

EXAMINING THE NEEDS OF ADMINISTRATORS, TEACHERS, AND PROFESSIONAL
STAFF IN AN ELEMENTARY SCHOOL MOVING TO BECOME A TRAUMA-SENSITIVE
SCHOOL: A SINGLE INSTRUMENTAL CASE STUDY

By

Samantha Nicole George

A Dissertation Presented in Partial Fulfillment

of the Requirements for the Degree

Doctor of Education

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APPROVED BY:

Lucinda Spaulding, PhD, Committee Chair

Sherrita Rogers, EdD, Committee Member

Abstract

This single instrumental case study discovered the needs of a Central Virginia elementary school as it moved toward becoming a trauma-sensitive school. The theory informing this study was Bronfenbrenner's (1979) ecological systems theory, as it provided a framework to explore the instrumental role of administrators, teachers, and professional staff in the complex system of relationships that support child development in the microsystem of the school. Participants were recruited from one elementary school in Central Virginia after obtaining IRB approval from Liberty University. Data collection entailed surveys, interviews, and focus groups to describe the needs of administrators, teachers, and professional staff in becoming a trauma-sensitive school. The data was then analyzed within the case to develop the following naturalistic generalizations of needing training and in-person support from professionals with skills specific to childhood trauma. Findings included administrators, teachers, and professional staff needing training and support from professionals qualified in childhood trauma.

Keywords: Adverse Childhood Experiences (ACE), challenging behavior, elementary school, trauma-informed care, trauma-informed program, trauma-informed strategies, trauma-sensitive schools

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Dedication

I dedicate this dissertation to my daughter, Bella, who has given me the most extraordinary adventure. Bella, I hope you have many adventures through pursuing knowledge, wisdom, and imagination. You have taught me that anything is possible. To my parents, Bill and Jackie, and my brother, Matthew, who helped guide and support me no matter the situation. God has truly blessed me. Finally, I dedicate this to all the children who touched my life and heart as an educator. Thank you for continuing to teach me and help me grow.

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I would also like to acknowledge and thank God for empowering me through all the difficulties that I have endured to reach the completion of this final product. I have experienced His guidance every day. He is the one who led me to finish my degree. I will persist in trusting the Lord for the remainder of my future.

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List of Abbreviations

Adverse Childhood Experiences (ACEs)

Central Virginia School (CVS)

Child in Need of Services (CHINS)

Collaborative for Academic, Social, and Emotional Learning (CASEL)

Ecobiodevelopmental Model (EBD)

Every Student Succeeds Act (ESSA)

Individuals with Disabilities Education Act (IDEA)

Institutional Review Board (IRB)

Multi-Tiered Systems of Support (MTSS)

Response to Intervention (RtI)

School Resource Officers (SROs)

Social-Emotional Learning (SEL)

Substance Abuse and Mental Health Services Administration (SAMHSA)

Trauma-Informed Care (TIC)

CHAPTER ONE: INTRODUCTION

Overview

More than two-thirds of children in the U.S. before the age of 16 reported having experienced at least one traumatic childhood event or experience (*Understanding Child Trauma* 2023). Substance Abuse and Mental Health Services Administration (SAMHSA) (2014) provides statistics on youth who have experienced trauma in various categories (see Appendix A Open site). These statistics show child abuse, child neglect, post-traumatic stress disorder (PTSD), families affected by disaster, high school physical fights, high school bullying, physical assaults resulting in hospitalization, and the amount of youth that have reported at least one traumatic event by the age of sixteen. The frequency of childhood trauma is higher than one might believe. In any average-sized classroom at least one student, on average, will be impacted by one of the above traumatic events (SAMHSA, 2014).

An individual's perception of adversity, or a threat, is vital in determining their response (Garner & Saul, 2018). Previous experiences, cultural norms, family traditions, and biological preferences are all factors that influence one's outlook on a given situation (Garner & Saul, 2018). With two-thirds of children experiencing a traumatic childhood event or experience, educators must be equipped to work with students who have experienced trauma. Schools must have strategies to address prevention, early intervention, and wise resource allocation (Reinbergs & Fefer, 2018). A trauma-sensitive school utilizes advancements in physiology, psychology, and social consequences to improve its practices and assist with traumatic events (Bethell et al., 2017; Jones et al., 2018). The present study examined the needs of a Central Virginia school as it moved toward becoming a trauma-sensitive school. This chapter rationalizes the context and significance of the research, introduces the research questions, and offers relevant definitions for the case study.

Background

This section reviews the current literature to provide the historical, social, and theoretical context for this single instrumental case study. The historical section lays the foundation for how our understanding of trauma has evolved and become significant with children in the school setting. In the next section we examine the social aspects of trauma, and the impact to children affected by this problematic issue in schools. Finally, Bronfenbrenner's (1979) ecological systems theory framework and Maslow's (1954) hierarchy of needs theory will be explained in the context of the current study.

Historical Context

The study of childhood resilience over the past six decades has caused transformation among guiding frameworks for interventions and policies for assisting at-risk youth (Lazarus et al., 2021; Masten, 2014). The three most well-known pioneers of research on childhood resilience are Werner (2012), Rutter (1990), and Garmezy (1993). Werner (2012) explained how the three researchers discovered that children who were classified as high-risk did not all turn out as failures. Garmezy (1993) found his way to this work by studying individuals who suffered from schizophrenia and their children, while Rutter (1990) had expansive interests related to risk and resilience (Werner, 2012). The most important longitudinal study on resilience was completed by Werner and Smith (1997) in Hawaii titled *Kauai's Children Come of Age*. Two-thirds of the children in the study developed serious learning or behavioral problems, delinquency records, mental health problems, or pregnancies, while one-third developed appropriately into adults (Werner, 1995). It was found that children who showed resilience developed coping strategies and often relied on elders in the community, such as teachers, for emotional support, counsel, and comfort (Werner, 1995).

Understanding childhood trauma became more prominent with the initiation of the

Adverse Childhood Experiences (ACEs) Study (Felitti et al., 1998; Tan & Dube, 2021). ACEs occur in children aged zero to 17 and are defined as potentially traumatic events (Fast Facts: Preventing Adverse Childhood Experiences, 2022). In 1995 ACEs was the largest study related to childhood trauma at the time and demonstrated the strong relationship between the number of childhood adversities and negative health and behavioral outcomes (McEwen & Gregerson, 2019). While the ACE study was a launching pad for further research on childhood trauma, there were limitations to this work (Felitti & Anda, 1998). The ACE categories failed to include many aspects of childhood adversity derived from social inequalities, lacked representation of the presence of childhood trauma, and lacked to include policy approaches and prevention (McEwen & Gregerson, 2019). Even though the research began over two decades ago, research has continued to increase surrounding childhood trauma. Since 2010, references to adversities in children have appeared in publications worldwide at a mounting rate (Smith, 2018). Edwards et al. (2019) stated ACEs have grown in concern to such a vast amount that it has become an international occurrence. It has only been in more recent years that the rise of cross-disciplinaries erupted and propelled the school systems to the front line of prevention and intervention efforts for victims of childhood trauma (Chafouleas et al., 2018).

Social Context

Childhood trauma, and the repercussions of trauma, affect a considerable amount of the population in the United States (Green et al., 2010). Over 50% of adults report living through at least one ACE (Hughes et al., 2017; Kessler et al., 1997). Up to 35.5% of the elementary sample surveyed indicated significant traumatic stress symptoms (Gonzalez et al., 2016).

Maynard et al. (2019) emphasized the escalated promotion of using child-serving systems, such as the education system, to implement trauma-informed strategies. In 2004 the Individuals with Disabilities Education Improvement Act (IDEA) set academic, behavioral, and

mental health-tiered models in motion with Response to Intervention (RtI) during the revision of the act (IDEA, 2014). The push for schools to become trauma-sensitive was set into motion in the 2015 case *Peter P. v. Compton Unified School District* with the suing of the school district by students and teachers. Compton Unified School District was allegedly at fault because of a lack of appropriate responses to students who experienced a traumatic childhood event. However, the court decided the motion to be denied. In 2015, mental health services prevention was implemented in schools founded on trauma-informed strategies and evidence-based practices in the Every Student Succeeds Act (ESSA 2015). Due to the impact of childhood trauma on at least one-half of the US population, the federal government continues to advocate for advancing trauma-informed care (TIC) with government policies such as these (Walsh et al., 2019).

Numerous individuals will benefit from the present study examining the needs of administrators, teachers, and professional staff as they move toward becoming a trauma-sensitive school to assist with challenging behaviors for students who have faced a traumatic event. While policies have been in place for school systems to follow, administrators, teachers, and professional staff are often ill-equipped, have inadequate resources, and low institutional support, thus causing complications in the disbursement of trauma-informed strategies (Herrenkohl et al., 2019; Hodas, 2016; Pearlman & Saakvitne, 1995). Additional studies suggest teachers encounter uncertainty, have a deficiency of expertise, and have inadequate training and policy mastery concerning childhood trauma (Alisic, 2012; Alisic et al., 2012). Most teachers and staff receive insubstantial training on behavioral health concepts while they are customarily imposed in addressing various needs of students in a classroom (Chafouleas et al., 2016).

Theoretical Context

To date, researchers have examined the types of social and developmental interruptions (Cprek et al., 2019), medical ailments (Abraham et al., 2022), and variables childhood trauma

has produced (Rette et al., 2021). ACEs and trauma-informed care have been observed predominantly in education, the criminal justice system, allied health, and child welfare recently (Tan & Dube, 2021). According to Badanes et al. (2011), if a child feels threatened the stress response system acclimates and becomes more active, but it is highly plausible that it will eventually become *exhausted* and *dysregulated*. If the stress response system becomes *exhausted*, one cannot protect or repair themselves, and once the stress is alleviated recovery is only viable with severe physiological impairment to the person (Kranner et al., 2010). When the stress response system becomes *dysregulated*, an individual's emotional experience or expression patterns hinder their ability to appropriately handle challenging situations, engage in clear thinking, strengthen relationships, and maintain emotions within socially appropriate and manageable ranges (Thompson, 2019).

School systems began implementing programs in the 2000s to assist in combating the dysregulation of the body's stress response by implementing evidence-based, trauma-informed care (Chafouleas et al., 2016). Garner and Saul (2018) emphasized the error in the educational system by putting forth the solution that parents, teachers, and society must stimulate children with constant drilling and repetition to learn new skills. Bronfenbrenner's (1979) ecological systems theory, which is the founding theory of this study, emphasizes how children develop from the correspondence of their environments and themselves.

The ecobiodevelopmental model (EBD), which provides a visual of Bronfenbrenner's (1979) ecological systems theory, proposes a child's developmental health may be negatively affected by an environmental disorder, lack of support or safety in the child's surroundings, an unstable environment, or infrequency of consistency and stability by a child's primary caregiver (Coley, Lynch, & Kull, 2015). According to the emerging EBD Model, prevention and mitigation strategies for combating toxic stress responses that inhibit optimal early brain and

child development must be addressed before teaching new skills to children can begin (Garner & Saul, 2018).

According to Maslow's (1954) Hierarchy of Needs theory, if children are self-motivated learners who attend school with a willingness and readiness to learn, their deficiency needs, or basic biological needs must be met first (Garner & Saul, 2018). Garner and Saul (2018) explain the concept of Maslow when stating,

If their need for connection, or love, is not met because no single teacher in the school believes in them, shows them affection, or even notices if they are there or not there from one day to the next, they might not be ready to learn. (pp. 172-173)

When a child is overstimulated with stress, the stress response system plays a crucial part in a child's development (Badanes et al., 2011). As the knowledge of the effects of stress on children became more well-known schools began to implement evidence-based, trauma-informed care (Chafouleas et al., 2016) that correlated with theoretical frameworks such as Bronfenbrenner's (1979) ecological systems theory, the ecobiodevelopmental model, and Maslow's (1954) hierarchy of needs theory.

Problem Statement

Many teachers in schools today do not feel they have the training or resources to support their students who have experienced childhood trauma (McGruder, 2019). When children experience a traumatic childhood event or experience, the results frequently include developmental, mental, or even social delays that present themselves as disruptive and challenging classroom behaviors (Barr, 2018; Bartlett, 2021; Buchanan et al., 2021). Further, if a child does not have their basic biological needs met, then it is likely that they will not be ready to learn (Garner & Saul, 2018).

ACEs have grown in concern so drastically that they have become an international focus (Edwards et al., 2019). Some suggest that 46% of children in the United States have gone through a traumatic childhood event or experience (Sacks et al., 2014). As research continues to develop and evolve, it is evident that traumatic childhood experiences, even among young children, impact them developmentally and mentally (Cprek et al., 2019; Perry & Szalavitz, 2006; Vanderzee et al., 2018).

Educators can be the first to notice the challenging behavioral changes that arise in children who have experienced traumatic childhood events (McGruder, 2019). Traumatic childhood events contribute to complications with attention, abstract reasoning, memory, impulse control, and attendance (McGruder, 2019). Administrators, teachers, and professional staff must receive the training and the tools necessary to identify challenges and behaviors caused by underlying childhood trauma. Professional developmental training for the whole building allows for a common understanding of trauma and a framework for trauma-sensitive schools (Davis et al., 2022). The current body of literature addresses the problem of what administrators, teachers, and staff need to become trauma-sensitive schools in Central Virginia.

Purpose Statement

The purpose of this single instrumental case study is to discover the needs of a Central Virginia school as it moves toward becoming trauma-sensitive. A trauma-sensitive school is a school that has evolved its practices based on the advancements in knowledge centered on the physiological, psychological, and social consequences that stem from adversity, stress, and trauma (Bethell et al., 2017; Jones et al., 2018). For this study, the needs of schools are defined as training, resources, policies, and practices that administrators, teachers, and professional staff identify as required to support students in their school who experience childhood trauma. The theory informing this study is Bronfenbrenner's (1979) ecological systems theory and Maslow's

(1954) hierarchy of needs, as they provide the framework to explore the instrumental role of administrators, teachers, and professional staff in the complex system of relationships that support child development in the microsystem of the school.

Significance of the Study

The present study is significant from a theoretical, empirical, and practical perspective. Significant theoretical frameworks of the study include Bronfenbrenner (1979) and Maslow (1954). Each has a connection to human behavior and behavior management. Bronfenbrenner (1979) believed that a person's environmental surroundings and everything in it affected their development. The present study examines a child's school environment by identifying the needs of administrators, teachers, and professional staff to move toward becoming trauma-sensitive. Maslow (1954) focused on fulfilling the five basic needs, physiological, safety, social, esteem, and self-actualization, and how obtaining these needs may produce internal pressure on the person and influence their behavior. Maslow provides a useful framework for the current study examining the effects on child behavior when these basic needs are not met due to trauma.

Empirically, the study adds to the literature on the needs of a school as it moves towards becoming trauma-sensitive and implements evidence-based strategies with elementary children. Felitti et al. (1998) expanded on the study of trauma beginning with resilience in a longitudinal study on human development by Smith (1978) 21 years ago. An epigenetics study, or a study on how one's behaviors and environment can alter how an individual's genes operate, was published in 2018, connecting epigenetic changes and traumatic childhood events (*What is epigenetics?* 2022; Whitters, 2020). Current research has moved further into the realm of the current study with recommendations for trauma-informed

approaches to interventions (Whitters, 2020). The present study examines what school personnel feel is needed to move toward becoming trauma-sensitive schools.

The present study adds insight into what administrators, teachers, and staff require in training and resources to implement a trauma-sensitive school. Once needs are recognized, the next step of addressing them can be enacted and utilized in various elementary schools across the country to allow students who have undergone a traumatic childhood event a method to overcome the obstacles it has created. Having students overcome these obstacles and socially integrate themselves appropriately will be a step toward overcoming and coping with their childhood trauma (Mosley-Johnson et al., 2019). Martin et al. (2017) emphasized the importance of providing each child who has undergone childhood trauma with individualized, appropriate, evidence-based, and trauma-specific treatments and services. This research identifies the training and resources needed to implement trauma-informed strategies in a Central Virginia school. The practicality of this study benefits those who have been victims of childhood trauma. Bellazaire (2018) articulated that from January to May 2018, 25 of the 50 states integrated information from adverse childhood experiences and trauma-informed practices in 68 legislative proposals, that included school-level proposals.

Findings from this study offer perspectives on what training and resources are needed to increase trauma-informed strategies and trauma-informed care in a Central Virginia school. The National Child Traumatic Stress Network (2003) outlined four goals of classified treatments for childhood trauma. These include feeling safe in one's environment, developing interpersonal and regulation skills, comprehending past traumatic events and reactions with a positive attitude toward future experiences, and increasing resilience and social abilities (The National Child Traumatic Stress Network, 2003). When schools lack training and resources, evidence-based strategies cannot be properly implemented, and students will struggle. It is critical to advance the

efforts of their study on trauma-informed programs based in schools by studying the development of these programs (Herrenkohl et al., 2019).

Research Questions

The goal of this single instrumental case was to discover the needs of a school as it moved towards becoming trauma-sensitive. The discovery of training and resources that administrators, teachers, and professional staff need can advance discussions about what can be developed in schools and personnel moving toward becoming a trauma-sensitive school.

Central Research Question

What are the needs of elementary administrators, teachers, and professional staff as they move toward becoming a trauma-sensitive school?

Sub-Question One

What training is provided in the elementary setting about trauma-sensitive schools?

Sub-Question Two

What resources are provided to elementary administrators, teachers, and professional staff to allow them to become a trauma-sensitive school?

Sub-Question Three

What additional training and resources must be provided to elementary administrators, teachers, and professional staff to allow them to become a trauma-sensitive school?

Definitions

The following definitions assist in understanding the terms associated with this study examining the needs of elementary administrators, teachers, and professional staff as they move toward becoming a trauma-sensitive school.

1. *Adverse Childhood Experiences (ACE)* – Childhood trauma can also be classified as childhood adversity and commonly encompasses negative life events that occur before the age of sixteen (Zhang et al., 2020).
2. *Childhood Trauma* - The trauma must result from an *event* or *experiences* that are physically or emotionally detrimental and construct adverse *effects* because of the trauma (SAMHSA, 2014).
3. *Ecobiodevelopmental Model* - A model proposing that a child's developmental health may be negatively affected because of several domains of the environment (Coley, Lynch, & Kull, 2015).
4. *Every Student Succeeds Act (ESSA)* - Act signed into law by President Obama on December 10, 2015, that includes provisions to ensure success for students and schools (ESSA, 2015).
5. *Helping Professionals* - Professions in psychology, counseling, medicine, social work, and education (APA, 2020).
6. *Individuals with Disabilities Education Act (IDEA)* - A law that makes free appropriate public education to eligible children with disabilities available and ensures special education and related services (U.S. Department of Education, 2022).
7. *Multi-Tiered Systems of Support (MTSS)* - A proactive and preventative framework that integrates data and instruction to maximize student achievement and support students' social, emotional, and behavioral needs from a strengths-based perspective (*Essential Components of MTSS*, 2023)
8. *Resilience* - When a traumatic event has disrupted normal development and patterns of advantageous adaptation have occurred (Masten et al., 2002).

9. *Response to Intervention (RTI)* - RTI is a multi-tier approach to identify and support students with learning and behavioral needs (Gorski, *What is RTI?*).
10. *Trauma-Informed Approach/Practice/Strategy/Treatment*- Making connections, establishing a safe environment, and emotional and behavioral regulation (Dombo & Sabatino, 2019).
11. *Trauma-informed care* –Understanding of trauma and an awareness of the impact across settings, services, and populations; viewing trauma through an ecological and cultural lens and recognizing that context plays a significant role in how individuals perceive and process traumatic events (SAMHSA, 2014).
12. *Trauma-Informed Program* - A program that comprehends the omnipresent impact of trauma and understands prospective paths for recovery, recognizes the signs and symptoms of trauma in clients, families, staff, students, and others involved, responds to trauma by completely integrating knowledge about trauma into policies, procedures, and practices, and finally, seeks to resist re-traumatizing victims of trauma (SAMHSA, 2014).
13. *Trauma-Sensitive Schools* - A school that has evolved its practices based on the advancements in knowledge centered on the physiological, psychological, and social consequences of adversity, stress, and trauma (Bethell et al., 2017; Jones et al., 2018).
14. *Trigger* - Interactions that could retraumatize a child (Vanderzee et al., 2018).

Summary

Research on childhood trauma has its roots in resilience but has progressed through the years as knowledge on the subject has grown. Contributions from Maslow’s (1954) hierarchy of needs theory, Bronfenbrenner’s (1979) ecological systems theory, adverse childhood experiences (Felitti & Anda, 1995), and Werner and Smith’s (1997) research on resilience set the foundation of the current study. The theories and studies that have been discussed need to be

further explained to understand the need for becoming a trauma-sensitive school.

This single instrumental case study was designed to discover the needs of administrators, teachers, and professional staff in a Central Virginia school as it moves forward in becoming a trauma-sensitive school. For half a century, there has been research on ACEs and their impact on children and adults. As current research shows, there have been links between developmental and social complications, finally resulting in the beginning of professionals becoming trauma-informed and providing trauma-informed care. The next logical step in the research is to examine and analyze the various training and resources administrators, teachers, and professional staff need to implement evidence-based trauma-informed strategies and become trauma-sensitive schools.

CHAPTER TWO: LITERATURE REVIEW

Overview

Childhood trauma is one of the most consequential factors in mental health (Rossen & Cowen, 2013). Administrators, teachers, and professional staff working in the education specialization must be prepared to establish suitable strategies for addressing the effects of childhood trauma. This also includes minimizing the likelihood of subjecting a victim of childhood trauma to a triggering event. Ensuring school administrators, teachers, and professional staff are directly equipped with suitable and accessible resources and justifiable training must be initiated. By allowing for this implementation, evidence-based, trauma-informed strategies will assist with improving students' challenging behavior and, in turn, the academic capability of these traumatized students. A systematic review of the literature was conducted to explore the problematic question of how childhood trauma is defined and what is mandatory for administrators, teachers, and professional staff to develop superior skills for accommodating students coping with their childhood trauma.

This chapter offers a review of the current literature associated with childhood trauma and the impact it has on students and staff. First, I discuss Bronfenbrenner's (1979) ecological systems theory and its relevance to childhood trauma. Once the theoretical framework has been explained, I discuss a synthesis of recent literature concerning the characteristics and effects of childhood trauma. Next, I narrow childhood trauma to specifically viewing effects in a school setting for students and staff. I then address strategies implemented within the school setting. Next, I discuss student mentors, their impact on students who have undergone childhood trauma, and their struggles with resources and training. Finally, I briefly mention how to overcome childhood trauma. Once trauma-informed care is implemented teachers can utilize trauma-informed strategies to promote the greatest possible learning environment for all students,

including those that have experienced one or multiple childhood traumas. Finally, the need for the current study is established by identifying a gap in the literature examining the needs of administrators, teachers, and professional staff as they move towards becoming trauma-sensitive schools.

Theoretical Framework

The theories guiding this study are Bronfenbrenner's (1979) ecological systems theory and Maslow's (1954) hierarchy of needs. He claims that an individual's natural environment, perception and relation to it, and their capacity to discover, maintain, or alter their attributes, synthesize together to form an individual's development (Bronfenbrenner, 1979). Urie Bronfenbrenner was the founding theorist of the ecological systems theory and focused on how an individual and the contexts, or settings, they enter are interrelated (Tudge, Payir, & Mercon-Vargas, in press). Abraham H. Maslow studied the structure of human needs with his theory explaining how individuals satisfy various personal needs in the same general pattern resulting in what is known as the hierarchy of needs (Maslow, 1943; 1954; 1970).

Ecological Systems Theory

Bronfenbrenner's (1979) ecological systems theory represents the child's development as a process of corresponding interaction between the child's environment and themselves as they develop (O'Toole, 2016). To fully understand a child's development, contextual influences of a child's everyday life, such as their family and school setting, intertwine with more distal influences like government policy and culture, creating the multi-layered context in which a child lives and grows (Murphy, 2020). Bronfenbrenner's theory went through three fundamental stages; constructing the ecology of human development, models and systems of ecology, and human development bioecological theory (Tudge et al., 2021). The ecological environment portrayed by Bronfenbrenner encompasses five systems where each is located within the next,

with the child in the center (Bronfenbrenner, 1986). Pennings (2018) described how an individual's interactions and behavior could initiate, or invoke, particular behavior from others they encounter throughout their lifetime. As children meet these innumerable individuals, their experiences influence the behavior they exhibit in return.

Bronfenbrenner's (1979) ecological systems theory of human development discusses proximal processes, which are interactions that occur between a developing individual, such as a child, and \ entities in their immediate environment that they interact with frequently over an extended time (Bronfenbrenner & Morris, 2006). Although Bronfenbrenner discussed positive interactions, recent scholars challenged this by stating dysfunction could arise from proximal processes, or personal experiences in activities (Mercon-Vargas et al., 2020). When there is an altering of a person's position in their ecological environment in their role or setting, trauma is likely to occur (Bronfenbrenner, 1979). Once a child's development has been altered due to a traumatic event developmental validity can occur. Developmental validity is characterized by a change occurring in an individual's activities or conceptions and transfers into other settings or times (Bronfenbrenner, 1979). This is when a change has occurred in a child's perceptions or activities and carries over from one setting into another, such as from home to school (Bronfenbrenner, 1979).

Microsystem

Bronfenbrenner (1979) described the smallest system, the microsystem, as one that establishes patterns of activities, roles, and interpersonal relations the individual developing person is experiencing within a given setting. Everyone's microsystem is unique and unlike any others (Shelton, 2018) A person's development entails being able to broaden, differentiate, and validate their conception of the ecological environment, thus becoming motivated and able to engage in activities in various environments at levels of similar or greater complexity (Shelton,

2018). As an individual begins to attempt to make sense of their environment and patterns arise, development is directly promoted in the microsystem of particular knowledge or skill (Shelton, 2018). The current study focuses vastly on the microsystem, as the administrators, teachers, and professional staff are in this system due to their direct interaction with the child.

Mesosystem

The mesosystem integrates the individual as an active contributor where a set of interrelations between at least two settings occur, a system of microsystems (Bronfenbrenner, 1979). An individual may participate in any number of microsystems, but they will only have a single mesosystem (Shelton, 2018). Bronfenbrenner (1979) explained how an individual's mesosystem is constructed as they move from one microsystem to another by creating links between the two. These links can span over two microsystems or any number of microsystems that the individual has, and when these various settings of each microsystem support each other, development is supported (Shelton, 2018). Students who have experienced trauma would create links in the mesosystem with professionals in the school environment such as behavior specialists or counselors.

Exosystem

The setting(s) included in the individual's exosystem are not incorporated into their mesosystem because these settings are ones in which the individual is not an active participant (Bronfenbrenner, 1979). For a setting to be incorporated into the individual's exosystem the events that occur must indirectly influence the individual's life via the setting of the mesosystem or microsystem (Shelton, 2018). A child's exosystem might include their parent's place of employment, the school board, or government agencies that indirectly impact their life. Shelton (2018) emphasized the importance of the exosystem in terms of development because an individual is often shaped by events that are not within their mesosystem. An individual's

exosystem is supportive of development when the settings favor the individual and those that are important to them (Shelton, 2018). The school board and government would be included in the students' exosystem due to its impact on the procedures of the school regarding trauma but having no direct contact with the student.

Macrosystem

Consistency observed within a given culture or subculture, belief systems, or ideology forms an individual's macrosystem (Bronfenbrenner, 1979). An individual is constantly immersed in the macrosystem; therefore, it is not causing the development, rather it is a feature of the circumstances in which the development occurs (Shelton, 2018). The facilitation and support of development by the macrosystem occur when the encouragement of human development is expressed through beliefs and customs (Shelton, 2018). The student's culture and beliefs will be included in their macrosystem. Their culture and beliefs can impact how they handle their trauma, resilience, and coping.

Chronosystem

The chronosystem was added by Bronfenbrenner (1986) to address the changes that occur in time to the individual, as well as the environment. This can include evolution in the form of culture, legislation, or technology (Shelton, 2018). The process of evolution allows for change to occur and interactions to take place within an individual's self, relationships, settings, the mesosystem, macrosystem, and any characteristics of the entire individual and ecosystem (Shelton, 2018). As the student ages, they will encounter different changes in their life, as well as changes in policies to their education.

Bronfenbrenner and the Current Study

The current study focused on the two most immediate systems of Bronfenbrenner's (1979) ecological theory of human development, the microsystem and the mesosystem. The

research questions focus on individuals located in the first two systems. Additionally, the research questions investigate how administrators, teachers, and professional staff can move towards becoming a trauma-sensitive school, and in so doing, work with the community in the mesosystem, and potentially the exosystem. The research advances or extends the theory by relating Bronfenbrenner's (1979) ecological systems theory of human development to childhood trauma and showcasing the effectiveness of having a strong ecological environment for these students.

Hierarchy of Needs

An ecological approach, or one that relates to the relationship between living organisms and their environment is the basis of Maslow's (1954) hierarchy of needs. The needs of the individual are centered around individual, family, and community attributes and how they build off each other, as well as overlap (AliceAnn et al., 2020). The hierarchy is visually presented in a pyramid in the form of importance, with the greatest importance located at the base (Maslow, 1943). This bottom tier is psychological needs, followed by safety needs, the need to belong, the need for esteem or recognition, and finally the need for personal accomplishment (Maslow; 1943; 1954). Even though the needs described by Maslow (1943) are depicted in a pyramid, there is an overlap between the needs (AliceAnn et al., 2020). In the pyramid, the three lower levels; physiological needs, safety needs, and the need to belong overlap to form the lower-order needs (Decker and Cangemi 2018). Once the lower-order needs are met, at least at a minimum, the individual can then pursue the higher-level-order needs of esteem, recognition and personal accomplishment (Decker and Cangemi 2018).

Psychological Needs

The first tier of needs described by Maslow (1943) is defined as an individual's basic needs related to their survival. Psychological needs that must be satisfied include food, water,

shelter, and sleep (Maslow, 1943; 1971). This tier plays the most vital of the needs required by an individual that will dominate their motivation until they are satisfied, and new needs emerge in the second tier (Maslow, 1943). If psychological needs are not met then the human body is not able to function properly (Mcleod, 2023).

Safety Needs

Safety needs include being physically safe, financially stable, and protected against theft and damage (Maslow, 1943; 1971). When looking at safety from an adult's perspective it may be harder to see, however, in infants and young children they will act out as if they were in immediate danger (Maslow, 1943). Due to the threat of being in danger as the outcome, Maslow (1943) describes this tier of needs as the one that is almost solely responsible for behavior. To combat safety not being satisfied, individuals often seek out what is familiar to them, such as a child's preference for routine (Maslow, 1943). If an individual does not have their safety needs met then their view on the environment will be altered and they may potentially become more pessimistic (Altymurat et al., 2021).

The Need to Belong

The third tier of the hierarchy of needs takes the social aspects of individuals into account by looking at their relationships with others (Maslow, 1943). These relationships include friendships, love, affection, and group acceptance in social settings (Maslow, 1943). When the need to belong is not satisfied it can lead to maladjustment in an individual or even more severe mental disorders (Maslow, 1943). This need is especially strong in children and can even override the need for safety when children have abusive parents or caregivers (Mcleod, 2023). If the need to belong is not met, individuals may become isolated or feel useless and unworthy (Altymurat et al., 2021).

The Need for Esteem or Recognition

Once the lower-order levels have been met, at least on a minimalistic level, the higher-order-level needs can become satisfied (Maslow, 1943). The need for esteem or recognition includes how an individual feels about themselves, as well as what others think about the individual (Maslow, 1943). The first section of this need focuses on the individual's need for strength, achievement, and confidence (Maslow, 1943). The second section focuses on the individual's reputation, prestige, and importance in the eyes of others (Maslow, 1943). Low self-esteem or a sense of feeling undervalued can emerge if this level of need is not fulfilled (Altymurat et al., 2021; Mcleod, 2023).

The Need for Personal Accomplishment

The final tier in the hierarchy of needs focuses on an individual reaching their full potential and personal growth (Maslow, 1943). This tier can vary from person to person, as it is connected to an individual's personality and what they desire for themselves (Maslow, 1943). Maslow (2000) later explained that an individual who has satisfied the need for personal accomplishment has a superior reality perception, increased tolerance, appreciation, identification with others, creativeness, complex emotional reactions, and a higher frequency of peak, or perfect, experiences. When an individual is unable to meet the need for personal accomplishment it may result in apathy, boredom, despair, a lack of sense of humor, loneliness, and selfishness (Altymurat et al., 2021). Maslow (1943) also emphasized that the failure to meet needs at various points on the hierarchy could lead to mental health issues, post-traumatic stress, depression, or anxiety (Get Help, 2015).

Maslow and the Current Study

The current study focused on the lower-order levels of Maslow's (1943) hierarchy of needs, psychological needs, safety needs, and the need to belong. The research questions focus

on individuals who would need to be trauma-informed to assist students who were deprived of needs within the safety needs and the need to belong. The research questions examine how administrators, teachers, and professional staff can move towards becoming a trauma-sensitive school to work with students who are unsatisfied with their safety or belonging. The current research extends the theory by relating Maslow's (1943) hierarchy of needs to childhood trauma and showcasing the effectiveness of ensuring the satisfaction of needs for these students.

Related Literature

Evidence-based treatments, including trauma-informed strategies, or trauma-informed care, in the classroom setting, have become more prominent in the last twenty years (Troutt, 2018; Vanderzee et al., 2018). Burdick and Corr (2021) illuminated that in a classroom encompassing a total of twenty-five students, approximately fifteen of them will have experienced at least one potentially traumatic event. Childhood trauma can also be classified as childhood adversity and commonly encompasses a single or a combination of several adverse life events occurring before the age of sixteen (Zhang et al., 2020).

Understanding the characteristics and effects of childhood trauma can influence how mitigation strategies will be addressed and implemented in the school. These mitigation strategies are the foundation that assists in preventing further traumatic childhood experiences and reactions to triggers that could retraumatize a child (Vanderzee et al., 2018). There have been various studies to indicate the types of developmental delays, social delays (Cprek et al., 2019), medical conditions (Abraham et al., 2022), and variables that correspond with the effects of childhood trauma (Rette et al., 2021). Many school professionals have the intention of becoming a trauma-sensitive school by changing practices so defenseless and traumatized children are better acknowledged and given more compassionate assistance (Herrenkohl, et al., 2019).

Every child who has undergone a traumatic event or experience deserves and needs to be provided with their own appropriate, evidence-based, and trauma-specific treatments and services to combat any long-lasting effects the trauma can produce (Martin et al., 2017). In current research and literature, however, there is a considerable lack of guidance on how to create a standardized method for supporting administrators, teachers, and professional staff in the school setting to confront any immediate or secondary exposure to a student's traumatic experiences (Reinburgs & Fefer, 2018).

Characteristics of Childhood Trauma

The ability to comprehend the characteristics of childhood trauma originates from understanding the definition of childhood trauma itself. There have been numerous definitions for childhood trauma (Frankland, 2022); however, it was the Substance Abuse and Mental Health Services Administration (SAMHSA, 2014) that developed a framework to establish the standard definition for trauma. This framework defines the term trauma using a composition of three E's: the trauma must result from an *event* or from *experiences* that are physically or emotionally detrimental and construct adverse *effects* on the subject directly because of the trauma (Substance Abuse and Mental Health Services Administration, 2014). Once the standard definition of trauma was developed by SAMHSA, it could then be applied appropriately to traumatic events that pertained to children. McInerney and McKlindon (2014) describe how trauma experienced by a child impacts both their well-being and their capability to engage, learn, and prosper in their education.

Comprehending what childhood trauma encompasses benefits the creation of appropriate mitigation strategies, or alleviation, after a traumatic event or experience has occurred. The identification of what causes childhood trauma coincides with the definition. As indicated previously, the events, or experiences, that a child confronts must have a detrimental outcome.

These events, or experiences, could be comprised of, but are not limited to, domestic violence (Vanderzee et al., 2018), sexual assault, natural disasters, or life-threatening accidents (Abraham et al., 2022). Each of these examples can cause a child to demonstrate a wide variety of any combination of the effects of childhood trauma. Some of these events may even be unavoidable and uncontrollable, such as the death of a loved one, or devastation that arose from a natural disaster. Any traumatic childhood event, however, can be the foundation for adverse effects, whether they were avoidable and intended, or not.

Effects of Childhood Trauma

The original Adverse Childhood Experiences Study (i.e., the ACE Study), was developed to measure the traumatic events children had undergone (Abraham et al., 2022; Cprek et al., 2020). Upon acquiring results from the ACEs, it was validated that individuals who suffered from a traumatic childhood event or experiences were at increased risk for developing variations of a countless number of cognitive diseases, disorders, and/or social-emotional complications (Chapman et al., 2004). Subsequent studies continue to strengthen the conclusion that encountering early traumatic events leads to a hazardous developmental period during the growth process of a child (Vanderzee et al., 2018). Experiencing a traumatic childhood event or experience, even at a younger age, can result in increased rates of Post-Traumatic Stress Disorder (PTSD), social complications, and emotional obstacles (Grasso et al., 2016). According to the National Scientific Council on the Developing Child (2014), when there is continuous over-activation of the stress response in children during vital stages of rapid brain development, the child's brain structure and brain functioning could be altered, provoking impediments concerning the child's cognitive functioning, emotional health, behavioral health, and physical health (National Scientific Council on the Developing Child, 2014). Some of the long-lasting psychological, cognitive, and physical outcomes that originate from traumatic childhood

exposure (Vanderzee et al., 2019) include depression (Rette et al., 2021), increased risks of developmental delay and social delay (Cprek et al., 2020), anxiety disorders, attention-deficit/hyperactivity disorder, mood disorders, autism spectrum disorder (Berger et al., 2021) obsessive-compulsive disorder, and PTSD (Abraham et al., 2022).

Development and Mental Health

The two most prominent forms of research examining the effects of childhood trauma fall into one of two categories: (a) developmental delays or (b) mental health complications. As the body of knowledge on the topic grows, it is evident that even extremely juvenile children are impacted both developmentally and emotionally by traumatic childhood experiences (Cprek et al., 2019; Perry & Szalavitz, 2006; Vanderzee et al., 2018). A child's age is only a small portion of the formula for understanding the effects of developmental delay and mental health complications due to traumatic childhood events or experiences. The second component that is primarily assessed in research is the number of traumatic experiences a child has undergone during their childhood (Abraham et al., 2022; Cprek et al., 2019). Abraham et al. (2022) validated that even relatively low levels of exposure to traumatic childhood events or experiences can influence a child psychologically, and consequently cause complications during fundamental developmental stages (e.g., during adolescent years), with challenges persisting into adulthood (Greenburg et al., 2018).

Social Interactions

Although the effects of trauma on social interactions are not focused on as massively as the effects on healthy developmental or mental health, it is still a vital component of childhood trauma. Many developmental delays and mental health concerns play an essential role in a child's alteration of their social skills and interactions (Liming & Grube, 2018). Perry and Szalavitz (2006) explain that when a child is unable to develop the appropriate coping skills, this

can result in complications when encountering a trigger, memory, event, or action that reminds them of the trauma they had to endure. A child will become hypervigilant and will incessantly scan the environment around them for any prospective threats (Brenda, 2022). Perry and Szalavitz (2006) further emphasized how this lack of brain development is seen as either a hyper-fixation or dissociation behavior. These behaviors are then perceived by other individuals around the child, and often become a hindrance in their social interactions with peers and superiors (Pennings et al., 2018). When a child commences in these manners of behaviors, they often use maladaptive coping strategies such as avoidance, self-blame, and substance use to deal with their challenging emotions, resulting in impulsivity (Choi et al., 2015; Kim & Cho, 2020). One of the most significant components of social interactions is behavioral complications that develop from childhood trauma experiences (McGruder, 2019). Further, school personnel are usually the first to notice the challenging behavioral changes in children who have suffered a traumatic childhood event, resulting in complications with attention, abstract reasoning, memory, impulse control, and attendance (McGruder, 2019).

Effects of Trauma in Schools

When children experience trauma and its effects, whether developmental, mental, or social, they can present with disruptive or challenging classroom behaviors (Barr, 2018; Bartlett, 2021; Buchanan et al., 2021). These disruptive classroom behaviors can in turn create challenges for the students, as well as staff (McInerney & McKlindon, 2014; Whitney et al., 2022). Being able to understand how students and staff are affected, as well as how to combat them, is essential in progressing toward becoming a trauma-sensitive school.

Students

As children progress through school, they customarily spend most of their day with their teachers, school staff, and peers. Any traumatic event a child has experienced will have

repercussions that will likely be observable within the classroom and the school setting (McGruder, 2019). The combination of a child's environment, experiences, and the child's developmental stage all contribute to how an individual child will respond to a traumatic childhood event (Pennings, 2018; Piaget, 1952). Prasetyo (2020) further emphasizes this fact by affirming that teacher demonstration is needed for students to build a cognitive structure based on the stages of cognitive development. Children's experiences during their existence outside of school can cause severe and immeasurable traumatizing effects (Abraham et al., 2022). As a child struggles to understand the unfortunate situations they were positioned in, they wrestle with themselves, and as a result, they are placed into higher-risk categories for exhibiting the effects of childhood trauma (Cprek et al., 2019).

A student's behavioral reactions from childhood trauma cause additional complications in the classroom setting. Larson et al. (2017) defended this concept by affirming that childhood trauma and its behavioral effects substantially and negatively impact a student's academic performance. Porche, Costello, and Rosen-Reynoso (2016) further confirmed the notion that childhood trauma affects students negatively. The previously stated researchers conducted a study that found children exposed to childhood trauma could present decreased engagement, which could also lead to grade retention or placement in special education services (Porche et al., 2016). Perfect et al. (2016) also reported a link between students exposed to a traumatic event and poorer academic achievement.

Staff

When students exhibit various complications behaviorally and, as a result, academically, it becomes a further hindrance in the classroom setting due to a lack of teacher knowledge about childhood trauma (Terrasi & de Galarce, 2017). Even experienced teachers' performance can be obstructed due to the challenging behaviors of students who have experienced childhood trauma

(National Education Association, 2016). It is important, however, for teachers to differentiate between behaviors that are atypical and related to childhood trauma and developmentally typical ones. If a challenging behavior lasts for six months or for a lengthier time, surpasses what would be accepted for that child's age, gender, and culture, causes anguish to the child or others, or obstructs academic or social functions, this would be considered problematic through a diagnostic lens (American Psychiatric Association, 2013; Elmaghraby & Garayadale, 2021; Garrity et al., 2019).

For teachers, it is fundamental to implement best practices for supporting students facing childhood trauma. Teachers must understand what transpired and respond in an appropriate and healthy manner, working with students individually so that they can overcome their childhood trauma (SAMHSA, 2014). Teachers need to develop positive interpersonal relationships with students who have undergone childhood trauma; they are indispensable in assisting and guiding students in overcoming the trauma they have endured appropriately and with a healthy approach (Frankland, 2021). Effective guidance from teachers allows these students to break free from the generational cycle that can become present in individuals who have faced a traumatic event and help them succeed in their education and future (Bloom et al., 2009; Little & Maunder, 2021).

Unfortunately, many administrators, teachers, and professional staff are not adequately prepared to work with students experiencing trauma (MacLochlainn et al., 2022). It is essential to have a program in place that allows administrators, teachers, and professional staff to seek and receive clinical consultation when needed to assist with second-hand trauma as well (Reinbergs & Fefer, 2018). Second-hand trauma is defined as the behaviors and emotions that naturally occur with the knowledge of a traumatic event that was experienced by an individual that they encounter regularly, resulting in reactions or symptoms like PTSD (Figley, 2013; Figley 1995). The following are indicators of second-hand trauma; distressing emotions, intrusive imagery,

numbing, addictive or compulsive behaviors, feelings of frustration, exhaustion, the ability to think clearly and process emotions, burnout, compassion fatigue, and vicarious trauma (Dutton & Rubinstein, 1995; Geller et al., 2004; Valent, 1995).

There are commonalities and differences in the categories of second-hand trauma (Best Start Resource Center, 2012). Burnout is often seen in educators over a longer period, is predictable, and often does not have any evidence of triggers to the educator (Best Start Resource Center, 2012). Burnout is often displayed as depression, loss of compassion, or negativity (Freudenberger & Robbins, 1979). Compassion fatigue and vicarious trauma are cumulative, as seen with burnout. The symptoms, however, are unique to each helping professional, are less predictable, and may have unique triggers related to the helping professional (APA, 2020; Best Start Resource Center, 2012). Compassion fatigue and vicarious trauma do, however, have differences among themselves as well. Compassion fatigue is defined as an individual becoming exhausted and dysfunctional due to prolonged exposure to stress resulting from compassion (Fingley, 1995). Vicarious trauma changes the helping professionals' capacity to think clearly and process their emotions, as well as encompasses the helping professionals' own experience with trauma as a trigger for experiencing second-hand trauma (McCann & Pearlaman, 1990; Yassan, 1995). When second-hand trauma occurs, it is often immediate and the triggers are equivalent to the student, client, or patient (Best Start Resource Center, 2012; Freudenberger & Robbins, 1979).

Trauma-Informed Care in Schools

For schools to combat childhood trauma and its effects, the development of trauma-informed strategies has begun to be implemented (Little & Maunder, 2021; Rishel et al., 2019). Schools are the most customary setting for the delivery of interventions to children who encounter a traumatic event (Chafouleas et al., 2016). Fondren et al. (2020) stress interventions

implemented in schools could have lasting implications for children who have been exposed to trauma. It is further confirmed that schools are good sites for treating trauma and supporting the reduction of barriers in trauma care (Reinbergs & Fefer, 2018). Establishing trauma-informed care is essential because teachers today work in extraordinarily challenging and under-resourced environments (Reinbergs & Fefer, 2018). Incorporating trauma-informed care can promote high-quality care, decrease suspension rates, establish partnerships with the community, and strengthen academic staff (Bartlett, 2021).

Trauma-informed care encompasses four action steps and six underlying principles (SAMHSA, 2014). The action steps are known as the four Rs, realize, recognize, respond, and resist. The first component, realize, is the understanding of how trauma affects individuals, families, and communities based on their coping strategies (SAMHSA, 2014). Recognizing entails being able to determine the signs of trauma and trauma screenings and assessments can assist with this process (SAMHSA, 2014). Once trauma has been recognized the response needs to incorporate comprehensive trauma-informed approaches that can be provided to staff via ongoing training, organization, and budgeting from leadership, and policies (SAMHSA, 2014). The final action step is to resist re-traumatization by avoiding triggers (SAMHSA, 2014).

The six underlying principles include safety, trustworthiness and transparency, peer support, collaboration and mutuality, empowerment, voice and choice, and cultural, historical, and gender issues (SAMHSA, 2014). Safety encompasses the staff, as well as the individuals that they work with, in this case, the students (SAMHSA, 2014). Trustworthiness and transparency relate to decisions and discussions related to the trauma to maintain trust and openness with all parties (SAMHSA, 2014). The third and fourth principles, peer support and collaboration, and mutuality focus on working with peers to support recovery and working with all members involved in the establishment of the trauma-informed approach (SAMHSA, 2014). The final

principle, cultural, historical, and gender issues offer a nonbias towards the individual's culture, historical trauma, or gender (SAMHSA, 2014).

To initiate trauma-informed care in the school setting, professional development, and training of staff, as well as the sharing of pertinent information with families and the community, must be executed (Bartlett, 2021; Little & Maunder, 2021; Rishel et al., 2019). SAMHSA (2014) outlined a guidance plan to implement a trauma-informed approach that includes ten domains: governance and leadership, policy, physical environment, engagement and involvement, cross-sector collaboration, screening, assessment, treatment services, training and workforce development, progress monitoring and quality assurance, financing, and evaluation. Combining these domains allows for support, policies and protocols, a sense of safety, engagement, collaboration, intervention-based trauma-informed approaches, continued assessment, tracking, and monitoring, finances for resources, and evaluation of effectiveness (SAMHSA, 2014). It is important to note that not every student who has experienced childhood trauma will demonstrate effects, however, without considering adverse childhood effects, there could potentially be further harm done to the student (Piotrowski, 2020).

Cognitive Behavioral Theory

Cognitive Behavioral Theory (CBT) includes psychoeducation about trauma and the intervention, emotion regulation training, cognitive processing, and problem-solving (Chafouleas et al., 2016). The objective of CBT is to alter an individual's thoughts and behaviors to improve their negative psychological symptoms (Chafouleas et al., 2016). The use of CBT is excellent in the school setting because it focuses on trained staff teaching skills to the individual, partially focuses on behavior, is set up to have a time limit, and can be modified for group settings (Chafouleas et al., 2016).

There are various programs under the CBT umbrella such as Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), Cognitive Behavioral Intervention for Trauma in Schools (CBITS) Program, Grief and Trauma Intervention (GTI) for Children, and Multimodal Trauma Treatment (MMTT) aka Trauma-Focused Coping in Schools (Chafouleas et al., 2016). Socio-emotional outcomes are impacted by the SEL evidence-based practice described earlier under Emotional and Behavioral Regulations (Alvarez et al., 2022). Each of these practices relies on three basic principles; thoughts, emotions or feelings, and behavior (Fenn & Byrne, 2013; Vogel, 2022).

In addition to these more outcome-specific evidence-based practices, others encompass two or all the outcome areas including, Raising Healthy Children (RHC), Communities that Care Plus (CTC Plus), Trauma Informed Care Curriculum, MTSS, and RTI (Alvarez et al., 2022; Chafouleas et al., 2016; Thomas et al., 2019; University of Washington, 2021). RHC is a program provided for all school-age children and centers its goals around increasing school commitment, academic performance, social adeptness, and reducing disorderly behavior (University of Washington, 2021). CTC Plus looks at the community to identify any risks and strengths and then uses a five-phase change process to encourage healthy development, improve youth outcomes, and reduce challenging behaviors (University of Washington, 2021). The Incredible Years, however, is a program that has gained worldwide recognition due to its impact and ability to avert and treat behavioral and emotional problems in children up to the age of 13 (Menting et al., 2013).

School-Wide Positive Behavioral Interventions and Supports

Historically, the focus of schools has been largely on academic areas, however, understanding of the correlation between social, emotional, behavioral, and mental health outcomes has been increasing (National Research Council and Institute of Medicine, 2009). An

evidence-based practice (EBP) that specifically relates to behavioral outcomes includes SWPBIS (Chafouleas et al., 2019; Chafouleas et al., 2016). School-Wide Positive Behavioral Interventions (SWPBIS) is an EBP that supports student behavioral, academic, social, emotional, and mental health in a three-tiered framework that has been implemented for over 30 years in over 25,000 schools in the nation and innumerable countries (*What is PBIS?* 2023). SWPBIS is employed to build a school's capability to construct a positive school environment and culture, execute effective and preventive behavioral techniques, and make data-based and team-based decisions to improve schools (Horner et al., 2010). SWPBIS provides a systematic framework that incorporates knowledge about childhood trauma into students' social, emotional, and behavioral learning (Eber et al., 202).

A policy statement released by the American Academy of Pediatrics Council on School Health (2013) included the implementation of SWPBIS to combat the harmful effects that suspension has on students, and it was the only recommendation that had an established framework and distinctly outlined critical components. Tier 1 of the SWPBIS framework is used with all students in the classroom to teach explicit and positive expectations with school-wide reinforcements (Little & Akin-Little, 2019). The second tier includes prompts, instruction, monitoring, and reinforcement provided to approximately 16% of students who do not respond to tier 1 support (Little & Akin-Little, 2019). The third and final tier of SWPBIS requires a much higher intensity of positive intervention-based plans to meet the needs of the individual student (Little & Akin-Little, 2019).

Empirical studies show multiple benefits when SWPBIS is implemented with fidelity, including regular review of student data and team-based decision making. Benefits include better school climate (Ellis et al., 2022), reduction of bullying (Ellis et al., 2022), and improved student behavior and academic achievement (Ellis et al., 2022; Gage et al., 2017). Charlton et al. (2020)

asserted that SWPBIS is the most effective practice for improving school climate to make students feel safe physically and physiologically. Positive reinforcement is the central practice used in SWPBIS to encourage desired behaviors in students (Ellis et al., 2022). Positive reinforcement is when a student is provided a stimulus following a given behavior that results in the likelihood that the behavior will continue in the future (Sailor et al., 2008). Challenging behaviors often continue in the classroom from students because of inadequate and inconsistent reinforcement during the day (Sailor et al., 2008). Positive reinforcement can be given in a variety of ways such as being presented to students in the form of praise or a token or a point system to gain access to a desired event, or item (Sailor et al., 2008). Whatever form of positive reinforcement is chosen, it should be positive, simple, flexible, frequent, age-appropriate, have clear expectations and rewards, and target all students throughout the day. (Florida PBS Project, 2006). It is vital to be consistent with opportunities for students and delivery of positive reinforcement so behaviors learned in the classroom will be maintained (Sailor et al., 2008). Additionally, consistency is a key factor to reduce and stop any reinforcement of challenging and undesired behavior (Sailor et al., 2008).

Multi-Tiered Systems of Support

Much like SWPBIS, Multi-Tiered Systems of Support (MTSS) is a framework that provides students with progressively intensifying levels of support for the educational and behavioral needs of all students (Sylvan, 2021). Tier 1 focuses on preventative measures for the entire class before deficits arise with a success rate of 80% (Sylvan, 2021). The second tier provides additional support to students who did not respond to support in tier 1 by focusing on areas of deficits with small groups and teacher support with a success rate of 15%. (Sylvan, 2021). Tier 3 addresses the remaining 5% of students by increasing the intensity of focus on deficits with the inclusion of one-on-one support from the teacher and support provided by the

core curriculum (Sylvan, 2021). Clark and Dockweiler (2019) emphasized how ideal MTSS is for the educational system due to relying on quality comprehensive instruction and proactive preventative methods in combination with using strategies for students with increasing severity. Verlenden et al. (2021) followed this up by referencing multiple authors who state that MTSS supplies the framework to initiate coordinated prevention programming, early intervention, and mental health services for students. Combining trauma-sensitive, school-wide strategies with MTSS allows for the promotion of the school's success with a focus on increased student mental health due to social and emotional learning, restorative practices, and a positive equitable school climate (American Institute of Research, 2023; Zakszeski et al., 2017).

The Three Pillars of Strategy

In addition to school-level approaches, various strategies can be implemented in individual classrooms conducive to trauma-informed care (Dombo & Sabatino, 2019; Larson et al., 2017; National Education Association, 2016; Pouzzula 2018). According to Dombo and Sabatino (2019), trauma-informed strategies have three central components: positive connection, safety, and emotional and behavioral regulation. This provides further support that positive relationships between teachers and students, safe environments, and managing emotions are the three most evident trauma-informed strategies (Pouzzula, 2018).

Positive Connections. Many teachers construct positive relationships within their classroom communities (Morton, 2022). Teachers often have various ways that they implement their communication with students and families. Having an open line of communication between the teacher and parents, or caregiver, sends the message to the students that the adults in their lives are on the same page and working as a team (Augimeri et al., 2018). When creating positive connections with students it is crucial to remember that there are different settings within a single classroom . These settings include teacher-whole class, teacher-small group, and teacher-

individual student (Pennings, 2018). When students interact with other individuals in their classroom they are influenced by these proximal processes of Bronfenbrenner's (1979) ecological systems theory. The relationships that teachers create with their students contribute to their success or failure in academics (Rucinski et al., 2018).

School Climate. A positive school climate is associated with an increase in student achievement and a decrease in challenging behaviors (Thapa et al., 2013). A positive school climate involves focusing on the creation and maintenance of trusting and respectful relationships, safety, and support for student academics, behaviors, and physical well-being throughout the school community (NCSSLE, 2023). Creating a safe environment is another way in which to establish trauma-informed care in the classroom setting. School environments are intended to be safe and encourage students to grow personally and academically (Forber-Pratt et al., 2021). For a teacher to create a feeling of safety for students they need to have clear routines and expectations, be predictable, and be nurturing (Augimeri et al., 2018). Not only do the aforementioned establish a safe environment, but they also assist in building trust between the teacher and the students (Augimeri et al., 2018). Further, in a safe environment, students can trust their teachers and know they are there to help provide them with the support and resources they need to overcome their childhood trauma (Morton, 2022). SAMHSA (2015a) stressed to teachers that there is an explicit difference between having a physically safe environment provided for the student and the student physiologically feeling that they are safe while present in that environment.

Emotional and Behavioral Regulations. Emotional regulation is necessary for students who have undergone a traumatic event or experience due to their difficulty in effectively processing their emotions, tolerating stress, and self-regulating (Augimeri et al., 2018). During this process of childhood trauma-informed care, teachers assist students in integrating neural

functioning that could have been compromised by unmitigated stress and trauma (Morton, 2022). For students to regain the use of this neural functioning, teachers demonstrate skills, allow students to practice those skills, and then provide appropriate feedback so that students can learn and grow in the area of self-regulation (Morton, 2022).

Social-emotional learning (SEL) is utilized in the school setting to foster the development of strategies to manage safe and healthy emotions, identities, and communities (*Fundamentals of SEL*, 2023). After teachers have been trained and express support and encouragement to their students with SEL, those students exhibit more positive social behaviors with scarcer conduct behaviors, subsequently allowing for improved overall academic performance (Durlak et al., 2011). Guidance counselors also utilize the SEL curriculum and provide lessons to students. A survey completed by Lokeman (2011) found that 95% of school counselors consistently met with students on trauma-related issues. SEL assists in supporting individuals to succeed at work or school, in relationships, and in the community by focusing on social, emotional, and behavioral character skills (Frey, 2019). There were five skill sets identified by the Collaborative for Academic, Social, and Emotional Learning (CASEL) (2017), which are as follows: self-awareness, self-management, social awareness and empathy skills, relationship skills, and responsible ethical decision-making. These skills are essential for those dealing with overcoming any challenges that students face (Lazarus et al., 2021).

Addressing SEL in schools has increased in recent years. This focus can be traced back to the work of Waters and Sroufe (1983) who described being competent as being able to be flexible and adaptive to demands to maximize opportunities within their environment. Perez (2021) presented various forms of SEL tools that can be used in schools including morning meetings, journal writing, and role-playing situations or stories to encourage students to share and acknowledge their feelings. SEL can improve academic scores as well due to its positive

effects on school climate, disruptive behavior, and relationship skills (Lazarus et al., 2021). Increased success with academic achievement, student behavior, and both student and teacher well-being are associated with the capability of emotional regulation (Hoffman et al., 2020).

Additional Strategies

Although the three main components of trauma-informed strategies are evident across multiple sources, there are other strategies teachers and staff can implement for trauma-informed care (Larson et al., 2017; National Education Association, 2016). Trauma-informed care, or strategies, include giving students a sense of control, listening to students' stories, expressive writing, using a calm voice when teaching, using a comforting touch, and teaching empathy (National Education Association, 2016). These smaller strategies can be intertwined within the three main pillars of trauma-informed care. For example, the National Educational Association (2016) ranked listening to a student and their stories as one of the most impactful skills. When a teacher listens to a student and hears them out the teacher is working on creating that sense of community in a positive relationship that builds trust. One of the other trauma-informed strategies that are seen in classrooms with challenging behaviors is the option of choice for a student. Offering a student a choice in the classroom when they are struggling due to a traumatic childhood event or experience gives them back selected control in an appropriate manner to make up for the control that they lost when they were placed in an unfortunate situation (National Educational Association, 2016).

Additionally, Larson et al. (2017) recommended developing a school health team that would oversee evaluating students who have been exposed to a traumatic childhood event or experience. School health team members include any individual who has an interest in the youth, understands the community, or has professional credibility (CDC, 2019). School personnel who are members of the team include, but are not limited to, students, administrators, teachers, and

counselors (CDC, 2019). The school personnel work closely with the student in their microsystem and can assist the student directly by putting various trauma-informed strategies in place (Bronfenbrenner, 1979). Members outside of the school setting can also be members of the team and can include parents, social services, and mental health facilities (CDC, 2019). School health team members who are outside of the school setting contribute to the student's mesosystem by allowing individuals in the community to contribute to their resilience to traumatic experiences (Bronfenbrenner, 1979). The support that can be provided to these students by community members includes specialized services including consultations, parent education, crisis prevention and intervention, and collaboration (Allensworth et al., 1997).

Just as there is a multitude of trauma-informed strategies to choose from, there is also a multitude of students with personalities who need to be considered. These variations require that a selection of interventions appropriate for an individual framework requires attention to fundamental considerations (Chafouleas et al., 2019). When commencing trauma-informed strategies, referring to Maslow's (1987) Hierarchy of Needs can be highly beneficial (Morton, 2022). Maslow's (1987) Hierarchy of Needs accentuates the fulfillment of stages in a specific order, with physiological, safety, love, belonging, and esteem tiers first, meaning that all these tiers must be filled before reaching the self-actualization tier. According to Piotrowski (2020), providing students with trauma-informed care, evidence-based strategies, and access to high-quality care and services enhances the effectiveness of the care and services provided, and reduces the necessity for care and services throughout the student's entire life. While implementing trauma-informed programs is challenging, it can vastly improve a school's climate, the quality of student-teacher relationships, and assist in decreasing students' challenging behaviors and emotional distress (Alisic, 2012).

Training and Professional Development

Educating administrators, staff, students, and parents on the frequency of trauma and its impacts is an additional way that schools can move towards becoming trauma-sensitive schools (Herrenkohl et al., 2019). However, many schools remain poorly equipped to address the full capacity of children suffering from traumatic childhood events or experiences (Herrenkohl et al., 2019). Many schools and districts seek out resources, professional development, guidance, and coaching support from state entities and initiatives (Hopkins et al., 2014). The state Department of Education's websites vary in the amount of information provided to the educational systems, so can be of very little help in some states (Thomas et al., 2019). To begin the process of moving towards a trauma-sensitive school, administrators, teachers, and professional staff must have a consistent view to understand the impact that trauma has on academics (Jones et al., 2018; Perfect et al., 2016). Once the shift towards becoming a trauma-sensitive school has been accepted, it can only progress into sustainable action with the support of administrators. This requires that it be seen as effective, flexible, adaptable, and feasible to implement with limited support and resources (Han and Weiss, 2005). According to Chafouleas et al. (2016), the first step in setting up a school-wide delivery is to remove and minimize exposure to traumatic or triggering events. Once this step is completed the focus moves towards creating safe and supportive classrooms to improve the environment that the students are in. Trauma-informed administrators, teachers, and professional staff can proactively prevent and de-escalate challenging behaviors by improving the learning environment and positively impacting the entire class of students' behavioral, socio-emotional, and academic outcomes (Lang et al., 2015).

Student Mentors

Students encounter various peers and adults during their day. Positive relationships that are incorporated into school and everyday life become contagious (Marsden, 1998). Members of the community are essential in encouraging students who have experienced trauma and strengthening positive relationships to assist them in conquering their trauma. The following sections discuss the impact various members of the community can have on a student affected by a traumatic event or experience.

Administrators, Teachers, and Professional Staff. Becoming a trauma-sensitive school involves the teachers and staff attending professional development and training (Bartlett, 2021; Little & Maunder, 2021). During this professional development and training, teachers and staff become familiar with the terminology, learn what could be considered triggering, discover how to manage student reactions, and acquire strategies that will benefit students (Rishel et al., 2019). However, before any plans can be implemented through trauma-informed practices, the environment and relationships need to be established. Setting up appropriate security, safety, and positive relationships with teachers and staff must be put in place by teachers first (Little & Maunder, 2021; Pennings et al., 2018). Allowing for positive relationships to be created with teachers, and establishing a safe environment, permits teachers and staff to assist and co-regulate with students that have been traumatized (Frankland, 2018).

School counselors are an additional professional staff resource related to this goal. Counselors can recommend that a student who has experienced childhood trauma be seen in a group setting or one-on-one (Hurless & Kong, 2021). Once the foundational classroom environment and positive relationships have been created, strategies can be implemented, such as PBIS and brain-energizer breaks (Buchanan, 2021). Teachers and counselors are not the only adults responsible for contributing to the schools' safe environment. Since the 1950s, police

officers have been tasked with working in the school setting to maintain safety (Forber-Pratt et al., 2021). It was not until 40 years later, in the 1990s, that police officers were positioned in schools through funded law enforcement agencies as School Resource Officers (SRO) (Bracy, 2010). According to the National Association for School Resource Officers, SROs retain three functions: educator, mentor, and law enforcement officer to reinforce school rules and procedures, as well as provide students, families, and staff with law-related education (NARSO, 2020). These officers are expected to collaborate with the educational system, child welfare, and the juvenile justice systems to promote and maintain school safety (Canady et al., 2012). Additionally, while coordinating efforts toward prevention and intervention, SROs are expected to determine risk factors, including ACEs, and protective factors of students (Canady et al., 2012). Employing empathy, critically analyzing causes for student behavior, stepping in as a teacher, listener, or family member, and establishing trust with students who have undergone a traumatic event or experience assist SROs in determining these risk factors (Forber-Pratt et al., 2021). The presence of an SRO is controversial and aids in fueling the school-to-prison pipeline (Nance, 2016). The increase in SROs contributes to increased reports of student offenses resulting in arrest, emotional trauma, stigma, and expulsion (Nance, 2016; Sweeten, 2006)

Families and Community Members. Although the school systems are a sizable portion of the fight against childhood trauma and its effects, family and community support is necessary for more remarkable advancements (McGruder, 2019; Olson et al., 2020, Rishel et al., 2019). Stormshak et al. (2020) examined home-to-school communication and parent involvement and discovered the importance of initiating collaborative relationships with families proactively. Strong trauma-informed programs utilize liaisons to assist in guiding families (Rishel et al., 2019). These liaisons can participate in school activities with the community and work further with a child individually, with parental consent, due to being licensed therapists (Rishel et al.,

2019). Utilizing family, friends, and community social networks also provides time for parental resilience-enhancing activities to allow for gaining education and professional development skills (Twum-Antw et al., 2020).

The combination of families and communities working with the school system allows for a solid, well-rounded program that can support students who underwent a traumatic childhood event by having resources in both significant aspects of their lives (McGruder, 2019; Rishel et al., 2019). An organization that was created by the Youth Mental Health Connections is the School Community Partnership for Mental Health (SCPMH) (SCPMH, 2015). SCPMH provides community leaders with access to two programs, Wraparound and Resilience Education to Advance Community Healing (REACH), to partner with schools to provide services to the most momentous mental health, social, and behavioral needs of students and their families (SCPMH, 2015). Wraparound is a program utilized for youth that has undergone consequential mental health or behavioral challenges with a comprehensive youth and family-driven response (*National Wraparound Initiative*, 2019). REACH provides schools with the necessary tools for supporting students in their emotional well-being (*What is Reach?* 2023).

Avery et al., (2021) further confirmed that the combination of a student's family and cultural needs bond to the advocacy and commitment to oppose re-triggering in students. To ensure that triggering is hindered, trauma-informed care is essential in school environments (Piotrowski, 2020). The greatest technique for trauma-informed care is to incorporate the entire school community including teachers, administrators, and counselors (Morton, 2022).

Overcoming Childhood Trauma

SAMHSA's Center for Substance Abuse Treatment (2014) described how ideas concerning trauma were established from literature produced about war veterans' physical and emotional stress gained from combat experiences in the 1860s. Resilience in trauma-related

cases has its conception with Emmy Werner, Michael Rutter, and Norman Garmezy (Garmezy, 1992; Rutter, 1990; Werner, 2012). Resilience comes from the Latin *resilire*, which means rebound (Masten, 2014). In context, the term resilience simply refers to how an individual responds or rebounds after risk factors and can change as the risk changes (Rutter, 1990). Werner (2012) started the first longitudinal study of resilience in 1995 on the island of Kauai. At the time this was the most significant long-term longitudinal study for at least 30 years (Garmezy, 1993). The ability to build resilience relies heavily on possessing protective factors (Garmezy, 1992; Rutter, 1990; Werner, 2012). Garmezy (1992) found protective factors could be divided into three broad sets of variables, personality features, family cohesion, and the availability of external support systems. The personality features include an individual's activity level, reflectiveness when encountering a new scenario, cognitive skills, and positive interactions with others (Garmezy, 1992). Family cohesion includes the aspect of having a warm and caring adult present and the aspect of unity (Garmezy, 1992). Finally, support systems include individuals who assist in tethering the individual to the community, such as a teacher, mother figure, or church family (Garmezy, 1992).

Masten et al. (2002) defined resilience as when a traumatic event disrupts normal development, and patterns of advantageous adaptation occur. The concept of resilience entails one or more systems overcoming and acclimating to adversity successfully (Akwas Twum-Antwi et al., 2020). Developing resilience requires diligence and practice that relies on strong connections between the prefrontal cortex and the brain's executive function (Seidenfeld et al., 2014; Tillott et al., 2022). Resilience is nurtured by protective factors of the individuals' characteristics, social relationships, and community involvement (Ungar & Liebenberg, 2011). School and parent connections are key protective factors in building resilience (Frydenberg, 2018). Resilience-promoting interventions should address the various systems that influence a

child's life span in the school and home setting (Laluvein, 2010). The spanning of resilience-promoting interventions establishes the creation of the link between two microsystems of the individual into their mesosystem (Bronfenbrenner, 1979). In the school environment resilience is established as an area of focus with resources coordinated, lectures delivered, professional development provided for staff, and lessons implemented for students (Lundgaard, 2018). From a parental perspective, providing skills for resilience in a child entails staying calm, listening to them, acknowledging them, showing opportunities for growth actions, shifting their attention, and trusting in them (Lundgaard, 2018).

The Resilience Classroom protocol emerged in the 1990s to have schools focus on both students' academics and their mental health (Lazarus et al., 2021). This protocol assists in recognizing classroom protective factors that are weak and aids teachers in the development of practical solutions to mend these weaknesses swiftly and effectively (Lazarus et al., 2021). Masten (2018) emphasized the importance of integrating varying protective supports in addition to minimizing risk factors to build healthy resilience in families. Whereas a PBIS approach is a school-wide program, a Resilience Classroom is a classroom focused on emphasizing a student's perspective as opposed to their behavior (Lazarus et al., 2021).

One way to promote resilience is through mental health and wellness population-based supports, such as community resources, to strengthen protective factors while minimizing risk factors (Lazarus et al., 2021). Programs to integrate resilience-building to assist students who have undergone a traumatic event have become more common (Lipscomb, 2019; Piper, 2017; Tillott et al., 2022). Four programs that have appeared recently include Bibliotherapy, Roots of Resilience, Game ON, and the PIPER model (Heath et al., 2005; Lipscomb et al., 2019; Tillott, 2019; Tillott et al., 2022; Piper, 2017). Bibliotherapy offers an understanding of personal problems and facilitates emotional healing by providing development opportunities (Heath et al.,

2005). Roots of Resilience is an online program for Early Childhood Educators to gain professional development to strengthen resilience in children who have experienced trauma (Lipscomb et al., 2019). Game ON is geared toward children between the ages of 4-8 and engages them with characters in a storybook to consider appropriate and inappropriate behaviors of resilience (Tillott et al., 2022). Game ON is reported to be engaging to students and purposeful in helping them to understand resilience theory and self-reflect on their behavior compared to examples in the storybook (Tillott, 2019). The PIPER model is a three-step program developed specifically for teachers and is centered around the child to identify and plan for students who have emotional well-being needs, grounded on risk and resilience factors (Piper, 2017).

Malchiodi (2020) emphasized art, music, dance, dramatic enactment, creative writing, and imaginative play can promote self-expression that leads to healing in survivors of trauma. Healing can occur through these action-oriented forms of expression because words alone cannot fully express their feelings and experiences (Malchiodi, 2020). In a recent study, Ray et al., (2022) explored the impact of child-centered play therapy (CCPT) on children who experienced at least two ACEs and its ability to improve social, emotional, and behavioral challenges. Ray et al., (2022) found children who participated in CCPT significantly improved in building empathy, self-regulation, self-responsibility, and social competence, as well as minimized their behavioral challenges.

Combating childhood trauma in the classrooms begins with teachers being proactive (Morton, 2022). Although beginning the fight against traumatic childhood experiences and events needs to be implemented in the school setting, especially at early ages, if possible, some cases require more than what the school system can offer. For students who have had multiple traumatic experiences, highly severe experiences, or even students who have a more difficult

time coping, outside resources may be necessary. Researchers have investigated various childhood trauma treatments and therapy, such as acceptance and commitment therapy (Spidel et al., 2018), eye movement integration therapy (van der Spuy & van Breda, 2019), and art therapy with eye movement desensitization and reprocessing (Sigal & Rob, 2021).

If a student faces only one or two traumatic events they likely stay socially and emotionally competent, however when the number of traumatic events increases the likelihood of maintaining this competency dwindles (Lazarus et al., 2021). Once a child has experienced a traumatic event, it is common for a child to put coping mechanisms into place to protect themselves from what occurred. Working through the feelings and events, however, can create overwhelming sensations for children (Sigal & Rob, 2021). The individual working with the therapist in Sigals' (2019) research utilized his passion for art to assist in processing his childhood trauma. The process of eye movement integration therapy uses portions of talk therapy and Neurotherapy (van der Spuy & van Breda, 2019). Van der Spuy and van Breda (2019) found in their research that utilizing this combined method exhibited significant improvements in the symptoms attributed to childhood trauma. Acceptance and commitment therapy is applied by working with individuals to support them in separating themselves from the experience of childhood trauma and working through their emotional regulation (Spidel et al., 2018).

Additionally, Spidel et al. (2018) added mindfulness meditation to the therapy, and found evidence that this benefits individuals exposed to traumatic childhood events or experiences. Although it is evident from the research that significant gains can be made for students of traumatic childhood events or experiences, access to these types of therapies and treatments in the school systems is not always possible. In cases such as those above, it took years for the individuals to work through their trauma (Sigal & Rob, 2021; Spidel et al., 2018; van der Spuy & van Breda, 2019). It was also noted in these studies that it took significantly longer for

individuals the longer that they waited to address the effects and concerns of their childhood trauma (Sigal & Rob, 2021; Spidel et al., 2018; van der Spuy & van Breda, 2019). This research further establishes the importance of establishing trauma-informed classrooms and schools to support students who have experienced childhood trauma.

Summary

The understanding and documentation of research related to childhood trauma have increased throughout recent years. Since trauma continues to plague children of all ages, teachers have been intent on assisting students with successful resources and strategies to implement in the classroom. Due to this, researchers have explored techniques when working with students facing childhood trauma.

Additionally, researchers have examined the connections between childhood trauma and other medical diagnoses, such as PTSD and attention-deficit/hyperactivity disorder, resulting in the link between a student's environment and their learning (Brown, 2023). Bronfenbrenner's (1979) ecological systems theory of human development provides a useful lens to develop a deeper understanding of traumatic childhood events and experiences that have had adverse effects on a child in the home and school environment. The reviewed literature discusses the characteristics of childhood trauma, the impact of childhood trauma on the body, childhood trauma in the school setting, and overcoming childhood trauma with the use of therapy and treatment. A gap, however, exists in the literature about the needs of administrators, teachers, and professional staff as they move towards becoming trauma-sensitive schools.

Recent literature supports the trauma-informed process; however, considerable obstacles hinder trauma-informed strategies from being utilized in the classroom for students with childhood trauma. All school districts must embrace a trauma-informed framework to support students who have experienced traumas, as schools are uniquely positioned to support youth who

have experienced or are experiencing trauma (Pataky et al., 2019). Examining the needs of administrators, teachers, and professional staff will allow for a better understanding of student needs to assist them in overcoming their childhood trauma and its adverse effects on them, as well as the others around them in a school located in Central Virginia.

CHAPTER THREE: METHODS

Overview

The purpose of this single instrumental case study was to discover the needs of administrators, teachers, and professional staff in a Central Virginia school as it moved towards becoming trauma-sensitive. Participants were recruited after obtaining IRB approval from Liberty University. Data collection entailed surveys, interviews, and focus groups that were analyzed and triangulated to describe the needs of administrators, teachers, and professional staff as they move toward becoming a trauma-sensitive school.

Research Design

The design for this study examining the needs of professional staff in elementary schools toward becoming a trauma-sensitive school is a qualitative single instrumental case study. A qualitative approach was chosen for the study due to its focus on solving a problem (Merriam & Tisdell, 2015). Upon gathering data based on researchable questions the intent was to improve upon the practice of providing needs to administrators, teachers, and professional staff, therefore making this study best examined through a qualitative lens (Merriam & Tisdell, 2015). The qualitative lens also allowed for the lived experiences of the participants to be understood and to generate naturalistic generalizations from the analysis of the collected data from the case (Merriam & Tisdell, 2015). The study contributed to solving the problem of understanding the needs of professional staff in an elementary school as they moved towards becoming a trauma-sensitive school. According to Merriam and Tisdell (2015), knowledge is established from people's involvement in an activity or experience. The experiences that were examined in the study are those of administrators, teachers, and professional staff with childhood trauma and their needs for supporting these students.

The study used a single instrumental study design focused on the bounded case of one Central Virginia elementary school (Creswell & Poth, 2018). The issue investigated was the needs of administrators, teachers, and professional staff in an elementary school as they move towards becoming a trauma-sensitive school. The Central Virginia elementary school was chosen to gain insight into the research question. The careful selection of this case allowed for the necessary incorporation of diversity among contexts with various grades and staff members (Stake, 2015). While there are various grades and personnel there is a central concept that binds them together, the needs of professional staff in an elementary school as they move towards becoming a trauma-sensitive school (Stake, 2015). The purpose of using a case study approach is to have a case within real-life contemporary settings or contexts (Yin, 2014). The site was chosen based on maximum variation sampling to include various grades and personnel. Data collection began with a survey to understand the basis of the school. Following were individual interviews and focus groups to deepen the understanding of data on what each grade or personnel felt was needed. A proposition statement helps direct attention to why the issue is occurring in a case study by summarizing and synthesizing numerous analytic observations (Miles et al., 2014). I began with the proposition that the needs of administrators, teachers, and professional staff will be a lack of funding, knowledge, consistency, and structure. The outcome of the data collected was naturalistic generalizations, or the ability to apply what is learned about the needs of administrators, teachers, and professional staff to become trauma-sensitive to other similar contexts (Creswell, 2018).

Research Questions

The goal of this single instrumental case was to discover the needs of a school as it moved towards becoming trauma-sensitive. The discovery of training and resources that

administrators, teachers, and professional staff need can advance discussions about what can be developed in schools and personnel moving toward becoming a trauma-sensitive school.

Central Research Question

What are the needs of elementary administrators, teachers, and professional staff as they move toward becoming a trauma-sensitive school?

Sub-Question One

What training is provided in the elementary setting about trauma-sensitive schools?

Sub-Question Two

What resources are provided to elementary administrators, teachers, and professional staff to allow them to become a trauma-sensitive school?

Sub-Question Three

What additional training and resources must be provided to elementary administrators, teachers, and professional staff to allow them to become a trauma-sensitive school?

Setting and Participants

This section describes the site and participants who were included in this single instrumental case study. First, I describe the school located in Central Virginia serving as the site for research. After, I explain the process of obtaining participants and information regarding my assumptions and role in the research.

Sites

To ensure that schools are committed to becoming more trauma-sensitive I referenced the Four R's; realize, recognize, respond, and resist (Forber-Pratt et al., 2021). When providing information about the current study the Central Virginia school CVS administrators were provided with the four following questions:

1. Does your staff realize how trauma can affect individuals, families, and

communities?

2. Does your staff recognize the signs of trauma?
3. Does your staff use a comprehensive trauma-informed approach for students?
4. Does your staff resist re-traumatization by intentionally avoiding potential triggers of past trauma?

If the school was committed to moving towards becoming trauma-sensitive and wished to move forward with becoming a site, it was submitted for IRB approval upon receiving a letter from the superintendent. Once approved the site was provided with IRB approval from Liberty to move forward with the data collection process.

The school that constitutes the case for this single instrumental case study is located in Central Virginia. The National Center for Education Statistics (2023) designated the school suburban. While convenience played a part in selecting the site, maximum variation was also a factor, as is common in qualitative cases (Creswell & Poth, 2018). Maximum variation sampling allows for the specified difference in the individuals chosen, in this case, the various grades and personnel (Creswell & Poth, 2018).

(CVS) is the largest elementary school in its county. The ability to collect and analyze data across grades and personnel in a large school allowed for a deeper understanding of what is needed by administrators, teachers, and professional staff as they move toward becoming a trauma-sensitive school. CVS has a full-time principal, assistant principal, twenty-six classroom teachers, four special education teachers, a counselor, and a part-time psychologist. The most current stats are from the 2021 – 2022 school year. There are 26 full-time teachers with a ratio of 14 students per teacher. 98% of the teachers have at least three years of teaching experience. The student demographics are 50% female and 50% male. Minority enrollment is 22.9% with 2.4% Hispanic or Latino, 4% African American, and 8% identifying as two or more races.

Participants

Study participants included administrators, counselors, psychologists, specialists, and preschool through fifth-grade teachers at CVS. Included in the study were an administrator, resource teacher, special education teacher, two reading specialists, and a grade level teacher from Pre-K, kindergarten, first, third, fourth, and fifth. This would allow for a range in the school for an overall view of the entire school. Delimitations incorporated having been in education for at least three years and employed at the site for three years. This allowed for those who have just entered the field or school to be eliminated as a participant to ensure that participants have at least completed new teacher training and have access to and a greater chance of knowledge and understanding of the school policies and procedures. Maximum variation was utilized by the grade level taught to encompass a range of teachers who interacted with students of varying ages. The three areas of sampling that allow for triangulation include convenience, criterion, and intensity. Convenience sampling assisted in the ease of performing the research. The criterion sampling coincided with having teachers who have taught for at least three years or more. A total of 11 participants were chosen from the site. This assisted in gaining a range of perspectives on the subject as well as rich discussions during the research collection process. The final component is intensity sampling. This seeks information-rich cases (Miles & Huberman, 1994), meaning that classrooms with a higher number or intensity of challenging behaviors will be used over those that do not.

Table 1

Teacher Participants

Participant Name	Years Taught	Current Position	Currently Teaching	Years at School	Highest Degree	Type of Endorsements
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Pre-Kinder	19	Teacher	Pre-K	3	Masters	Early Childhood Special Education
Kinder	24	Teacher	Kinder	18	Bachelors	K-7
First	20	Teacher	First	19	Bachelors	Pre-K-6
Third	26	Teacher	Third	6	Masters	K-6 Educational Leadership
Fourth	25	Teacher	Fourth	12	Masters	Elementary Education NK-4; Special Education K-12
Fifth	18	Teacher	Fifth	3	Masters	Pre-K - 6
Resource	30	Teacher	Resource	3	Bachelors	NK-4
SPED	19	SPED Teacher	K-2	6	Masters	K-12 Intellectual Disabilities, Specific Learning Disabilities, Emotional Disturbance PreK-12 Administration and Supervision
Specialist 1	26	Reading Specialist	K-3	4	Masters	Special Education K-12 and Reading Specialist
Specialist 2	16	Reading Specialist	K-5	5	Masters	K-6, Reading Specialist
Administrator	19	Administration	Pre-K – 5	4	Doctorate	Administration and Supervision; Curriculum Instruction

Researcher Positionality

When children experience childhood traumas, developmental delays can present as disruptive classroom behaviors (Barr, 2018; Bartlett, 2021; Buchanan et al., 2021). Discovering the needs of administrators, teachers, and professional staff as they move towards becoming a trauma-sensitive school is essential to combat challenging behaviors in the classroom and

increase the best teaching practices. Having prospective participants as members in creating knowledge about the training and resources needed to form trauma-sensitive schools allows for the justification of the findings.

Interpretive Framework

The interpretive framework of social constructivism is used as the lens through which this single instrumental research study was conducted. Of the various interpretive frameworks, social constructivism is more conservative than other frameworks. Schreiber and Valle (2013) emphasize that individuals are active participants in creating their knowledge. By discovering the needs of administrators, teachers, and professional staff, they were inevitably part of gaining more knowledge on the implementation of becoming a trauma-sensitive school to assist students who have experienced childhood trauma.

Philosophical Assumptions

As a current educator, being able to identify the needs of administrators, teachers, and professional staff to become trauma-sensitive schools is necessary with the increased understanding of trauma awareness and its high prevalence throughout the nation. The content taught at the elementary level is the foundation for the remainder of a student's educational career which they build upon. As humanity does not know the truth as God, seeking knowledge is essential to further one's understanding. Understanding philosophical assumptions provides the researcher with a direction in which to work towards obtaining their goals (Huff, 2009). A researcher's philosophical assumption is also deeply embedded in our training and reinforced by our scholarly peers (Huff, 2009). As the human instrument in this qualitative study, my philosophical assumptions provided me with the problem that I wanted to gain data on for transferring to varying contexts. Additionally, my training as an educator has provided me with a diverse range of scholarly resources, including education, psychology, and medical resources.

Ontological Assumption

Ontological assumptions encompass an individual's understanding of the nature of reality (Guba & Lincoln, 1989). The nature of reality encompasses the aspect of seeing reality through various views (Creswell, 2018). In the current study, the needs of a school as it moves toward becoming trauma-sensitive will be viewed from the perspectives of administrators, teachers, and professional staff. In addition to the various viewpoints of the participants, the various grades will provide more perspective on the needs. Proverbs 18:15 states “An intelligent heart acquires knowledge, and the ear of the wise seeks knowledge.” (*The English Standard Version*, 2001, Proverbs 18:15). As a continuous learner, I have acquired the desire to understand multiple perspectives on the needs of administrators, teachers, and professional staff as they move toward becoming a trauma-sensitive school. Due to this, I have selected a single instrumental case study to determine how the different stakeholders experience the study phenomenon.

Epistemological Assumption

Epistemological assumptions entail understanding, as well as explaining how one knows the information that has been acquired (Crotty, 2003). In the current qualitative single instrumental case research study, knowledge is gained from direct interaction with the participants in the Central Virginia school. The wide array of participants will contribute to the construction of knowledge from the findings. Discovering what is needed in terms of training and resources by administrators, teachers, and professional staff to combat challenging behaviors from childhood trauma is essential to support students who have been exposed to trauma, and classroom management as a by-product.

Axiological Assumption

According to Creswell and Poth (2018), axiological assumptions pertain to personal values the researcher brings to the study. It is imperative to provide teachers with training and

resources that enable them to assist students in overcoming trauma, in addition to improving academics and social interactions. To implement these strategies, however, teachers and staff members need to be adequately trained and given resources to achieve the best possible outcomes, and this study allowed their voices to be heard. As an educator of ten years at the elementary level, I know that challenging behaviors significantly impact the academics and social interactions between students. My experiences in the classroom aided in developing my core values such as modification and improvement of teaching strategies, behavioral strategies, and emotional well-being. To improve how those in the field of education are prepared to care for students who have undergone childhood trauma, research needs to be conducted to understand student needs and the needs of administrators, teachers, and professional staff. The findings increased the support from those in higher positions by allowing them to understand the needs of their staff. The research and findings were compiled to assist administrators, teachers, professional staff, and students in obtaining improved well-being.

Researcher's Role

I am a teacher at the research site; however, this is only the fourth year I have been a staff member. I did not have a supervisory role over any study participants. The participants had at least three years of experience to avoid putting pressure on a teacher at the beginning of their career. There were teachers in the study with whom I have interacted beforehand, which could cause a bias in how they answer the data collection questions. I am hopeful, however, that if I feel there is a member in the school that may cause bias, I will be able to select another volunteer from the sampling pool. I am assuming that those moving towards becoming trauma-sensitive schools need more training but above all more resources, explanations, and scenarios as to how to handle the challenging behaviors. I have not discussed my thoughts with my peers on the matter. Due to this, I only know what I believe has worked in my classroom, but it is also

important to remember that different students, teachers, and combinations of personalities may cause variations in outcomes.

Procedures

This section outlines the procedures used to gain the data needed for the research study. Before beginning, permission was granted by the site and Liberty University's IRB. Once the permissions were given, there was a recruitment plan to obtain the participants who volunteered for the research study.

Permissions

Gaining permission for the research study began with site permission, followed by the IRB approval letter from Liberty University (see Appendix B). To gain permission to conduct research at the research site, communication began with the building administration and, when necessary, the county school board. Any documentation that they require was completed and placed in Appendix B as well.

Recruitment Plan

The sample pool was 38, which is the total number of administrators, teachers (including special education), counselors, paraprofessionals, and psychologists in the elementary school. The projected sample size was between 10 and 15 participants (Liberty Qualitative Dissertation Template, 2022), with a final sample of 11. The type of sample used to select the participants was a combination sampling method. This method allowed multiple needs and interests to be met (Miles & Huberman, 1994). Triangulation and flexibility are used with this form of sampling (Miles & Huberman, 1994). To obtain the participants needed; after gaining IRB approval, I sent a recruitment email (see Appendix C) to the administrator that was sent to the entire school and selected staff. This email introduced the study and the criteria for participation. In the email, there was a link to a Google Form that allowed those who were interested in participating to first

provide informed consent, followed by demographic information such as name, gender, ethnicity, age, education, licensure endorsements, first or second career path, school, years taught at the current school, years taught overall, current position, previous positions, and email address, and finally the survey. This allowed for a record of participants interested and a way for contact to be made. Once this occurred, those interested were contacted directly to set up individual interviews and focus group sessions.

According to Creswell and Poth (2018), the approach adopted by the researcher initiates the process of designing a qualitative study. Once the design is selected, the appropriate means of collecting data must be decided. Patton (2015) emphasizes that qualitative research means the researcher goes into the field to gain insight from the real world. This study examining administrators, teachers, and professional staff's needs to become a trauma-sensitive school encompassed the real-world data collection sources of surveys, interviews, and focus groups. Each of these data collection sources was implemented in the order specified. Beginning with a survey allowed for an overview of each participant's knowledge of trauma-sensitive schools and their use of trauma-informed strategies with students. After the surveys, personal interviews allowed participants to express their experiences in a one-on-one setting free from the influence of others to fully understand their needs. Finally, once personal interviews and surveys were completed, the participants were placed into focus groups to collaborate as a team on ways to enhance the needs of schools to become trauma-sensitive. Focus groups were composed of a mixture of personnel in each group. Focus groups were set as the last collection approach to allow for the data collected from the surveys and personal interviews to assist in guiding the construction of the focus group questions to center on the needs that arose earlier in the data collection process.

Survey

By using a survey, knowledge of trauma-sensitive schools, the application of trauma-informed strategies, prior training, and collaboration with outside sources utilized by each teacher were collected. The survey allowed for the collection of data on each participant's knowledge of what a trauma-sensitive school entailed. Additionally, it allowed participants to identify strategies they are using with students to combat trauma. Finally, the survey collected data on the amount and types of training that each participant has undergone concerning trauma-sensitive schools. Each participant had one survey to complete to answer the questions about their knowledge of trauma-sensitive schools, the application of trauma-informed strategies, and prior training. The questions were answered with the following choices: not at all, partially, mostly, fully, unknown, or N/A. The survey content was adapted from a prior study that is provided in Appendix D (Lesley University, *Trauma-sensitive school checklist - learning for justice* Open site).

Survey/Questionnaire Questions

1. Background

1. First and last name
2. Gender
3. Ethnicity
4. How many years do you have in the field of education? Please list previous experiences and years.
5. What is your position?
6. If you selected a teacher, please indicate your grade. If you selected other, please indicate your position.
7. What is your level of education?
8. Do you have any teaching endorsements and if you do what are they?

9. What is the best way to set up an interview?
 10. What type of \$10.00 gift card would you prefer?
2. School-wide Policies and Practices (Lesley University, *Trauma-sensitive school checklist - learning for justice*) (scale-based answers: one - not at all, two - partially, three - mostly, four - fully.)
1. The school contains predictable and safe environments (including classrooms, hallways, playgrounds, and school buses) that are attentive to transitions and sensory needs.
 2. Leadership (including principals and/or superintendents) develops and implements a trauma-sensitive action plan, identifies barriers to progress, and evaluates success.
 3. General and special educators consider the role that trauma may play in learning difficulties at school.
 4. Discipline policies balance accountability with an understanding of trauma.
 5. Staff support is available regularly, including supervision and/or consultation with a trauma expert, classroom observations, and opportunities for teamwork.
 6. Opportunities exist for confidential discussions about students.
 7. Participates in safety planning, including enforcement of court orders, transferring records safely, restricting access to student-record information, and sensitive handling of reports of suspected incidents of abuse or neglect.
 8. On-going professional development opportunities occur as determined by staff needs assessments.
3. Classroom Strategies and Techniques

1. Expectations are communicated in clear, concise, and positive ways, and goals for the achievement of students affected by traumatic experiences are consistent with the rest of the class.
 2. Student's strengths and interests are encouraged and incorporated.
 3. Activities are structured in predictable and emotionally safe ways.
 4. Opportunities exist for students to learn and practice the regulation of emotions and the modulation of behaviors.
 5. Classrooms employ positive support for behavior.
 6. Information is presented and learning is assessed using multiple modes.
 7. Opportunities exist for learning how to interact effectively with others.
 8. Opportunities exist for learning how to plan and follow through on assignments.
4. Collaborations and Linkages with Mental Health
1. Policies describe how, when, and where to refer families for mental health support; and staff actively facilitate and follow through in supporting families' access to trauma-competent mental health services.
 2. Access exists to trauma-competent services for prevention, early intervention, treatment, and crisis intervention.
 3. Protocols exist to help students transition back to school from other placements.
 4. Mental health services are linguistically appropriate and culturally competent.
 5. The staff has regular opportunities for assistance from mental health providers in responding appropriately and confidentially to families.
5. Family Partnerships
1. Staff uses a repertoire of skills to actively engage and build positive relationships with families.

2. Strategies to involve parents are tailored to meet individual family needs and include flexibility in selecting times and places for meetings, availability of interpreters, and translated materials.
 3. All communications with and regarding families respect the bounds of confidentiality.
6. Community Linkages
1. The school develops and maintains ongoing partnerships with state human service agencies and with community-based agencies to facilitate access to resources.
 2. When possible, school and community agencies leverage funding to increase the array of support available.

The background section allowed for each participant to be identified and start the survey with basic information to establish a sense of comfort. It also assisted with screening to ensure participants met the study criteria and allowed me to select a sample with maximum variation. This allowed the participants to provide necessary information that could become a potential covariant in the research process. Any of the questions were subject to alteration, when necessary, per the feedback from the committee upon review.

The background section allowed participants to showcase the factors involved in creating their view on trauma-sensitive schools. When compiling the data from the background section I was able to examine the various qualifications and experience that each of the participants have. This allowed for a greater understanding of the data when viewing similarities and differences in like and unlike participants.

Section two, School-wide Policies and Practices focuses on the school as a whole. The questions center on the policies that are in place, staff members' roles regarding trauma, further

professional development, and supports that are in place (Lesley University, *Trauma-sensitive school checklist - learning for justice*).

Section two focused on the site located in Central Virginia. I was able to triangulate across participant types and sources. The triangulation assisted in understanding that the information gained can be transferable to various elementary schools.

The Classroom Strategies and Techniques narrow down from the whole school to an individual participant's classroom. In this section questions center on the expectations, activities, and opportunities that are given to students who have suffered trauma (Lesley University, *Trauma-sensitive school checklist - learning for justice*).

Classroom Strategies and Techniques focused more on the views of each of the varying participants. I was able to examine the similarities and differences between administrators, teachers, and professionals across cases. These similarities and differences assisted in determining if the knowledge gained was the same at all levels of the school staff.

The final three sections, Collaborations, and Linkages with Mental Health, Family Partnerships, and Community Linkages establish questions that showcase how the school operates together with outside resources to support students who have undergone a traumatic event. Based on these questions it can be understood what knowledge administrators, teachers, and professional staff have of trauma-sensitive schools, their application of trauma-informed strategies, prior training, and their school's collaboration with outside sources utilized by each participant will be collected.

Survey Data Analysis Plan

The collected survey data was compiled in a table to examine the overall data across the target school. The demographic data of each participant allowed me to select a sample with maximum variation to obtain a diverse sample. The data collected from the survey have answers

ranging from one of the five choices. I collected the data provided for each question by each participant in a table. This allowed for focus groups to be set up within the case. From this information, the individual interview questions were extended to encompass more detailed information. Once I coded the data using open coding, I had a basis to understand the similarities and differences in the views of the staff (see Appendix E). Additionally, I was able to see if there were any major discrepancies between levels of staff, which helped in prompting during interviews and focus groups when needed. These grade levels included pre-kindergarten, kindergarten, first, third, fourth, and fifth.

Individual Interviews

The second form of data collection for this study is semi-structured interviews. Interviews are the primary data collection sources from participants in qualitative studies (Charmaz, 2006). Meeting face-to-face was the most beneficial method for collecting the data needed. Team Meetings with video or written responses were used when participants could not meet face-to-face. Face-to-face meetings allowed for observing body language and facial expressions and getting the participants' immediate answers. Each participant was made aware that their responses would remain confidential, and that they may terminate the interview at any time if they deemed it necessary.

Additionally, the participants had a scheduled time for the interview that ranged from thirty minutes to one hour. During each interview, there was a voice recording that was transcribed verbatim. Before executing the interview with participants, each question was reviewed by the dissertation committee members to ensure clarity and obtain feedback.

Individual Interview Questions

1. Please describe yourself and your educational background.

2. What do you know about trauma-sensitive practices and policies? Please describe those that are implemented in your school or classroom currently.
3. Please describe your experiences working with students who have experienced trauma.

CQ1

- a. Describe a time a student in your class experienced trauma. SQ1
 - i. What did you observe?
 - ii. How did you respond? SQ1
 - iii. What support did you receive from the administration or professional staff? SQ1
 - iv. How did you support the student in the short term? SQ1
 - v. How did you support the student in the long term? SQ1
4. Describe your school-wide policies and practices for trauma-sensitive schools. CQ2
 - a. Explain how your school contains predictable and safe environments in classrooms that are attentive to transitions and sensory needs. SQ2
 - b. Explain how your school contains predictable and safe environments in hallways that are attentive to transitions and sensory needs. SQ2
 - c. Explain how your school contains predictable and safe environments in playgrounds that are attentive to transitions and sensory needs. SQ2
 - d. Explain how your school contains predictable and safe environments on school buses that are attentive to transitions and sensory needs. SQ2
 - e. How does leadership (including principals and/or superintendents) develop and implement a trauma-sensitive action plan? SQ2
 - f. How does leadership (including principals and/or superintendents) identify barriers to progress? SQ2

- g. How does leadership (including principals and/or superintendents) evaluate success? SQ2
 - h. Explain how general and special educators consider the role that trauma may be playing in learning difficulties at school and their role in the planning process. SQ2
 - i. Explain discipline policies at your school and how they balance accountability with an understanding of trauma. SQ2
 - j. Explain the support for staff that is given regularly, including supervision and/or consultation with a trauma expert, classroom observations, and opportunities for teamwork. SQ2
 - k. Explain the opportunities that exist for a confidential discussion about students. SQ2
 - l. Explain what you know about the process of safety planning, including enforcement of court orders, transferring records safely, restricting access to student-record information, and sensitive handling of reports of suspected incidents of abuse or neglect. SQ2
 - m. Explain the ongoing professional development opportunities that occur and how the needs are determined. SQ2
5. What classroom strategies and techniques have you used to address childhood trauma and why? CQ3
- a. How are expectations and goals for achievement communicated to students affected by traumatic experiences and are they consistent with the rest of the class? SQ3
 - b. How are students' strengths and interests encouraged and incorporated? SQ3

- c. Explain how activities are structured in predictable and emotionally safe ways.
SQ3
 - d. Explain the opportunities for students to learn and practice the regulation of emotions and modulation of behaviors. SQ3
 - e. Explain how classrooms employ positive support for behavior. SQ3
 - f. How is information presented and learning assessed? SQ3
 - g. What opportunities exist for students to learn how to interact effectively with others? SQ3
 - h. What opportunities exist for students regarding learning how to plan and follow through on assignments? SQ3
6. What collaborations have been formed to assist in moving towards a trauma-sensitive school? Explain. CQ4
- a. Explain how policies describe how, when, and where to refer families for mental health support and how to access them for families. SQ4
 - b. What protocols exist for helping students transition back to school from other placements? SQ4
 - c. Explain how staff actively engages and builds confidential, positive relationships with families using strategies to involve parents that are tailored to meet individual family needs. SQ4
 - d. Explain how the school develops and maintains ongoing partnerships with agencies to facilitate access to resources and funding. SQ4
7. What is needed by administrators, staff, and professional staff to move towards becoming a trauma-sensitive school? CQ5

- a. Describe how you have been involved, if at all, in making decisions about trauma-informed strategies within your school. SQ5
 - b. Describe your challenges when working with challenging behaviors in your classes socially. SQ5
 - c. Describe your challenges when working with challenging behaviors in your classes behaviorally. SQ5
 - d. Describe your challenges when working with challenging behaviors in your classes academically. SQ5
 - e. Describe what other resources you need to support your students. SQ5
8. What else would you like to add to our discussion of your experiences with challenging behaviors and your need to become a trauma-sensitive school?

The first question presented utilizes the grand tour question method to create a sense of comfort, as established by Marshall and Rossman (2015). This allowed the participants to open about themselves and their position in the research study. The remainder of the questions were altered as necessary per the feedback from the committee upon review.

Questions under CQ1 allowed the participants to explain their understanding of school-wide policies. Rishel et al. (2019) stated training enables teachers with the information necessary to implement trauma-informed strategies. Understanding the participants' knowledge of school-wide policies clarifies whether participants were well-informed by their superiors or if there is a disconnect in the chain of command. Questions under CQ2 narrow the focus of trauma-sensitive schools toward the individual participants of the interview. Questions under CQ3 allowed the individual participants to share their knowledge of the family and community outreach regarding trauma-sensitive schools. Questions under CQ4 helped bring the individual interview to a close with the overarching question of what administrators, teachers, and professional staff need as

they move toward becoming a trauma-sensitive school. The final question presented to the individual participants allowed them to address any additional areas they feel need to be expanded upon on moving towards becoming a trauma-sensitive school and their effects on challenging student behavior. This final question allowed the participants to reflect on the questions asked to finalize any additional thoughts and summarize their feelings on the research topic. The questions posed in the focus group connected the study with Bronfenbrenner (1979) by examining the aspects of a trauma student's microsystem and mesosystem. Maslow's (1943) hierarchy of needs is related to the research questions by examining how schools can be trauma-sensitive to students who have their lower-order needs unsatisfied. To assess all aspects of the study such as sample size, questions, and analysis piloting was utilized (In, 2017).

Individual Interview Data Analysis Plan

Analyzing allowed for synthesis to occur for representing and presenting the conclusions found from the data (Miles et al., 2014). Once the individual interviews were conducted and transcribed, I conducted repeated readings of each transcript, noting any key phrases or variations of phrases, and assigning these phrases with codes. Open coding was utilized to break down qualitative data and examine similarities and differences (Strauss & Corbin, 1998). Open coding allowed the researcher to use words or short phrases to attach concepts to the data collected (Flick, 2009).

Saldaña (2013) emphasized in vivo coding, a form of open coding, which prioritizes and honors the participants' voices. Using in vivo coding allowed each participant's voice to be heard in the research study after their analyzed interview. Using in vivo codes allowed for the prosperous creation of themes based on the symbolism and imagery established in the codes (Saldaña, 2013). A code was created that correlates to that topic in the form of a noun that summarizes its context. Once all the data was coded, it was collated, and any overlapping codes

were eliminated based on those codes to create a separate narrative of each specific code (Saldaña, 2013). Emotion coding is another form of open coding that uses the participant's emotions from the data (Goleman, 1995). The codes were analyzed to find similarities and like codes were be grouped to create themes (see Appendix F).

Focus Group Data Collection Approach

Once the data analysis was completed and themes were identified from the individual interviews, focus group data collection began. As noted by Morgan (1997), utilizing focus groups allows for participants from the individual interviews to discuss the similarities and differences in their opinions and experiences to allow for conclusions to be drawn from the data. It is further established by Morgan and Krueger (1993) that these comparisons of participants in focus groups allow for valuable insights into complex behaviors and motivations that contribute to understanding the overarching question. Member checking was also used by participants to allow for their voices to be heard in their responses.

As with the individual interviews, the focus group sessions were completed either during an in-person setting or via Google Meet, with a voice recording that was transcribed. Out of the 11 interviews four were face-to-face with Google Meet recording, Pre-Kinder, Fourth, Reading Specialist 2, and Administration. I completed four interviews over Google Meet. These included Kinder, Fifth, Specialist 1, and SPED. Finally, the interviews for First, Third, and Resource were completed by the participants answering their questions on their own on a Google Doc and sending their responses. There were three focus groups. Each of them was done in person and recorded over Google Meet to reference and transcribe. In the first focus group there was Fifth, Specialist 1, and SPED. The second focus group was Resource, First, and Fourth. The final focus group was Pre-Kinder, Kinder, Third, and Specialist 2. Participants were once again made aware that their responses would remain confidential, and that they may terminate the interview at any

time if they deemed it necessary. Each focus group had a scheduled time for the interview that ranged from thirty minutes to one hour. The focus groups were composed of participants from the school, except administrators. Before executing the focus groups with participants, each question was reviewed by the committee members to ensure clarity and obtain feedback.

Focus Group Questions

The focus group questions were compiled based on the information gained from the individual interviews. After the responses were analyzed, adequate questions were assembled to further the research process to answer what administrators, teachers, and professional staff need as they move towards becoming a trauma-sensitive school. Administrators were not present to ensure that teachers and professional staff felt at ease in sharing during the focus group sessions

Focus Group Questions

1. What are the top needs at your school as it moves towards becoming a trauma-sensitive school? CQ5
2. How could the training pertaining to becoming a trauma-sensitive school be improved? CQ2
3. How could the current resources pertaining to becoming a trauma-sensitive school be improved? CQ2
4. What additional resources and training would the school benefit from to move towards becoming a trauma-sensitive school? CQ5

The questions presented correlate with each of the research questions identified in the proposed study. These questions allowed the participants to come together and discuss the school with all vital members present. The remainder of the questions were altered as necessary per the feedback from the personal interviews and the committee upon review.

Focus Group Data Analysis Plan

After the focus groups were completed and transcribed, the data was analyzed using the same process as the interviews. Saldaña (2013) explained that using descriptive coding is an excellent way to document rich field notes, in this case, discussions from the participants themselves, into concrete products to develop common themes. Upon reviewing the transcriptions for the focus group data, key topics were identified. Once a critical issue was identified, a code was created that correlated to that topic in the form of a noun that summarized its context. Once all the data was coded, it was collated, and any overlapping codes were eliminated based on those codes to create a separate narrative of each specific code (Saldaña, 2013). The first cycle of coding and the second cycle of the collated narratives were stored to maintain organization and quality analysis (see Appendix G). The first cycle of coding is the initial descriptive coding (Saldaña, 2013). This assigned a basic label to inventory the topics that are discussed (Saldaña, 2013). The second cycle of coding used will be pattern coding. Pattern coding was used to identify major themes in the search for the explanation of what administrators, teachers, and professional staff need as they move towards becoming a trauma-sensitive school (Miles & Huberman, 1994).

Data Synthesis

Analysis in a qualitative study involves the organization of the data, conducting an initial read-through, coding and organizing themes found in the data, displaying the data, and interpreting data (Creswell & Poth 2018). These themes were established based on the patterns that arise in the questionnaires, interviews, and focus groups. According to Yin (2018), the criteria in the case study can be pattern-matched by being able to focus on the processes and outcomes. In the current study, the outcome of the individual interviews and focus group data was coded to establish any patterns, therefore creating themes. As described by Yin (2009),

within-case analyses were conducted with the data collected from the participants' surveys, interviews, and focus group discussions. Participant statements were also synthesized to create validation for each theme and subtheme (see Appendix H). The case used the within-case procedures as described by Stake (2005). Case study relies on both direct interpretation and categorical aggregation (Stake, 2005).

Direct Interpretation. It is expected that interpretation is used to determine the choices of action in qualitative studies (Stake, 2010). By applying direct interpretation to the case, meaning is brought to the case (Stake, 1995). Direct interpretation involves the researcher relying heavily on explaining what they see and hear over multiple read-throughs (Stake, 2010).

Categorical Aggregation. The use of categorical aggregation allows for the emergence of repeated phenomena (Stake, 1995). During the individual interviews and the focus group discussions, informal themes were noted. When reviewing the data from surveys, interviews, and focus groups, codes were developed and organized to create themes (Creswell & Poth, 2018).

Identifying Themes. Stake (1995) emphasized the importance of seeking various patterns in direct interpretation and categorical aggregation. The main research question of the single instrumental case study is preserved by the themes identified (Stake, 2005).

Triangulation. The assurance of correct conclusions in a qualitative study is reached through triangulation (Stake, 2005). Within the case, the data from surveys, interviews, and focus groups were triangulated to better understand the experiences of the participants. The participants also had various perspectives to get a full view of the findings. Finally, each interview and focus group was recorded to obtain transcripts of the participants' answers to ensure validity with repeated examination of seeing and hearing the data (Denzin, 1989).

Naturalistic Generalizations. The themes provided the basis for generating naturalistic generalizations (i.e., lessons learned) from the study (Creswell & Poth, 2018). Being able to

draw conclusions based on personal engagement or the participants' various well-constructed experiences allows for naturalistic generalizations, or generalizations that are rooted in personal experiences (Stake, 1995; Stake & Trumbull, 1982). The ability of well-constructed experiences emerges with the replicated phenomenon across the case (Stake, 1995). Once the research, data, and discovery of themes were completed they were presented in meticulous detail to represent naturalistic generalizations and lessons learned from the case (Stake, 1995).

Trustworthiness

Positivists often question the reliability of qualitative research (Shenton, 2004). To combat this Lincoln, and Guba (1985) established criteria to assure a study's trustworthiness by utilizing the criteria of credibility, transferability, dependability, and confirmability. As Lincoln and Guba (1985) outlined, the following section includes the previously stated four measures taken in the current research study to ensure a rigorous and trustworthy analysis.

Credibility

Credibility signifies the plausibility of the findings and interpretations in the research study to be dependable based on the participants' perceptions (Lincoln & Guba, 1985). This means that there needs to be evidence of truth and that the findings in the study are accurate. The current research achieved study credibility through triangulation, peer debriefing, and member-checking.

Triangulation

The use of triangulation of participants, data sources, methods, and theories were implemented to understand the lived experiences of teachers who have implemented trauma-informed strategies to combat negative behaviors in elementary students. Source triangulation was accomplished by using multiple administrators, teachers, and professional staff participants in various grade levels to gain insight into the needs required to move towards becoming a

trauma-sensitive school. Triangulation in data collection methods was conducted by synthesizing data collected from surveys, individual interviews, and focus groups.

Peer Debriefing

Peer debriefing was used to establish credibility during this study (Lincoln & Guba, 1985). This technique allowed for honesty and eliminating bias (Lincoln & Guba, 1985). To corroborate that the analysis was grounded in the collected data, emergent findings were discussed with colleagues in the field of education. The colleagues who verified the emergent results were members of the field of education who have continued their education through doctorate programs. They were also familiar with the research to present essential viewpoints to comment on and illuminate the findings.

Member Checking

After collecting, coding, and analyzing the data, reflection on each participant's words and member checking were used to establish credibility (Lincoln & Guba, 1985). When reviewing the data, any misunderstandings or questions were confirmed by asking various questions to ensure the participants' needs were captured appropriately. Participants were given a copy of the transcript to create a more formal setting for member checking to ensure credibility was meaningful by reviewing my representation of findings before publishing to ensure they are representative of their lived experiences (Lincoln & Guba, 1985). This allowed the participants to correct errors and provide any additional or clarifying information necessary (Lincoln & Guba, 1985).

Transferability

Transferability entails that the findings in the current study have applicability in the same context at a different time or in a different context altogether (Lincoln & Guba, 1985). Alexander (2019) stated that in the United States, there are traumatized youth in every classroom, and this

impacts not just their learning, but their health, behavior, relationships, and sense of self as well. The literature, however, offers a limited understanding of the needs of administrators, teachers, or professional staff towards becoming a trauma-sensitive school, so this study provided an exploratory first step toward an improved understanding of an elementary school's needs. The school was selected for transferability across other elementary schools. Establishing transferability involves sufficient and rich thick descriptions of the setting, participants, samples, procedures, and findings (Lincoln & Guba, 1985). This allowed for themes to be identified. These themes were then able to be applied to other elementary schools.

Dependability

For a research study to have dependability, the findings must remain consistent throughout, and the process needs to be repeatable (Lincoln & Guba, 1985). Dependability was accomplished through an inquiry audit, which at Liberty University occurs with a thorough review of the process and the research products by the dissertation committee and the Qualitative Research Director. The data collection and analysis procedures were described comprehensively for the research study to be replicated. Data collection procedures were described in detail, with an outline of questions presented to participants for the survey, individual interviews, and focus groups. Additionally, the data collection methods, as well as the analysis methods used, are supported by the literature. Enough descriptions were provided to allow future researchers to repeat the process with any participants or population.

Confirmability

Confirmability entails other researchers confirming the research findings (Lincoln & Guba, 1985). To allow for confirmability in the current research study, an audit trail was created for tracking, starting with the procedures outlined, the raw data collected, the table evidencing the systematic analysis and synthesis of data, and finally, the comprehensive final report that can

be traced (Lincoln & Guba, 1985). This audit trail lets the readers follow the course of the research step-by-step based on the procedures described (Shenton, 2004). As described previously, triangulation was also used for confirmability (see Appendix E – H).

Ethical Considerations

Before beginning any research, site permission and IRB approval had to be granted for the single instrumental case study to commence. Participant informed consent needed to be obtained next. Encompassed in the support for participants, they were made aware that they were choosing to volunteer for the research study and may withdraw from the study at any time. To maintain confidentiality, the site and participants were represented with pseudonyms. To ensure that data was protected, password-protected electronic files were utilized for confidentiality. After three years, all data will be destroyed per LU IRB (Liberty Qualitative Dissertation Template, 2022). There is the risk of information sharing during the focus groups and it not being confidential, however, I established group norms and requested individuals keep what was shared in the focus groups confidential. There are benefits in further understanding what is needed by administrators, teachers, and professional staff to move towards becoming a trauma-sensitive school.

Summary

A single instrumental case study was conducted to discover the needs of administrators, teachers, and professional staff as they move towards becoming a trauma-sensitive school. The site was in Central Virginia, with participants having held their position for at least three years and working with students from any grade pre-k through fifth grade. To obtain data, surveys, interviews, and focus groups were used. After, three methods of coding were used; scale rating, in vivo coding, and descriptive coding. Finally, the data was synthesized to identify themes and to develop naturalistic generalizations from lessons learned from the case.

CHAPTER FOUR: FINDINGS

Overview

The literature depicts the increase in trauma-informed care being used to combat developmental delays, emotional delays, social delays, and medical conditions (Abraham et al., 2022; Cprek et al., 2020; Grasso et al., 2016; Liming & Grube, 2018; McInerney and McKlindon (2014); Rette et al., 2021; Vanderzee et al., 2019). Many schools seek to become trauma-sensitive, as they are usually the first to notice the challenging behaviors, but lack knowledge about trauma (Herrenkohl, et al., 2019; Little & Maunder, 2021; MacLochlainn et al., 2022; Martin et al., 2017; McGruder, 2019; Reinbergs & Fefer, 2018; Rishel et al., 2019; Terrasi & de Galarce, 2017). This single instrumental case study aimed to understand the needs of administrators, teachers, and professional staff as they move toward becoming a trauma-sensitive school. To develop this understanding the following research questions were posed:

Research Questions

The goal of this single instrumental case was to discover the needs of a school as it moved towards becoming trauma-sensitive. The discovery of training and resources that administrators, teachers, and professional staff need can advance discussions about what can be developed in schools and personnel moving toward becoming a trauma-sensitive school.

Central Research Question

What are the needs of elementary administrators, teachers, and professional staff as they move toward becoming a trauma-sensitive school?

Sub-Question One

What training is provided in the elementary setting about trauma-sensitive schools?

Sub-Question Two

What resources are provided to elementary administrators, teachers, and professional staff to allow them to become a trauma-sensitive school?

Sub-Question Three

What additional training and resources must be provided to elementary administrators, teachers, and professional staff to allow them to become a trauma-sensitive school?

School

The case was conducted in a Central Virginia School or CVS. This is the largest elementary school in the county that it resides. Including CVS there are thirteen elementary schools in the division. These elementary schools range from rural to suburban areas. The county is 760 square miles and is the fifth largest county in Virginia. The school contains grades from pre-kindergarten to fifth grade. There is a principal, assistant principal, counselor, school psychologist, 32 teachers (including resources), as well as multiple paraprofessionals. In the 2023 – 2024 school year, there were a total of 540 students enrolled.

Participants

When beginning this single instrumental case study, the preferred participants included an administrator, a specialist, a counselor or psychologist, and a teacher from each grade level for 10 participants. The participants obtained for the study included an administrator, 2 specialists, a special education teacher, a resource teacher, and 6 general education teachers (pre-K, K, first, third, fourth, and fifth) for 11 participants. The participants' experience in education ranged from 16 – 30 years, with 3 – 19 years being in the current school. Three of the participants' highest degree was a Bachelors, 7 obtained a Masters, and 1 reached the Doctorate level. Each of the participants also had varying endorsements including Pre-K-6, K-6, K-7, NK-4, Early Childhood Special Education, Special Education K-12, K-12 Intellectual Disabilities,

Specific Learning Disabilities, and Emotional Disturbance, Reading Specialist, Pre-K-12 Administration and Supervision, and Curriculum Instruction.

Pre-Kinder

Pre-Kinder is a white female who teaches pre-kindergarten at CVS. She is in her nineteenth year of teaching and her third year at CVS. Her highest level of education is a master's degree with an endorsement in early childhood education and special education. Pre-Kinder was also the School Consultation Team Coordinator (SCT) for the last three years.

Kinder

Kinder is a white female who teaches kindergarten at CVS. Kinder has taught for 24 years, with 18 of them being at CVS. She has a bachelor's degree with an endorsement in kindergarten – seventh grade. This past year she was the lead teacher for kindergarten and taught in the inclusion classroom.

First

First is a white female who teaches first grade at CVS. She has taught for 20 years, all at CVS except one. She has a bachelor's degree with an endorsement in prekindergarten through sixth grade. This was her final year of teaching before retirement.

Third

Third is a white female who teaches third grade at CVS. Third has taught for 26 years, with six being at CVS. Her highest level of education is a master's degree with endorsements in kindergarten through sixth grade and educational leadership. She did not have the gifted or inclusion classroom this year.

Fourth

Fourth is a white female who teaches fourth grade at CVS. She has taught for 25 years, and 12 of them have been at CVS. She has obtained a master's degree and has endorsements in

elementary education early childhood through fourth and special education kindergarten through twelfth grade. As a fourth-grade teacher she was part of a two-person teaching team. She taught English and history curriculum to two classes and her team-teacher taught the remaining curriculum.

Fifth

Fifth is a white female who teaches fifth grade at CVS. She has taught for 18 years and three have been at CVS. Fifth has a master's degree with endorsements in pre-kindergarten through sixth grade. Before teaching in fifth grade she worked at the middle school level in sixth grade. As a fifth-grade teacher she was part of a two-person teaching team. She taught half of the math and science curriculum to two classes and her team-teacher taught the remaining curriculum.

Resource

Resource is a white female who teaches physical education at CVS. She has taught for 30 years, with three being at CVS. She has a bachelor's degree with endorsements in early childhood education through fourth grade. This was her last year teaching before retirement.

SPED

SPED is a white female who teaches special education at CVS. SPED has taught for 19 years, with six being at CVS. She has a master's degree with endorsements in kindergarten through twelfth intellectual disabilities, specific learning disabilities, emotional disturbance and pre-kindergarten through twelfth grade administration and supervision. She was previously the SPED lead teacher.

Reading 1

Reading 1 is a white female who is a reading specialist at CVS. She has taught for 26 years and four of them have been at CVS. She has a master's degree with endorsements in

special education kindergarten through twelfth grade and reading specialist. Reading 1 currently works with students in kindergarten through third grade at CVS.

Reading 2

Reading 2 is a white female who is a reading specialist at CVS. Reading 1 has taught for 16 years, with four being at CVS. She has a master's degree with endorsement in kindergarten through sixth grade and reading specialist. Currently she services students from kindergarten through fifth grade.

Administrator

Administrator is an administrator at CVS. She has worked in education for 19 years, with four being at CVS. She has her doctoral degree with endorsements in administration and supervision, as well as curriculum instruction. For the four years she has been at CVS, she had an administrative role.

Results

The purpose of this single instrumental case study was to discover the needs of administrators, teachers, and professional staff as they moved toward becoming a trauma-sensitive school. Cresswell and Cresswell (2018) emphasize themes, or major findings, showcasing the multiple perspectives from the participants in a qualitative study. Each participant survey, interview, and focus groups were analyzed to answer the research questions (see Appendices E, F, and G for a summary of the findings for the survey, interviews, and focus groups). The responses for research questions 1 and 2 focused on what resources and training were provided. The themes of student challenges resulting from trauma, factors contributing to challenges, and teachers' perspectives on their ability to handle trauma showcase what the administration, teachers, and professional staff are dealing with in the classrooms and what has been lacking. The themes of factors contributing to success addresses research question 3 of

what other training and resources are needed by looking at what is already being provided. Finally, the last theme of teachers' perspectives on their needs to help students with trauma brings all the research questions together to focus on the central question of what do administrators, teachers, and professional staff need as they move toward becoming a trauma-sensitive school. Each of these themes are discussed below.

Table 2

Themes

Themes	Subthemes				
Student Challenges Resulting from Trauma	Low Academic Performance	Social-Emotional Distress	Challenging and Disruptive Behavior		
Factors Contributing to Challenges	Lack of Support by Administration and Additional Staff	Lack of Communication and Follow-up with Administration	Lack of Collaboration with Administration and Staff	Students Being Held Unaccountable	
Teachers Perspectives on Their Ability to Handle Trauma	Teachers are Inexperienced in Trauma	Teachers are Under-Qualified for Handling Trauma	Teachers are Uncertain of Protocol	Teachers are Frustrated	
Factors Contributing to Success	Building Relationships with Students to Create a Sense of Safety and Trust	Communication and Follow-up with Administration	Consistent Expectations	Collaboration with Administration and Staff	Positive Strategies
Teachers Perspective on Their Needs to Help Students with Trauma	Training	Support			

Student Challenges Resulting from Trauma

Students who have experienced a traumatic childhood event face challenges academically, social-emotionally, and behaviorally. Pre-Kinder exclaimed, “My God, nobody can learn when you have a trauma-induced child in your classroom.” It is not just the student that has experienced the trauma that becomes distracted, but the others in the room as well. “If you have a kid who's really dysregulated, it makes the learning for others hard because it's hard to learn when you hear screaming going on in the classroom, or a kid is crawling around the room and you're trying to teach, and the kids are trying to learn. As a teacher, you're distracted, but as a student, you're really distracted,” states SPED. As Maslow explains with the hierarchy of needs, a person’s basic needs must be met before the higher needs can be met. Specialist 2 confirmed this with the statement, “If the emotional part of them is not well, they're not going to learn well and they're going to be frustrated.” The following sub-themes of low academic performance, social-emotional distress, and challenging and disruptive behaviors shed light on the various challenges that face students who have undergone trauma.

Low Academic Performance

Teachers agreed that students who have undergone trauma could not maintain the daily rigor of their academics. “A lot of times it's just not having the ability to keep up, not having the ability to sustain the rigor academically because you're distracted,” stated Fourth. A student that has experienced trauma tends to struggle academically and needs additional services to keep up with the rigor. “Academically I can tell you that they're probably the kids that I see mostly get IEPs, or they are being seen in the reading center because they have reading difficulties because this is not what's most important to them,” confirmed Specialist 1. Even the administration corroborated that trauma students struggle academically because of the impact of their challenging behaviors. “Academically obviously, they're escalated enough so that they are either disrupting instruction or having to be removed from the classroom.” When this occurs,

it hinders the student's ability to keep up in their academics because they are not in the room for instruction.

Social-Emotional Distress

A decrease in a child's ability to interact socially and emotionally with their peers begins even in younger grades. Kinder alleged, "A lot of my students with trauma have been more withdrawn socially, much more withdrawn from their peers." Students that perform well may express their challenges from trauma by a lack of social interactions with their peers. Pre-Kinder explained about a student, "He knows a lot, but he makes choices that keep him away from the group and he refuses to be part of the group." Students often have trouble regulating and understanding how to deal with their trauma. SPED testified, "It's hard for them to understand that the way they are behaving affects the number of friends they are going to have or whether or not people want to include them." Trauma can affect students social-emotionally causing difficulties with their peers.

Challenging and Disruptive Behavior

The consensus from the teachers placed a large amount of emphasis on the challenging behaviors that trauma students attributed. "The ones who stand out are the students who have defiant behavior. They curse or are oppositional. They run and they hit and kick. Those are the children who stand out, who have that obvious trauma background," recalled Pre-Kinder. While there are extreme behaviors such as these, there are a wide array of behaviors that can be witnessed. "I have observed impulsive behaviors, self-harm, and intentional pant-wetting," says First. Sometimes it may seem like there is no reason for these behaviors, but often triggers or patterns can be found. "He definitely has outbursts during new instruction," explains Fifth. It was observed that those participants who were veteran teachers serving an advanced number of years did struggle more with the challenging

behaviors often portrayed by students that had undergone trauma. Identifying these triggers or patterns can benefit in assisting the student with their trauma.

Factors Contributing to Challenges

There are clear factors that contribute to the challenges that are observed in students who have experienced childhood trauma. “I think the thing that’s challenging with trauma, especially this difficult type of trauma with child abuse or whatever, is you don’t really get a lot of details,” commented Kinder. Factors contributing to challenges also come from the district level. When administration was asked to explain the staff support that is given regularly including supervision or consultation with the trauma expert and classroom observations and opportunities for teamwork she responded with the following; “I would say in Bedford, probably slacking on that a little bit. Since I have been here, that has been a continual conversation.” This is an issue that is recognized not only by administration but the teachers at CVS as well. “I think sometimes you get into these positions of administration, or the school board office and you forget what it’s like to be a teacher in the classroom,” admits SPED. The following sub-themes that focus on the factors contributing to challenges include lack of support by administrators and additional staff, lack of communication and follow-up with administrators, lack of collaboration with administrators and staff, and students being held unaccountable, provide the factors that were discovered to contribute to challenges in trauma students.

Lack of Support by Administrators and Additional Staff

When the teachers are not supported by their superiors it causes aggravation and a feeling of defeat with the teachers. “The student I work with was taken to the superintendent this year for a behavior incident and the school received no support from the superintendent,” uttered Third dissatisfied. SPED corroborated this feeling of frustration by stating “I think that just knowing that support is there would be great and that you’re going to have the backing of the

admin or those administrators. I don't feel like that's always there, making it difficult for everyone.” While there is a feeling of frustration with lack of support from administration, this feeling also flows over into lack of support from other staff members. Pre-Kinder explains her frustration with the lack of support from the counselor by voicing, “He has been visited by the counselor one time and then when she came to get him a second time, he said no, thank you, she said ok, and she left. She did not attempt to work with him in the classroom and make a connection with him.” This lack of support from administrators and additional staff causes challenges with being able to assist students who have undergone trauma.

Lack of Communication and Follow-up with Administrators

Communication was a large piece of the puzzle in what teachers felt they were lacking and led to the cause of challenges when working with trauma students. “I think there should be some follow-up. If I don't know, it's not possible for me to implement any of these practices that got Rosie Joe from this point to this point,” emphasized Fourth. It can be even more challenging to staff members that are limited in the amount of time they spend with these students. “Even if I work with them or pull them or go into the classroom, I don't know the plan,” reveals Specialist 1. SPED discloses, “I think we use the term, we want to be a trauma-sensitive school, but there's not a lot of explanation of what that should look like and how it should be done within the classroom.” This lack of communication in what a trauma-sensitive school is, plans for trauma students, and follow-up from administration causes challenges with how to best serve students who have undergone trauma.

Lack of Collaboration with Administrators and Staff

The process of collaboration allows teachers to work together in arriving at the best possible solutions for students who have undergone childhood trauma, and without it, those strategies cannot be reached. “I would say that there's probably not a lot of collaboration at all at

our school with the class that I'm in now especially. We don't really have people coming in to try to offer suggestions or things that would be helpful for the students or ask what, as a staff, we would need," voiced SPED. Fifth supported this by saying, "I honestly don't have a lot of that, even in the three years that I've been here, there hasn't been a lot of that." As mentioned with lack of communication, staff members who are limited in their time with trauma students have an even harder time. "I feel like there are lots of meetings with lots of people and the teacher hopefully is involved in it most of the time, but no one else who works with them is involved," voices Specialist 1. Lack of collaboration causes challenges by limiting the resources, ideas, and strategies that can be used to assist students who have undergone trauma.

Students Being Held Unaccountable

Teachers agree that restorative policies allow for the students to understand their actions and take responsibility for their actions, however, if they are not held accountable they are not learning how and why their behaviors should change. "Discipline policies tend to be lenient, in my opinion, and do not focus on student accountability," stresses Third. The feeling of kids being held unaccountable can be seen across multiple grade levels. Fifth remarked, "No, I don't feel like students at the elementary level are held accountable for their actions at all." At CVS restorative practice is a big push coming from the district, however, a lack of accountability causes confusion for students . "As far as accountability, I don't think the kids understand. I think that the mindset of let's do this restorative practice is fine. It's a good idea, but the kids, especially the younger kids, don't understand," pronounces SPED. When interviewing Administration, it was stated if there is a situation where resources are being provided to the families of students who have undergone a traumatic event and the guardians choose not to act, more drastic measures may be taken by the administrator of the school. "If they are not willing, I've never had to do this, but I know it's available, we could go to the court and file a Child in

Need of Services CHINS,” replied Administration. When students are held unaccountable it makes it harder to help them understand and correct their challenging behaviors.

Teachers’ Perspectives on Their Ability to Handle Trauma

The overall consensus on a teacher’s ability to handle trauma is poor. “I don't get it all. I don't understand at all,” replies Specialist 2 defeated. Working with students who have undergone trauma is emotionally challenging. Kinder confirms this with the following statement “This emotional learning is sometimes more stressful and takes more time than the actual academics.” Teachers’ frustration levels are high due to the challenging behaviors of trauma students. “I've never heard of the trauma-sensitive action plan since I've worked for Bedford County in four years, but I have had 3 to 4 trauma students in my classroom this year, who administration, the preschool team, as well as the TJ team, are fully aware of and there has been no conversation brought to me about that,” revealed Pre-Kinder. The teachers’ perspective on their ability to handle their trauma directly affects their ability to help those students who have undergone trauma. Teachers being inexperienced in trauma, being under-qualified for handling trauma, being uncertain of protocol, and being frustrated are the sub-themes that provide insight into teacher’s perspectives on their ability to handle trauma.

Teachers are Inexperienced in Trauma

Teachers understand that there are challenging behaviors that need to be addressed in the classroom, however, they are not experienced in solving the root cause of those behaviors. “I feel like we focus on behaviors, but I don't feel like we focus on trauma unless their behaviors occur because of trauma,” stated Specialist 1. It was often stated that much was unknown about trauma-sensitive practices and policies when asked. “Honestly, I don't know a whole lot about it, to be honest. I don't have a lot of experience in it,” says Fifth. Resource confirmed this with the following, “I don’t have much experience/training in trauma-sensitive practices.” When

teachers are inexperienced, they are not able to help students who have undergone trauma as well.

Teachers are Under-Qualified for Handling Trauma

Teachers know that there is much more to trauma than what they are being provided in county professional development and faculty meetings. “I feel like I need another degree for that because that wasn't in my training,” exasperated Specialist 2. The knowledge that teachers have for handling trauma is not enough. “My knowledge of trauma-sensitive practices and policies is minimal,” voices Third. While teachers are aware of the need for knowledge on childhood trauma, they are not provided with formal training. Forth affirms, “I don't know much. I've done some research that I have initiated on my own, but as far as training and formal education, not much.” Being under-qualified limits the ability of the teachers to help trauma students.

Teachers are Uncertain of Protocol

A lack of consistent protocol to assist students who have experienced a traumatic childhood event is a huge hindrance to teachers. “I am not aware of any discipline policies. I have a chart that was provided to me during my second year. I don't see it being followed and I haven't been told to remove it, so really I don't know if it is in effect,” stated Pre-Kinder. The discipline policy at CVS is questioned throughout the school. “To be honest, I'm not sure exactly what the discipline policies are at our school,” corroborates Fifth. It is not only the protocol related to discipline that teachers are uncertain. When asked to describe the school-wide policies and practices for trauma-sensitive schools Fourth responded, “I don't know what the specific policy is. I don't know what the specific policy is here. I do know that we make every effort to keep them here at school.” When teachers are uncertain of protocol it causes confusion on how to handle situations, as well as causes a lack of consistency.

Teachers are Frustrated

It is unanimous that teachers wish to help all of their students, so when they know that there is more they can do, but are unsure how to provide it, frustration takes over. “We have a student now though that has trauma and I get a little frustrated because I’m like I know there’s more out there we can do,” Specialist 1 vocalized. Many of the teachers and specialists were unaware of where the families of students who had undergone trauma received information regarding outside sources for help. Administration provided, “The Family Youth Services worker typically is the person who has curated all these outside agencies to connect families with services.” On the other hand, students who have not undergone trauma are being exposed to trauma from students who have undergone childhood trauma and are acting out in the classroom. “A lot of focus is put on the child who is struggling academically and behaviorally but not as much on the other students who have to be in the classroom with these behaviors,” confides Third. There are staff members such as the counselor or school psychologist who provide opportunities for role-play situations in faculty meetings and professional development to aid teachers. Forth reveals,

I find it to be more humorous than applicable. I say that because, we as classroom teachers know, should know, best practice what’s going on with these kids, as much as they’re willing to divulge to us or their parents anyway. The people who tend to perform these acts typically work one-on-one or in a small group with children, and so their perception of how to deal with these little fires is somewhat skewed because I got 44 eyes looking at me all day long.

The level of frustration at CVS is high regarding handling students who have undergone trauma and exhibit challenging behaviors.

Factors Contributing to Success

Students who have undergone trauma need to feel a sense of belonging, worthiness, and above all love from a trusted adult who is going to do whatever they can to help them. “It's OK and we got this and I love you,” affirmed Fifth. Building up a student’s self-esteem attributed to these feelings of worthiness. Specialist 1 emphasizes “We try to give them encouragement when they're doing the right things.” When they are acknowledged as doing the correct things and behaving appropriately it reinforces those types of behaviors. Factors that contribute to success are addressed in the following subthemes; building relationships with students to create a sense of safety and trust, communication and follow-up from administration, consistent expectations, collaboration with administration and staff, and positive strategies.

Building Relationships with Students to Create a Sense of Safety and Trust

Creating that sense of belonging, worthiness, and love comes from teachers building relationships with their students.

If their teacher knows what's going on and they build that relationship with their teacher, their teacher can help them by maybe just putting it on the side for a second and maybe get them to enjoy school and put something else on their mind rather than all of that that they are going through in their lives. said Fifth fondly.

The building of relationships with students, especially those who have suffered trauma, starts even with the younger students. Kinder explains, “I tell the kids from the very beginning, that my number one job at school is to keep you safe.” Ensuring that students who have suffered from trauma feel a sense of safety contributes to Maslow’s hierarchy of needs being fulfilled. Administration confirmed the success of building relationships with students by stating, “Providing a para or another teacher in the classroom that is trusted and got along with him so that he could start to build a relationship with adults here where this could become a safe base for

him.” A student needs to have their safety needs met, followed by their love and belonging before they will be able to move into the higher-level needs in Maslow’s hierarchy of needs.

Communication and Follow-up from Administration

Having the availability to communicate with administrators is vital in understanding the whole picture of what is going on with a student and how to address their needs. “I think some of that is just because we both have kind of an open door policy, the doors open, poke your head in and just say hey and then we ask what you need and we’ll follow up with them,” confirmed Administration. This feeling of an open-door policy is felt by the teachers at CVS. “I think that the principal seems to, and the assistant principal too, have a very open-door policy,” states Kinder. In the higher grades, there were also positive follow-up conversations with administration regarding how to handle challenging behaviors with students. “The administration has checked in and been like, hey, what do you think, you were there, so what do you think about the discipline? I kind of appreciated that as far as the consequence went,” explains Fifth. The ability to have follow-up conversations and communication with administration allows for everyone at CVS to be on the same page with how to work with students who have undergone trauma.

Consistent Expectations

All teachers agreed that providing expectations that were consistent for all students when able was beneficial for the students, as well as the teachers. “All elementary students benefit from consistent expectations, routines, and procedures which promote a sense of security,” commented First. Setting up expectations allows students to understand what is going to happen, therefore creating an environment that is stable and safe. “We stay on a routine, so kids know exactly what to expect,” reports Kinder. Creating these environments relates directly to Bronfenbrenner’s ecological systems theory and the student’s development corresponding with

their environment. “My goals and my expectations are the same for all of my students and I use very clear language,” notes Pre-Kinder. Establishing consistent expectations for all students, especially those who have undergone trauma allows for stability.

Collaboration with Administration and Staff

Allowing everyone who is a part of the student’s life to come together provides an opportunity to share ideas and experiences that would otherwise not happen. “There should be collaboration between the staff, parents, and then specialized people within the school system, counselors or school psychologists,” claimed SPED. Collaboration occurs often at CVS during intervention team meetings, SCT meetings, and IEP meetings. Kinder speaks to this by stating, “We had the behavior specialist and that whole meeting; I feel like I was part of coming up with the plan on how to move forward with his behaviors.” Meetings are where collaboration begins, but it must continue into the classroom when working with students. Specialist 1 remarked, “I’ve had to work with other people in the classroom and follow their lead on things.” It was also mentioned by Administration, “At the division level, we are a part of this organization that if first responders go to a home and one of our students has suffered from a traumatic event, whether it’s a house fire or it’s something more serious or difficult for a child, then they contact the division and if it’s one of my students, then I get a notification.” Once Administration receives the notification she is able to collaborate with those members of the staff that work directly with the student to provide a sense of common ground and security for that student. When collaboration occurs all staff members can work together to help those students who have undergone trauma.

Positive Strategies

Every teacher provided various strategies that could be implemented with a student who had experienced childhood trauma, however, Resource provided one that was a positive strategy for every student, every day. “Every student starts a new day each morning - given a fair shot. As

well as being able to bounce back after a meltdown - the opportunities are given to the student,” shared Resource. Visuals are a positive strategy that is used at CVS, especially with the younger grades. Pre-Kinder comments, “I use a visual behavior chart with this student as a way to help him see and what his space is looking like, what his emotions are looking like as we talk about these experiences.” Strategies are not only used for helping students with their challenging behaviors, but with their academics as well. “We talk about chunking assignments and breaking things down for them into a reasonable amount. We also talk about working for this long and then you get this, or you can take a break,” explains Specialist 1. Other strategies that came up during the interviews included grounding, positive reinforcement, movement breaks, and role-playing scenarios.

Teachers Perspectives on Their Needs to Help Students with Trauma

Teachers will strive to do what is in the best interest of their students and will be their biggest cheerleaders when they succeed, however, without providing teachers with what is needed, a sense of defeat becomes overwhelming for educators. Administration shared,

We can want to do all the things and I do because I told you all many times, a teacher saved my life and I want to be that for other kids, but we all have limits, and there's some trauma and some behavior that is just beyond the scope of what a general education traditional public school setting can offer and sometimes that means we need to say we tried everything that we can. If this is not the best place for them, we need to start connecting the family and helping the child get to a place that can meet their needs in a private setting.

This contributes to the consensus at CVS that there needs to be a better understanding of trauma. Specialist 1 emphasizes, “I mean we need a plan, and we don't even have a plan about trauma.” Once a plan is addressed it is essential that it be followed consistently by all those at

CVS. “I think what we need is accountability. I think that's what we need. I mean, that's for administration, for teachers, it's for students, it's for everybody,” says Fourth. The following sub-themes of training and support further address the teacher’s perspectives on their needs to help students with trauma.

Training

One of the biggest needs uncovered by the data was training. “There could be some training that could definitely be provided, but from someone that actually has that background with that skill set,” emphasized SPED. When administrators, teachers, and professional staff discussed the training needed, it was shared by all that it needed to be provided by those who have a background in working with children in trauma. Administration followed this up by explaining that the training needs to be more practical. “I need more training not from a theoretical and hypothetical perspective. I need more of, here's the scenario, here's a child that's experienced this and this is what you're seeing in the school setting,” explained Administration. Training needs to start with the basis of trauma for everyone at CVS to understand its meaning. “I just think that we need to, as educators, we should be more aware of the traumas that students are experiencing,” explains Specialist 2. The administrators, teachers, and professional staff need to be able to have this basic understanding to identify what is trauma and what is not trauma. “I think training, we need training period, and I think that it needs to be very consistent training for all K5, and we need to follow it, we get the right training, we need somebody to guide our entire school on how to handle these behaviors and we all need to dial in and agree with it,” voices Kinder. Getting outside training by professionals in the area is the first step that CVS feels is needed, followed by consistency and buy-in by administrators, teachers, and professional staff.

Support

When teachers were asked about what their biggest need was to provide the best help to a student who has undergone trauma, support was astoundingly overwhelming in response. “There is not enough support staff,” stated First. SPED confirmed this by stating, “I think we need more adult support in the building for the students that have those needs.” There were different variations of what this could look like at CVS. There were multiple mentions of the day treatment program that used to exist at the school. “I’m like SPED I would love for like day treatment to come back to have people as resources to actually have people that are trained in this field because it’s just one more thing that we’re responsible for,” voices Specialist 1. Another suggestion of how to implement more support into CVS was with the increase in IDS staff. SPED comments, “I think if each school had at least one IDS person or someone who was trained. I mean that would be really helpful because you can handle the situation in the moment, not a week or two weeks later.” Each of these suggestions for additional support reference how the students who have undergone trauma need to have a professional working with them. First explained what it would look like when working with these students at CVS by commenting,

Something like a room, that is staffed with somebody who can help them, not just go crazy in the calming room, but like do some work or something that offers some structure and maybe some waterfall or calming music that puts you to sleep. It’s got to be something sensory; they need to hear something soothing or, touch something. It can’t just be a holding place. There has to be some structure. There has to be, some form of accountability, not just go in there and draw or storm around.

From the Administrator’s perspective, it was stated that “IDS offers open office hours once a month, and you don’t necessarily have to have a case with them to access that.” Teachers and specialists were aware of IDS being a resource, however, this was only if the student who

was exhibiting challenging behaviors qualified for the services. It would be extremely beneficial for teachers and specialists to know how to access the office hours. Providing support by professionals who are trained in childhood trauma to work with these students will allow them to get the best possible help that they need. It will also allow administrators, teachers, and professional staff experts to learn from and work with when working with students who have undergone trauma.

Research Question Responses

Once themes were analyzed from the data, answers to the central research question and three research sub-questions were able to be answered. Each of the following research questions are stated and answered based on the themes and participant quotes

Central Research Question

What are the needs of administrators, teachers, and professional staff as they move toward becoming a trauma-sensitive school? The participants' perspective is that they don't have the qualifications to work with students who have undergone a traumatic childhood event. "I need people in my classroom working with these children. The kind of people I need are people who are qualified in the areas of counseling and behavior," confided Pre-Kinder. Having the professionals in childhood trauma at CVS will give guidance and resources to the administrators, teachers, and professional staff. SPED confided, "I don't really feel like we've received any training. I don't either. I think just starting with what the beginning of it would look like. Bringing people in that could train us and specific needs that we're dealing with at our school. Not just come in one day, preach to us at a faculty meeting, and then just disappear forever, but that we could actually interact with." The professionals that are placed at CVS to help these students and educational staff can also provide training from a professional standpoint.

Sub-Question One

What training is provided to elementary administrators, teachers, and professional staff on becoming a trauma-sensitive school? The teachers get information pushed out weekly that have available opportunities. While these opportunities are provided it is not specifically tailored for the population of students at the school. “I’ve never remembered being told like hey, this course is being offered and it would be something that would really relate to your students and or the population of kids that you’re teaching,” confirms SPED. Regarding trauma specifically, the training is non-existent. “We don’t have training, so anything,” Kinder follows up. The lack of training causes misunderstandings with the administrators, teachers, and professional staff regarding what trauma is and how to properly handle students who have undergone trauma.

Sub-Question Two

What resources are provided to elementary administrators, teachers, and professional staff to allow it to become a trauma-sensitive school? Resources provided include the opportunity for collaboration. “Regularly scheduled meetings to track progress, consider data, and determine strategies and the need for observations and testing or counseling to support the staff,” explains First. Additionally, a calming room is provided for the students to use as a resource when they are trying to cope with their trauma-induced behaviors. “I do appreciate having a calming room on this hall for that reason, but I’m also unsure about how to use that calming room,” remarks Pre-Kinder. The resources that are at CVS are not used consistently, or understood by the teachers, causing confusion in how to assist students with childhood trauma.

Sub-Question Three

What additional training and resources must be provided to elementary administrators, teachers, and professional staff to allow them to become trauma-sensitive schools? Providing training that is consistent and delivered by a trained professional in childhood trauma was widely voiced. “We need somebody that’s trained, that our school can buy into, and agree with their

approach of handling things that are consistent as a building, and all take the same approach with dealing with these kids,” admits Third. Specialist 1 corroborates the importance of having support from professionals, “I feel like the support we need is professionals in the building that this is actually their area of specialty and supports.” When considering the training that is needed by administrators, teachers, and professional staff it was just as important that it come from those that are trained in childhood trauma. Another component of the training that was emphasized by Fourth was the need for the training to understand that when working with students who had undergone trauma, the teachers still had the rest of their class as well.

If we are going to actually receive training, I don't want it to be people who are most often with one or two students at a time telling me how to deal with the situation like this when I've got 22 in here, I want outside resources to come in and empower us, announces Fourth.

Administration also discloses, “I would love to see more from the division. I would love to see something from the state.” Gaining training from childhood trauma professionals who understand what a teacher deals with during their daily routines with multiple students can provide insight into how to work with students who have undergone childhood trauma.

Summary

This single instrumental research case dove into the experience of administrators, teachers, and professional staff to discover their needs as a school moving toward becoming a trauma-sensitive school. The survey data was analyzed to gain an understanding of the school (Appendix E). Following the survey, interviews were scheduled, recorded, reviewed, and analyzed (Appendix F). Finally, participants were divided into three focus groups, except the administrator, recorded, reviewed, and analyzed (Appendix G). During analysis of the interviews and focus group's themes were composed.

The outcomes for the central research question expressed the need for additional training by professionals with skills specific to childhood trauma. Additionally, an increase in support, by the means of people, with the required childhood trauma skills was requested to be present in the classrooms with those students. Allocating for these needs would diminish the astounding feeling of all participants feeling frustrated when working with students who have experienced childhood trauma due to lack of sufficient training and support.

All participants confirmed their tenderness for wanting to comfort and support their students with childhood trauma. Establishing consistent expectations and communication with everyone involved in the student's life proved to be a foundational aspect of achieving success with traumatized students. An educator's love of teaching begins with the students that they teach and aiding them as they learn, grow, and prosper. This was evident in the massive quantity of caring that was displayed by the participants.

CHAPTER FIVE: CONCLUSION

Overview

This single instrumental case study aimed to understand the needs of administrators, teachers, and professional staff of a Central Virginia school as it moved toward becoming trauma-sensitive. This section begins with an interpretation of my findings from the data collected and analysis. It then moves into implications for policy and practice to help with the needs identified in the research. Theoretical and methodological implications will then be discussed, along with limitations. Finally, the chapter will conclude with recommendations for future research.

Discussion

Childhood resilience expanded largely in the 1970s and has continued to expand in prevalence in classrooms as childhood trauma with at least 60% of students having experienced a traumatic event (Burdick & Corr, 2021; Felitti et al., 1998; Masten A.S. et al., 2021; Rossen & Cowen, 2013). There is a large body of research related to childhood trauma effects. I was not able to, however, locate any research that investigated the needs of educational professionals to assist in working with students who had undergone a traumatic childhood event, specifically in the elementary setting. Consequently, this single instrumental case study provides descriptions of administrators, teachers, and professional staff members' needs as they move toward becoming a trauma-sensitive school. The identification and supply of these needs will allow them to help students who have experienced childhood trauma, as well as improve strategies currently in place in most elementary schools. This discussion begins with the interpretations of the findings and the policies or practices that can be put in place to assist trauma-sensitive schools. I then describe how the findings relate to the theoretical and empirical framework. Finally, the limitations of my research and recommendations for future research conclude the section.

Interpretation of Findings

Five thematic findings were uncovered during the study and are discussed in this section. Each thematic finding has various sub-themes of three, four, four, five and two respectively.

Summary of Thematic Findings

The first two themes were intertwined with each other regarding challenges when working with students who had undergone childhood trauma. The first was student challenges resulting from trauma and the second was the factors contributing to these challenges. Theme three was the teachers' perspectives on their ability to handle students with trauma. Then, factors contributing to success, and the teachers' perspectives on their needs to help students with trauma make up the remaining two thematic findings.

Students Who Have Undergone Trauma Are at a Disadvantage. Not all students who enter a classroom come from the same background. It is not just culture, however, that impacts how a student learns, but also their experiences as explained in Bronfenbrenner's (1979) ecological systems theory. My interviews and focus groups allowed me to see the participants' experiences of how students who had undergone a traumatic event suffered academically, socially, emotionally, and behaviorally.

Challenging behaviors included hitting, kicking, profanity, throwing of objects, and isolating themselves or becoming isolated by their peers. The effects of trauma also had an impact on students academically. Many participants discussed students not having the ability to focus on academics when trying to cope with the trauma that they experienced. Understanding that students of childhood trauma are at a disadvantage has led teachers to accept the student and not penalize them for their past as shown by the participants who want to see those students in their classrooms succeed just like any of their students.

Supervisors Need to Keep Communication Open. While discussing the contributors of challenging behaviors showing up in classrooms from students who had undergone trauma, the teachers expressed extensive concerns about the lack of communication, collaboration, and support. Many participants discussed how they were not told of specific protocols with the school to ensure that there was consistency in handling students who showed challenging behaviors for a united front from the school across grades and classrooms. It was also evident that multiple teachers felt that there was a lack of collaboration with other staff members such as the guidance counselor, psychologist, special education, and administration to identify the best evidence-based strategies for students who have undergone trauma to succeed. This is not only an issue for the administrators who are responsible for ensuring a safe and trusting environment for all students, but it is also an issue for teachers who are held accountable for student growth in their academics.

Teachers Are Ill-Prepared for Handling Trauma. The overall feeling when compiling research data via surveys, interviews, and focus groups at CVS was a sense of frustration. All participants expressed how they were ill-prepared for working with students who experienced childhood trauma. Every participant was adamant that they wanted to do and did indeed try everything that was in their power to help those students who had undergone childhood trauma to the best of their abilities. It was not, however, enough in many of the toughest cases. Participants had high self-efficacy when it came to the art and science of teaching, but reported low self-efficacy with respect to the specialized skills and knowledge needed to support students experiencing the more profound effects of childhood trauma.

Teachers Have Strategies to Assist with Combating Trauma. There was an abundant number of strategies that teachers provided during the interviews. These strategies included a calming room, offering choices, providing breaks, and building positive relationships with the

student and family. Multiple participants attributed success with childhood trauma students to some of these strategies given. While these strategies did have some success it was noted by participants that the more intense behaviors, or the repeat offenders, often did not respond to these strategies.

Strategies able to be used by educational staff specifically with students were not the only strategies discussed. When communication, collaboration, and support were utilized by administrators, teachers, and professional staff there was an increase in the success of handling students who had undergone childhood trauma. Using communication, collaboration, and support provided a sense of unity and understanding among the educational staff.

Teachers Need Help from Professionals with Skills in Trauma. Teachers want their students to succeed in all areas. As teachers are part of the student's microsystem, they are validated by the time they put into working with all students as they are one of the main components of the student's lives. When challenging and disruptive behaviors begin to become uncontrollable, however, looking for assistance from professionals in the field of trauma is needed. This is where the links to the mesosystem, as described by Bronfenbrenner (1979), will begin to form across the student's microsystem. Professionals who have skills in trauma are better equipped to assist students who have undergone childhood trauma to overcome their challenges, with the assistance, cooperation, and support of the teacher.

Supervisors Need to Provide Teachers with Policy and Practices. When analyzing the data from the administrator's perspective it was found that policies and practices are already in place within the school. While these were in place, the teachers interviewed were unaware of them being a viable resource to which they had access. While some of the resources are only able to be utilized by supervisors, it is still essential information that is beneficial to the teachers who are working with these students to understand the process involved.

Implications for Policy and Practice

Policy and practice opportunities are evident from the findings to assist administrators, teachers, professional staff, and above all, the students who have suffered from childhood trauma. Based on the experiences provided by participants, elementary schools would benefit from modifications in school-wide expectations and top practices provided to teachers and professional staff. Policymakers can encourage collaboration with outside professionals skilled in childhood trauma. The administrators, teachers, and professional staff can work with these professionals to gain the knowledge and support needed to help students who suffer from childhood trauma.

Implications for Policy

An implication for policy at the district level is creating a consistent, reasonable, and concise behavior policy for all administrators and teachers to utilize. This would allow for a unified front in a district and provide for smooth transitions for any family that moves within the district or seeks a zone transfer. When creating this policy, the secondary behavior plans need to be reviewed as well to ensure that there are no drastic changes in how certain behaviors are handled as students' progress from elementary school to middle school and finally to high school.

Additionally, the division or the state could establish positions within the schools to allow for a professional with skills specific in childhood trauma to be on site for that sole purpose. If there are not enough students to warrant one person to hold the position on-site, then that person could work over multiple sites. In this instance, however, the person would need to be at sites that are close enough to each other geographically that they would be able to travel between them quickly to help when needed. Another option would be to provide training from

professionals skilled in childhood trauma. This could be the entire staff or select individuals. If only select individuals are chosen, however, they must be available when a need arises.

Implications for Practice

It is clear from the related literature, and the findings that administrators, teachers, and professional staff are lacking in their ability to effectively and consistently combat challenging and disruptive behavior resulting from childhood trauma. The findings indicated a strong need for training and support from professionals with skills in childhood trauma. This may also be the case with elementary schools across the division, the state, and even the country. According to Taylor et al. (2024), out of all the occupations in the U.S. teaching is one of the most challenging and this increases drastically when working with students who have emotional and behavioral disorders. To prevent teacher burnout and student achievement rates from dropping, schools need to strive to implement professional development opportunities in childhood trauma for their educational staff.

Professional development needs to largely focus on actual scenarios and how to handle those situations in a classroom of twenty or more students with only one teacher present. The professionals who are skilled in childhood trauma must provide ways the teacher can work with the student who has undergone trauma while also maintaining a class with multiple other students. These real-life scenarios could model how to provide an activity for the rest of the class while allowing the teacher to work with the student who has undergone trauma one-on-one without needing to address the other students. Trauma experts could also present real-life scenarios with the addition of a second staff member or a professional trained in childhood trauma.

While professional development is valuable for all educators, a follow-up with each teacher, specifically those with a student who has undergone childhood trauma would be

immensely helpful. Follow-up sessions may need to involve additional staff members who work with the student, an administrator, and a professional trained in childhood trauma. Observation feedback positively impacts instructional practices, teacher self-efficacy, and increases the use of high-quality instructional practices (Bellibaş, 2023). When holding a follow-up session to discuss the child who has undergone trauma various topics may need to be addressed. These topics include but are not limited to how things are progressing with the student's challenging behaviors, academics, or social interactions, additional resources that may be needed, other strategies that need to be tried, or what occurred when the student was removed by administration. When having these follow-up discussions, it allows for all members who are working with the student to have the same information and work together as a team for the benefit of the student.

Allowing professionals to come into the classroom and observe the students will allow them to better provide suggestions and support for the educational staff. Once the professionals have been able to observe, they can give suggestions of strategies that would work best for that student or how the teacher can better support that student. This can be done with a discussion between the two or the professional could come in a second time to model for the teacher. The professional would also be able to see if the teacher has the resources needed in the classroom. If they do not they can help by either providing the resources, making the resources, or petitioning to get funding for the resources. If a situation occurs during their time in the classroom where the teacher or the rest of the class seems overwhelmed by the behaviors of the student who has undergone trauma the professional could offer two different services. The first could be providing a break for the teacher, either to get themselves regulated or to allow the teacher to go with the student for a break to help them regulate, as well as strengthen their relationship. While the teacher is out of the room the professional can cover the remainder of the

students and assist them with continuing their lesson or activity until the teacher returns.

Secondly, the professional could be the one to provide the break to the student if the teacher feels that they need a break from that student.

Theoretical and Empirical Implications

Bronfenbrenner's (1979) ecological systems theory and Maslow's (1954) hierarchy of needs were presented in Chapter Two as the theoretical framework for this study. The ecological systems theory (Bronfenbrenner, 1979) highlights how children advance as they grow from the mixture of their environments and themselves. When discussing what was needed by the educational staff, they expressed a desire to incorporate professionals who have skills in childhood trauma into their schools and classrooms. This allows the classroom environment to become a safe, comfortable, and welcoming place for students who have faced childhood trauma. Frankland (2018) validated this concept by emphasizing that establishing a safe environment allows educational staff to assist and co-regulate with students who have been traumatized. Setting up an environment that recognizes the need for safety and comfort additionally provides one of the foundational levels in Maslow's (1954) hierarchy of needs, safety. Before any child who has undergone trauma can enter a classroom ready to learn, they need to have all their basic needs met (Garner & Saul, 2018). Participants corroborated this sentiment in interviews and focus groups by explaining that a student who is focused on their trauma is unable to focus on school. Allowing students to feel safe by providing training, support, and evidence-based strategies for combating trauma, lets educational staff focus on supporting students academically, socially, emotionally, and behaviorally.

Empirical Implications

The findings from my study allowed additional insight into how to provide administrators, teachers, and professional staff with what they need as they move toward

becoming a trauma-informed school. As stated in Chapter One, research on trauma began with investigations into resilience in the 1970s and has continued to expand and become more prominent in recent years (Felitti et al., 1998; Whitters, 2020). In Chapter Two, MacLochlainn et al. (2022) were referenced stating many educational staff are not adequately prepared to work with students experiencing trauma. Providing educational staff with training and support provided by skilled professionals in the field of childhood trauma is essential in supporting students who have undergone childhood trauma.

Theoretical Implications

In Chapter Two, Reinbergs and Fefer (2018) were referenced when bringing enlightenment to the establishment of trauma-informed care in schools being critical due to teachers working in astonishingly challenging and under-resourced environments. Success with students who have undergone childhood trauma is increased when teachers are provided with the training, support, and resources needed. Maslow's (1954) hierarchy of needs appears prominent in the classroom setting. Pre-Kinder stated, "Maslow's hierarchy of needs begins with safety. When you have an unsafe child in your classroom or multiple unsafe children in your classroom, you are removing that first foundational layer, and no one learns, and you just survive." If a child struggles to fulfill their basic needs, they cannot focus on what is being asked of them at school. The building of positive relationships with students represents Bronfenbrenner's (1979) ecological theory. SPED explained, "We always tell the kids it's like a family there." Building these relationships allows for connections to be made in the microsystem.

This study verified that the needs of administrators, teachers, and professional staff must be met to assist students who have undergone childhood trauma. In Chapter Two I referenced Pennings (2018) description of how interactions and behavior could invoke certain behavior from others they encounter throughout their lifetime. Bronfenbrenner's (1979) ecological

systems theory permitted me to recognize factors within the classroom affecting a student's ability to combat childhood trauma. Shelton (2018) confirmed development is directly supported in the microsystem of knowledge or skill, as an individual attempts to make sense of their environment and patterns arise. Students who have undergone childhood trauma can develop coping and regulation skills when administrators, teachers, and professional staff are provided with training, support, and resources to support those students.

Maslow's (1954) hierarchy of needs also allowed me to examine how the varying levels must be fulfilled before moving to higher levels. Students who have experienced childhood trauma struggle with fulfilling the safety needs level in the hierarchy model. Maslow (1943) explained at this level there is a threat of being in danger as the outcome, therefore, it is this level that is almost solely responsible for behavior. If educational staff are not provided with the needs to assist and support students to overcome their childhood trauma, they will continue to stay in fight or flight. If administrators, teachers, and professional staff are continually supported with training and resources for trauma-sensitive schools, then the support of students with childhood trauma can only increase. Additionally, findings from this study contributes to the awareness of the need for policies and universal practices to promote trauma-sensitive schools.

Delimitations and Limitations

A delimitation established for the study was that each participant must be in at least their third year of their role and be in one of the following positions: administrator, teacher, counselor, or psychologist. The participants were confirmed to be in one of the stated positions on the school website and by my knowledge of working at the same location. Additionally, their position was given in their survey and interview answers, along with their years in education at the school and in total.

There are limitations to every research study. One of the biggest limitations of my study is that it was only at one elementary school, and it is where I work. When beginning this study, I intended it to be a multiple case study with three Central Virginia schools ranging from rural, suburban, and urban. After multiple recruitment efforts, I could not gain any participants from the rural and urban schools and altered my study to a single instrumental case study of one suburban school. Participants were from the school where I work because I had the best connections at that location, however, I was their colleague and did not have a supervisory role over any participants in the study.

Another limitation was not gaining a participant from the second grade, a counselor, or a psychologist. These participants would have added information on policies, practices, and knowledge on trauma-sensitive schools in the building. Three participants did not have a face-to-face or Google Meet interview, and instead, chose to answer the questions on a Google Doc. This did not allow me to have any follow-up questions about their answers and it did not allow me to help them understand what it was that I was asking any better if they needed guidance. Additionally, I did not have a diverse sample as each of the participants were white females.

Recommendations for Future Research

When collecting research related to childhood trauma, I was unable to locate studies that investigated the needs of educational professionals to assist in working with students who had undergone a traumatic childhood event, specifically in the elementary setting. All my participants were in one suburban school in Central Virginia, which leads to the first recommendation for further research. Other elementary schools in other geographical areas need to be utilized and compared to the findings provided by my study. This could be accomplished by looking at a rural and urban geographical location in Central Virginia, as I intended at the beginning of this process. Another way that geographical location could be used in further

research would be to look at areas either across the state of Virginia, or the entire country. In addition to expanding the geographical areas in the study, it would be beneficial to extend the participants within the schools used as sites as well. This could include counselors, psychologists, paraprofessionals, janitorial staff, and bus drivers as they all work with students throughout the year, and sometimes daily, with students.

Additionally, it would be beneficial to extend research to parents and families of students who have undergone a traumatic childhood event. This would allow for a larger view of how to help students who have faced childhood trauma by looking into their family needs as well. When combining the needs of a trauma-sensitive school with those of the family the student can gain support and consistency in the two most important parts of their lives to combat the trauma.

Research on funding and ways to raise money to help provide for the needs of trauma-sensitive schools should also be conducted. This would be the next step in the research because it would allow for policies or practices to be put in place to help secure the needs stated by the education professionals. This may even lead to research being conducted to look at the policies of the disbursement of funding in elementary schools.

Conclusion

This single instrumental case research study investigated the needs of administrators, teachers, and professional staff as they moved toward becoming a trauma-informed school by learning from their experiences. The first need from the educational staff focused on training from professionals who were qualified in childhood trauma. Secondly, educational staff indicated their need for more individuals to be present in the classrooms to give support to students who have undergone childhood trauma, specifically those with skills in childhood trauma. The experiences shared by participants relate to their commitment, persistence, and affection for all students. Overall, the lessons learned focused on the importance of

communication, support, collaboration, consistency, and the building of safe relationships to support students facing childhood trauma.

References

- Abraham, E. H., Antl, S. M., & McAuley, T. (2022). Trauma exposure and mental health in a community sample of children and youth. *Psychological Trauma: Theory, Research, Practice, and Policy*, *14*(4), 624–632. <https://doi.org/10.1037/tra0001035.supp> (Supplemental)
- Alexander, J. (2019). *Building trauma-sensitive schools: Your guide to creating safe, supportive learning environments for all students*. Brookes Publishing.
- AliceAnn, C., Powell, E. A., Bradford, G. C., Magnusson, B. M., Hanson, C. L., Barnes, M. D., Novilla M Lelinneth, B., & Bean, R. A. (2020). Maslow’s Hierarchy of Needs as a Framework for Understanding Adolescent Depressive Symptoms Over Time. *Journal of Child and Family Studies*, *29*(2), 273-281. <https://doi.org/10.1007/s10826-019-01577-4>
- Alisic, E. (2012). Teachers’ perspectives on providing support to children after trauma: A qualitative study. *School Psychology Quarterly*, *27*(1), 51-59. <https://doi.org/10.1037/a0028590>.
- Alisic, E., Bus, M., Dulack, W., Pennings, L., & Sapling, J. (2012). Teachers’ experiences supporting children after traumatic exposure. *Journal of Traumatic Stress*, *25*, 98-101, <https://doi.org/10.1002/jts.20709>.
- Allensworth D, Lawson E, Nicholson L, et al., editors. Institute of Medicine (US) Committee on Comprehensive School Health Programs in Grades K-12. *Schools & Health: Our Nation's Investment*. Washington (DC): National Academies Press (US); 1997. 4, School Health Services. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK232689/>
- Altymurat, Sparrow, T., & Muhai, M. (2021). Human behavior in organizations related to Abraham Maslow’s hierarchy of needs theory. *Interdisciplinary Journal Papier Human Review*, *2*(1), 12–16. <https://doi.org/10.47667/ijphr.v2i1.87>

- Alvarez, J. M., Saunders, R., Neubauer, E., & Brown, C. H. (2022). School Counselors Implementing a Trauma-Informed Approach Through Evidence-Based Practices. *Professional School Counseling, 26*(1a). <https://doi.org/10.1177/2156759X221086742>
- American Academy of Pediatrics Council on School Health. (2013). Out-of-school suspension and expulsion. *Pediatrics, 131*, e1000–e1007. doi:10.1542/peds.2012-3932
- American Institutes for Research. (2023). *Essential Components of MTSS*. Center on Multi-Tiered Systems of Support. Retrieved April 13, 2023, from <https://mtss4success.org/essential-components>
- American Psychiatric Association. (2020). Helping professions. Retrieved March 16, 2020, from <https://dictionary.apa.org/helping-professions>.
- Badanes LS, Watamura SE, Hankin BL. Hypocortisolism as a potential marker of allostatic load in children: associations with family risk and internalizing disorders. *Dev Psychopathol. 2011;23*(3):881–896
- Barr, D. A. (2018). When trauma hinders learning. *Phi Delta Kappan, 99*(6), 39–44.
- Bartlett, J. D. (2021). Trauma-informed practices in early childhood education. *ZERO TO THREE, 41*(3), 24–34.
- Bellazaire, A. (2018). ‘Preventing and mitigating the effects of adverse childhood experiences’, *National conference of state legislatures*, www.ncsl.org.
- Bellibaş, M.Ş. (2023), "Empowering principals to conduct classroom observations in a centralized education system: does it make a difference for teacher self-efficacy and instructional practices?", *International Journal of Educational Management*, Vol. 37 No. 1, pp. 85-102. <https://doi.org/10.1108/IJEM-02-2022-0086>

- Best Start Resource Centre. (2012). *When compassion hurts: Burnout, vicarious trauma and secondary trauma in prenatal and early childhood service providers*. Toronto, ON: Author.
- Bethell, C. D., Davis, M. B., Gombojav, N., Stumbo, S., & Powers, K. (2017). Issue brief: A national and across state profile on adverse childhood experiences among children and possibilities to heal and thrive. <http://www.cahmi.org/projects/adverse-childhood-experiences-aces/>
- Bracy, N. L. (2010). Circumventing the law: Students' rights in schools with police. *Journal of Contemporary Criminal Justice*, 26(3), 294–315.
<https://doi.org/10.1177/1043986210368645>
- Bronfenbrenner, U. (1986). Ecology of the family as a context for human development: Research perspectives. *Developmental Psychology*, 22(6), 723–742. <https://doi.org/10.1037/0012-1649.22.6.723>
- Bronfenbrenner, U. (1979). *The ecology of human development*. Harvard University Press.
- Bronfenbrenner, U., & Morris, P.A. (2006). The bioecological model of human development. In W. Damon & R. M. Lerner (Eds.), *Handbook of child psychology: Vol. 1. Theoretical models of human development* (6th ed., pp. 793-828). John Wiley.
- Buchanan, R., Davis, L., & Cury, T. (2021). Putting research into “action”: The impact of brain energizers on off-task behaviors and academic achievement. *Networks: An Online Journal for Teacher Research*, 23(1), 1-28.
- Nicole M. Brown, M. D. (2023, August 9). *Childhood trauma and ADHD: A complete overview & clinical guidance*. ADDitude. <https://www.additudemag.com/adhd-and-trauma-overview-signs-symptoms/>

- Canady, M., James, B., & Nease, J. (2012). *To protect and educate: The school resource officer and the prevention of violence in schools*. National Association of School Resource Officers. <https://www.nasro.org/clientuploads/resources/NASRO-Protect-and-Educate.pdf>
- CASEL (2017). Social and emotional competencies. Retrieved from <http://www.casel.org/wp-content/uploads/2017/01/Competencies.pdf>
- Centers for Disease Control and Prevention. (2022, April 6). *Fast facts: Preventing adverse childhood experiences |violence prevention/injury Center/CDC*. Centers for Disease Control and Prevention. <https://www.cdc.gov/violenceprevention/aces/fastfact.html>
- Centers for Disease Control and Prevention. (2019a, March 27). *Forming a school health team*. Centers for Disease Control and Prevention. <https://www.cdc.gov/healthyschools/shi/index.htm>
- Centers for Disease Control and Prevention. (2022, August 15). *What is epigenetics?*. Centers for Disease Control and Prevention. <https://www.cdc.gov/genomics/disease/epigenetics.htm>
- Chafouleas, S.M., Johnson A.H., Overstreet S., Santos N.M. (2016). Toward a blueprint for trauma-informed service delivery in schools. *Sch Ment Heal*. 8(1), 144-162.
- Chafouleas, S. M., Koriakin, T. A., Roundfield, K. D., & Overstreet, S. (2018). Addressing childhood trauma in school settings: A framework for evidence-based practice. *School Mental Health*, 11(1), 40–53. <https://doi.org/10.1007/s12310-018-9256-5>
- Charlton, C. T., Moulton, S., Sabey, C. V., & West, R. (2020). A systematic review of the effects of schoolwide intervention programs on student and teacher perceptions of school climate. *Journal of Positive Behavior Interventions*, 23(3), 185–200. <https://doi.org/10.1177/1098300720940168>

- Charmaz, K. (2006). *Constructing grounded theory: A practical guide through qualitative analysis*. Thousand Oaks, CA: SAGE. ISBN: 9780761973522.
- Choi, K. W., Sikkema, K. J., Velloza, J., Marais, A., Jose, C., Stein, D. J., Watt, M. H., & Joska, J. A. (2015). Maladaptive coping mediates the influence of childhood trauma on depression and PTSD among pregnant women in South Africa. *Archives of women's mental health, 18*(5), 731–738. <https://doi.org/10.1007/s00737-015-0501-8>
- Clark, A.G., & Dockweiler, K.A. (2019). *Multi-Tiered Systems of Support in Elementary Schools: The Definitive Guide to Effective Implementation and Quality Control* (1st ed.). Routledge. <https://doi.org/10.4324/9780429275791>
- Coley, R. L., Lynch, A. D., & Kull, M. (2015). Early Exposure to Environmental Chaos and Children's Physical and Mental Health. *Early childhood research quarterly, 32*, 94. <https://doi.org/10.1016/j.ecresq.2015.03.001>
- Cprek, S. E., Williamson, L. H., McDaniel, H., Brase, R., & Williams, C. M. (2020). Adverse childhood experiences (ACEs) and risk of childhood delays in children ages 1–5. *Child & Adolescent Social Work Journal, 37*(1), 15–24. <https://doi.org/10.1007/s10560-019-00622-x>
- Creswell, J. W., & Creswell J. D. (2018). *Research Design: Qualitative, Quantitative, and Mixed Methods Approaches* (5th ed). SAGE.
- Creswell, J. W., & Poth, C. N. (2018). *Qualitative Inquiry & Research Design: Choosing among Five approaches* (4th ed.). SAGE.
- Davis, W., Petrovic, L., Whalen, K., Danna, L., Zeigler, K., Brewton, A., Joseph, M., Baker, C. N., & Overstreet, S. (2022). Centering trauma-informed approaches in schools within a social justice framework. *Psychology in the Schools, 59*(12), 2453–2470. <https://doi.org/10.1002/pits.22664>

- Decker, P. J., & Cangemi, J. P. (2018). Emotionally intelligent leaders and self-actualizing behaviors: any relationship? *IFE Psycholo- gIA: an International Journal*, 26, 27–30.
- Dezin, N. K. (1998). *The research act* (3rd ed.). Englewood Cliffs, NJ: Prentice-Hall
- Dombo, E. A., & Sabatino, C. A. (2019). Trauma care in schools: Creating safe environments for students with adverse childhood experiences. *American Educator*, 43(2), 18-21.
<https://files.eric.ed.gov/fulltext/EJ1218781.pdf>
- Dutton, M. A., & Rubinstein, F. L. (1995). Working with people with PTSD: Research implications. In Figley C.R. (Ed.), *Compassion fatigue: Coping with secondary traumatic stress disorder in those who treat the traumatized*, (pp. 82-100).
- Eber, L., Barrett, S., Scheel, N., Flammini, A., & Pohlman, K. (2020). *Integrating a trauma-informed approach within a PBIS Framework*. Center on PBIS Positive Behavioral Interventions and Supports. https://assets-global.website-files.com/5d3725188825e071f1670246/5f99db7a719920184c1f5d5c_TraumaInformedPBIS_guide_final%207.15.20.pdf
- Edwards, R., Gillies, V., & White, S. (2019). Introduction: adverse childhood experiences (ACES) – implications and challenges. *Social Policy and Society*, 18(3), 411-414.
<https://doi.org/10.1017/S1474746419000137>
- Ellis, K., Gage, N. A., Kramer, D., Baton, E., & Angelosante, C. (2022). School climate in rural and urban schools and the impact of SWPBIS. *Rural Special Education Quarterly*, 41(2), 73–83. <https://doi.org/10.1177/87568705221098031>
- Elmaghraby, R., & Garayalde, S. (2021, September). *What are disruptive, Impulse Control, and conduct disorders?*. Psychiatry.org - What are Disruptive, Impulse Control, and Conduct Disorders? <https://www.psychiatry.org/patients-families/disruptive-impulse-control-and-conduct-disorders/what-are-disruptive-impulse-control-and-conduct>

- Every Student Succeeds Act of 2015, Pbu. L. No. 114-95 § 114 Stat.1177 (2015-2016).
- Felitti, V.J., Anda, R.F., Nordenberg, D., Williamson, D.F., Spitz, A.M., Edwards, V., Koss, M.P. & Marks, J.S. 1998, 'Relationships of childhood abuse and household dysfunction to many of the leading causes of death in adults, *American Journal of Preventive Medicine*, vol. 14, no. 4. viewed 25 December 2017, <https://nhs.scot.knowledge.network>.
- Fenn, K., & Byrne, M. (2013). The key principles of cognitive behavioural therapy. *InnovAiT: Education and Inspiration for General Practice*, 6(9), 579–585. <https://doi.org/10.1177/1755738012471029>
- Figley, C. R. (2013). *Compassion fatigue: Coping with secondary traumatic stress disorder in those who treat the traumatized*. Routledge.
- Figley, C. R. (Ed.) (1995). *Compassion fatigue: Coping with secondary traumatic stress disorder*. New York: Brunner/Mazel.
- Flick, O., (2009). *An Introduction to Qualitative Research*: Sage Publications.
- Florida's Positive Behavior Support Project. Retrieved April 30, 2023. from <https://flpbis.fmhi.usf.edu>
- Forber-Pratt, A. J., El Sheikh, A. J., Robinson, L. E., Espelage, D. L., Ingram, K. M., Valido, A. & Torgal, C. (2021) Trauma-informed care in schools: perspectives from school resource officers and school security professionals during professional development training, *School Psychology Review*, 50:2-3, 344-359, doi:10.1080/2372966X.2020.1832863
- Freudenberger H. & Robbins A. (1979). The hazards of being a psychoanalyst. *Psychoanalyst Review*, 66(2) 275-296. Retrieved from <http://www.ncbi.nlm.nih.gov/pubmed/061317>.
- Frey, N., Fisher, D., & Smith, D. (2019). *All learning is social and emotional: Helping students develop essential skills for the classroom and beyond*. Association for Supervision & Curriculum Development.

- Frydenberg, E. (2018). *Adolescent Coping: Promoting Resilience and Well-Being* (3rd ed.). Routledge. <https://doi.org/10.4324/9781315165493>
- Fundamentals of SEL*. CASEL. (2023, May 1). <https://casel.org/fundamentals-of-sel/>
- Garner, Andrew, and Robert A. Saul. *Thinking Developmentally: Nurturing Wellness in Childhood to Promote Lifelong Health*, American Academy of Pediatrics, 2018. *ProQuest Ebook Central*, <https://ebookcentral-proquest-com.ezproxy.liberty.edu/lib/liberty/detail.action?docID=5446866>.
- Garrity, S.M., Longstreth, S.L., Linder, L.K. and Salcedo Potter, N. (2019), Early Childhood Education Centre Director Perceptions of Challenging Behaviour: Promising Practices and Implications for Professional Development. *Child Soc*, 33: 168-184. <https://doi.org/10.1111/chso.12306>
- Gage, N. A., Leite, W., Childs, K., & Kincaid, D. (2017). Average treatment effect of school-wide positive behavioral interventions and supports on school-level academic achievement in Florida. *Journal of Positive Behavior Interventions*, 19, 158– 167. doi:10.1177/1098300717693556
- Geller, J. A., Madsen, L. H., & Ohrenstein, L. (2004). Secondary trauma: A team approach. *Clinical Social Work Journal*, 32(4), 415-430.
- Get help*. GoodTherapy. (2015). <https://www.goodtherapy.org/blog/psychpedia/maslow-hierarchy-needs>
- Goleman, D. P. (1995). *Emotional intelligence: Why it can matter more than IQ for character, health and lifelong achievement*. New York: Bantam Books.
- Gonzalez, A., Monzon, N., Solie, D., Jaycox, L., & Langley, A.K. (2016). Trauma exposure in elementary school children: Description of screening procedures, prevalence of exposure,

and post-traumatic stress symptoms. *School Mental Health*.

<https://doi.org/10.1007/s12310-015-9167-7>.

Gorski, D. (n.d.). *What is RTI?* What is Response to Intervention (RTI)? | RTI Action Network.

Retrieved April 13, 2023, from <http://www.rtinetwork.org/learn/what/whatisrti>

Grasso, D. J., Dierkhising, C. B., Branson, C.E., Ford, J.D., & Lee, R. (2016). Developmental patterns of adverse childhood experiences and current symptoms and impairment in youth referred for trauma-specific services. *Journal of Abnormal Child Psychology*, *44*(5), 871. <https://doi.org/10.1007/s10802-015-0086-8>.

Green JG, McLaughlin KA, Berglund PA, Gruber MJ, Sampson NA, Zaslavsky AM, Kessler RC. Adversities and adult psychiatric disorders in the national comorbidity survey replication I: Associations with first onset of DSM-IV disorders. *Archives of General Psychiatry*. 2010; *67*; 2: 113-123. [10.1001/archgenpsychiatry.2009.186](https://doi.org/10.1001/archgenpsychiatry.2009.186)

Guy-Evans, O. (1970, January 1). [*Bronfenbrenner's ecological systems theory*].

<https://www.simplypsychology.org/Bronfenbrenner.html>. Retrieved December 22, 2022, from <https://www.simplypsychology.org/Bronfenbrenner.html>

Han, S.S., & Weiss, B. (2005). Sustainability of teacher implementation of school-based mental health programs. *Journal of Abnormal Child Psychology*, *33*(6), 665-679.

Heath, M.A., Sheen, D., Leavy, D., Young, E., & Money, K. (2005). Bibliotherapy: A resource to facilitate emotional healing and growth. *School Psychology International*, *26*, 563–580. <https://doi.org/10.1177/0143034305060792>

Herr, K., & Anderson, G., (2015). *The action research dissertation: A guide for students and faculty* (2nd ed.). Thousand Oaks, CA: Sage.

- Herrenkohl, T.I., Hong, S., & Verbrugge, B., (2019). Trauma-Informed programs based in schools: Linking concepts to practices and assessing the evidence. *American Journal of Community Psychology*, 64(3-4), 373-388. <https://doi-org.10.1002/ajcp.12362>
- Hodas, G.R. (2006). *Responding to childhood trauma: The promise and practice of trauma informed care*. Philadelphia: Pennsylvania Office of Mental Health and Substance Abuse Services.
- Hoffmann, J. D., Brackett, M. A., Bailey, C. S., & Willner, C. J. (2020). Teaching emotion regulation in schools: Translating research into practice with the RULER approach to social and emotional learning. *Emotion*, 20(1), 105–109.
<https://doi.org/10.1037/emo0000649.supp> (Supplemental)
- Hopkins, D., Stringfield, S., Harris, A., Stoll, L., & McKay, T. (2014). School and system improvement: A narrative state-of-the-art review. *School Effectiveness & School Improvement*, 25(2), 257-281. doi:10.1080/09243453.2014.885452
- Horner, R. H., Sugai, G., & Anderson, C. M. (2010). Examining the evidence base for school-wide positive behavior support. *Focus on Exceptionality*, 42, 1–14.
- Huff, A.S. (2009). *Designing research for publication*. Thousand Oaks, CA: Sage.
- Hughes K, Bellis MA, Hardcastle KA, Sethi D, Butchart A, Mikton C, Dunne MP. The effect of multiple adverse childhood experiences on health: A systematic review and meta-analysis. *The Lancet Public Health*. 2017; 2; 8: e356-e366. 10.1016/S2468-2667(17)30118-4
- In, J. (2017, December). *Introduction of a pilot study*. Korean journal of anesthesiology.
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5716817/#:~:text=A%20pilot%20study%20provides%20necessary,the%20dissipation%20of%20research%20resources>.
- Individuals With Disabilities Education Act, 20 U.S.C. § 1400 (2004).

- Jones, W., Berg, J., & Osher, D. (2018). Trauma and Learning Policy Initiative (TLPI): Trauma-sensitive schools' descriptive study. <https://traumasensitiveschools.org/>
- Kessler RC, Davis CG, Kendler KS. Childhood adversity and adult psychiatric disorder in the US National Comorbidity Survey. *Psychological Medicine*. 1997; 27; 05: 1101-1119. 10.1017/S0033291797005588
- Kranner, I., Minibayeva, F.V., Beckett, R.P. and Seal, C.E. (2010), What is stress? Concepts, definitions, and applications in seed science. *New Phytologist*, 188: 655-673. <https://doi.org/10.1111/j.1469-8137.2010.03461.x>
- Lang, J. M., Campbell, K., & Vanderploeg, J.J. (2015). *Advancing trauma-informed systems for children*. Farmington, CT: Child Health and Development Institute.
- Lazarus, P. J., Suldo, S., & Doll, B. (Eds.). (2021). *Fostering the emotional well-being of our youth: A school-based approach*. Oxford University Press, Incorporated.
- Lesley University, *Trauma-sensitive school checklist - learning for justice*. Learning for Justice. (n.d.). <https://www.learningforjustice.org/sites/default/files/general/trauma%20sensitive%20school%20checklist%20%281%29.pdf>
- Lipscomb, S. T., Hatfield, B., Lewis, H., Goka-Dubose, E., & Fisher, P. A. (2019). Strengthening children's roots of resilience: Trauma-responsive early learning. *Children and Youth Services Review*, 107, 104510. <https://doi.org/10.1016/j.childyouth.2019.104510>
- Lincoln, Y. S. & Guba, E. G. (1985). *Naturalistic Inquiry*. Newbury Park, Ca: Sage Publications.
- Little, S. G., & Akin-Little, A. (Eds.). (2019). *Behavioral interventions in schools: Evidence-based positive strategies*. American Psychological Association.

- Lokeman, K. S. (2011). Trauma training for school counselors: How well do programs prepare? (UMI No. 3475775). [Doctoral dissertation. Regent University]ProQuest Dissertations and Theses.
- Lundgaard, P. (2018). *Developing Resilience in Children and Young People: A Practical Guide* (1st ed.). Routledge. <https://doi.org/10.4324/9781315209111>
- MacLochlainn, J., Kirby, K., McFadden, P. *et al.* (2022). An evaluation of whole-school trauma-informed training intervention among post-primary school personnel: A mixed methods study. *Journ Child Adol Trauma* 15, 925–941. <https://doi.org/10.1007/s40653-021-00432-3>
- Malchiodi, C. A. (2020). *Trauma and expressive arts therapy: Brain, body, and imagination in the healing process*. Guilford Press.
- Martin, S.L., Ashley, O.S., White, L., Axelson, S., Clark, M. and Burrus, B. (2017), Incorporating trauma-informed care into school-based programs. *J School Health*, 87, 958-967. <https://doi-org./10.1111/josh.12568>
- Maslow, A.H. (1943). A theory of human motivation. *Psychological Review*, 50(4), 370-396.
- Maslow, A.H. (1954). *Motivation and Personality*. New York, NY: Harper.
- Maslow, A. H., Frager, R., Fadiman, J., McReynolds, C., & Cox, R. (1970). *Motivation and personality* (Vol. 2). <https://doi.org/10.1037/h0038815>.
- Maslow, A.H. (2000). *The maslow business reader*. New York: Wiley.
- Masten A.S., Lucke C.M., Nelson K.M., Stallworthy I.C. (2021). Risk and resilience in development and psychopathology: Multisystem perspectives. *Annual Review of Clinical Psychology*;17:521-549. doi:10.1146/annurev-clinpsy-081219-120307
- Masten, A.S. (2018). Resilience theory and research on children and families: Past, present and promise. *Journal of Family Theory and Review*, 10, 12-31. doi: 10.1111/jftr.12255

- Masten, A. S. (2014). *Ordinary magic: Resilience in development*. Guilford Publications.
- Maynard, B. R., Farina, A., Dell, N. A., & Kelly, M. S. (2019). Effects of trauma-informed approaches in schools: A systematic review. *Campbell Systematic Reviews*, *15*(1-2). <https://doi.org/10.1002/cl2.1018>
- McEwen, C. A., & Gregerson, S. F. (2019). A critical assessment of the adverse childhood experiences study at 20 Years. *American Journal of Preventive Medicine*, *56*(6), 790–794. <https://doi.org/10.1016/j.amepre.2018.10.016>
- McGruder, K. (2019). Children learn what they live: Addressing early childhood trauma resulting in toxic school stress. *Mid-Western Educational Researcher*, *31*(1), 117–137.
- McLeod, S. (2023, July 26). *Maslow's hierarchy of needs theory*. Simply Psychology. <https://www.simplypsychology.org/maslow.html>
- McInerney, M., McKlindon, A. (2014). Unlocking the door to learning: Trauma-informed classrooms & transformational schools. *Educational Law Center*. <https://www.elc-pa.org/wp-content/uploads/2015/06/Trauma-Informed-in-Schools-Classrooms-FINAL-December2014-2.pdf>
- Menting, A. T. A., Orobio de Castro, B., & Matthys, W. (2013). Effectiveness of the incredible years parent training to modify disruptive and prosocial child behavior: A meta-analytic review. *Clinical Psychology Review*, *33*(8), 901–913. doi:10.1016/j.cpr.2013.07.006
- Mercon-Vargas, E.A., Lima, R., Rosa, E., & Tudge, J. R. H. (2020). Processing proximal processes: What Bronfenbrenner meant, what he didn't mean and what he should have meant. *Journal of Family Theory & Review*, *12*(3), 321-334. <https://doi.org/10.1111/jftr.12373>
- Merriam, S. B., & Tisdell, E. J. (2015). *Qualitative research: A guide to design and implementation*. John Wiley & Sons, Incorporated.

- Miles, M. B., Huberman, A. M., Saldaña, J., & Saldana, J. (2014). *Qualitative Data Analysis* (3rd ed.). SAGE Publications.
https://www.google.com/books/edition/Qualitative_Data_Analysis/3CNrUbTu6CsC?hl=en&gbpv=1&dq=huberman+and+miles+1994&printsec=frontcover
- Miles, M. B., & Huberman, A. M. (1994). *Qualitative data analysis* (2nd ed.). Thousand Oaks, CA: Sage
- Morgan, D. L. (1997). Focus Group as A Qualitative Method. In *Focus Groups as Qualitative Research* (pp. 8–17). essay, Sage Publications. Retrieved March 26, 2023.
- Morgan, D. L., & Krueger, R. A. (1993). When to use focus groups and why. In D. L. Morgan (Ed.), *Successful focus groups: Advancing the state of the art* (pp. 3–19). Newbury Park, CA: Sage.
- Mosley-Johnson, E., Garacci, E., Wagner, N., Mendez, C., Williams, J. S., & Egede, L. E. (2019). Assessing the relationship between adverse childhood experiences and life satisfaction, psychological well-being, and social well-being: United States Longitudinal Cohort 1995-2014. *Quality of Life Research: An International Journal of Quality of Life Aspects of Treatment, Care and Rehabilitation*, 28(4), 907–914.
<https://doi.org/10.1007/s11136-018-2054-6>
- Murphy, M. C. (2020). Bronfenbrenner’s bio-ecological model: A theoretical framework to explore the forest school approach? *Journal of Outdoor and Environmental Education*, 23(2), 191–205. <https://doi.org/10.1007/s42322-020-00056-5>
- Nance, J. P. (2016). *Dismantling the Schools-to-Prison Pipeline: Tools for Change*, 48 ARIZ. L.J. 313, 338
- National Association of School Resource Officers. (NASRO 2020). Frequently Asked Questions.
<https://www.nasro.org/faq/>

National Center on Safe Supportive Learning Environments. Home | National Center on Safe Supportive Learning Environments (NCSSLE). (n.d.). Retrieved April 30, 2023, from <https://safesupportivelearning.ed.gov/>

National Child Traumatic Stress Network (NCTSN). 2003, 'Complex trauma in children and adolescents', viewed 16 September 2022, <https://nctsn.org/resources/complex-trauma-children-and-adolescents>.

National Research Council and Institute of Medicine. (2009). Preventing mental, emotional, and behavioral disorders among young people: Progress and possibilities. In M. E. O'Connell, T. Boat & K. E. Warner (Eds.), Committee on the prevention of mental disorders and substance abuse among children, youth, and young adults: Research advances and promising interventions. Board on Children, Youth, and Families, Division of Behavioral and Social Sciences and Education. Washington, DC: The National Academies Press.

National Wraparound Initiative. (2019, February 25). *Wraparound basics or what is wraparound: An introduction*. National Wraparound Initiative (NWI). <https://nwi.pdx.edu/wraparound-basics/#whatisWraparound>

NCES. (2023). *Education Demographics and Geographical Estimations: Locale classifications*. Geographic. <https://nces.ed.gov/programs/edge/Geographic/LocaleBoundaries>

Olson, T., Hegbloom, C., & Egan C. A. (2021) Whole School Approach: Connecting Schools to Community Resources to Enhance School Health, *Journal of Physical Education, Recreation & Dance*, 92:3, 5-12, DOI: 10.1080/07303084.2020.1866721

- O'Toole, L. (2016). A bio-ecological perspective on education transition: *Experiences of Children, Parents, and Teachers*. Doctoral Thesis, Technological University Dublin, Available: 10.21427/D7GP4Z.
- Pataky, M. G., Báez, J. C., & Renshaw, K. J. (2019). Making schools trauma-informed: Using the ACE study and implementation science to screen for trauma. *Social Work in Mental Health, 17*(6), 639–661. <https://doi.org/10.1080/15332985.2019.1625476>
- Pearlman, L.A., & Saakvitne, K.E. (1995). Treating therapists with vicarious traumatization and secondary traumatic stress disorders. In C.R. Figley (Ed.), *Compassion fatigue: Coping with secondary traumatic stress disorder* (pp.150-177). New York, NY: Brunner/Mazel.
- Perry, B.D., & Szalavitz, M.D. (2006). *The boy who was raised as a dog*. New York, NY: Basic Books.
- Perez, K. (2021). *The social-emotional learning toolbox: Practical strategies to support all students*. Brookes Publishing.
- Perfect, M. M., Turley, M. R., Carlson, J. S., Yohanna, J., & Saint Gilles, M. P. (2016). School-related outcomes of traumatic event exposure and traumatic stress symptoms in students: A systematic review of research from 1990 to 2015. *School Mental Health, 8*, 7–43. <https://doi.org/10.1007/s12310-016-9175-2>.
- Peter P., et al. v. Compton Unified School District, et al. (United States District Court, C.D. California September 29, 2015).
- Piper, D. (2017). The Piper Model: Personalized Interventions Promoting Emotional
- Ray, D. C., Burgin, E., Gutierrez, D., Ceballos, P., & Lindo, N. (2022). Child-centered play therapy and adverse childhood experiences: A randomized controlled trial. *Journal of Counseling & Development, 100*, 134– 145. <https://doi.org/10.1002/jcad.12412>Resilience

- in Children with Social, Emotional and Mental Health Needs (1st ed.). Routledge.
<https://doi.org/10.4324/9781315175034>
- Reinbergs, E. J., & Fefer, S. A. (2018). Addressing trauma in schools: Multitiered service delivery options for practitioners. *Psychology in the Schools, 55*(3), 250–263.
<https://doi.org/10.1002/pits.22105>
- Rette, D. N., Arnold, M. S., McDonald, E. M., Hoptman, M. J., Collins, K. A., & Iosifescu, D. V. (2021). Influences on childhood depressive symptoms: The effects of trauma and distress tolerance across age and sex groups. *Journal of Affective Disorders, 283*, 373-376. <https://doi.org/10.1016/j.jad.2021.01.064>
- Rossen, E. & Cowen, K. (2013). The role of schools in supporting traumatized students. *Principal's Research Review, 8*(6), 1-8.
- Rucinski, C. L., Brown, J. L., & Downer, J. T. (2018). Teacher–child relationships, classroom climate, and children’s social-emotional and academic development. *Journal of Educational Psychology, 110*(7), 992–1004. <https://doi.org/10.1037/edu0000240.supp> (Supplemental)
- Rutter, M. (1990). Psychosocial resilience and protective mechanisms. In J. Rolf, A. Masten, D. Cicchetti, K. Nüchterlein, & S. Weintraub (Eds.), *Risk and Protective Factors in the Development of Psychopathology* (pp. 181-214). Cambridge: Cambridge University Press. doi:10.1017/CBO9780511752872.013
- Sacks V, Murphey D, Moore K. Adverse childhood experiences: national and State-level prevalence. Bethesda, Maryland: Child Trends, 2014. https://www.childtrends.org/wp-content/uploads/2014/07/Brief-adverse-childhood-experiences_FINAL.pdf
- Sailor, W., Dunlap, G., Sugai, G., & Horner, R. (Eds.). (2008). *Handbook of positive behavior support*. Springer.

- School Community Partnership for Mental Health. (2015). *School Community Partnership for Mental Health (SCPMH) operational manual*.
<https://www.schoolmentalhealthwisconsin.org/>
- Shelton, L. (2018). *The Bronfenbrenner Primer: A Guide to Develceology* (1st ed.). Routledge.
<https://doi.org/10.4324/9781315136066>
- Smith, L. (2018). Adverse childhood experiences (ACEs): Educational interventions, *The Institute for Research and Innovation in Social Services* (Iriss), Glasgow.
- Spidel, A., Lecomte, T., Kealy, D., & Daigneault, I. (2018). Acceptance and commitment therapy for psychosis and trauma: Improvement in psychiatric symptoms, emotion regulation, and treatment compliance following a brief group intervention. *Psychology & Psychotherapy: Theory, Research & Practice*, *91*(2), 248–261.
<https://doi.org/10.1111/papt.12159>
- Stake, R. (2015). Freedom from the rubric. *Advances in Program Evaluation*, *15*, 177-179.
- Stake, R. E. (2010). *Qualitative research: Studying how things work*. Guilford Publications.
- Stake, R. E. (2005). *Multiple case study analysis*. Guilford Publications.
- Stake, R. E. (1995). *The Art of Case Study Research*. India: SAGE Publications.
- Stake and Trumbull (1982). Naturalistic generalizatons. *Review Journal of Philosophy and Social Sciences*, *7*, 1-12.
- Stormshak, E. A., DeGarmo, D., Garbacz, S. A., McIntyre, L. L., & Caruthers, A. (2020). Using motivational interviewing to improve parenting skills and prevent problem behavior during the transition to kindergarten. *Prevention Science*. <https://doi.org/10.1007/s11121-020-01102-w>
- Strauss, A., & Corbin, J. (1998). *Basics of qualitative research: Techniques and procedures for developing grounded theory* (2nd ed.). Thousand Oaks, CA: Sage.

- Substance Abuse and Mental Health Services Administration. (2014). *SAMHSA's concept of trauma and guidance for a trauma-informed approach*. Substance Abuse and Mental Health Services Administration. <https://store.samhsa.gov/system/files/sma14-4884.pdf>
- Sweeten, G. (2006) *Who Will Graduate? Disruption of High School Education by Arrest and Court Involvement*, 23 JUST. Q. 462, 471–77 tbl.
- Sylvan, L. (2021). *Multi-tiered systems of support: Implementation tools for speech-language pathologists in education*. Plural Publishing, Incorporated.
- Tan, J., & Dube, S. R. (2021). A pilot study on the awareness and knowledge of adverse childhood experiences science and trauma-informed care among medical school students. *The Permanente Journal*, 25(3), 1–8. <https://doi.org/10.7812/tpp/20.285>
- Taylor, J. C., Allen, L. M., Van, J., & Moohr, M. (2024). The Effects of Project-Based Learning on Student Behavior and Teacher Burnout in an Emotional/Behavioral Support Classroom. *Journal of Emotional and Behavioral Disorders*, 32(2), 81-94. <https://doi.org/10.1177/10634266241235933>
- Thapa, A., Cohen, J., Guffey, S., & Higgins-D'Alessandro, A. (2013). A review of school climate research. *Review of Educational Research*, 83(3), 357–385. <https://doi.org/10.3102/0034654313483907>
- Thomas, M. S., Crosby, S., & Vanderhaar, J. (2019). Trauma-Informed Practices in Schools Across Two Decades: An Interdisciplinary Review of Research. *Review of Research in Education*, 43(1), 422–452. <https://doi.org/10.3102/0091732X18821123>
- Thompson, R. (2019). Emotion dysregulation: A theme in search of definition. *Development and Psychopathology*, 31(3), 805-815. doi:10.1017/S0954579419000282
- Tillott, S., Weatherby-Fell, N., Pearson, P., & Neumann, M. (2022). Using storytelling to unpack resilience theory in accordance with an internationally recognized resilience framework

- with primary school children. *Journal of Psychologists and Counselors in Schools*, 32(1), 134-145. doi:10.1017/jgc.2021.5
- Tillott, S. (2019). An investigation into the elements of resilience that children identify from reading Game ON. (Unpublished doctoral thesis). University of Wollongong.
- Tudge, J. R. H., Navarro J. L., Mercon-Vargas, E.A., & Payir, A. (2021) The promise and the practice of early childhood educare in the writings of Urie Bronfenbrenner. *Early Child Development and Care*, 191:7-8, 1079-1088.
<https://doi.org/10.1080/030004430.2020.1844193>.
- Tudge, J. R. H., Payir, A., & Mercon-Vargas, E.A. (in press). Urie Bronfenbrenner's bioecological theory: Its development, core concepts, and critical issues. In K. Adamsons, A. Few-Demo.C. Proulx, * K. Roy (Eds.), *Sourcebook of family theories and methodologies*. New York, NY: John Wiley.
- Twum-Antwi, A., Jefferies, P. & Ungar, M. (2020) Promoting child and youth resilience by strengthening home and school environments: A literature review, *International Journal of School & Educational Psychology*, 8:2, 78-89, DOI: 10.1080/21683603.2019.1660284
- U.S. Department of Education. (2022, November 7). *About IDEA*. Individuals with Disabilities Education Act. Retrieved April 13, 2023, from <https://sites.ed.gov/idea/about-idea/>
- Valent, P. (1995). Survival strategies: A framework for understanding secondary traumatic stress and coping in helpers. In C. R. Figley (Ed.), *Compassion fatigue* (pp. 21–50). New York: Brunner/ Mazel.
- Vanderzee, K. L., Sigel, B. A., Pemberton, J. R., & John, S. G. (2019). Treatments for early childhood trauma: Decision considerations for clinicians. *Journal of Child & Adolescent Trauma*, 12(4), 515–528. <https://doi.org/10.1007/s40653-018-0244-6>

Vogel, K. (2022, May 6). *The 3 basic principles of cognitive behavioral therapy*. Psych Central.

<https://psychcentral.com/pro/the-basic-principles-of-cognitive-behavior-therapy>

Understanding child trauma. SAMHSA. (2023, March 17). [https://www.samhsa.gov/child-](https://www.samhsa.gov/child-trauma/understanding-child-trauma)

[trauma/understanding-child-trauma](https://www.samhsa.gov/child-trauma/understanding-child-trauma)

University of Washington. (2021, February 20). *Programs: The center for communities that*

care. The Center for Communities That Care | Prevention Science + Digital Tools +

Support = Successful Kids. Retrieved April 22, 2023, from

<https://www.communitiesthatcare.net/programs/>

Verlenden, J., Naser, S., & Brown, J., (2021) Steps in the Implementation of Universal Screening

for Behavioral and Emotional Risk to Support Multi-Tiered Systems of Support: Two

Case Studies, *Journal of Applied School Psychology*, 37:1, 69-107,

DOI:10.1080/15377903.2020.1780660

Walsh D, McCartney G, Smith M, et al. (2019). Relationship between childhood socioeconomic

position and adverse childhood experiences (ACEs): A systematic review. *J Epidemiol*

Community Health, 73, 1087-1093. <https://doi:10.1136/jech-2019-212738>

Walters, E., & Sroufe, L. A. (1983). Social competence as a development construct.

Developmental Review, 3(1), 79-97.

Werner, E. E. (1995). Resilience in Development. *Current Directions in Psychological Science*,

4(3), 81–85. <http://www.jstor.org/stable/20182335>

What is PBIS? Center on PBIS. (2023). Retrieved April 19, 2023, from

<https://www.pbis.org/pbis/what-is-pbis>

What is reach?. Center for Childhood Resilience. (2023). <https://childhoodresilience.org/reach>


Whitters, H. G. (2020). Adverse childhood experiences, attachment, and the early years learning

environment: Research and inclusive practice. Routledge.


- Yin, R. (2014). *Case Study Research: Design and Methods* (5th ed.). Thousand Oaks, CA: Sage Publications, Inc.
- Yin, R. K. (2018). *Case Study Research and Applications: Design and Methods: Vol. Sixth edition*. SAGE Publications, Inc.
- Zakszeski, B.N., Ventresco, N.E. & Jaffe, A.R. Promoting Resilience Through Trauma-Focused Practices: A Critical Review of School-Based Implementation. *School Mental Health* 9, 310–321 (2017). <https://doi.org/10.1007/s12310-017-9228-1>
- Zhang, S., Lin, X., Yang, T., Zhang S., Pan, Y., Lu, J., Liu, J. (2020). Prevalence of childhood trauma among adults with affective disorder using the Childhood Trauma Questionnaire: A meta-analysis. *Journal of Affective Disorders*, 276, 546-554. <https://doi.org/10.1016/j.jad.2020.07.001>.

Appendices

Appendix A: SAMHSA TRAUMA STATS



Understanding Child Trauma




NCTSI
National Child Traumatic
Stress Initiative

Child trauma occurs more than you think.

More than **TWO THIRDS OF CHILDREN** reported at least 1 traumatic event by age 16.¹ Potentially traumatic events include:

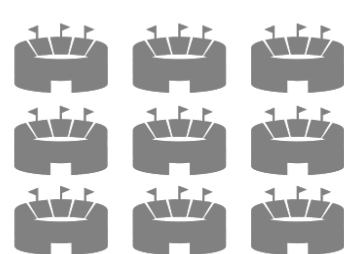
- PSYCHOLOGICAL, PHYSICAL, OR SEXUAL ABUSE
- COMMUNITY OR SCHOOL VIOLENCE
- WITNESSING OR EXPERIENCING DOMESTIC VIOLENCE
- NATURAL DISASTERS OR TERRORISM
- COMMERCIAL SEXUAL EXPLOITATION
- SUDDEN OR VIOLENT LOSS OF A LOVED ONE
- REFUGEE OR WAR EXPERIENCES
- MILITARY FAMILY-RELATED STRESSORS (E.G., DEPLOYMENT, PARENTAL LOSS OR INJURY)
- PHYSICAL OR SEXUAL ASSAULT
- NEGLECT
- SERIOUS ACCIDENTS OR LIFE-THREATENING ILLNESS

The national average of child abuse and neglect victims in 2013 was **679,000, or 9.1 victims per 1,000 children.**²

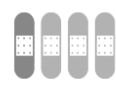


1,000


Each year, the number of youth requiring hospital treatment for physical assault-related injuries would fill **EVERY SEAT IN 9 STADIUMS.**³




1 IN 4 HIGH SCHOOL STUDENTS was in at least **1 PHYSICAL FIGHT.**⁴




1 in 5 high school students was bullied at school; **1 IN 6 EXPERIENCED CYBERBULLYING.**⁵



19% of injured and 12% of physically ill youth have post-traumatic stress disorder.⁶



More than half of U.S. families have been affected by some type of disaster (**54%**).⁷




¹ Copeland, W.E., Keeler, G., Angold, A., & Costello, E.J. (2007). Traumatic Events and Posttraumatic Stress in Childhood. *Archives of General Psychiatry*, 64(5), 577-584.

² U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. (2015). *Child maltreatment 2013*. <http://www.acf.hhs.gov/sites/default/files/childcn2013.pdf>


³ National Center for Injury Prevention and Control, Division of Violence Protection (2014). *Taking Action to Prevent Youth Violence: A Companion Guide to Preventing Youth Violence: Opportunities for Action*. <http://www.cdc.gov/violenceprevention/youthviolence/pdf/Opportunities-for-action-companion-guide.pdf>

⁴ Kahana, S., Feeny, N. C., Youngstrom, E. R., & Drotar, D. (2006). Posttraumatic stress in youth experiencing illnesses and injuries: An exploratory meta-analysis. *Traumatology*, 12, 148-161. doi: 10.1177/1534765606294562

⁵ Save the Children (2014). 2014 National Report Card on Protecting Children in Disasters. <http://www.savethechildren.org/sites/default/files/2014-12/2014-12-2014-NR-2014-DISASTERREPORT.PDF>



The National Child Traumatic Stress Network



Substance Abuse and Mental Health Services Administration
SAMHSA
www.samhsa.gov

Appendix B: IRB and SITE APPROVALS

LIBERTY UNIVERSITY

INSTITUTIONAL REVIEW BOARD

November 16, 2023

Samantha George
Lucinda Spaulding

Re: IRB Exemption - IRB-FY23-24-32 A Multiple Case Study Examine the Needs of Professional Staff in Elementary Schools Towards Becoming a Trauma-Sensitive School

Dear Samantha George, Lucinda Spaulding,

The Liberty University Institutional Review Board (IRB) has reviewed your application in accordance with the Office for Human Research Protections (OHRP) and Food and Drug Administration (FDA) regulations and finds your study to be exempt from further IRB review. This means you may begin your research with the data safeguarding methods mentioned in your approved application, and no further IRB oversight is required.

Your study falls under the following exemption category, which identifies specific situations in which human participants research is exempt from the policy set forth in 45 CFR 46:104(d):

Category 2.(iii). Research that only includes interactions involving educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures, or observation of public behavior (including visual or auditory recording) if at least one of the following criteria is met:

The information obtained is recorded by the investigator in such a manner that the identity of the human subjects can readily be ascertained, directly or through identifiers linked to the subjects, and an IRB conducts a limited IRB review to make the determination required by §46.111(a)(7).

For a PDF of your exemption letter, click on your study number in the My Studies card on your Cayuse dashboard. Next, click the Submissions bar beside the Study Details bar on the Study details page. Finally, click Initial under Submission Type and choose the Letters tab toward the bottom of the Submission Details page. Your information sheet and final versions of your study documents can also be found on the same page under the Attachments tab.

Please note that this exemption only applies to your current research application, and any modifications to your protocol must be reported to the Liberty University IRB for verification of continued exemption status. You may report these changes by completing a modification submission through your Cayuse IRB account.

If you have any questions about this exemption or need assistance in determining whether possible modifications to your protocol would change your exemption status, please email us at irb@liberty.edu.

Sincerely,
G. Michele Baker, PhD, CIP
Administrative Chair
Research Ethics Office

Bedford County Public Schools



September 1, 2023

Samantha George
Doctoral Students
Liberty University
1971 University Blvd.
Lynchburg, VA 24515

Dear Ms. George,

The purpose of this letter is to provide written approval to conduct the research study entitled "A Multiple Case Study Examining the Needs of Professional Staff in Elementary Schools Towards Becoming a Trauma-Sensitive School." This approval grants permission to interview and survey participants at elementary school sites within Bedford County Public Schools.

Best of luck to you as you begin this research project.

Sincerely,



Mark S. Blankenship
Supervisor of Testing & Demographic Planning



Thomas Jefferson Elementary School

Office of the Principal

Dr. Heather R. Boyles

September 14, 2023

Samantha George
Doctoral Student
Liberty University
1971 University Blvd.
Lynchburg, VA 24515

Dear Ms. George,

After a careful review of your research proposal entitled A Multiple Case Study Examining the Needs of Professional Staff in Elementary Schools Towards Becoming a Trauma-Sensitive School, I have decided to grant you permission to contact our staff.

Check the following boxes, as applicable:

I, Dr. Heather R. Boyles, will share your recruitment invitation with my staff for potential participants.

Sincerely,

Dr. Heather R. Boyles
Principal
Thomas Jefferson Elementary

Appendix C: RECRUITMENT EMAIL

Dear Staff,

As a graduate student in the School of Education at Liberty University, I am conducting research as part of the requirements for an Educational Law. The purpose of my research is to examine the needs of professional staff in elementary schools as they move towards becoming trauma-sensitive schools, and I am writing to invite eligible participants to join my study.

Participants must be 18 years of age or older, at least in your third year in the educational field, and have been employed at your current school for at least three years, and in one of the following positions: administrator, teacher, special education teacher, psychologist, or guidance counselor. Participants, if willing, will be asked to participate in a confidential Google Form survey that will take approximately 20 minutes, an audio- and video-recorded interview that will take approximately 1 hour, an audio- and video-recorded focus group session that will take approximately 45 minutes (Note: Teachers and Professional Staff Only), and member checking. Names and other identifying information will be requested as part of this study, but the information will remain confidential.

To participate, please [click here](#).

A consent document is provided as the first question of the survey. The consent document contains additional information about my research. If you choose to participate, please read the consent form, type your name, and date on the form, and then click the link to proceed to the survey.

Participants may be compensated for participating in this study. At the conclusion of the study procedures, participants will be entered into a raffle to win one of two \$25 Amazon gift cards. Email addresses will be requested for compensation purposes; however, they will be pulled and separated from your responses by the survey software to maintain your anonymity.

Sincerely,

Samantha George

Doctoral Student



Appendix D: TRAUMA-SENSITIVE SCHOOL CHECKLIST

Trauma-Sensitive School Checklist

Lesley University
Center for Special Education

Trauma and Learning Policy Initiative
of Massachusetts Advocates for Children
and the Legal Services Center of Harvard Law School

This checklist is organized by five components involved in creating a trauma-sensitive school. Each component consists of several elements. Please assess your school on each element according to the following scale:

- 1** Element is **not at all** in place
- 2** Element is **partially** in place
- 3** Element is **mostly** in place
- 4** Element is **fully** in place

School _____ Date _____

Team Members (name and position)

A trauma-sensitive school is a safe and respectful environment that enables students to build caring relationships with adults and peers, self-regulate their emotions and behaviors, and succeed academically, while supporting their physical health and well-being.

School-wide Policies and Practices

1 **2** **3** **4**

1 **2** **3** **4**

1 **2** **3** **4**

1 **2** **3** **4**

1 **2** **3** **4**

1 **2** **3** **4**

1 **2** **3** **4**

1 **2** **3** **4**

- School contains predictable and safe environments (including classrooms, hallways, playgrounds, and school bus) that are attentive to transitions and sensory needs.
- Leadership (including principal and/or superintendent) develops and implements a trauma-sensitive action plan, identifies barriers to progress, and evaluates success.
- General and special educators consider the role that trauma may be playing in learning difficulties at school.
- Discipline policies balance accountability with an understanding of trauma.
- Support for staff is available on a regular basis, including supervision and/or consultation with a trauma expert, classroom observations, and opportunities for team work.
- Opportunities exist for confidential discussion about students.
- School participates in safety planning, including enforcement of court orders, transferring records safely, restricting access to student-record information, and sensitive handling of reports of suspected incidents of abuse or neglect.
- On-going professional development opportunities occur as determined by staff needs assessments.

Classroom Strategies and Techniques

1 2 3 4

1 2 3 4

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1 2 3 4

- Expectations are communicated in clear, concise, and positive ways, and goals for achievement of students affected by traumatic experiences are consistent with the rest of the class.
- Students' strengths and interests are encouraged and incorporated.
- Activities are structured in predictable and emotionally safe ways.
- Opportunities exist for students to learn and practice regulation of emotions and modulation of behaviors.
- Classrooms employ positive supports for behavior.
- Information is presented and learning is assessed using multiple modes.
- Opportunities exist for learning how to interact effectively with others.
- Opportunities exist for learning how to plan and follow through on assignments.

Collaborations and Linkages with Mental Health

1 2 3 4

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1 2 3 4

- Policies describe how, when, and where to refer families for mental health supports; and staff actively facilitate and follow through in supporting families' access to trauma-competent mental health services.
- Access exists to trauma-competent services for prevention, early intervention, treatment, and crisis intervention.
- Protocols exist for helping students transition back to school from other placements.
- Mental health services are linguistically appropriate and culturally competent.
- Staff has regular opportunities for assistance from mental health providers in responding appropriately and confidentially to families.

Family Partnerships

1 2 3 4

1 2 3 4

1 2 3 4

- Staff uses a repertoire of skills to actively engage and build positive relationships with families.
- Strategies to involve parents are tailored to meet individual family needs, and include flexibility in selecting times and places for meetings, availability of interpreters, and translated materials.
- All communications with and regarding families respect the bounds of confidentiality.

Community Linkages

1 2 3 4

1 2 3 4

- School develops and maintains ongoing partnerships with state human service agencies and with community-based agencies to facilitate access to resources.
- When possible, school and community agencies leverage funding to increase the array of supports available.

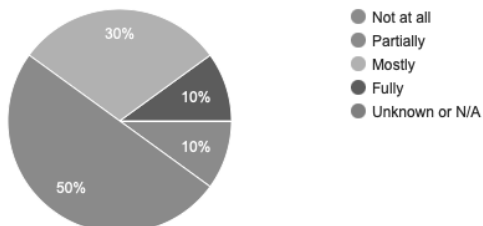
Appendix E: SURVEY ANALYSIS

UntitledSchool-wide Policies and Practices

The school contains predictable and safe environments in the classrooms that are attentive to transitions and sensory needs.

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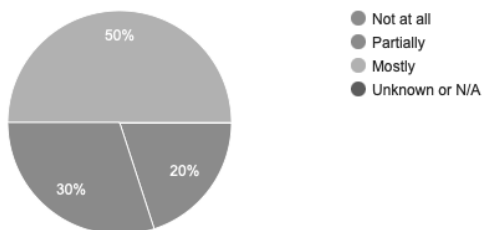
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The school contains predictable and safe environments in the hallways that are attentive to transitions and sensory needs.

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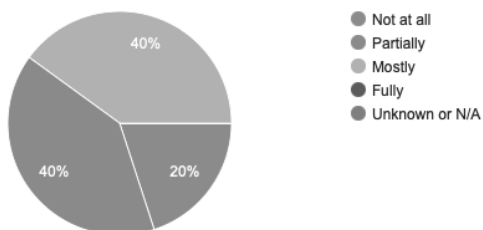
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The school contains predictable and safe environments on the playgrounds that are attentive to transitions and sensory needs.

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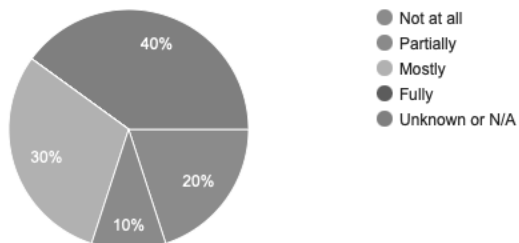
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The school contains predictable and safe environments on the school buses that are attentive to transitions and sensory needs.

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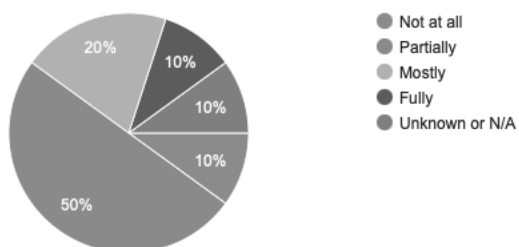
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Leadership from principals develops and implements a trauma-sensitive action plan, identifies barriers to progress, and evaluates success.

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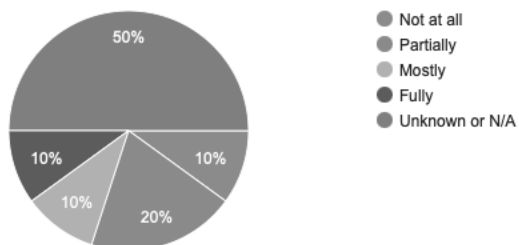
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Leadership from superintendents develops and implements a trauma-sensitive action plan, identifies barriers to progress, and evaluates success

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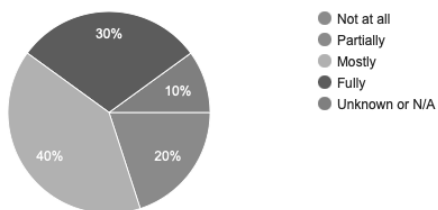
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General and special educators consider the role that trauma may be playing in learning difficulties at school.

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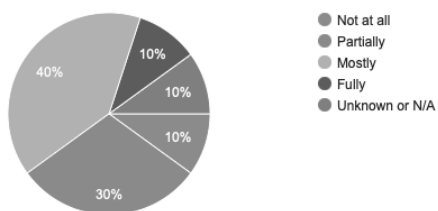
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Discipline policies balance accountability with an understanding of trauma.

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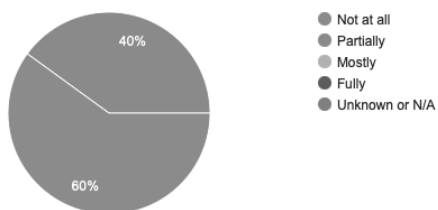
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Staff support is available regularly for supervision and/or consultation with a trauma expert.

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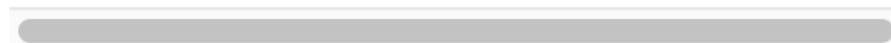
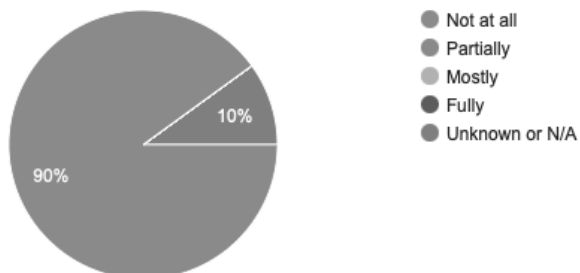
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Staff support is available regularly for classroom observations.

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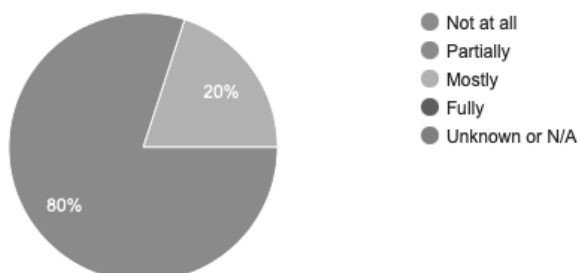
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Staff support is available regularly for opportunities for teamwork.

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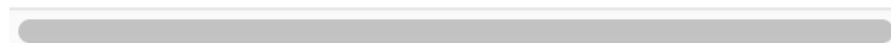
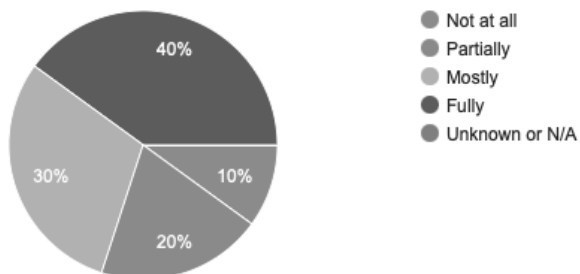
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Opportunities exist for confidential discussions about students.

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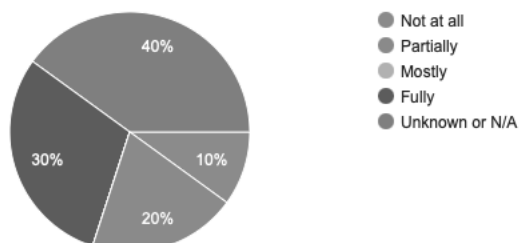
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Participates in safety planning, including enforcement of court orders, transferring records safely, restricting access to student-record information, and sensitive handling of reports of suspected incidents of abuse or neglect.

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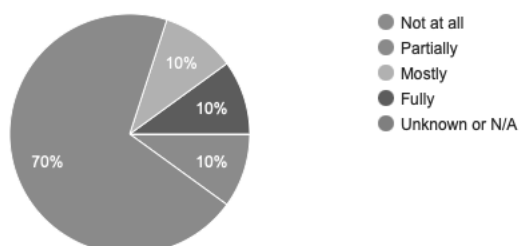
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On-going professional development opportunities occur as determined by staff needs assessments.

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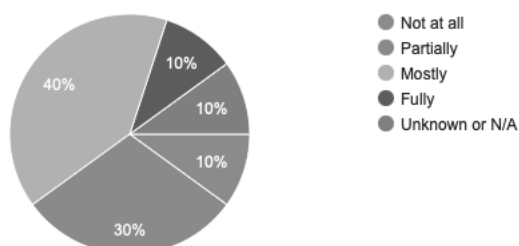


Classroom Strategies and Techniques

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

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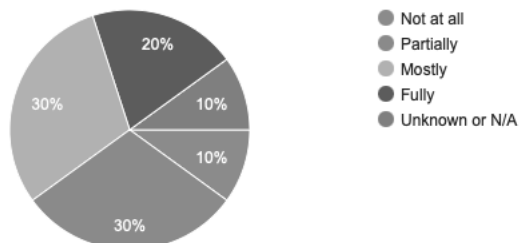
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Opportunities exist for students to learn and practice the regulation of emotions and the modulation of behaviors.

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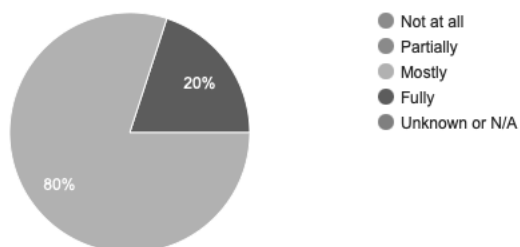
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Classrooms employ positive support for behavior.

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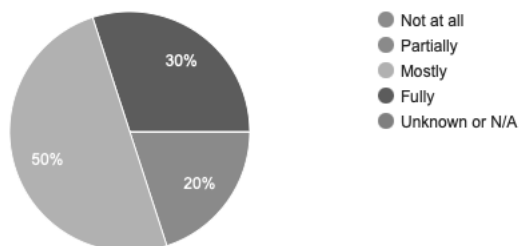
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Information is presented and learning is assessed using multiple modes.

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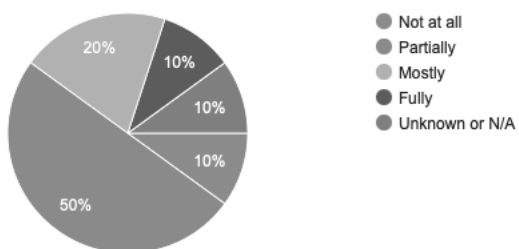
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Goals for the achievement of students affected by traumatic experiences are consistent with the rest of the class.

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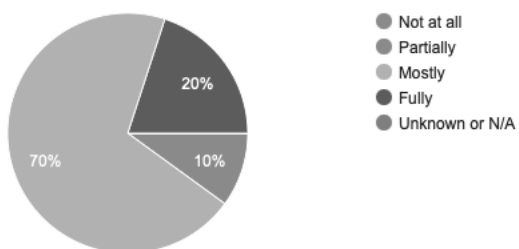
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Student's strengths and interests are encouraged and incorporated.

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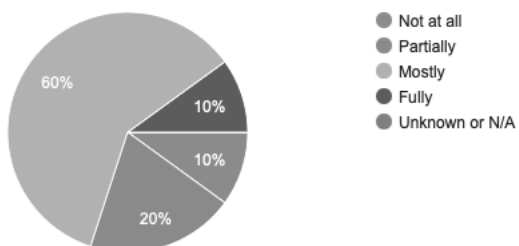
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Activities are structured in predictable and emotionally safe ways.

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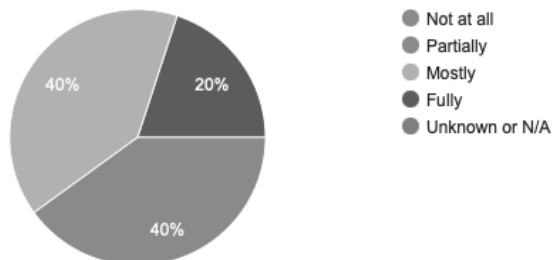
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Opportunities exist for learning how to interact effectively with others.

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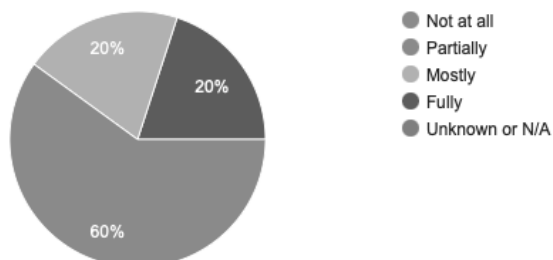
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Opportunities exist for learning how to plan and follow through on assignments.

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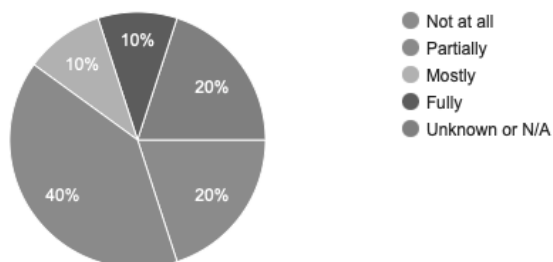


Collaborations and Linkages with Mental Health

Policies describe how, when, and where to refer families for mental health support.

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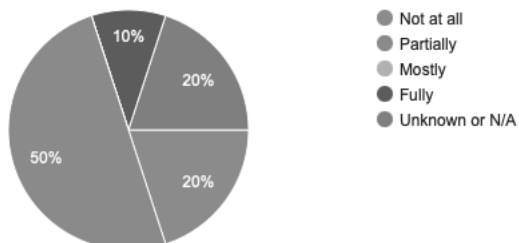
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Staff actively facilitate and follow through in supporting families' access to trauma-competent mental health services.

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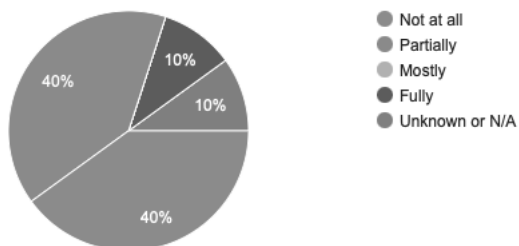
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Access exists to trauma-competent services for prevention, early intervention, treatment, and crisis intervention.

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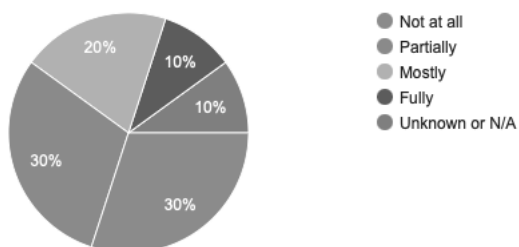
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Protocols exist to help students transition back to school from other placements.

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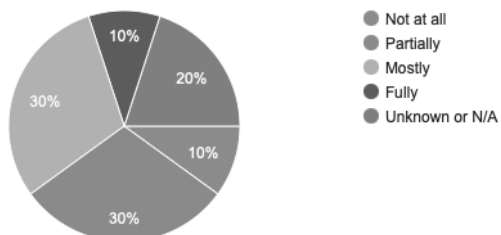
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Mental health services are linguistically appropriate and culturally competent.

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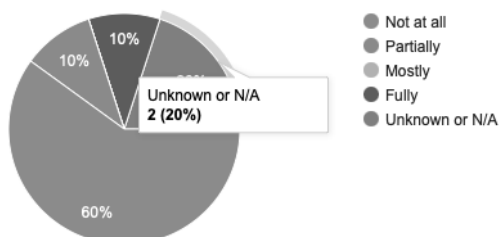
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The staff has regular opportunities for assistance from mental health providers in responding appropriately and confidentially to families.

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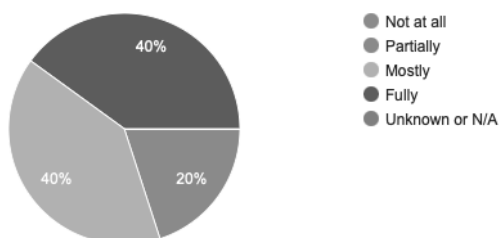


Family Partnerships

Staff uses a repertoire of skills to actively engage and build positive relationships with families.

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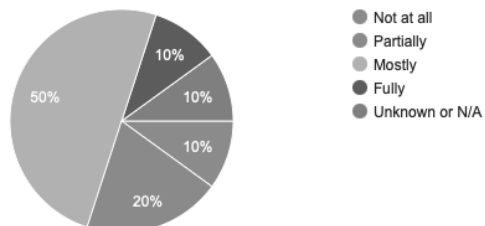
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Strategies to involve parents are tailored to meet individual family needs and include flexibility in selecting times and places for meetings, availability of interpreters, and translated materials.

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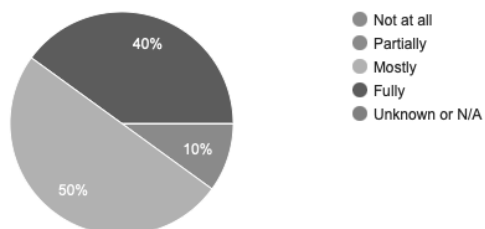
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All communications with and regarding families respect the bounds of confidentiality.

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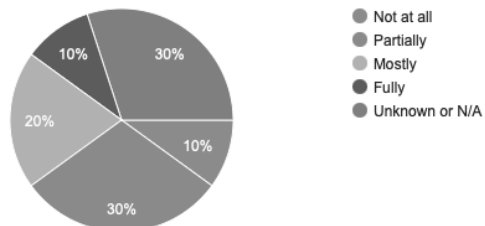


Community Linkages

The school develops and maintains ongoing partnerships with state human service agencies and with community-based agencies to facilitate access to resources.

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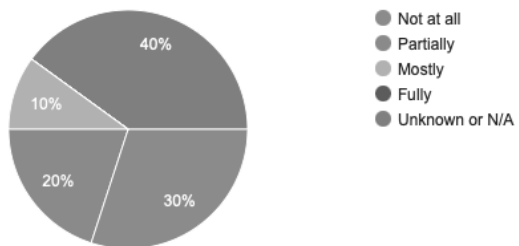
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When possible, school and community agencies leverage funding to increase the array of support available.

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10 responses



Appendix F: INTERVIEW ANALYSIS

Pre-K	K	First	Third	Fourth	Fifth	Resource	SPED	Reading Specialist 1	Reading Specialist 2	Administration
Uncertain	Uncertain		Uncertain	Uncertain	Uncertain	Uncertain	Uncertain	Uncertain	Uncertain	
					Inexperienced					
			Under Qualified	Under Qualified	Under Qualified	Under Qualified	Under Qualified	Under Qualified	Under Qualified	Under Qualified
Behaviors	Behaviors	Behaviors	Behaviors	Behaviors	Behaviors	Behaviors	Behaviors	Behaviors	Behaviors	Behaviors
Frustrated	Frustrated	Frustrated	Frustrated	Frustrated	Frustrated	Frustrated	Frustrated	Frustrated	Frustrated	Frustrated
Unsafe	Unsafe	Unsafe		Unsafe	Unsafe			Unsafe		Unsafe
Safety	Safety	Safety	Safety	Safety	Safety		Safety	Safety		
	Relationships	Relationships		Relationships	Relationships	Relationships	Relationships	Relationships		Relationships
Expectations	Expectations	Expectations	Expectations	Expectations	Expectations	Expectations	Expectations	Expectations	Expectations	Expectations
Communication	Communication	Communication	Communication	Communication	Communication	Communication	Communication	Communication	Communication	Communication
	Differentiation	Differentiation	Differentiation	Differentiation	Differentiation		Differentiation	Differentiation		
Lack of Communication	Lack of Communication			Lack of Communication	Lack of Communication	Lack of Commun	Lack of Communication	Lack of Communication	Lack of Communication	Lack of Communication
Consistency	Consistency		Consistency	Consistency	Consistency		Consistency	Consistency	Consistency	Consistency
Follow-up			Follow up		Follow up					
				Consequences	Consequences					
Lack of Collaboration			Lack of Collaboration		Lack of Collaboration		Lack of Collaboration			Lack of Collaboration
Strategy	Strategy	Strategy	Strategy	Strategy	Strategy	Strategy		Strategy	Strategy	Strategy
					Lack of Regulation					
Isolation	Isolation		Isolation	Isolation	Isolation	Isolation		Isolation	Isolation	Isolation
Removal		Removal			Removal			Removal		
					Needs					
Priorities	Priorities		Priorities	Priorities	Priorities			Priorities	Priorities	
Maslow	Maslow		Maslow	Maslow	Maslow			Maslow	Maslow	
	Collaboration	Collaboration			Collaboration	Collaboration	Collaboration	Collaboration	Collaboration	Collaboration
	Confidential	Confidential	Confidential					Secretive/Confidential		
								Low academics		
Needs	Needs	Needs	Needs	Needs	Needs	Needs	Needs	Needs	Needs	Needs
						Emotional Distress				
Inconsistent			Inconsistent	Inconsistent			Inconsistent			
Lack of Accountability			Lack of Accountability	Lack of Accountability			Lack of Accountability			
		Training								
Lack of Support			Lack of Support						Lack of Support	
Support	Support									
										Qualified - Trained Resources

Appendix G: FOCUS GROUP ANALYSIS

FG 1	FG 2	FG 3
Under Qualified	Under Qualified	
	Frustrated	Frustrated
	Unsafe	
	Expectations	
Communication		
Differentiation		
Lack of Communication		Lack of Communication
Follow-up		Follow-up
	Consequences	
Lack of Collaboration	Lack of Collaboration	
	Removal	
Collaboration		
		Confidential
Needs	Needs	Needs
	Inconsistent	
	Lack of Accountability	Lack of Accountability
Lack of Support	Lack of Support	Lack of Support
Support	Support	

Appendix H: PARTICIPANT STATEMENTS

Theme 1	Student Challenges Resulting from Trauma		
Participant Statements for Theme	<p>“My God, nobody can learn when you have a trauma-induced child in your classroom.” – Pre-Kinder</p> <p>“Then if you have a kid who's really dysregulated, it makes the learning for others hard because it's hard to learn when you hear screaming going on in the classroom, or a kid is crawling around the room and you're trying to teach, and the kids are trying to learn. As a teacher, you're distracted, but as a student, you're really distracted.” -SPED</p> <p>“If the emotional state part of them is not well, they're not gonna learn well and they're going to be frustrated and we need to know more.” -Specialist 2</p>		
Subthemes	Low Academic Performance	Social-Emotional Distress	Challenging and Disruptive Behaviors
Participant Statements for Subthemes	<p>“A lot of times it’s just not having the ability to keep up, not having the ability to sustain the rigor academically because you’re distracted.” -Fourth</p> <p>“Academically I can tell you that they're probably the kids that I see mostly get IEPs. Or they are being seen in the reading center because they have reading difficulties because this is not what's most important to them.” -Specialist 1</p> <p>“Academically obviously they're escalated enough so that they are either disrupting instruction or having to be removed from the classroom.” - Administration</p>	<p>“A lot of my students with trauma have been more withdrawn socially, much more withdrawn from their peers.” -Kinder</p> <p>“He doesn't, he knows a lot, but he makes choices that keep him away from the group and he refuses to be part of the group.” -Pre-Kinder</p> <p>“It's hard for them to understand that the way they are behaving affects the number of friends they are going to have or whether or not people want to</p>	<p>“The ones who stand out are the students who have defiant behavior. They curse or are oppositional. They run and they hit and kick. Those are the children who stand out, who have that obvious trauma background.” -Pre-Kinder</p> <p>“I have observed impulsive behaviors, self-harm, and intentional pant-wetting.” -First</p> <p>“He definitely has outbursts during new instruction.” -Fifth</p>

		include them.” - SPED	
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Theme 2	Factors Contributing to Challenges			
Participant Statements for Theme	<p>“I think the thing that’s challenging with trauma, especially his difficult type of trauma with child abuse or whatever, is you don’t really get a lot of details.” - Kinder</p> <p>Explain the staff support that is given regularly including supervision or consultation with the trauma expert and classroom observations and opportunities for teamwork.</p> <p>“I would say in Bedford, probably slacking on that a little bit. Since I have been here, that has been a continual conversation.” -Administration</p> <p>“I think sometimes you get into these positions of admin, or the school board office and you forget what it's like to be a teacher in the classroom.” -SPED</p>			
Subthemes	Lack of Support by Administrators and Additional Staff	Lack of Communication and Follow-up with Administration	Lack of Collaboration with Administration and Staff	Students Being Held Unaccountable
Participant Statements for Subthemes	<p>“The student I work with was taken to the superintendent this year for a behavior incident and the school received no support from the superintendent.” - Third</p> <p>“He has been visited by the counselor one time and then when she came to get him a second time, he said no, thank you, she said ok, and she left. She did</p>	<p>“I think there should be some follow-up. If I don’t know, it’s not possible for me to implement any of these practices that got Rosie Joe from this point to this point.” -Fourth</p> <p>“Even if I work with them or pull them or go into the classroom, I don't know the plan.” -Specialist 1</p>	<p>“I would say that there’s probably not a lot of collaboration at all at our school with the class that I’m in now especially. We don’t really have people coming in to try to offer suggestions or things that would be helpful for the students or ask what as a staff, we would need.” -SPED</p> <p>“I feel like there are lots of</p>	<p>“Discipline policies tend to be lenient, in my opinion, and do not focus on student accountability.” - Third</p> <p>“As far as accountability, I don't think the kids understand. I think that the mindset of let's do this restorative practice is fine. It's a good idea, but the kids, especially the</p>

	<p>not attempt to work with him in the classroom and make a connection with him.” -Pre-Kinder</p> <p>“I think that just knowing that support is there would be great and that you're going to have the backing of the admin or those administrators. I don't feel like that's always there and I think that makes it really difficult for everyone.” -SPED</p>	<p>“I think we use the term, we want to be a trauma-sensitive school, but there's not a lot of explanation of what that should look like and how it should be done within the classroom.” - SPED</p>	<p>meetings with lots of people and the teacher hopefully is involved in it most of the time, but no one else who works with them is involved.” -Specialist 1</p> <p>“I honestly don't have a lot of that, even in the three years that I've been here, there hasn't been a lot of that.” - Fifth</p>	<p>younger kids, don't understand.” -SPED</p> <p>“No, I don't feel like students at the elementary level are held accountable for their actions at all.” -Fifth</p>
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Theme 3	Teacher's Perspectives on Their Ability to Handle Trauma			
Participant Statements for Theme	<p>“I don't get it all. I don't understand at all.” Specialist 2</p> <p>“I've never heard of the trauma-sensitive action plan since I've worked for Bedford County in four years, but I have had 3 to 4 trauma students in my classroom this year, who administration, the preschool team, as well as the TJ team, are fully aware of and there has been no conversation brought to me about that.” -Pre-Kinder</p> <p>“This emotional learning is sometimes more stressful and takes more time than the actual academics.” -Kinder</p>			
Subthemes	Teachers are Inexperienced in Trauma	Teachers are Under-Qualified for Handling Trauma	Teachers are Uncertain of Protocols	Teachers are Frustrated
Participant Statements for Subthemes	“I feel like we focus on behaviors, but I don't feel like we focus on trauma	“I feel like I need another degree for that because that	“I am not aware of any discipline policies. I	“We have a student now though that has trauma, and I get a little frustrated

	<p>unless their behaviors occur because of trauma.” -Specialist 1</p> <p>“I don’t have much experience/training in trauma-sensitive practices.” -Resource</p> <p>What do you know about trauma-sensitive practices and policies? That's OK if you don't know.</p> <p>“Honestly, I don't know a whole lot about it, to be honest. I don't have a lot of experience in it.” -Fifth</p>	<p>wasn’t in my training.” - Specialist 2</p> <p>“I don't know much. I've done some research that I have initiated on my own, but as far as training and formal education, not much.” -Fourth</p> <p>“My knowledge of trauma-sensitive practices and policies is minimal.” - Third</p>	<p>have a chart that was provided to me during my second year. I don’t see it being followed and I haven’t been told to remove it, so really I don’t know if it is in effect.” -Pre-Kinder</p> <p>“To be honest, I'm not sure exactly what the discipline policies are at our school.” -Fifth</p> <p>Describe your school-wide policies and practices for trauma-sensitive schools.</p> <p>“I don't know what the specific policy is. I don't know what the specific policy is here. I do know that we make every effort to keep them here at school.” - Fourth</p>	<p>because I’ like I know there’s more out there we can do.” -Specialist 1</p> <p>“A lot of focus is put on the child who is struggling academically and behaviorally but not as much on the other students who have to be in the classroom with these behaviors in my opinion, BCPS needs to do a better job of having a location or resources to specifically handle these types of students and or provide adequate training for the staff members who are working with these students.” -Third</p> <p>“Every so often we do have an opportunity to witness some role-playing with various folks on staff. I find it to be more humorous than applicable. I say that because, we as classroom teachers know, should know, best practice what's going on with these kids, as much as they're willing to divulge to us or their</p>
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				<p>parents anyway. The people who tend to perform these acts typically work one-on-one or in a small group with children, and so their perception of how to deal with these little fires is somewhat skewed because I got, 44 eyes looking at me all day long. It's hard for me to leave everyone else for the attention of one and a lot of times it is attention-seeking. Trauma-based or not, the negative attention is still attention. You need someone to pay attention to you. I'm supposed to leave these guys and come over here to coddle you in some way. There they are, eyes on us, that is not best practice to me." - Fourth</p>
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Theme 4	Factors Contributing to Success				
Participant Statements for Theme	<p>"It's OK and we got this, and I love you." -Fifth</p> <p>"We try to give them encouragement when they're doing the right things." - Specialist 1</p> <p>"I've definitely learned over the years to make sure that I stay calm and to keep my voice low." -Fifth</p>				
Subthemes	Building Relationships	Communication and Follow-up	Consistent Expectations	Collaboration with	Positive Strategies

	with Students to Create a Sense of Safety and Trust	from Administration		Administration and Staff	
Participant Statements for Subthemes	<p>“If their teacher knows what’s going on and they build that relationship with their teacher, their teacher can help them by maybe just putting it on the side for a second and maybe get them to enjoy school and put something else on their mind rather than all of what they are going through in their lives.” - Fifth</p> <p>“Providing a para or another teacher in the classroom that trusted and got along with him so that he could start to build a relationship with adults here where this could become a safe base for</p>	<p>“I think some of that is just because we both have kind of an open door policy, the doors open, poke your head in and just say hey and then we ask what you need, and we’ll follow up with them. - Administration</p> <p>“I think that Heather seems to, and Kim too have a very open-door policy.” - Kinder</p> <p>“The administration has checked in and been like, hey, what do you think, you were there, so what do you think about the discipline? I kind of appreciated that as far as the consequence went. She asked about what I</p>	<p>“All elementary students benefit from consistent expectations, routines, and procedures, which promote a sense of security.” - First</p> <p>”My goals and my expectations are the same for all of my students and I use very clear language.” - Pre-Kinder</p> <p>“We stay on a routine, so kids know exactly what to expect.” - Kinder</p>	<p>“There should be collaboration between the staff, parents, and the specialized people within the school system, and counselors or school psychologists. - SPED</p> <p>“We had the behavior specialist and that whole meeting; I feel like I was part of coming up with the plan on how to move forward with his behaviors.” - Kinder</p> <p>“I’ve had to work with other people in the classroom and follow their lead on things.” - Specialist 1</p>	<p>“Every student starts a new day each morning and is given a fair shot. As well as being able to bounce back after a meltdown.” - Resource</p> <p>“I use a visual behavior chart with this student as a way to help him see and what his space is looking like, what his emotions are looking like as we talk about these experiences.” -Pre-Kinder</p> <p>“We talk about chunking assignments and breaking things down for them into a reasonable amount. We</p>

	<p>him.” - Administration</p> <p>“I tell the kids from the very beginning, that my number one job at school is to keep you safe.” -Kinder</p>	<p>thought about the consequences, and I gave my two cents. I appreciated that.” -Fifth</p>			<p>also talk about working for this long and then you get this, or you can take a break.” - Specialist 1</p>
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Theme 5	Teacher’s Perspectives on Their Needs to Help Students with Trauma	
Participant Statements for Theme	<p>“We can want to do all the things and I do because I told you all many times, a teacher saved my life and I want to be that for other kids, but we all have limits, and there’s some trauma and some behavior that is just beyond the scope of what a general education traditional public school setting can offer and sometimes that means we need to say we tried everything that we can. If this is not the best place for them, we need to start connecting the family and helping the child get to a place that can meet their needs in a private setting.” - Administration</p> <p>“I think what we need is accountability. I think that's what we need. I mean, that's for administration, for teachers, it's for students, it's for everybody.” - Fourth</p> <p>“I mean we need a plan, and we don't even have a plan about trauma.” - Specialist 1</p>	
Subthemes	Training	Support
Participant Statements for Subthemes	<p>“There could be some training that could definitely be provided, but from someone that actually has that background with that skill set.” -SPED</p> <p>“I need more training not from a theoretical and hypothetical perspective. I need more of, here’s the scenario, here’s a child that’s experienced this and this is what you’re seeing in the school setting.” - Administration</p>	<p>“There is not enough support staff.” - First</p> <p>“I need people in my classroom working with these children. The kind of people I need are people who are qualified in the areas of counseling and behavior with these students in my classroom.” -Pre-Kinder</p> <p>“I think teachers need to know that that support is there, and that people</p>

	<p>I just think that we need to, as educators, we should be more aware of the traumas that students are experiencing so that we can do a better job of not pressing their buttons.” - Specialist 2</p> <p>“I would love to see more from the division. I would love to see something from the state.” - Administration</p> <p>“We need somebody that's trained that our school that we can buy into and agree with their approach of handling things and that we can consistently as a building all take the same approach with dealing with these kids.” -Third</p> <p>“I think training, we need training period, and I think that it needs to be very consistent training for all K5, and we need to follow it, we get the right training, we need somebody to guide our entire school on how to handle these behaviors and we all need to dial in and agree with it.” -Kinder</p> <p>“If we are going to actually receive training, I want it, and we mentioned this when we did our interview, I don't want it to be people who are most often with one or two students at a time telling me how to deal with the situation like this when I've got 22 in here, I want outside resources to come in and empower us. You know these, we're available. This is who we are. This is what we do. This is where we're located. This is when you use us. I don't want people from another classroom or the office or wherever. I don't want those people training me on how to deal with trauma. I want people who deal with trauma on the daily</p>	<p>are genuinely wanting to help because they want the teacher to be successful, but they want the child to be as well.” -SPED</p> <p>“I think that the county needs an alternative placement for students. Especially when we have these frequent flyers and we've removed, and we've done all the things we can do at the building level, and we have someone trained on trauma issues that can provide that one-on-one because they can't be in every school with them.” -Third</p> <p>“Something like a room, that is staffed with somebody who can help them, not just go crazy in the calming room, but like do some work or something that offers some structure and maybe some waterfall or calming music that puts you to sleep. It's got to be something sensory; they need to hear something soothing or, touch something. It can't just be a holding place. There has to be some structure. There has to be, some form of accountability, not just go in there and draw or storm around.” -First</p> <p>“I think if each school had at least one IDS person or someone who was trained. I mean that would be really helpful because you can handle the situation in the moment, not week or two weeks later.” -SPED</p> <p>“I feel like the support we need is professionals in the building that this is actually their area of specialty and supports.” -Specialist 1</p> <p>“I'm like SPED I would love for like day treatment to come back to have people as resources to actually have</p>
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	<p>training on how to deal with trauma. And everybody needs to be trained. Everybody, everybody. It doesn't need to be the 11th hour before Meet the Teacher Day.” -Fourth</p> <p>“I don't really feel like we've received any training. I don't either. I think just starting with what the beginning of it would look like. Bringing people in that could train us and specific needs that we're dealing with at our school. Not just come in one, day, preach to us at a faculty meeting, and then just disappear forever, but that we could actually interact with.” -SPED</p>	<p>people that are trained in this field because it's just one more thing that we're responsible for.” -Specialist 1</p> <p>“ I think we need more adult support in the building for the students that have those needs.” -SPED</p>
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