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Through the Lens of Trauma: Building Resilient Learning Communities

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Through the Lens of Trauma: Building Resilient Learning Communities
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Abstract

 Children's brains develop within the context of their earliest environments and experiences. Their neural and social development can be affected as consequences of complex trauma, disorganized attachment, maltreatment, and abuse. During early childhood, children's nervous systems are in their most vulnerable period of maturation and organizational development. Early life traumas and stresses can lead to structural and physiological differences, having long-term consequences on emotional, behavioral, cognitive, and social development. Children with adverse childhood experiences, including complex trauma, are more likely to be suspended, expelled, or have lower academic achievement. This puts students with early trauma histories at greater risk of dropping out of school and experiencing difficulty in peer relationships. Early interventions and creating trauma-informed classrooms can have a strong positive impact on brain development for students who have experienced complex trauma by helping students to self-soothe and self-regulate. Yet, while trauma-informed care strategies have been proven to support students, teachers are not always able to implement these strategies in the classroom. This research explored both the internal and external barriers to providing trauma-informed care within one school district using a mixed methods approach, which included both teacher and administrator interviews, as well as an online survey about trauma-informed care in the classroom. The results of the study showed that shifting perspectives from a treatment-based approach to trauma-informed care to a model of building cohorts and creating community among teachers led to more resilient learning communities for both students and teachers. Implications are that future practice can include providing better trauma-informed care by supporting teachers build relationships so they can help these vulnerable student populations and improve their educational and life outcomes.

Dedication

I dedicate this thesis to the teachers who work tirelessly to support students who have experienced trauma by helping them to feel safe, valued, and loved. I also dedicate this to those students who have suffered from trauma exposure yet continue to try and hope for things to change.

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I would like to thank my advisor, Jennifer Lucko, Ph.D and my second reader Margaret Murphy, Ed.D for their support and encouragement throughout this research journey. Thank you to my husband, Steve, for always telling me that I can do this and believing in me, and for my son, who encourages me to work towards my goals. Also, a huge thank you to my father who helped by giving me feedback. Thank you to my mother for her support and encouragement.

Table of Contents

Chapter 1: Introduction

Researchers have indicated that children who have experienced complex trauma and disorganized attachment due to maltreatment, abuse, witnessing violence, or neglect are at a higher risk of long-term consequences, including school failure, behavioral challenges, and being assigned to special education. Currently, a disproportionate number of youth with identified learning disabilities, special education needs, and early trauma histories are incarcerated in in the juvenile justice system (Dierkhising et al., 2013; Mallet, 2009). Researchers have established a direct link between school failure and early childhood trauma. Studies indicate that up 90% of students with early trauma exposure become involved with the juvenile justice system (Kelly et al., 2014; Dierkhising et al., 2013).

Students spend a significant portion of their life in classrooms; therefore, trauma-informed teaching approaches are a natural prevention strategy for building resiliency (Kelly et al., 2014). Next to the family, the child's school environment and teacher have perhaps the most significant impact on the child's understanding of the world. Teachers shoulder a heavy burden when caring for their students, especially when those children may have been victims of maltreatment, abuse, poverty, neglect, and/or other traumatic events. Such children may exhibit challenging behaviors that make it difficult for teachers to simultaneously meet the demands of their profession and the needs of these students.

Teachers themselves are also influenced by a multitude of factors, including but not limited to: the conditions faced by the families they serve, educational administration and bureaucracy, their work environment, and their own personal support systems and perspectives. These intersecting factors influence the care that teachers can provide for their students. Understanding the teachers' environment and perspective is one of the most meaningful ways to

support students and their families—especially for students with trauma histories, who often require specific strategies to meet their needs.

Statement of Purpose

The purpose of this qualitative phenomenological study was to expand the understanding of how trauma-informed care can be applied in an urban educational setting. There is current research that shows that trauma-informed care is necessary to avoid substantially poor educational and life outcomes for students who have experienced trauma Kelly et al., 2014; Mallett, 2009). This trauma includes maltreatment, abuse, neglect, violence (Kelly et al., 2014; Mallett, 2009). In this context, the word "trauma" is any kind of mental, emotional, or physical harm. The theoretical framework used in this study is that of Urie Bronfenbrenner, known as the ecological systems theory, which is the concept that persons in any society (which, for the purpose of this study, includes students) are subject to a number of influential systems that are "nested" within one another; a student is influenced by several such systems, including the relationships between the child and the teacher, school, family, friends, and community, etc. Thus, this theory, and as expressed by Brunzelle et al. (2015) and Ginwright (2018), if early-life trauma, if not addressed by teachers, it can affect a student's entire life, not just that student's present academic career. It can also affect the student's future interactions with elements of the ecological system. Trauma can have lifetime consequences, especially if not addressed early in a person's life (Felitti & Anda, 1997; Soures & Hall, 2016).

Overview of the Research Design

The current study took place within one urban school district, which is a K-8 district that serves 1,600 students, of which a majority are low-income students, indicated by the fact that 71% of students receive a free or reduced lunch. Most students attending the district's schools

identify as Latino/a, and the surrounding community includes a large population of migrant workers. One school within the district qualifies as a Title I school based on the high concentration of students that are living in poverty. The schools in the district have also been significantly impacted by two different wildfires in the last five years, which has led to widespread housing instability.

Research questions were as follows, with one primary and four sub-questions:

RQ1. What are the internal and external barriers to trauma-informed care within the selected urban school district?

RQ1a. What modern stressors exist for families that contribute to trauma that differs from the past?

RQ1b. Does teacher burnout contribute to both external and internal barriers in trauma-informed care?

RQ1c. What do internalized qualities of resiliency look like for teachers working with students who have trauma histories?

RQ1d. How does administrator support play a role in whether teachers implement strategies?

The researcher's primary focus in the current study was to identify the internal and external barriers to providing trauma-informed care within the school environment. The researcher achieved this by examining teachers' and administrators' perspectives through an online survey and one-on-one interviews. The researcher selected a phenomenological mixed methods approach to obtain both qualitative and quantitative data. This concurrent method of design was chosen in order to gather more in-depth information for interpretation and analysis.

The researcher obtained qualitative data through interviews with teachers and

administrators, who provided their subjective experiences with trauma-informed care; the responses to a district-wide teacher survey served as the quantitative findings. The researcher conducted ten one-on-one interviews with administrators and teachers. These interviews provided an opportunity for participants to share their personal experiences, opinions, and stories. The interview transcripts were coded and categorized by hand. Additional data was gathered through a district-wide survey for teachers on the barriers to trauma-informed care within the classroom. The researcher administered the instrument using an online platform called Survey Monkey. The data collection process took three weeks.

The researcher was employed by the district during this study. She acknowledges her own possible bias in wanting schools to be trauma-informed due to her own personal experiences in the public school system. She also made concerted efforts, however, to ensure that her position and experiences did not influence the collection or analysis of the data.

Significance of the Findings

Through the process of interviewing teachers and administrators on the barriers to trauma-informed care, several central themes emerged from the data. First, teachers have experienced a rise in students with trauma backgrounds attending the school. This trend has also played a role in higher levels of teacher attrition and burnout. According to both teachers and administrators, the rise in students coming in with trauma could be directly linked to the wildfires that devastated the city five years ago. These fires resulted in a lack of secure housing for many students and their families. In addition, rises in the area's cost of living and fears of deportation have impacted students significantly by affecting their sense of belonging in their community. As more students from unstable home environments entered the district's schools, many teachers noted a corresponding increase in negative classroom behaviors.

The teachers reached out to administrators for support, and administrators responded by dedicating one professional development day and one district year to trauma-informed care through staff meetings throughout district schools. According to the district superintendent, however, finding quality trainers on the subject was a barrier to the trainings themselves. All interviewed administrators perceived that the trainings were successful; however, the interviewed teachers reported that the trainings lacked efficacy for implementation. The teachers indicated a need for more meaningful and specific trainings on the subject matter, as well as a restorative approach to discipline throughout the district. Another major finding identified in this study was that cohorts among teachers and a "sense of community" in the school environment was the greatest contributor to building resilient learning communities. Most of the interviewed teachers cited that having a group of three to five teachers who they felt "strongly connected to," enabled them to cope with difficult student behaviors. Another concept mentioned frequently was teachers' feeling a "sense of community" in the school environment, which contributed to their well-being, improved their resiliency, and led to greater teacher retention.

The significance of these findings for practice is twofold. One, there is an increasing need for trauma-based care, due to its higher incidence among students. Two, providing trauma-informed care can only be accomplished via teacher collaboration and mutual support. Participants mentioned the importance of support from both peers and administration in order to prevent job stress and burnout when dealing with difficult student behaviors. The provision of training was evidently insufficient, in the opinions of participants.

However, the participants also reported the need for more support. They, despite the trainings they had received, did not have a dedicated and reliable framework or program for dealing with trauma-caused student behaviors. Teachers are supposed to have a high degree of

autonomy within the classroom, and this is desirable overall, but several participants expressed the feeling that they had been essentially left alone to cope with student disciplinary problems, and they were expected to work out solutions on their own. This created higher levels of teacher attrition and burnout, which was a identified barrier to providing trauma-informed care.

Significance of the Study: Implications

The current researcher's aim was to determine methods for supporting teachers to be more trauma-informed, as well as to identifying all the barriers that prevent the successful implementation of trauma-informed strategies in the classroom. The findings revealed that a focus on building teacher relationships is essential to create resilient learning communities. Creating a cohort model for teachers where teachers can collaborate, talk, and find support with each other will be an important resiliency strategy for the future. Additionally, there is a need to support teachers at the school level by providing the time and opportunity to foster connections with each other. Implementing a trauma-informed pedagogy at a district level is essential to helping teachers become more trauma-informed. Alone, teachers will not be able to solve all the issues that arise among students with trauma backgrounds; a school community that is invested and trained in trauma-informed care is essential in order to overcome the barriers that teachers face. High-quality, meaningful trainings on the subject are needed to enable teachers to best serve this population.

The need for trauma-informed teaching has become even more manifest as recent research has suggested that early-life trauma can reverberate throughout a person's life if not addressed. As mentioned, these students with early trauma exposure are disproportionately found in the juvenile justice system. For too many children, early life trauma is essentially a gateway the our prison system. Trauma-informed strategies may not be enough. Shifting from a

treatment-based approach to looking at trauma-informed care to a community based model, which supports the teachers support network, as well as the communities they serve can have a greater impact on healing and building resilient learning communities. Trauma does not happen in a vacuum. Trauma is the result of traumatized communities and imbalanced systems of power. In order to affect greater change, we must look at the root causes of trauma and support students by empowering their personal sense of agency for healing. The best way we can *teach* these students how to reclaim their own agency is by building the learning communities they learn to feel trust and safe in.

Chapter 2: Literature Review

The ways in which children perceive themselves and interact with the world around them are influenced by both temporal and contextual factors. Urie Bronfenbrenner's ecological systems model of developmental demonstrates that the well-being of a child is a complex and dynamic process in the development of identity (Mainwaring, 2015). Within the child's emerging sense of self is the ability to build resiliency amongst difficult circumstances and traumatic events (Mainwaring, 2015). By understanding the influx of both internal and external influences on the child's developing sense of identity, educators may gain the ability to help students with early trauma histories build internalized resiliency through trauma-sensitive strategies within the classroom and school-wide environment. Brofenbrenner developed a model for human development that clearly illustrates how the infant, child, and adolescent is nested within the context of family, community, and systematic setting, which interact with each other and influences the development of the child's sense of self. This system of development emphasizes the interaction between people in the meso, exo, and chrono systems, which affect the processes and environment of the child (Mainwaring, 2015).

Researchers have indicated that children who have experienced complex trauma and disorganized attachment due to maltreatment, abuse, witnessing violence, or neglect are at a higher risk of long-term consequences, including school failure, behavioral challenges, and being assigned to special education. Evidence also indicates that students who have experienced trauma are at an increased risk of ending up in the juvenile justice system (Kelly et al., 2014). Currently, 90% of incarcerated youth have been identified with learning disabilities, special education needs, and early trauma histories (Mallett, 2009; Dierkhising et al., 2013).

Such trauma can result from the chronic stress caused by poverty, lack of resources,

discrimination, and systematic oppression. This type of trauma disproportionately impacts low-income communities (Ginwright, 2016). Over time, social injustices and oppression can erode a child's sense of agency and belonging, resulting in collective harm and the loss of hope in a community (Ginwright, 2016).

With the implementation of zero-tolerance policies following the Columbine school shooting, public schools have increasingly become reliant on law enforcement agencies for minor disruptions within the classroom. The U.S. prison system has (in many cases) become a default placement for children who have even minor to major disruptive behaviors (Craig, 2016). Children with emotional disabilities, trauma histories, and those from minority groups are at risk of being statistically and disproportionately incarcerated. These punitive practices put students with early trauma histories at an even greater risk of school failure and incarceration (Mallet, 2009; Dierkhising et al., 2013).

Students spend a significant portion of their life in classrooms; therefore, trauma-informed teaching approaches are a natural prevention strategy for building students' resiliency mindsets (Kelly et al., 2014). The current literature review first focuses on the neuroscience behind secure attachment relationships and explains how these relationships regulate a child's brain (Brunzelle, Waters, & Stokes, 2015). Next, the researcher will explain how trauma-related behaviors express themselves in the classroom, as well as how these behaviors impact teacher attrition levels, resulting in burnout. The researcher then discusses the relationship between school failure, incarceration, and trauma, as well as what teachers can do to mitigate the effects of trauma within the classroom environment.

Trauma Defined

Clinical researchers have defined trauma as "an overwhelming experience that can forever alter one's belief that the world is good and safe" (Brunzelle et al., 2015, pg. 7). Licensed social worker and author Heather Forbes (2012) defined trauma as any event that is overwhelming from what is ordinarily expected, which makes children feel "out of control, scared, terrified, worthless, unlovable, insecure, and even endangered" (pg. 13). The Diagnostic and Statistical Manual of Mental Disorders (DSM-5) acknowledges that a wide range of events can induce trauma symptoms (Friedman, 2013). In clinical literature, trauma is often broken apart into three categories: simple trauma, complex trauma, and post-traumatic stress disorder (PTSD).

Simple trauma is defined as a one-time event that has occurred which threatens bodily injury or serious harm, such as accidents or natural disasters. Complex trauma, which will be referred to primarily for the purposes of this research, is defined as exposure to a traumatic event for a long duration and involves multiple incidents (Brunzelle et al., 2015). These traumatic events include ongoing personal threat, violence, and violations such as child abuse, neglect, bullying, and sexual or domestic abuse (Soures & Hall, 2016). Poverty is considered an environmental stressor within the child's environment that can cause trauma. Youth in disadvantaged communities have shown higher rates of stress and trauma (Craig, 2016). The American Psychiatric Association has defined PTSD as a debilitating and enduring condition which can occur following the direct experience of witnessing a traumatic stressor, such as abuse or violence, learning about a traumatic event, or exposure to adverse details (Brunzelle et al., 2015).

In 1990, the Adverse Childhood Experiences Study (ACES) was conducted by Dr. Robert Anda and Dr. Vincent Felitti with a sample size of 17,000 adult participants. This study was a collaboration with Kaiser Permanente and the Center for Disease Control and Prevention which linked adverse childhood experiences to disease, disability, and early mortality (Soures & Hall, 2016). This study demonstrated that the role and prevalence of childhood trauma was much greater than previously thought (Soures & Hall, 2016). The findings correlated trauma histories, chronic stress, and the overtaxing of the body's biological systems in response to these stressors as detrimental to the development of the brain (Felitti & Anda, 1997). The neurobiological changes that occur within the brain due to stressful events which can cause both disease and disorders. Furthermore, children who experienced childhood trauma are at an increased risk of physical and mental disorders and learning challenges (Felitti & Anda, 1997).

Neuroscience, Attachment, and Self-Regulation

The external environment has a significant influence upon brain development and chemistry, as well as the expression or suppression of certain genes (Craig, 2016). During childhood, the nervous system and brain are in their most vulnerable period of development. Early environmental stress can change the structure and physiological development of the brain and neural pathways, which can have long-term effects on human function and behavior, as demonstrated by the ACE study (O'Neill, Guenette, & Kitchenham, 2010).

Persistent adversity within the home and school environment in early childhood can reduce brain functioning and deteriorate parts of the brain that regulate empathy, moral judgments, and emotional regulation (Craig, 2015). Such experiences can also send a child into a state of hyperarousal and dysregulation. This dysregulation results in the inability to self-calm,

which effects their ability to behave and control their emotions in class, pay attention, and retain information (Craig, 2015).

The human brain is a social organ (Craig, 2016). Attachment and relationships play a key role in the development of the brain's structural components and circuitry. From birth through the age of 1 year, children's brains have the greatest amount of plasticity, which is the capacity to change, learn, and build neural pathways of communication which help them learn and grow. This neural development and social component are inextricably connected (Craig, 2016). The role of a caregiver's response to the infant or child's need builds the foundation of trust for their caregivers and the world around them.

When a caretaker is constantly adjusting to modulate a baby's exposure to environmental stimuli, it also serves as the regulator for the internal balance and homeostasis for the baby which serves them later in life (Forbes, 2012). Children's earliest experiences of trusting their caregivers gives them the confidence to seek out solutions when they do not know how to handle a difficult situation and to explore the world around them (Weil, 2015). This secure attachment improves children's ability to express and regulate their emotions, as they feel that they will be listened and responded to (Weil, 2015). If a child with a secure attachment becomes distressed or feels threatened, the caregiver reaffirms a sense of safety, which allows the child to later be able to regulate emotions on their own.

When children in a distressed state of emotion are unable to receive the support and care they need to feel safe, their brains are unable to categorize the event, which triggers a chemical and neurobiological reaction, sending them into a state of hyperarousal (O'Neill et al., 2010). Chronic fear, stress, and trauma raise the cortisol and adrenaline hormone levels, which cause the child to perceive a threat of danger and be on guard. Without the support of a caregiver to calm

the child, the amygdala—the brain's regulator of emotions and behaviors—becomes overused and overdeveloped (Weil, 2015). Over time, this response to stress can cause the brain to slow down cell growth and suppress immunity (O'Neill et al., 2010).

Children who experience disorganized attachment due to an avoidant, neglectful, or ambivalent caretakers can have physical deformations in areas of the brain which regulate emotions, cognitive functioning, and both horizontal and vertical communications between both hemispheres of the brain (O'Neill et al., 2010).   Harvard researchers have found that stress in early childhood resulted in a collapsed corpus collosum, the neural pathway that connects the two hemispheres of the brain. It also suggested that when the amygdala is overused, the left hemisphere is underdeveloped, and the right hemisphere is more reactive, reducing access to memories and delaying the development of language and cognitive abilities (O'Neill et al., 2010).

Trauma can have a significant impact on brain development, which effects the cognitive, behavioral, physiological, and relational domains of development. This can potentially lead to psychiatric disorders later in life (O'Neill et al., 2010). Disrupted attachment plays a central role in children's ability to regulate their emotions. Abuse, neglect, and maltreatment can significantly influence one's ability to regulate emotions, be tolerant, and get along with peers. All these factors have significant role in the child's developing identity and understanding the self. An immature understanding of the self can lead to difficulty with peers and relationships in and around the child (O'Neill et al., 2010). Another Harvard study, The Child Mistreatment Project, showed delays in social-emotional development in children who had experienced abuse. This inability to relate to the peers around them can cause a child to become further isolated and

alienated, exacerbating hyperarousal (O'Neill et al., 2010). Children model the world around them; when they feel understood, they are more able to understand and be tolerant of others.

Children that had experienced maltreatment due to sensory and emotional deprivation had the greatest impact on cognitive functioning (O'Neill et al., 2010). Children that had this kind of neglect were unable to be flexible in problem-solving, showed delays in receptive and expressive language, and expressed difficulty with creativity. This type of trauma showed deficits in executive functioning and abstract reasoning, which can result in learning disabilities (O'Neill et al., 2010).

Expressions of Trauma Within the Classroom Environment

Disrupted attachment and connection create stressors that send the child messages that he or she is unsafe and needs to be on guard. Aggression, withdrawal, dissociation, and bullying can be behaviors a child may use in the classroom in order to protect themselves from a perceived threat (Brunzelle et al., 2015). Expressions of early childhood trauma, however, are not always clear to educators. Trauma can interfere with cognitive, social-emotional, physical, and language and literacy, which means that the trauma-effected students may have an internal process which may be difficult to detect by an outside adult and can vary in both degree and capacity (Weil, 2015).

Sensory motor development may be hindered as a result of disrupted attachment. When children develop symbols for communication through relationships with caregivers, by vocalization and expression, they are not only learning symbols of communication, they are learning to distinguish themselves between others through sound and imagery (Craig, 2016). They are also using verbal and semantic memory to hold images of people, objects, and events. When caregivers are inconsistent and unpredictable, children are unable to organize who they are

in relationship to the world around them with consistency (Craig, 2016). This effects not only sensory motor development, but also social and emotional relationships and regulation (Weil, 2015).

Children who have deformities in their corpus collosum are unlikely to have the self-reflection and higher order thinking skills necessary to form positive relationships (O'Neill et al., 2010). Lack of connection in relationship can further traumatize the student as they need social connections in order to regulate their behavior and emotions. When children are unable to modulate their emotions, they may act aggressively toward themselves or others, or misunderstand social cues and facial expressions as a result of not understanding themselves in relationship to the world around them (Weil, 2015).

Another manifestation of trauma within the classroom is language and communication skills (Weil, 2015). Children who have experienced trauma and have chemical changes in the brain from hyperarousal, can also have changes in the development of linguistic and communication skills necessary for school success. If the child hears instrumental, or commanding, language at home such as "Sit, be quiet, come here," they may not have the vocabulary to express feelings and thoughts within social interactions (Craig, 2016).

Finally, play and imaginative play can be hindered by trauma (Weil, 2015). Scholars have shown that children process the world around them through play. When a child has experienced an overwhelming event, creative play may bring back a flood of memories and feelings which are too overpowering for the child, which may hinder play. Children without trauma backgrounds tend to be assertive in initiating play with others; however, initiating play when a child has been crippled by a traumatic history is difficult if not impossible (Weil, 2015). They may play with younger, less threatening children, or have symptoms of withdrawal and

disassociation. The flight-or-fight response that is triggered in the amygdala can remove the ability to participate in play. This withdrawal is a direct result of seeing the world as a threatening place (Weil, 2015).

Academic Failure and Incarceration

Understanding how trauma effects the brain is of paramount importance to educators. Studies on both resiliency and the plasticity of the brain have shown that in nurturing and safe environment, students can both heal from trauma and restore optimal brain functioning for higher-order thinking and successful peer relationships (Kelly et al., 2014). There is considerable evidence demonstrating that children with trauma histories are a disproportionate population of the U.S. juvenile justice system (Kelly et al., 2014). Each year, more than 100,000 youth, many with special education needs and early trauma histories, go through the juvenile justice system (Mallet, 2009). The findings of the ACE study revealed that children with early trauma histories are fifty percent more likely to be identified with developmental and learning disabilities and placed in special education, and more than 49% of these youth incarcerated have been identified with a learning disability, emotional disorder, or physical disability (Felitti & Anda, 1997).

Dropout rates among youth in special education are more significant than that of the general population, and dropout rates are strongly linked to crime, either through court supervision, detention, or incarceration. Dropout rates are also linked with illiteracy and the ensuing poverty and lack of employment (Thurlow & Sinclair, 2002). A study of probation supervised delinquents under court supervision, detention, or incarceration showed that 32% of these youth had a special education disability, while over 56% were victims of maltreatment and abuse (Mallet, 2009).

Many experts who research this phenomenon of incarcerated youth have shown a claim these children have Post-Traumatic Stress Disorder (PTSD). The juveniles being detained in the current juvenile justice system are not led toward rehabilitation. Some states report the rates of recidivism being more than half (Sheldon, 2013). Moreover, dropout rates lead to unemployment and underemployment. The subsequent poverty rates due to dropouts, unemployment, and lack of education inhibit physical access to jobs, which results in higher crime rates (Wang & Minor, 2002). Another factor associated with such dropout rates include environmental stressors that can be caused from witnessing violence, discrimination, lack of resources, and systemic oppression disproportionately impact low income and minority neighborhoods (Ginwright, 2016). Many communities and students living in toxic environments caused by chronic stress report a sense of hopelessness and a loss of agency. This loss of agency refers to the feeling that the person or community does not have the power to change their lives (Ginwright, 2016). Poverty and the lack of resources can present incredible challenges for the community, families, and students (Ginwright, 2016).

Hundreds of millions of dollars have been devoted to addressing children with special needs at the federal, state, and local levels. While there are thousands of successful outcomes, there continue to be too many tragic ones. Trauma is connected with violence and law-violating behavior (Craig, 2016). Many students in special education and those who have experienced trauma are functioning from a dysregulated emotional-body system. Many come from poverty, have had some kind of major loss or upheaval in their life, and are unable to handle everyday stress effectively (Forbes, 2012). Creating trauma-sensitive practices within schools is essential to the rehabilitation of American's youth that have been affected by trauma histories.

Trauma-Sensitive Classrooms and Building Resiliency

Relationships can influence the plasticity of the brain, repair circuitry, and restore optimal

brain functioning (Craig, 2016). Plasticity refers to the body's ability to add and remove

neuropathway connections (Forbes, 2012). Attachment, relationship, and connection are at the

root of strengthening neural pathways that send messages of safety and security to children's

minds. Teachers' relationships with their students, therefore, cannot be underestimated. Trusting

teacher relationships can repair disrupted attachments and facilitate children's positive

perceptions of the world (O'Neill et al., 2010). A positive relationship between the teacher and

student can help the child to self-regulate, build interpersonal skills, and improve self-efficacy

(O'Neill et al., 2010). By teacher establishing themselves as a loving, encouraging, and

supportive base, teachers can provide a foundation for helping students who have experienced

trauma (Weil, 2015).

When the teacher understands that the student is dysregulated and unable to calm him or

herself, they can begin to guide the child in a series of ways. First, they can learn what their

triggers are, their needs, abilities, and what to do *before* the child has hit their "breaking point."

Heather Forbes (2012), a social worker and author of *Help for Billy*, discussed "the window of

stress tolerance," which is directly related to a child's ability or inability to handle everyday

stress without reaching this point. Students who have grown up in external environments with

positive messages of love, trust, safety, and understanding have a higher window of stress

tolerance, which improves their ability to focus for longer periods of time and tackle challenging

tasks without frustration. When students' environments include handling stress in a negative and

destructive way, they have shorter patience and focus, and may become impulsive, destructive, or violent (Forbes, 2012).

These students need to be provided with opportunities to use executive functioning skills through performance tasks such as planning, goal-setting, and self-reflection, which improve their abilities to organize and express ideas (Craig, 2016). Because students who have experienced trauma are often "in the moment," their hyperarousal state prevents them from accessing memories, and the thought of the future seems threatening (O'Neill et al., 2010). These students tend to use impulsive "trial and error" techniques as a way to learn and give up fairly easily when presented with a difficult task (Craig, 2016). Differentiation, scaffolding, and multiple modalities of accessing curriculum are some developmentally-appropriate practices for students with trauma histories.

Developmentally-appropriate practices come from good teaching and teacher preparation programs. For example, maintaining a consistent and daily routine establishes a sense of safety for the child (Weil, 2015). Tools such as visual calendars, charts, reminders, and timed activities let the child know what to expect. When something is out of the ordinary, it is important for the teacher to let the students know that something will be different. This helps children's nervous systems remain calm in the presence of something new without treating it as a threat (Weil, 2015).

Rhythmic or patterned activities help students with trauma organize sensory input and modulate arousal levels and sensations (Brunzelle et al., 2015). Music and expressive arts are an effective integrated intervention for students within special education and those who have experienced trauma (Davis, 2010). Examples of this within the classroom can be music time, circle games, drumming, short bursts of sensory exercises, and repetition within the classroom.

Mindful breathing, yoga, tai-chi adaptations, and "brain breaks" help trauma-affected students

self-regulate and function more independently (Brunzelle et al., 2015).

Differentiated instruction, scaffolding, and using multiple modalities such as

manipulatives are accommodations that can be implemented in the classroom for all students

(Craig, 2016). Students who have experienced trauma have lower attention spans, may

incorrectly read teachers' facial expressions and tones, and experience trouble accessing

language due to developmental delays and maturation (Weil, 2015). The use of manipulatives,

models, kinetic experiences, and experiential learning can benefit these students greatly.

Similarly, scaffolding can reduce the reliance on working memory. Children who have

experienced trauma have trouble accessing this area of the brain. The use of calculators, word

banks, or number lines can limit the use of working memory and enable students to access

higher-order thinking more easily (Craig, 2016).

Goal-setting and self-reflection require executive functioning skills and higher-order

thinking, both of which involve the prefrontal cortex (Craig, 2016). Self-reflection is an

important skill in developing a resiliency mindset, which is key in helping these students become

successful adults. Explicitly teaching resiliency can be done in a number of ways. Students who

have experienced trauma may be in a hyperarousal state and perceive their environment as

threatening and the world as negative (O'Neill et al., 2010). Teaching positive self-talk can be a

strategy to help students view their environment in a more positive light. This can be done

through meetings where the teacher models positive self-talk and resiliency vocabulary in the

classroom and school-wide (Brunzelle et al., 2015).

Positive self-talk might look like, "That adult didn't respect me in the way I wanted, but

that doesn't mean that all adults act this way. I have positive people in my life that care and that I

can trust" (Brunzelle et al., 2015). Teachers can also teach resiliency techniques such as optimistic explanatory style, thinking traps, disputing self-talk, and mindfully making room for calm and focus (Brunzelle et al., 2015). One example of this is playing radio hits and talking about what kind of self-talk the artist is expressing; the teacher can use this example as a vehicle to discuss disrupting one's self-talk or focusing on optimism and gratitude.

Students with trauma need to be noticed for their internal qualities of resiliency (Brunzelle et al., 2015). This positive reflection helps students to develop more positive self-talk in their own mindset and receive attention for positive behaviors and build on what they are good at. Positive discipline and the "Nurtured Heart" approaches are prime examples of implementing ways that reaffirm a child's positive self-talk by noticing and reflecting positive qualities in measurable and contingent ways. Researchers have indicated that teachers who use reprimand techniques experience higher rates of student misbehavior, and teachers who effectively implement contingent, behavior-specific praise successfully reduce disruptions in the classroom in a generalized setting (Pisacreta, 2011). An example of this would mean instead of saying, "Good job," the teacher says, "You worked really hard on that."

Dialogic teaching is using conversation that expresses thinking and ideas. Children who have experienced trauma may not have been exposed to the necessary skills and vocabulary for developing conversational language (Craig, 2016). Dialogic teaching is explicitly taught through modeling conversations for "everyday life, learning talk, teaching talk, and language used in the classroom" (Craig, 2016). Dialogic talk uses questions that can help students self-reflect, create new stories about themselves, and use language in a way that builds positive peer relationships (O'Neill et al., 2010).

The combination of mindfulness techniques and cognitive behavioral treatment has shown effectiveness in treating students with trauma. Cognitive behavioral therapy has been shown to help children who suffer from anxiety and symptoms resulting from trauma (Hamiel, 2015). By itself, however, CBT itself is not always enough, as emotional disturbances and PTSD use the "emotional brain" and functions separately from cognitive influences (Hamiel, 2015). The use of integrated therapy between CBT and mindfulness strategies is becoming increasingly common (Hamiel, 2015). Mindfulness techniques such as meditation and mindful breathing, have proven to be effective strategies for helping students cope with stress and treating trauma in conjunction with CBT. Meditation helps in the relinquishing of control and builds acceptance to the present moment (Hamiel, 2015). In the classroom, mindful breathing can be implemented into different segments of the day, such as a morning meeting, and referred back to as a tool and strategy for handling difficult emotions.

Finally, gratitude has been used as an effective technique for trauma-affected students. Gratitude is the practice recognizing and appreciating good things, such as the actions of others and ourselves (Brunzelle et al., 2015). Keeping a daily journal to document the things that one is grateful for builds a resiliency mindset and positive outlook on life. Building units focused on learning about and speaking with the survivors of atrocities can illustrate to traumatized students that they are not alone and emphasize lessons of resiliency and gratitude (Brunzelle et al., 2015).

Burnout, compassion fatigue, and secondary trauma. As mentioned, the relationship between the student who has experienced trauma and a responsive and attuned teacher is one of the most important interventions in trauma-informed care; therefore, it is just as critical to consider the ways in which teachers are impacted by students' unmet needs. Remaining positively attuned to a student who is displaying disregulated behavior, especially on an ongoing

basis, can take both a personal and professional toll on the lives of teachers (Nicholson, Perez, & Kurtz, 2019), placing them at risk for burnout, compassion fatigue, and secondary trauma.

Burnout can be described as a "reaction to job stress in which the focus is on the physical, emotional, and mental exhaustion caused by long-term involvement in situations that are emotionally demanding" (Nicholson et al., 2019, p. 67). The stresses in the workplace environment such as workload, ineffective supervision, and poor pay can also contribute to the emotional, spiritual, and mental exhaustion of teachers.

Compassion fatigue is the result of unaddressed burnout (Nicholson et al., 2019). Lack of self care, prolonged stress, and overwhelming feelings caused by being exposed to the suffering of others can lead to compassion fatigue. Some of the symptoms include feeling helpless or hopeless, having a sense that one can never do enough, chronic exhaustion, and decreased self importance (Libsky, 2009).

Secondary trauma occurs when a person is exposed to another person's suffering and/or reactions to a traumatic event. This can happen with teachers and administrators work with families and students who have experienced something traumatic. It can also happen in the classroom when teachers encounter the intense feelings displayed by students' as a result of their traumatic experience. This can result in teachers who are overwhelmed, stressed out, and unable to manage their daily lives. It can also result in them becoming numb, short-tempered, or reactionary with students and families (Nicholson et al., 2019).

Self-care. Self-care for teachers is taught in almost all trauma-informed care trainings as an intervention to help teachers stay regulated and attuned, even when their students are not. The National Association for the Education of Young Children defined self-care as a "self-regulation of ones needs—physically, emotionally, cognitively, and socially. It is the ability to recognize

and identify when you are not having your needs net and planning a course of action that will

support you in changing your behavior or circumstances" (Nicholson et al., 2019).

Self-care strategies are unique to the individual, but may include eating well, exercising,

being aware of signs of stress in the body, time management, spending quality time with friends,

practicing deep breathing or meditation, and taking small relaxing breaks (Nicholson et al.,

2019). Self-care can also include journaling, mindfulness, and body scans (Nicholson et al.,

2019). There are many techniques and strategies to support teachers in taking care of themselves,

despite the emotional demands of their position.

Conclusion

The role of trauma cannot be underestimated when explaining the relationship between

America's public school system and the disproportionate number of youth incarcerated who have

been identified with learning disabilities, mental health disorders, special education needs, and

trauma histories (Mallet, 2009). Millions of children each year are diagnosed with mental

illnesses or emotional/learning disabilities that could be better understood through the lens of

trauma (Craig, 2016). The diagnosis of disabilities, disruptive behaviors within the classroom,

academic failure, poor peer relationships, and dropout rates are linked with adverse childhood

experiences (Felitti & Anda, 1997). Currently, school reformers have turned a blind eye to

addressing the mental health needs, resulting from trauma, for both students and families facing

current adversity. Instead, youth with early trauma histories are treated with punitive measures

due to zero-tolerance policies that fuel the school-to-prison pipeline.

There is an established need for a more compassionate and restorative approach to

addressing trauma-affected students. Bronfenbrenner's ecological systems model of

developmental explains that children are products of their environment. Neuroscience

researchers have additionally shown that students with early trauma histories are unable to self-regulate. The implementation of trauma-sensitive strategies within classrooms and school-wide can help these students improve self-regulation, repair disrupted attachment, build a resiliency mindset, and become successful adults. Assessment by school psychologists to inform educators on early trauma histories, along with teacher education and support are crucial pieces to breaking the school-to-prison-pipeline and securing a more socially just education model for the future.

While there is substantial existing research on how to mitigate the effects of trauma within the classroom, there are limited conclusions regarding what prevents trauma-invested care from taking place in the everyday life of educators. The purpose of this study was to explore both the internal and external barriers that prevent trauma-invested care within the classroom. The researcher aimed to better understand the influx of the systems of meaning through which educators view the children they work with, their families, and their school environments. The identification of these educators' mental frameworks provided insight into the success or failure of trauma-informed strategies.

Chapter 3: Methods

Through this study, the researcher intended to explore the gap in the research regarding the success of trauma-informed strategy implementation at the classroom and school levels. The researcher aimed to better understand the mental frameworks that teachers and administrators use when working with students who have early trauma histories and their families, as well as how these mental frameworks affect the implementation of trauma-informed care practices. The central question of this study asked: What are the internal and external barriers to trauma-informed care within the selected urban school district? The sub questions connected with this central question were as follows:

- What modern stressors exist for families that contribute to trauma that differs from the past?

- Does teacher burnout contribute to both external and internal barriers in trauma-informed care?

- What do internalized qualities of resiliency look like for teachers working with students who have trauma histories?

- How does administrator support play a role in whether teachers implement strategies?

This chapter includes an explanation of the chosen methodology and design of this research. The researcher also discusses the participants, research site, data collection procedures, data analysis technique, and the potential of researcher bias.

Description and Rationale for Research Approach

The researcher chose a mixed methods approach to obtain both qualitative and quantitative data. This concurrent method of design helped the researcher to gather more in-depth information for interpreting, understanding, and analyzing meaning. Teachers' and administrators' de-

scriptions of their subjective experience with trauma-informed care provided the qualitative per-

spective, while a district-wide teacher survey resulted in quantitative responses. The use of a

mixed methods approach enabled the triangulation of data sources and convergence across quali-

tative and quantitative methods, which resulted in greater comprehension and interpretation of

the data (Creswell, 2014).

This research is constructed with a phenomenology qualitative design. Creswell (2014)

defined phenomenology as a "research strategy of inquiry in which the researcher identifies the

essence of human experiences about a phenomenon as described by participants" (p. 13). The

current researcher aimed to explore how the current systems in place contribute to barriers to

implementing trauma-informed strategies. By understanding these barriers, the researcher

investigated how school systems can restore resiliency mindsets for both teachers and students.

Through phenomenological research designs, researchers aim to understand both the

reoccurring patterns, as well as the themes present within the data. The current researcher

interviewed teachers and administrators using open-ended questions in order to better understand

their specific experiences with trauma-informed care and its implementation. Groenewald (2004)

posited, "The aim of the researcher is to describe as accurately as possible the phenomenon,

refraining from any pre-given framework, but remaining true to the facts. The phenomenologist

is concerned with understanding social and psychological phenomena from the perspectives of

people involved" (p. 5). Such understanding can be obtained in several ways, such as face to

face interviews or personal questionnaires..

This research approach reflected a constructivist worldview that seeks to understand the

world through subjective meaning (Creswell, 2014). Exploring teacher and administrator

perspectives helped the researcher to develop a more varied and complex understanding of the

barriers and assumptions that exist both internally and externally within trauma-informed care. This investigation provided insight into the relationship of interactions between teachers, administrations, and students to better explain the mental frameworks and subjective experiences of school staff and their impact upon the child's environment.

The advocacy/participatory worldview also shaped this approach. This worldview holds that research is done in order to inform action and reform change in the lives of its participants, as well as the institutions they work in. It deals with issues of empowerment and equality as central points of the study. Advocacy research uses the participants voice to reform change (Creswell, 2014). This research is designed to hear and understand both teacher and administrator perspectives when working with the most vulnerable populations of children, students with trauma histories. These students are especially vulnerable because of their exposure to maltreatment, abuse, witnessing violence, or neglect. This exposure to complex trauma can lead to long-term consequences, such as school failure, behavioral challenges, being assigned to special education, and ending up in the juvenile justice system (Kelly et al., 2014). The current researcher hopes that these findings assist educational institutions in providing a more trauma-informed approach when working with these vulnerable students.

One of the limitations of qualitative research is its lack of generalizability, but its redeeming qualities lie in its ability to explore the participants' specific, lived experiences of the the phenomenon being studied. As Yin (2003) explained, "Qualitative research can be generalized. Analytic data can be generalized to some defined population sampled, but to a theory of the phenomenon being studied, a theory that may have much wider applicability than the particular case studied" (p. 32). The goal of selecting a phenomenological mixed methods approach to research design is to explore both the qualitative and quantitative experiences of the

participants in order to create change within their existing systems. Their experiences can be generalized in order to apply the obtained knowledge and answer "why" and "how" questions.

In the current academic literature, there is significant knowledge of how trauma affects the neural development of the brain and the maturation of the nervous system for children, as well as the social impacts of disorganized attachment and early life stressors play on adults' executive functioning. It is clear that trauma-informed teaching methods can help build strong relationships with trauma-affected children, who often have disrupted attachments. It is important that educators help students develop a resiliency mindset, as well as the skills and motivation to successfully engage with the world around them. It is critical, therefore, to understand and mitigate the barriers to trauma-informed care.

Research Design

Research site. The research site takes place in one urban school district. This school district was established in 1865 as a charter school. It is a K-8 school district, which recently added a full inclusion preschool to its three existing schools. The district serves 1,600 students, of which 71% receive free or reduced lunch. Many students within the district face issues such as homelessness, poverty, domestic violence, and maltreatment and abuse.

Both the superintendent and director provided written permission to conduct the current study using employees from the four schools sites. These leaders reviewed the background and rationale for this investigation, as well as the specific survey and interview questions, before granting permission to conduct the study. The researcher worked with both the director and the superintendent in order solicit the participation of teachers and administrators.

Participants. The researcher invited the teachers from the district to participate in a voluntary survey via Survey Monkey, which the Special Education Director distributed through

email. Out of 80 certificated teachers in the district, 52 teachers responded to the survey, around

65%. Most teachers in the district identify as both caucasian and female. The researcher also

invited the district teachers and three out of five district administrators to participate in a one-on-

one interview with the researcher on a voluntary and anonymous basis. The researcher used two

methods to obtain the participants' informed consent before beginning data collection. Informed

consent forms were signed by all teachers and/or administrators participating in the interviews.

Survey participants were also informed about the study prior to completing the survey in the

survey directions. Completing the survey indicated the participants' consent.

Methods for Data Collection

The researcher used two types of data collection to obtain both qualitative and

quantitative data. The quantitative data were obtained from a survey given to teachers with four

questions, both closed and open-ended. This was a 2-minute survey in order to make it

manageable for teachers with busy schedules. (See Appendix A). The qualitative data were

gathered from ten one-on-one interviews with both teachers and administrators, using open-

ended interview questions. These interviews ranged from 20 minutes to 1 hour. All interviews

were transcribed using an app called Otter, and then coded by hand my the researcher.

Informed consent. The informed consent document outlined the purpose of the study, the

data collection procedures, and the risks and benefits of the study, as well as a confidentiality

statement. The participants were notified that their participation was voluntary, confidential, and

anonymous, and that they had the option to decline or cease participation at any time. The

teachers and administrators received a district-wide email invitation; when participants expressed

interest, the researcher scheduled an interview date and time through email. The researcher

recorded the interviews on her password-protected phone; after each interview, the recordings

were transcribed, the memos were created, and the data were coded and grouped into categories.

The collected data were stored in an Excel file maintained on a password-protected flash memory data storage device. The researcher's notes only identified the teachers and administrators using their initials, never their names. The presentations and publications related to this research include no names, initials, personal references, or other identifying information. The researcher stored the hard copies of the transcripts, the signed consent forms, and the hard copies of the survey feedback in a locked cabinet to which only the researcher had access. These files will be deleted 3 years after the completion of the study. The participants had the opportunity to obtain further information and answers to questions related to the study before, during, or even after the study. The researcher provided her email address to the participants for any inquiries or concerns that they had.

Confidentiality. The researcher's first point of contact with the participants was to confirm the date and time of the interview through email. The informed the participants that both the recordings of the interview and the notes would be transcribed using pseudonyms and kept in a secure location. The participants were aware that their participation in the study was both voluntary and confidential. In order to ensure anonymity, the researcher did not require the participants to reveal their names, grade level taught, or position held. The researcher minimized harm by ascertaining agreement from the participants and ensuring that they felt safe discussing students who had experienced trauma.

Data Analysis

Through data analysis, the researcher aims to uncover "patterns, coherent themes, meaningful categories, and new ideas" (Maxwell, 2013, p. 327). The researcher analyzed the data collected in the current study using three different methods to ensure a greater depth of

understanding: coding and categorizing, transcribing memos, and connecting strategies (Maxwell, 2013). The researcher first created memos by listening to and re-reading interview notes in order to transcribe reflective notes. "Memos can perform other functions not related to data analysis, such as a reflection on goals, methods, theory, and prior experience and relationships with interviewees" (Maxwell, 2013, p. 105). Memos enable categorization and facilitate reflection, thought, and insight (Maxwell, 2013). Specifically, the memos explored why so many teachers reported that they did not receive training when all district staff had received training. Furthermore, the researcher wanted to know why many also did not implement strategies from the trainings.

The researcher transcribed the audio recordings of the interviews, which were recording using a smartphone app. After transcribing the interviews, the researcher rewrote the notes and added more memos. Using written transcriptions and memos, the researcher used coding to pull out the most interesting and reoccurring themes or topics. When using a mixed methods approach or concurrent method of design, the researcher can quantify qualitative data by choosing codes and themes based on the number of times they appear in the text or data or what the researcher finds most interesting (Maxwell, 2013).

The codes were segmented and labeled by their occurrence in transcripts. The initial codes that presented themselves through peer coding were: lack of training and education, supportive or unsupportive administration, work environment, and characteristics in research. Most of the codes were unexpected. The researcher did not realize how teachers and students were being impacted by racism and the housing crisis. The researcher did anticipate that there were high attrition levels for teacher in a low income district. However, the researcher did not anticipate that their resiliency strategy had to do with building cohorts among other teachers.

After coding the data, the researcher used connecting strategies in the analysis process. Through this strategy, the researcher compared and contrasted both the antecedents and consequences within the data. For example, the researcher did not anticipate that the reason behind higher levels of trauma within the school community had to do with both the deportation of families in the school community along the housing crisis.   The connecting strategy gave a more in-depth analysis by showing connections to events, rather than just defining categories (Maxwell, 2013). With higher levels of trauma in the school community, teachers were more impacted in the classroom than ever before. While this impact was supposed to be helped by the district wide trauma-informed trainings, it wasn't. The difference between coding and categorizing and connecting is that connecting strategies ask about the ways in which certain events are connected across settings or individuals. Connecting strategies also relate the data back to the research questions.

Validity

The researcher promoted validity and reliability through a mixed methods approach and data triangulation. Triangulation is a great validity-testing strategy because it reduces the risk of making chance associations or connections (Maxwell, 2013). The researcher gathered the quantitative data through a district-wide survey, where hundreds of teachers from four different schools answered both open and closed ended questions on trauma-informed care. The quantitative data used random sampling. As Maxwell (2013) stated, quantitative data relies on random sampling in order to increase the ability to generalize the findings to the larger population. Qualitative data, however, is a more purposeful process of selecting individuals who have had the experience of the phenomenon in question (Creswell, 2014). The data were analyzed and converted into a visual bar graph before analysis and comparison with the qualitative data.

To obtain the qualitative data, the researcher used a narrative approach by interviewing both teachers and administrators on trauma-informed care. The researcher recruited multiple voluntary participants throughout four district schools to increase the reliability of the qualitative aspect of this study. The number of participants in a study can be valuable to addressing validity concerns. Numbers are important in identifying and communicating the diversity of actions and perspectives in the setting and populations of study (Maxwell, 2013). In this study 65%, more than have of all certificated teachers participated, which gave the data more validity.

 The researcher transcribed audio recordings of the interviews. The researcher coded the interviews based on common words or phrases appearing within the data, as well as what the researcher found most important and interesting. Quantifying qualitative data helped the researcher to compare both qualitative data and quantitative data more effectively. Coding both the qualitative and quantitative data based on overarching themes led to greater accuracy (Maxwell, 2013).

A matrix of the data was also created as a visual of the data. The horizontal axis of the matrix illustrated the quantitative variables, while the vertical axis reflexed the four these of the quantitative data. Maxwell (2013) suggested creating a matrix when comparing qualitative and quantitative data in order to present the data and codes in a format for analysis. This format increases the validity of the research (Maxwell, 2013). Perhaps the greatest threat to validity was researcher bias. The researcher's goals and perspectives may have influenced her interpretation of the data by identifying what "stands out" based on her own experiences (Maxwell, 2013). The researcher addresses her possible bias through a positionality statement in the following section.

Positionality of the Researcher

The researcher admits possible bias based on her own adverse childhood experiences and working through trauma, while being in the public school system. The researcher has a back-

ground of trauma, which eventually led to her dropping out of school as a sophomore in high

school. This experience gives her a bias towards the desire for schools to be more trauma-in-

formed. While every effort was made to ensure that interviews and questions were interpreted in

an unbiased manor, it is possible that judgments about trauma-informed interventions could have

been misinterpreted by the researcher. However, the researcher is aware of potential personal

bias and all efforts were made during data collection and analysis to consider perspectives and

possible findings that were not aligned with the researcher's biases.

Chapter 4: Findings

Research on the barriers to trauma-informed care continues to play a critical role in reducing negative outcomes for students with trauma histories. The findings of such research supports teachers working with students with trauma backgrounds in building their own resiliency strategies and ultimately remaining in the profession. The central research question of this study asked: What are the internal and external barriers to trauma-informed care within the selected urban school district? The sub questions connected with this central question were as follows:

- What modern stressors exist for families that contribute to trauma that differ from the past?

- Does teacher burnout contribute to both external and internal barriers in trauma-informed care?

- What do internalized qualities of resiliency look like for teachers working with students who have trauma histories?

- How does administrator support play a role in whether teachers implement strategies?

Identified Themes

The researcher identified five central themes from the interview data. First, modernity and the rise in trauma was commonly mentioned by both teachers and administrators. This is an important concept because it implies that certain traumas—and the triggers thereof—may be relatively new to the teaching/learning environment, and therefore challenging to recognize and treat. Secondly, the rise in trauma in the district's schools was directly linked to teacher burnout and contributed to high attrition levels for teachers. Third, the teachers noticed that more students were entering the school with preexisting trauma-related issues and behaviors; in response, the

teachers had reached out to school administration to request support and training.

The administrators responded by offering trainings for an entire school year on trauma-informed care; however, the teachers found this training to be highly ineffective and meaningless. The fourth theme was that teachers identified the cultivation of resiliency strategies as central to their ability to continue to stay in the profession and support students with trauma needs. The final theme was the important role of administrative support.

Modernity and the rise in trauma. All interviewed teachers and administrators reported that they had seen a rise in students entering the school with trauma backgrounds. The most common contributing factors to the trauma identified by both teachers and administrators included a lack of secure housing, fears of deportation, divorce, living in poverty, economic-related issues (e.g., food scarcity), and drug abuse and/or domestic violence within the home.

Housing insecurity. A lack of secure housing was a prevalent issue for families in the district—for many, this instability was related to the two wildfires that had devastated the city in the last 4 years. The superintendent of the districts said, "Housing is a big one [family stressor]. And that's all related to the fires, of course." Many teachers discussed how housing insecurity affected their students, sharing that a lack of secure housing made it more difficult for students to have a stable home life. This also influenced the presence and accessibility of caretakers who are tuned into students' needs, both emotional and physical. The teachers cited that the impact of housing instability manifests differently between students.

Another housing insecurity issue that the participants reported was co-living, or having many people living within the home, which impacted students' quality of life. Several of the interviewed teachers stated that they knew of a student in their class who was homeless and/or living in their car, or who had recently been homeless. Other teachers suspected, but could not

confirm, that some students may have been homeless.

One administrator remarked on the lack of adequate housing and the difficulty that

district parents experienced in making ends meet:

> One thing that has been on the rise is the lack of secure housing. We have so much more coming and going. We have people that are doubled and tripled up [in their homes]. When I first came in [to the district] it was not uncommon for parents to tell me they were having a hard time because they worked two jobs. It is not uncommon now for people to work three jobs. Yeah, it's hard. Parents are sometimes working really separate schedules, so kids sometimes feel like, "Who's watching me?"

Another teacher described the effects of the recent fire that had devastated the community,

explaining that this event had exacerbated housing issues:

> The year of the fire, we weren't as impacted because we didn't have as many people that lost their homes. But we were the homes that everybody was sleeping on the couch. So, there is that kind of impact, a lot of co-living. There's a lot of housing related issues now, which are stressful for families.

One administrator discussed how housing insecurity is related to chronic absenteeism, noting

that homelessness, fear of homelessness, and housing insecurity causes trauma, which leads to

absenteeism:

> When a child's absences reach about 10%, we know the children are at a high risk of failure, both for graduation, and in the long run. So, when you go in deep, you will find many different family traumas at home. Sometimes it's things like families facing homelessness or just coming out of homelessness.

Judy, a teacher, cited that some of the trauma experienced by students was due to a lack of

resources at home. Judy noted that it has become more expensive to live in the county, making it

more difficult for families to live; sometimes, these challenges contributed to other hardships.

She felt disheartened that there were limits to what she could to provide to students, and wished

that she could do more.

Stressors faced by parents. Another teacher, Carrie, described the modern stressors on

families, stating, "With the economics, homelessness, and stress for both parents to make money,

they [parents] just aren't parenting as much." She cited that this lack of parenting influences the students in her classes, making them "disconnected." In addition to having parents who are physically absent due to work obligations or emotionally absent due to stress and exhaustion, the modern student also experiences another layer of disconnection: device screens. Carrie stated, "I know I sound like an old grandma, but I feel like a lot of it [parents not parenting as much] is the culture of immediate gratification." She posited that digital devices have changed the connection of students to their parents, as well as to each other, explaining that social connections between students usually involves texting, rather than a "face-to-face connection."

The superintendent of the district also referred to how screens impact families. He said, "It's the first generation that has grown up entirely with screens in front of them." He mentioned that this was often a result of families having many more stressors in their lives. The superintendent then explained his perception of how modern stressors have changed parenting:

> There is not as much adult supervision and not as many experiences for kids when they're growing up. They may being [sic] raised by the TV and may not have as much adult presence in their lives. Maybe they [students] are not feeling as safe that someone's going to take care of them and that somebody's going to be there for them.

Other stressors. A loss of familial connections and rising costs of living were also mentioned by many teachers and administrators as significant stressors on families and students. One administrator said:

> There is an increase (especially in our area with the cost of living) of poverty, substance abuse, and other factors….I see the [family stressors] district-wide are poverty, neglect, substance abuse, and mental health.

Divorce was also mentioned by almost all teachers as a factor in the rise of students coming in with trauma histories. One stated, "I see students whose parents are divorced and they're not amicable at all." Another teacher explained, "Divorce and custody fights are the most common [source of trauma in her classroom]." Some teachers attributed this to the impact of financial strain and housing insecurity on marital relationships.

Deportation. Another significant topic that emerged was students struggling with the fear of deportation. The teachers reported that some of their students had been victims of ICE raids and/or had been separated from family members due to deportation. One teacher stated, "He says he's not a citizen, and he's worried about that. So, there's a lot of stress for him." She continued that students may be afraid to discuss their fears on this topic due to fear of identification or of other impacts on their siblings and families.

Carrie described that some asylum seekers are forced to wear ankle bracelets, "like criminals," and placed on house arrest. This can be very traumatizing for both families and students, and students report embarrassment, shame, and bullying as a result of such events. The superintendent of the district stated, "There are family fears about cultural things such as ICE raids, and a general feeling of not being welcome [in the country]." Such traumas are long-lasting and heighten feelings of insecurity. Several teachers cited that the current political climate and presidential administration had negatively affected some of their students by decreasing their ability to feel safe in their communities and at school. Many students have experienced a family member being deported. One teacher said:

It has been deeply traumatizing for our student population because they feel like they don't belong here. I have students asking me who can get kicked out of the country. This shouldn't be something an 11-year-old needs to worry about.

Problems with Staffing and Resources

Limited resources. Judy wanted to know how to best use limited resources in the current system, wondering, "How best can we help kids when resources are so limited? We need more support for families who are struggling. Families and kids need more counseling, medical, and family support. There's just a lack of resources." The superintendent also shared that the greatest barrier to providing trauma-informed care was the lack of resources, explaining,

Most of the feedback I got [from teachers during the trauma-informed care district training] was that we need more people. We need more bodies [in the classroom], aides, behavioral support people, behavior support. We need school psychologists who have the background and behavior support for more behavior support plans, but we need more people to implement behavioral support plans. Teachers get very frustrated when you give them a behavioral support plan, but you don't give them any help. And that's just money, limited resources.

The superintendent continued that funding was "shrinking, not expanding," and cited that this was especially the case in the special education budget.

High attrition levels. Teacher Judy said that one of the greatest barriers to providing trauma-informed support to students is that the demands on teachers are too high. According to Judy, "I see teachers struggling with burnout. There are too many students with different needs, too large of class sizes, and not enough time for connection with students and families." Many other teachers shared similar feelings. For example, teacher Henry felt strong pressure on teachers to do things academically. The need to elicit academic achievement from students, however, can conflict with the need to deal with trauma. He said that benchmarks must be prioritized, and academic achievements often have to come before the emotional connection to the child. Henry acknowledged that having those connections with students was the most

important way to support them, but regretted that he was not always able to do so, stating, "Sometimes, I just have to keep on going. I don't know if that's right or wrong, but I do." Henry and many other teachers realize the important need to serve students, and are frustrated by the difficulty of doing so.

Genevieve, another teacher, reported that she often had insufficient time for trauma-informed interventions. The stressful situation of the need to perform those interventions, in combination with the lack of time to do so, can lead to teacher burnout and attrition. Teacher Kasey said that one of the greatest barriers to implementing trauma-informed practices was the pressures of teaching:

> Teachers are overwhelmed. There are too many kids with different needs and teachers often have to just keep going because of the pace of the curriculum, regardless of the need of the student. Teachers often have to put the needs of the state over the needs of the kids.

Lack of Meaningful Training

The primary reason why teachers did not create any significant changes to their teaching practice was that the training they received lacked practical strategies. Indeed, all interviewees mentioned a lack of "meaningful" training on the subject matter. Out of the 10 one-on-one interviews conducted with teachers across district schools, all teachers felt that the training they had received from the district lacked specific information on identifying trauma in students, as well as specific grade-level interventions and strategies for restorative discipline. One administrator said:

A couple of years ago, we did a survey with teachers and teachers were very interested in knowing more about how to care for the emotional needs of their students. As you well know if you're in education, it's an ever growing need and concern, and we see more and more kids that are exhibiting things that we know are connected with their emotional state. this quote illustrates that teachers are asking for more support in the area of trauma-informed care.

This administrator continued to explain that the district planned a whole year of support and trainings for teachers. According to the survey conducted by the researcher, 50% of teachers said they had been to a district training and/or staff meeting on trauma-informed care. Of those teachers, over 60% reported that they did not implement any strategies after the training.

According to Henry, "We had an ACES [Adverse Childhood Experience] training briefly in a couple staff meetings, but it was at the end of the day, so I was already exhausted and didn't get much from it." Three other teachers reported a similar sentiment, saying that they "thought" they had a training in ACES, but did not retain useful information or strategies. Teacher Chris explained, "I had one district training on trauma-informed care, but I didn't feel that I got a true understanding of what trauma could look like for a student or what to look for." A teacher named Sarah shared, "We had a few staff meetings, but I haven't learned much through the district."

Other participants reported that they had received no significant training at all. Judy shared, "I've had no real training except for talking about ACES in a couple staff meetings. I don't feel like I know a lot about it. I wasn't taught any interventions. I don't feel I had any meaningful training." Henry also stated that he had not completed any "meaningful" training. Genevieve cited that she had received no training through the district.

Other teachers discussed wanting more information on *why* there are so many more district students coming in with trauma backgrounds. One teacher stated, "I really just wanted to know why the rise in students with trauma is happening." She added that what she really wanted

from the training was specific strategies, explaining, "I wanted practical ideas, like if this

happens, do this." This suggests that teachers want to be able to craft their own trauma mitigation

strategies, but need to know the sources of the rising trauma.

While this overall theme of the lack of "meaningful" trainings was shared by all

interviewees, learning about trauma-informed care strategies was something that a majority of

teachers shared that they wanted to learn. Kasey claimed:

> We need more *impactful* trainings that can change teacher perspectives. We need to get
> away from punitive practices in the classroom. But there has to be teacher buy-in to
> change perspectives because often punitive approaches are all people know or have been
> taught…And punitive approaches don't work with kids who have trauma. So, we need
> more training to shift perspectives to a more trauma-informed approach.

Another teacher also advocated for the district to help teachers move away from punitive

discipline. Carrie mentioned that she would like to see a transition from "old school" punitive

practices to a more restorative approach. According to Carrie, students currently receive a

referral and sometimes suspension for disruptive behavior. She said, "There should be a

restorative piece that is systematic and organized." She suggested including a restorative intake.

Sarah said, "Many teachers are not trauma-informed and may not understand that trauma

is playing a role in their student's behavior." This sentiment was shared by multiple teachers,

who felt that trauma-informed approaches to discipline were not common in the district. While

some of the teachers interviewed felt that while they generally lacked a "true understanding" of

trauma-informed care, they were specific about what they wanted to learn. Most importantly,

teachers wanted to understand the sources of trauma and how to strategize their care in response.

Genevieve suggested, "We need a training for all teachers, so teachers are on the same

page and can be more consistent. I'd like a training on specific strategies based on the needs of

my students." Genevieve expressed frustrations with the lack of consistency among teachers,

explaining that because not all teachers had the same approach to trauma-informed strategies

with behavior, consistency was difficult to achieve. Kasey recommended a more central location

for trauma-informed strategies and resources, so they were more accessible for teachers to learn

a positive behavior support approach. She would like to see the district focus on shifting teacher

perspectives away from punitive measures. She provided an example of common essay

assignments from teachers asking students, "What did you do over the break?" or "What did you

do over the weekend?" She said:

> For some students, the break looked like caring for younger siblings while mom was passed out on the couch from drinking too much. But students aren't going to write about that, so instead, they just don't do the assignment and then get punished for refusing to do the work.

She continued to explain that these types of assignments are not trauma-informed. For some kids,

she explained, school is the only safe place where students can come to forget about what is

happening at home. Another example that Kasey provided was a "family tree" assignment, in

which teachers ask students to trace back their heritage and write about it:

> Many students are in the foster system and don't know who their family is, and they don't have anyone they can ask. This can be really isolating and painful for students, especially if they don't have someone they can navigate this with, and not all kids have that.

Kasey stated while she knew these teachers were well meaning, these teachers just needed more

training to understand how these assignments can isolate students who have trauma histories. She

said, "If they really want to give out assignments like that, give options for things kids can write

about. Giving options is being respectful to the kids who may not want to talk about those

difficult things at home."

Cohorts and community.   The fourth theme identified in this data was that teachers identified

the cultivation of resiliency strategies as central to their ability to continue to stay in the profession and support students with trauma needs. While high levels of attrition that could lead to burnout for teachers was a common theme, almost all teachers interviewed had been in the teaching profession for many years. All teachers that were interviewed who had been in the profession for many years felt that they had stayed in the profession because they had several fellow teachers who they "worked closely with" and "felt connected to."

Another commonality was feeling a "sense of community" among the staff. Chris recalled that she had stayed in the profession because she had a strong group of supportive teachers that helped her from day one. She said, "They took me under their wing." She said that having five other teachers teaching the same grade level has supported her when planning curriculum and especially when working with students that have severe behavior due to trauma histories.

Sarah said that she felt a "sense of community" within her school and she had a cohort with other grade level teachers, which provided her support when she had a student with difficult trauma-related behavior. Judy also shared that this is one of the main things that contributes to her resiliency, explaining, "The teachers I work with are great. We have the same goals." Kasey noted that she had a little cohort that supports her. They get together outside of work and on shorter school days. When asked what helps her with her own resiliency, she stated, "Talking and collaborating with other teachers, having someone who listens, but also a person who gives me a reality check."

Henry said that he felt teaching was his life's mission, and that he also felt "connected to other teachers in the school" and felt "a sense of community." He said the strongest friendships in his life were built through working with other teachers. These relationships have contributed to

him staying in the profession, and he does not plan to retire until he "can't physically do it anymore."

Another teacher said, "Teaching should be a communal effort, teachers supporting teachers." She recalled that having a buddy classroom had helped her in the past; this was not just a classroom for a student to come when they were misbehaving, but one where they could build a positive relationship with another teacher, resulting in more community and support for all involved parties.

One administrator shared that having other administrators she could talk to was how she was able to stay in the profession and work with families without experiencing "compassion" fatigue. She said:

> It is hard to deal with children and families who are in crisis because it breaks your heart. When I was a teacher I'd have one or two really tough cases each year, but as the principal, I have so many tough situations to deal with (staff and students) and I am privy to so much detailed personal information, and that can be emotionally draining. For self-care I spend time with my family and friends as well as connect with other admin [administrator] friends.

Support by administration. Another common theme mentioned by all interviewees when talking about their ability to continue to support students with trauma histories was the support, or lack of support, from administration. Henry said, "When administration and principals listen to staff and implement their ideas, it makes a huge difference." Another teacher said, "Administration makes a huge difference on many levels." Chris stated that she had a supportive administration, especially when she first started that kept her in the profession. She said:

The principal knew all the students and their families. She checked in with families and teachers often, so that when there was a problem, she could be proactive. A proactive and supportive administration makes a huge difference.

When asked what made a "supportive" administration, teachers' answers varied, but commonly included the fact the administration not only listened to their needs and ideas, but actually implemented them. This meant that they were proactive, rather than reactive. According to one teacher, "Reactive means that they seem to only help when there is a problem." On the other hand, "proactive" meant that the administration was checking in with them often and getting to know the children and families they worked with. One teacher described a proactive administrator, stating, "She spent time in the classroom and knew the kids…she made time to check in with teachers and to see what they needed."

Teachers shared that it is hard when school administration is well-meaning but not proactive. Chris said, "Not feeling supported by administration makes my job harder and more stressful." Many teachers in the district shared that they did have supportive administration and principals, which was critical for their ability to continue in the teaching profession. In contrast, a few teachers shared that they could use more support. Carrie explained, "There isn't really support for students with trauma from the top down. It just seems loosey goosey and disorganized. There isn't a systematic approach." She went on to talk about the referral system and suspension. She felt that the current referral system was an "old school" way of approaching children and advocated for more restorative practices within the district. She said she would like to see a more systematic approach to restorative practices, such as a restorative intake and more support from principals working one on one with students to build relationships.

Ann said, "I definitely do not feel supported. I don't feel a part of the team." This was in

response to the question of whether or not she felt supported by the current administration with working with students who had trauma backgrounds. Ana continued, "I just want to feel a part of the team. I want to feel valued."

Conclusion

The central research question asked: What are the internal and external barriers to trauma-informed care within the selected urban district? The reported internal barriers to trauma-informed care were primarily systematic. The teachers reported a lack of training and a need for well-defined strategies to deal with the increases in trauma exhibited by students. They also mentioned stressors and barriers that are inherent to the teaching profession, such as a lack of available time and the pressing need to elicit maximum academic performance from their students. The teachers noted the necessity for administrative support in this matter, but reported having perceived differing levels of such support. Fostering cohorts and communities was mentioned often as a strategy to combat these barriers.

The external barriers that the participants reported were related to the increased incidence of trauma experienced by students due to suboptimal social situations such as poverty, family issues, lack of adequate housing, and homelessness. The participants also mentioned a lack of understanding of trauma on a community level, as well as a disconnect between the school and the community. The teachers suggested that students are less able to respond to trauma interventions due to poor attendance.

In the following chapter, the researcher discusses the implications of the findings of this study. The researcher also explains the limitations of the current study. The chapter ends with the researcher's recommendations for future research and practice.

Chapter 5: Implications

Understanding the role that trauma plays in determining the trajectory of a child's life is one of the most important issues in education. In this study, the researcher aimed to identify the internal and external barriers to trauma-informed care within the classroom. The findings showed that one of the significant external barriers to providing trauma-informed care was due to the increasing environmental stress on the school community. The researcher determined that modern students face new traumas resulting from factors including housing insecurity, rising costs of living, and fears of deportation. This conclusion was similar to those of previous academic studies on trauma. Dr. Shawn Ginwright, the author of *Hope and Healing in Urban Education*, explained that environmental stressors within a community can result in trauma, which often disproportionately impact low-income neighborhoods and students of color. Over time, this chronic stress disrupts the community's sense of agency and power to change their situation (Ginwright, 2016). In addition, the current findings indicated that trauma stemming from environmental factors impacted the students' internal sense of belonging, which influenced their feelings of safety and their ability to connect with their community.

Formalized approaches with mentors or guides could help teachers better understand this complex issue and successfully implement proven strategies. In an article entitled "Unlocking the Door to Learning: Trauma-Informed Classrooms & Transformational Schools," the authors cited several proven, effective trauma-informed care programs. One well-known approach is the Sanctuary Model®, developed by Dr. Sandra Bloom, an associate professor at Drexel University in Philadelphia (Mirsky, 2010). This model engages organizational leaders and staff to build their skills in key areas such as safety, emotional management, self-control, and conflict resolution, while promoting open communication, healthy boundaries, healthy social relationships, and

growth and change (Mirsky, 2010).

Students who lack a feeling of belonging in their communities can feel unsafe in their schools. Brunzelle et al. (2015) posited that when students perceive a lack of safety, they may exhibit behaviors such as aggression, withdrawal, and dissociation in order to protect themselves from a perceived threat. In a similar way, teachers in the current study discussed an increase in trauma-related behaviors due to impacts to the community and requested additional trauma-informed training. While trauma-informed training has proven to be an effective tool for helping students with trauma, the teachers interviewed in the study felt that the trainings lacked practical information which represented a barrier to implementing trauma-informed strategies within the classroom. The teachers reported that the audience base of the trainings was too wide; therefore, the trainings were not grade-level-specific. Moreover, the trainings lacked specific strategies to implement. The interviewed teachers identified these content deficiencies as a barrier to implementation. Teachers stated that they wanted to learn how to implement a systematic, reformative approach to classroom discipline in order to shift away from punitive-based practices. Teachers also wanted to know how to identify the signs of trauma in their students, as well as practical strategies for helping them. Although the teachers identified that the greatest barrier to the implementation of trauma-informed care strategies was the lack of meaningful training on the subject, the administrators also shared that finding quality trainers was difficult.

These findings align with the existing literature. The participants were well aware of the potential long-term-effects of trauma (Craig, 2016) and its influence on human function and behavior (O'Neill et al. 2010). While not experts in the subject from a clinical standpoint, they clearly agreed that early childhood brain development has a profound impact on later life (Forbes, 2012; Weil, 2015). Stress and trauma interfere with the development of coping

mechanisms (O'Neill et al., 2010).

The teachers reported that large class sizes, a student population with greater needs, and a fast-paced curriculum left many teachers feeling overwhelmed. The teachers perceived an occasional need to prioritize the needs of the state over the needs of the students in order to keep their jobs. One interviewed teacher reported that she had left the profession for several years as a result of burnout.

This study's findings corroborated the previous literature on teachers' experiences. Teachers can substantially help students who have experienced trauma (Weil, 2015), a concept expressed by the present study's participants. That involves specific pedagogical planning (Craig, 2016), the need for which was expressed by virtually all participants.

Mindfulness techniques and cognitive behavioral treatment (Hamiel, 2015) have been found to be when effective in dealing with traumatized students, as has gratitude (Brunzelle et al., 2015). These were strategies mentioned by the current study's participants. They clearly felt, in agreement with the literature, that careful planning and specialized attention could greatly help these students.

However, they did also express frustration, compassion fatigue, and burnout. These were mentioned as potential hazards by Nicholson et al. (2019) in caring for and teaching traumatized students. The interviewed teachers also reported that the support—or lack thereof—of administration represented a barrier to providing trauma-informed care and affected the teachers' internal qualities of resiliency. The participants identified a "supportive" administration as "proactive," meaning one that communicates with families and teachers frequently, is present in the classrooms, and acts before there is a crisis. In contrast, the teachers' use of the term "reactive" referred to an administrator who only steps in when there is a problem and does not

actively build relationships with teachers, families, and students before this point. Teachers' ability to support students was greatly impacted by their perceptions of support from their administration. Implications of the Literature

In much of the current literature on trauma-informed care, researchers advocate self-care as a way of avoiding teacher burnout. Strategies such as taking breaks, exercising, journaling, and meditation are meant to help teachers with self-regulation. A widely overlooked resiliency strategy, however, includes community care and the role of teacher cohorts in providing self-regulation. An unexpected finding in the current study was the role that teacher cohorts played in building internalized qualities of resiliency for teachers. The teachers identified that having a group of three to five teachers who they felt "strongly connected to" was a part of how they were able to cope with difficult behaviors and remain in their jobs. Another frequently mentioned word mentioned was having "community;" feeling a sense of community among staff in the school environment led to greater retention for teachers. In contrast, only three teachers in this study mentioned self-care as strategy to increase resiliency.

Ginwright (2018) identified healing as a collective process, rather than something done in isolation. This distinction shifts the conversation from a treatment-based approach to trauma-informed care to one of engagement which supports the well-being of the community (Ginwright, 2018). The findings of this study support this new approach by emphasizing the importance of teacher relationships in the healing process for students. In other words, it is not just teaching strategies that help traumatized students; forming and maintaining relationships with them is at least as important.

Students feeling a lack of belonging in their communities can feel unsafe in their schools. Brunzelle et al. (2015) posited that when students perceive a lack of safety, they may exhibit

behaviors such as aggression, withdrawal, and dissociation in order to protect themselves from a perceived threat. In the current study, teachers in the district discussed an increase in trauma-related behaviors due to impacts to the community and requested additional trauma-informed training.

While trauma-informed training has proven to be an effective tool for helping students with trauma, the teachers interviewed in the study felt that the trainings lacked efficacy, which represented a barrier to implementing trauma-informed strategies within the classroom. The teachers reported that the audience base of the trainings was too wide; therefore, the trainings were not grade-level-specific. Moreover, the trainings lacked specific strategies to implement. The interviewed teachers identified these content deficiencies as a barrier to implementation. Teachers stated that they wanted to learn how to implement a systematic, reformative approach to classroom discipline in order to shift away from punitive-based practices. Teachers also wanted to know how to identify the signs of trauma in their students, as well as practical strategies for helping them. Although the teachers identified that the greatest barrier to the implementation of trauma-informed care strategies was the lack of meaningful training on the subject, the administrators also shared that finding quality trainers was difficult.

The superintendent of the district reported that the lack of "quality" trainers in the county made it difficult to provide meaningful training to teachers. He also cited the lack of resources as a barrier to implementation. Both he and two other administrators shared that the lack of resources prevented them from being able to hire more counselors and additional behavior support staff to implement behavior support plans.

Another barrier identified in the study was high levels of attrition, which could lead to burnout. The teachers reported that large class sizes, a student population with greater needs, and

a fast-paced curriculum left many teachers feeling overwhelmed. The teachers perceived an occasional need to prioritize the needs of the state over the needs of the students in order to keep their jobs. One interviewed teacher reported that she had left the profession for several years as a result of burnout.

The reviewed body of literature revealed that stress-related health problems are frequently associated with teacher attrition and burnout (Craig, 2016). This is especially true for teachers that work with children who are impacted by trauma, who are at increased risk of burnout, compassion fatigue, and vicarious trauma.

The interviewed teachers also reported that the support—or lack thereof—of administration represented a barrier to providing trauma-informed care and affected the teachers' internal qualities of resiliency. The participants identified a "supportive" administration as "proactive," meaning one that communicates with families and teachers frequently, is present in the classrooms, and acts before there is a crisis. In contrast, the teachers' use of the term "reactive" referred to an administrator who only steps in when there is a problem and does not actively build relationships with teachers, families, and students before this point. Teachers' ability to support students was greatly impacted by their perceptions of support from their administration.

Although the sample size in this study was small, the results are echoed in two other slightly larger similar studies of teachers' thoughts and opinions regarding trauma-informed care, which are referenced earlier in this document. There are similar themes between the three studies, upon which the researcher concluded the following: (a) Teachers need training in teacher community care and self-care to avoid burnout, (b) Teachers lack enough time to address this problem, (c) Teachers have many competing priorities put on them from administration, and (d)

Teachers do not feel they have the ongoing support of administration.

Implications for Practice and Policy

Educational equity demands that students who have experienced trauma receive the same educational opportunities as anyone else. At all levels, the school system is set up to provide the same quality of education to all students, regardless of circumstances. However, the existing data as well as the findings of this study show that educational equity is not always provided to students who are victims of trauma.

There is a strong social justice element in this need, as it is manifest that the trauma experienced by these young people is no fault of their own. Therefore, they are as deserving of a quality education as anyone else. That providing that education might consume more resources than normal (for non-traumatized students) is irrelevant. There is a social imperative to provide equal opportunity for all, regardless of circumstance. The current inequities are a failure of social justice.

Teachers. Shifting perspectives from a self-care model to a teacher community care model within the school structure may help support teachers struggling with difficult behaviors in their classrooms. Collaborating, talking, and finding support from three to five other teachers showed to be one of the greatest resiliency strategies for the teachers involved in this study. Teachers encounter students with traumatized students on a daily basis, but many lack the emotional regulation and social competency needed to help these students. The discussion in school reform needs requires a shift in focus from identifying already-qualified teachers to helping teachers acquire the necessary skills to stay and thrive in the classroom. Building teacher relationships is one way to help teachers thrive.

Schools. It is possible to support teachers at the school level by providing them with additional

time to collaborate and find support with other teachers outside of the classroom. The interviewed teachers expressed a desire for more impactful and meaningful training on trauma-informed care, including grade-specific strategies to support students with trauma histories. In addition, the teachers wanted to know how to identify students with trauma backgrounds. The school district does not currently have a universal screening tool for detecting childhood trauma; therefore, data on how many students coming in with complex trauma is speculative. An effective universal screening tool could be introduced into the district in order to better identify and meet students' needs.

Formalized approaches with mentors or guides could help teachers better understand this complex issue and successfully implement proven strategies. In an article entitled "Unlocking the Door to Learning: Trauma-Informed Classrooms & Transformational Schools," the authors cited several proven, effective trauma-informed care programs. One well-known approach is the Sanctuary Model®, developed by Dr. Sandra Bloom, an associate professor at Drexel University in Philadelphia (Mirsky, 2010). This model engages organizational leaders and staff to build their skills in key areas such as safety, emotional management, self-control, and conflict resolution, while promoting open communication, healthy boundaries, healthy social relationships, and growth and change (Mirsky, 2010).

Modern technology can also be used to mitigate or prevent this problem. For example, smartphone apps exist to facilitate real-time communication between parents and teachers. Mental health workers may be included in this communication system in order to ensure prompt implementation of any therapeutic changes. In addition to in-person mentoring, schools may seek to create a systematic approach to restorative practices, instead of punitive-based practices, as these approaches often exacerbate the problem, especially among traumatized children.

The participants in this study remarked on a perceived lack of administrative support. While

that had been received to some extent in training provided, they said that such training had not been effective; also, it was sporadic. The teachers expressed a need for proactive measures, as in, anticipating difficult student behaviors rather than dealing with them after they had manifested. They also wished that such measures be more systematic and rigorous in their application. In other words, they wished to have these problems prevented rather than dealt with as they occurred—and they opined that there would be fewer behavioral problems overall if traumatized students were identified and treated/counseled before they manifested undesirable behavior.

Educational policies and contributions to social change. There are substantial barriers to the implementation of measures to help traumatized students in the learning process. By themselves, though, teachers cannot solve that problem. When implementing significant change in any organization, such as a school district run by a school board, change must start at the board level. All organizations develop a culture based on the attitudes and activities of the leadership. A school board's attitude of maintaining the status quo will infect the entire organization. In contrast, the interest of only a few board members in any topic can be contagious. School boards should begin this process by assigning a special committee to investigate the best approaches to trauma-informed care. The school superintendent answers directly to the board of directors. If a board were to establish new policies creating a comprehensive program for the school district to address trauma-informed care, it is the superintendent's and school principal's duty to follow the implementation instructions outlined in any board of directors' policies. There are many well-established programs with published records of success, after which any school board could model their own program. A group of interested teachers could meet with a few of the board members to convince them to implement a formal program. Recruiting and promoting a person with interest in this topic for a position on the school board might also be a way to instigate change. By themselves, teachers cannot solve the problem of serious barriers to implementa-

tion of helping their students that are impaired in the learning process as a result of their past circumstances.

Once a successful program is in place in a school system, it is still only one piece of the solution. Helping tramatized children requires collaboration from many stakeholders, including parents that have received coaching and counseling in parenting skills, as well as professional councilors, psychologists, and physicians. Communication between these parties is also paramount. For example, physicians cannot make appropriate decisions regarding medication management without the feedback of the other caregivers, including teachers and parents. Various smartphone applications are now available to facilitate this kind of communication.

Limitations of the Study

There are two primary ways to study a perceived problem: qualitative and quantitative. The current investigation was a qualitative study to better understand the barriers that teachers face in the classroom when working with students whose academic performance is impaired due to some type of trauma. There are limitations to qualitative research, as compared to quantitative work. Qualitative studies are generally open-ended, and it is difficult to objectively verify the results as the results are based on the opinions of those being studied. One such limitation was the small sample size, an inherent limitation of most qualitative research. This can make qualitative studies difficult to replicate. Qualitative data analysis and interpretation is also more challenging because the results cannot be analyzed mathematically and there is an element of subjectivity to such analysis. Finally, this school district in this study is small; therefore, the sample size was small, and the findings of this study may not be generalizable to larger school districts.

Directions for the Future

Trauma does not exist in vacuum, but results from traumatized communities and toxic systems

of power. Some trauma-informed practitioners have shifted from the idea of trauma-informed care to healing-centered engagement (HCE; Ginwright, 2018). HCE enables individuals to change their narrative from "what happened to you" to "what's right with you" and empowers individuals to become the agents of their own healing. According to this model, healing results from the restoration of identity within a community (Ginwright, 2018). By advocating for policies and opportunities that address the underlying and root causes of their trauma, such as poverty, racism, lack of access to mental health, individuals acquire a sense of power and control over their own healing (Ginwright, 2018).

Perhaps one of the worst outcomes of trauma is the lingering sense of victimization, leading to hopelessness and an inability to change one's situation. By changing the story of their trauma, individuals can reimagine their lives, influence their communities, and build strength and resiliency (Ginwright, 2018). Dr. Ginwright recommended taking action by collectively responding to the political decisions and practices that exacerbate trauma. This could include participating in walk-outs, attending peace marches, and promoting community gardens and access to healthy food. Researchers have demonstrated that restoring a sense of power is one of the most significant ways to restore healing among victims of trauma.

It is vital to address the issue of lower academic performance as a result of childhood trauma. Moreover, this issue requires a shift from a reactive to proactive approach among the governing bodies at all governmental levels. In the modern legislative process, change is often initiated or influenced by well-funded and well-organized interest groups known as Political Action Committees (PACs). In the area of education, there are a variety of PACs with wide-ranging agendas, including influencing the curricula and materials used by American public schools.

Despite recent legislative action regarding trauma-informed care, it is ultimately the responsibility of the individual districts to deliver the support that teachers need. New laws increase the account-

ability of school districts, and teachers and parents can significantly influence the actions of a school board by acting as an organized group with a clear message. The daily behavior problems of trauma-tized children affect the entire classroom, and therefore the education of all students. Local Parent Teacher Associations could be a good place to start a campaign for change. Modern technology may also hold a partial solution to this challenge, and indeed may already be having a positive impact on this problem. There are existing smart phone applications that enable teachers to communicate better with parents, and vice versa. The inclusion of mental health workers in this communication system may facilitate the rapid implementation of medication adjustments or therapeutic changes.

There are reasons to remain optimistic regarding the education and treatment of children who have experienced trauma. It is interesting to note that individual children respond differently to the same traumatic event. Children that are victims of the same traumatic event have different perspectives and outcomes. Months or years after the same traumatic event, some children will have fully recovered mentally and emotionally, while others have developed post-traumatic stress disorder. It remains unknown whether the cause of this discrepancy is genetic or environmental, but it is most likely a combination of both. Children that have a persistently traumatized mind are incapable of learning due to the permanence of their survival reactions, also known as "fight or flight" instincts. The smallest of events can trigger such responses, which may manifest as serious behavior problems in the classroom or on the playground.

The future depends on young minds. All children have special gifts, including traumatized children; however, those inside traumatized minds may remain undiscovered due to the children's emotional dysfunction. By addressing children's trauma through informed care and educational strategies, teachers and mental health professionals may collaboratively promote the development of such young minds into productive citizens.

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Appendix A: Interview Questions for Teachers

1. Explain what you have learned about trauma-informed care either through professional training or personal experience?
2. What access have you had to training either personally or through your district?
3. Have you implemented any trauma-informed care interventions in your classroom? If so, which ones?
4. Describe the effects of your interventions. Were any particularly successful?
5. What behaviors have you seen in your classroom that could potentially be trauma related?
6. What have you found to be the best way to work with children who have experienced trauma?
7. What difficulties have you had (if any) when working with students with trauma backgrounds?
8. Is there anything that you think prevents you from implementing trauma-informed practices into your classroom?
9. What support do you feel you have when working with students that have trauma histories?
10. What additional support would you need to fully support students that have trauma histories?
11. What would you want to know about trauma- informed care that you may not know right now?

Appendix B: Interview Questions for Administrator

Dominican University of California
Research Questions:

1. Explain what you know about school wide trauma-informed care programs.
2. What access have you had to training either personally or through your district?
3. Have you implemented any trauma-informed care interventions in your school? If so, which ones?
4. Explain the effects of the interventions for students and teachers?
5. What difficulties have you had (if any) when working with students with trauma backgrounds?
6. In what ways do you support teachers working with students that have trauma histories?
7. What would you want to know about trauma-informed care that you may not know right now?

Appendix C: Survey Questions for Teachers

Dominican University of California
Survey Questions:

1. Explain what you have learned about trauma-informed care either through professional training or personal experience.
2. What access have you had to training either personally or through your district?
3. Have you implemented any trauma-informed care interventions in your classroom? If so, which ones?
4. Describe the effects of your interventions. Were any particularly successful?
5. What would you want to know about trauma-informed care that you may not know right now?

Appendix D: IRB Approval Letter

DOMINICAN
UNIVERSITY
of CALIFORNIA

November 26, 2019

Kristen Wimpee
50 Acacia Avenue
San Rafael, CA 94901

Dear Kristen,

On behalf of the Dominican University of California Institutional Review Board for the Protection of Human Participants, I am pleased to inform you that your proposal entitled *Through the Lens of Trauma: Barriers to Trauma-Informed Care* (IRBPHP application #10821) has been approved.

In your final report or paper please indicate that your project was approved by the IRBPHP and indicate the identification number.

I wish you well in your very interesting research effort.

Sincerely,

Carlos Molina, Ed.D.,LMFT
Chair, IRBPHP