research Study

You are invited to participate in a research study. Participation in this research is completely voluntary.

Please take time to read this entire form and ask questions before deciding whether to participate in this research.

### What is the study about, and why is it being done?

The purpose of the study is to explore a trauma-informed approach in schools and discover how prepared teachers, administration, and support staff feel about working with trauma and crisis in the school setting.

### What will happen if you take part in this study?

If you agree to be in this study, I will ask you to do the following things:

1. First, complete a brief open-ended questionnaire.
2. Complete a brief interview which should only take 15 minutes. Interviews will remain confidential with no identifying information being disclosed.

Interviews are planned to take place in person. However, due to the COVID-19 pandemic it is possible that interviews will be conducted using an online format. The COVID-19 guidelines at the time of the interviews will be followed. In the event in person delivery of questionnaires or interviews occurs the use of email, telephone, teleconferencing or video meetings may be utilized.

### How could you or others benefit from this study?

The direct benefits participants should expect from participating in this study are a sense of empowerment and enabling a deeper understanding of experiences.

Benefits to society include expanding knowledge of the prevalence of trauma and its impact on the school setting. Students may also benefit from teachers, administration, and support staffs' increase in awareness and knowledge.

### **What risks might you experience from being in this study?**

The risks involved in this study include triggers from experiences with trauma or trauma in the classroom. As a mandated reporter, proper authorities will be notified if I become privy to information that triggers the mandatory reporting requirements for child abuse, neglect, elder abuse, or intent to harm oneself or others. The risks involved in this study are minimal, which means they are equal to the risks you would encounter in everyday life.

As a participant in this study, you will spend approximately fifteen minute indoors while keeping social distance (more than six feet) of one researcher. COVID-19 guidelines at the time of the interview will be followed. If needed the interviews will shift to an online format.

### **How will personal information be protected?**

The records of this study will be kept private.

- Participant responses will be anonymous. Names and identifying information will not be included.
- Interviews will be audio recorded and transcribed. Recordings will be stored on a password-locked computer for three years and then erased. Only the researcher[s] will have access to these recordings.
- As a mandated reporter, proper authorities will be notified if I become privy to information that triggers the mandatory reporting requirements for child abuse, neglect, elder abuse, or intent to harm oneself or others.

### **How will you be compensated for being part of the study?**

Participants will not be compensated for participating in this study.

### **Does the researcher have any conflicts of interest?**

The researcher serves as a behavior specialist in a public school system. Due to the nature of interviews, the researcher will know who participates. However, no identifying information will be disclosed. This disclosure is made so that you can decide if this relationship will affect your willingness to participate in this study. No action will be taken against an individual based on his or her decision to participate or not participate in this study.

### **Is study participation voluntary?**

Participation in this study is voluntary. Your decision whether to participate will not affect your current or future relations within the school. If you decide to participate, you are free not to answer any question or withdraw at any time without affecting those relationships.

### **What should you do if you decide to withdraw from the study?**

If you choose to withdraw from the study, please email me at. Your responses will not be recorded or included in the study.

**Whom do you contact if you have questions or concerns about the study?**

The researcher conducting this study is Jaime Baas. You may ask any questions you have. If you have questions later, **you are encouraged** to contact. You may also contact the researcher's faculty sponsor, Thomas Hudgins.

**Whom do you contact if you have questions about your rights as a research participant?**

If you have any questions or concerns regarding this study and would like to talk to someone other than the researcher, **you are encouraged** to contact the Institutional Review Board, 1971 University Blvd., Green Hall Ste. 2845, Lynchburg, VA 24515 or email at [irb@liberty.edu](mailto:irb@liberty.edu).

*Disclaimer: The Institutional Review Board (IRB) ensures that human subjects research will be conducted ethically as defined and required by federal regulations. The topics covered and viewpoints expressed or alluded to by student and faculty researchers are those of the researchers and do not necessarily reflect the official policies or positions of Liberty University.*

**Your Consent**

Before agreeing to be part of the research, please be sure that you understand what the study is about. You will be given a copy of this document for your records/you can print a copy of the document. If you have any questions about the study later, you can contact the researcher using the information provided above.

By signing this document, you agree to be in this study. Make sure you understand what the study is about before you sign. You will be given a copy of this document for your records. The researcher will keep a copy with the study records. If you have any questions about the study after you sign this document, you can contact the study team using the information provided above.

*I have read and understood the above information. I have asked questions and have received answers. I consent to participate in the study.*

The researcher has my permission to audio record me as part of my participation in this study.

\_\_\_\_\_  
Printed Subject Name

\_\_\_\_\_  
Signature & Date

**Legally Authorized Representative Permission**

By signing this document, you are agreeing to the person named below participating in this study. Make sure you understand what the study is about before you sign. You will be given a copy of this document for your records. The researcher will keep a copy with the study records. If you have any questions about the study after you sign this document, you can contact the study team using the information provided above.

*I have read and understood the above information. I have asked questions and have received answers. I agree for the person named below to take part in this study.*

The researcher has my permission to audio record the person named below as part of their participation in this study.

---

Printed Subject Name

---

Printed LAR Name and Relationship to Subject

---

LAR Signature

---

Date

## Appendix C: Recruitment Flyer

# Research Participants Needed

BECOMING A TRAUMA INFORMED SCHOOL: TEACHER, FACULTY, AND  
ADMINISTRATIONS PERCEPTION AND PREPAREDNESS TO HANDLE TRAUMA IN THE SCHOOL  
SETTING.

- *Do you work in the school system?*
- *Are you frustrated with extreme behaviors?*
- *Do you feel unprepared to handle undesired behaviors?*

If you answered yes to either of these questions, you may be eligible to participate in a childhood trauma research study.

The purpose of this research study is to explore teachers', administration, and support staff's perception of preparedness to handle trauma in the school setting.

Participants will be asked to:

1. Complete a brief open-ended questionnaire.
2. Participate in a fifteen-minute interview.

Jaime Baas, a doctoral student in the Community Care and Counseling at Liberty University, is conducting this study.

Liberty University IRB – 1971 University Blvd., Green Hall 2845, Lynchburg, VA 24515

## **Appendix D: Sample Open-Ended Questionnaire**

### ***Teacher, Administration, and support staff Preconceptions of Preparedness to Handle Trauma/Crisis in the School Setting.***

1. How familiar do you believe you are with childhood trauma?
2. What training, if any, in trauma-informed approaches do you have?
3. What courses/training have you taken or participated in that you believe helped you to engage childhood trauma in the school setting?
4. What has been your experience with implementing new behavior strategies?
5. What behaviors you believe may be contributed to a trauma response (e.g., yelling, screaming, good manners, people-pleasing, etc)?
6. Do you, or have you, had children in your school that exhibit trauma responses?
7. What strategies (e.g., seat changes, rewards, etc.) do you perceive as beneficial when working with upset children?
8. What has been your experience with the use of behavior restraints?



### **Appendix E: Sample Interview Questions**

This will be a semi-structured interview that allows for participants to freely share their experiences in their terms. The following questions will be used to guide the conversation.

1. What do you perceive as your role in identifying and working with trauma/behavioral needs?
2. What have you experienced in terms of trauma and behavioral needs on the school campus?
3. What context or situations have influenced your experience of working with trauma needs on school campuses?
4. What emotions have you personally experienced working with behavior issues?