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Childhood Trauma in Early Care and Education: Understanding School Administrators' Perceptions

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Childhood Trauma in Early Care and Education:

Understanding School Administrators' Perceptions

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by

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ABSTRACT

Childhood Trauma in Early Care and Education:

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by

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This mixed-methods study explores childhood trauma with a primary focus on the beliefs and attitudes of elementary school administrators in their ability to offer trauma-informed leadership and assist their teachers in trauma-informed care (TIC) and education. Participants at various stages of their careers were recruited from elementary schools across 10 U.S. states ($N = 240$). Employing an explanatory sequential mixed method design, Phase I assessed school administrators' attitudes using the attitudes related to trauma-informed care scale (ARTIC-45) (see Appendix A). Phase II employed semi-structured interviews to collect qualitative data to explain further and clarify the quantitative results. Findings suggest that elementary school administrators have positive attitudes related to trauma-informed care. Findings also suggest years of administrative experience shows a negative statistically significant relationship while the number of TIC training hours shows a positive statistically significant relationship to attitudes related to trauma-informed care. Analysis also suggests no statistically significant relationship between years of teaching experience and attitudes related to trauma-informed care. A closer examination of the ARTIC – 45 subscales indicate elementary school administrators have negative personal support attitudes toward TIC implementation and negative feelings about the systemwide support they receive from colleagues, supervisors, and administration to implement TIC.

Participants discuss COVID-19 as a factor affecting teacher retention and attrition. They also advocate for more professional development in trauma-informed practice to boost their abilities and that of their teachers and staff in trauma-informed service delivery. Implications and suggestions for future research are included.

DEDICATION

I dedicate this dissertation to my wife and children. You have been my steadfast source of love and strength throughout this academic journey. Your support, encouragement, and belief in me have been the driving force behind my accomplishments. Your sacrifices, understanding, and patience have allowed me to pursue my dreams and reach this moment.

Thank you for being the cornerstone of my life and for being the most significant influence on my academic and personal growth.

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Chapter 1. Introduction

The National Child Traumatic Stress Network (n.d.) describes childhood trauma as a negative event that can be frightening, violent, or emotionally painful. It can include witnessing a traumatic event that physically threatens the life or security of a loved one. The emotional and physical effects of childhood traumatic experiences can linger and manifest long after the event. In adults, traumatic events can negatively impact mental health, emotional health, physical health, and relationships they build with people around them (National Child Traumatic Stress Network, n.d.). Traumatic events that happen to a child by those charged to care for them are called "abuse", and these individuals can include parents, caregivers, siblings, religious leaders, teachers, coaches, judges, and police officers (International Society for Traumatic Stress Studies, n.d.).

As early childhood professionals, our job is to shield young children from situations that can cause childhood trauma. For those already exposed to trauma, we can be a safety net in their healing process, or at least not contribute to it. The National Association for the Education of Young Children (NAEYC, 2009) recognizes that early childhood professionals play an immense role in reporting and preventing abuse. In addition, NAEYC has provided guidance for partnering with families to support, advocate for, and understand our role in these situations. But what happens within our institutional cultures because of the various kinds of trauma to which children are exposed?

Schools today are becoming more trauma-informed, and administrators are taking steps to provide professional development for staff. But, aside from professional development, have practices, policies, and various aspects of the institutional culture changed to promote a trauma-sensitive culture (Gorski, 2020)?

Statement of the Problem

Throughout the United States, school employees work daily with children living with trauma. Perfect et al. (2016) estimate that two-thirds of students will be exposed to one traumatic event by the age of 17, and the manner of the response given to the situation can positively or negatively impact healing from the trauma (Blitz, 2016). Punitive punishments and school over-policing can also have unintended negative consequences. Weisburst (2019) found that increased police presence in schools coincided with reduced graduation rates. Suspensions and expulsions also disproportionately affected minority students, with Black students receiving the most disciplinary actions, despite only being 15% of the student population.

Keels (2020) also highlighted that students who have experienced trauma could have behaviors that can trigger an emotional response. However, educators should actively work to suppress that so their pedagogical knowledge can take over and help them make decisions that will strengthen students' self-regulation and avoid leaning on punitive punishment that can further erode the relationship and trust.

Teachers are considered vital stakeholders, and their support for implementation and sustainability is key to any mental health intervention (Baweja et al., 2016). However, school leaders must also recognize that their employees may be dealing with trauma, ranging from adverse childhood experiences to domestic violence or other potentially traumatic experiences (Goodwin-Glick, 2017).

Understanding the enormity of trauma puts schools in the position where they must balance the mission of academically enriching their students' lives while supporting them emotionally (Alisic, 2012). "Where conflict tends to occur is in how we tackle that goal. For many young people who have experienced trauma, success, academic or otherwise, seems out of

reach. How do we support students who arrive at school affected by trauma and other not-ok experiences" (Souers & Hall, 2016, p. 10)?

Baweja et al. (2016) included school administrators in their research interviews, trying to understand their views on the school-based trauma-informed program. One of the biggest concerns indicated was the clinicians' lack of openness and information about student progress and their overall improvements. However, this makes one wonder about the amount of information administrators get and how much more support they would provide to teachers, clinicians, and all other parties involved, if administrators believed they were being adequately informed of student progress or had greater involvement in the whole process.

Before discussing the philosophy behind this research, it is essential to understand how nature (genes) and nurture (environmental and social factors) play a role in a child's development. The National Research Council (2000) describes nature as inseparable from nurture, and both should be considered when dealing with children. This means that even though children get their genetic information from their parents, how those genes develop is intertwined with their lived environment, social interactions, and lived experiences. Therefore, as educators, we can directly influence the nurture aspect of a child's development, irrespective of their positive or negative home environment, traumatic interactions, and lived experiences.

Philosophical Framework

Jean Piaget, Lev Vygotsky, and Urie Bronfenbrenner are three theorists that guide the theoretical framework of this study.

According to Copple and Bredekamp (2009), for learning to be developmentally appropriate and for effective teaching, the educator must understand child development, try to understand each child, and understand the social and cultural context in which each child lives.

Also, there needs to be an understanding of the connection between school life and home life and how they interact to affect the child's development (Herbert, 2003; McCarthey, 2000).

The Environment

The environment can be referred to as both the home and the school environments. According to Piaget (1950), the physical environment supports children's ability to construct knowledge. Therefore, the knowledge they construct through interactions with materials in the said environment will help their development and learning. As active constructors of their knowledge through the environment (Piaget, 1936), what a child knows and what kind of knowledge a child has is determined by the experiences and materials they interact with at home and school.

Social Engagement

As we continue to examine the impact of the environment on a child's development, Urie Bronfenbrenner's ecological systems theory discusses the effects of the environment on not only school life but all spheres of a child's life. Bronfenbrenner (1979) proposed that the connections between home and school are interconnected in four significant ways.

First is multi-setting participation, which occurs when a person engages in activities in more than one setting and can happen when a child shares his time between school and home. This can be referred to as the primary link between the two settings. The second is indirect linkage, which occurs when the developing person does not have a direct link between the two settings. Participants in each setting do not meet face to face, but there is an intermediary that serves as an intermediate link between the two. The third is inter-setting communication and, as its name suggests, are messages sent between different settings in which the developing individual is involved and can be face to face or through other mediums. The fourth is inter-

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setting knowledge and refers to information that exists in each setting about the other. This can

be obtained by the exchange of information or through books (Bronfenbrenner, 1979).

In the larger sphere of Bronfenbrenner's ecological theory, all the systems, which

includes the individual at the center, the microsystem, mesosystem, exosystem, macrosystem,

and chronosystem, affect a child's development relative to the connections formed between each

system around the child. Bronfenbrenner's theory suggests that many influences can positively

or negatively impact development of the child. These influences can be from home life, the

environment/world outside the home, and school life, including the relationships they build with

educators (Morrison, 2017).

Vygotsky (1934) discussed the importance of children's interaction with people within

their social sphere and believed learning occurs when children interact with others, allowing

them to be collaborative while learning from others. At the foundational level, Vygotsky

believed that learning how to think rests within the social context, and social perceptions and

beliefs strongly influence the pattern or way of thinking. Thus, a child's worldview is shaped

through social engagement with people in the environment or cultures in which they are exposed

(Smagorinsky, 2013).

As described in Piaget's and Bronfenbrenner's theories, the effect of the physical

environment on a child's development cannot be overstated. But the social interactions they have

within those environments, as Vygotsky explained, are just as essential and cannot be ignored.

Significance of the Problem

The emergence of COVID-19 in 2020 has traumatized the world. Irrespective of age,

those with existing trauma now have even more to manage. The world went into lockdown,

millions of people worldwide have lost friends and family to the virus, and many children have

gone back to school having experienced trauma (Berger et al., 2022; Hsu & Henke, 2021; The New York Times, 2022). As educators, it has fallen upon us to provide safe learning environments and warm interactions to allow healing. Even before COVID-19, teachers helped identify and support trauma-exposed students inside and outside the classroom (Blodgett, 2016; Wiest-Stevenson & Lee, 2016).

To foster the necessary change, administrators increasingly realize the need to be involved in the process to build solid and lasting collaborative partnerships with not just the teachers but the community. This allows for open dialogue and information sharing to help us better understand what is required to build a lasting process to achieve this goal. This was further reiterated by Craig's (2016) admission that for trauma-informed practices to work, school culture must change starting from the top, which includes "persistent denial of the role trauma plays in children's educational failure" (p. 101). To support this change, research-based practices are being used to connect past literature on approaches used in schools for trauma-informed care and multitiered frameworks for school-based service delivery. This is supposed to facilitate understanding and help find common ground toward creating a blueprint for a trauma-informed approach to school-based service delivery (Overstreet & Chafouleas, 2016).

The gap, however, lies in administrators' perspectives of the support they give their staff and how effective they deem those supports to be in the short and long term to meet set goals. For example, Baweja et al. (2016) discussed administrators' frustration with not understanding the whole trauma process or being excluded from certain information, which would have helped them better understand how to provide support. However, most of the research about perception, training satisfaction, and self-efficacy on trauma-informed practices and service delivery is

solely focused on the teachers, not administrators. And, as Reker (2016) discussed, administrators rely on teachers to implement trauma-informed principles they champion.

Purpose of the Study

The purpose of this study is to understand the attitudes and self-efficacy of administrators related to how they work with their staff and the support they provide regarding trauma-informed care. The research questions are as follows:

1. What are elementary school administrators' attitudes on trauma-informed care?

2. To what extent are demographic statistics about elementary school administrators related to their attitudes on TIC (i.e., years of teaching experience, years of administrative experience, and number of TIC training hours)?

3. What are elementary school administrators' self-efficacy perceptions regarding trauma-informed care supports they provide to staff?

   a. How does training received affect elementary school administrators' self-efficacy?

   b. What are elementary school administrators' self-efficacy about their knowledge of trauma-informed care?

   c. How do elementary school administrators' experiences working with trauma-exposed children affect or inform the support they provide teachers?

   d. What are self-efficacy perceptions about elementary school administrators' ability and confidence to provide the needed support to teachers?

Definition of Key Terms

For this study, the following are common terms associated with trauma-informed care:

Trauma

The Substance Abuse and Mental Health Services Administration (SAMHSA) defines trauma as something that occurs from an event, circumstance, or series of events. This is either life-threatening, physically or emotionally harmful, and leaves lasting effects on an individual's mental, physical, social, emotional, or spiritual well-being (SAMHSA, 2014).

Trauma-Informed Care (TIC)/Approach

According to SAMHSA, this is a framework that includes trauma-specific interventions, treatment, assessments, and recovery supports. This approach realizes the impact of trauma with the knowledge of what needs to be done for recovery. It recognizes the signs and symptoms of trauma in students, families, staff, and others within the system. It responds by using its knowledge of trauma and its symptoms to create practices, policies, and procedures to ensure the traumatized individual is not retraumatized (SAMHSA, 2014).

Trauma-Sensitive

A school is trauma-sensitive or provides a trauma-sensitive environment when students feel safe, supported, and welcome. This also includes providing individualized and targeted support to address and minimize the impact of trauma on learning. At a schoolwide/centerwide level, the importance and impact of trauma are at the center of the educational mission (Gregory, 2016).

Adverse Childhood Experiences (ACEs)

Adverse childhood experiences (ACEs) are potentially traumatic events that occur in childhood, typically between 0-17 years. These experiences include, but are not limited to, being a victim of violence, abuse, neglect, witnessing violence, or having a family member who has attempted or committed suicide (Center for Disease Control and Prevention [CDC], 2021).

Developmentally Appropriate Practice (DAP)

These are practices that promote each child's ability to develop at their best level through a strengths-based approach. DAP also promotes a child's ability to be engaged in learning through a play-based and joyful approach to learning. This is accomplished by recognizing a child's uniqueness as an individual, as members of families and communities, while taking care not to harm the child's social, emotional, cognitive, or physical well-being in designing and implementing learning environments (Copple & Bredekamp, 2021).

Self-efficacy

Self-efficacy is the belief and confidence in oneself to perform a particular task or behavior (Szklo-Coxe et al., 2022).

Adverse Community Environments

These communities have a high concentration of poverty and violence, with limited access to resources such as job opportunities, education, healthcare, behavioral health, economic development, food, and public transportation (George Washington University Milken Institute School of Public Health, 2022).

Summary of Chapter 1

This chapter discussed traumatic stress and how it can affect students and teachers in the classroom, thereby limiting learning and relationship building. Additionally, the chapter discussed how social engagement and the learning environment could affect how students improve or regress in their recovery. The chapter also discussed the role of school administrators in facilitating the teachers' job in helping their students cope with traumatic stress. The research questions, the purpose of the study, and the problem statement were also proposed. Chapter 2 provides a review of the literature related to the current study, and Chapter 3 discusses the

methodology for the study. Chapter 4 presents the research findings, and Chapter 5 summarizes

the study, discusses the implications, and provides recommendations based on the results.

Chapter 2. Literature Review

This chapter is a review of the literature. It provides a summary of available scholarly information on adverse childhood experiences (ACEs), the impact of childhood traumatic stress on student learning, and the role of the school in mitigating the traumatic stress that children experience. In addition, this chapter will investigate ACEs and how it affects young children's learning and educational outcomes, the role of trauma-informed schools, and how school administrators can help create a trauma-informed culture.

Brain Development in Young Children

Brain development begins as soon as a child is conceived, and this continues through adolescence and beyond. However, the most drastic brain development occurs in the first few years of a child's life (National Research Council [NRC], 2000). Knowledge about brain development in early years emphasizes the importance of providing the right inputs and experiences to children in the first few years of life.

Over the last 30 years, research has overwhelmingly found that young children's daily interactions with caregivers play a massive role in brain development. If young children get the expected protection and nurturing from their caregivers, their brain develops in a pleasurable and healthy way. It is filled with stimulation, which gives the child confidence to explore their abilities and environment with ease (Lally & Mangione, 2017). However, the young child's developing brain is so impressionable that if a child is not exposed to a rich and varied vocabulary and given the freedom to explore and learn about their environment, research has shown that some neural networks in the brain will start to wither away due to lack of use.

Interactions and engagement strengthen neural connections. Through nurturing environments created by early educators, young children experience positive relationships (with

adults and peers) that provide a foundation against toxic stress and trauma (Erdman et al., 2020).

Early educators are trained to recognize and respond to infants' crying, gestures, and babbles,

thereby provide strong support for young children's social, emotional and language development

(Copple & Bredekamp, 2021)

Karr-Morse and Wiley (2013), in their book *Ghosts from the Nursery,* narrated two

stories that underline the importance of the verbal, physical and environmental connections on

early brain development and how they affect individuals into adulthood.

The first story is of Chelsea, born more than 40 years ago, but during her initial analysis

at birth, the doctors failed to realize she was deaf. By school age, she was evaluated as mentally

challenged and of low intelligence. This led to her having a difficult school life and difficulty

speaking intelligibly. Her hearing problems were not diagnosed until she was 31, after which she

was fitted with a hearing aid. Chelsea's life has improved, but despite over 15 years of therapy,

she still cannot speak intelligibly, and this is because her brain was deprived of sound in the

critical years of its development. Therefore, the brain connections needed to organize speech and

construct sentences coherently had not been nourished. Consequently, those abilities are forever

lost.

The second story is of Ryan, whose mother gave him up for adoption to give him a better

life, but due to health issues, he was sent to a private foster home where the mother had nine

other children under the age of three in her care. This meant that Ryan laid in the crib all day

without much interpersonal interaction. He was fed with bottles propped, rarely saw an adult's

face, and was infrequently held with irregular diaper changes. As a result, he developed a diaper

rash, full body rash, ear infection, cradle cap, and a dislike for being held or looking an adult in

the face. Ryan was finally placed into a home at nine weeks, and despite being a normal-weight

baby, he still turned his face away from adults, showed no engagement, and did not want to be held. Ryan preferred being placed down on a flat surface where he would soothe himself. Ryan was not autistic, but due to the neglect and separation from two caregivers he went through, his brain was starved of physical touch, attachment, and interaction. Even in his twenties, Ryan still struggles with relationships, attachment, and trust, while physical contact with others is very controlled.

These two stories highlight the importance of interaction, physical touch, and the experiences infants have during their early brain development and how they can have lifelong lasting effects. Chelsea and Ryan missed critical elements of human importance in those early years. Even though Ryan's neglect lasted the first nine weeks of his life, the damage done to his brain development was lasting and, for the most part, irreparable. But what happens to the young child's brain when raised in an environment where positive interactions are few and far between with constant stress?

Stress is part of a child's development. When experiencing some stress, children learn how to interact and better understand themselves through a process of self-regulation. For most, these occurrences happen only in brief intervals while usually returning to their normal emotional state. However, young children exposed to prolonged periods of stress (toxic stress) may have those experiences due to the threat of physical harm, the sudden death of a loved one, or the threat of emotional or physical harm. While in a triggered state, the brain activates a fight, flight, or freeze response to the situation at hand. A child in a toxic stress situation without treatment or alleviation of the stress can have learning deficits and experience developmental delays that can affect their mental and physical well-being. It can also lead to social and emotional problems, learned helplessness, depression, poor social skills, and anxiety (Erdman et

al., 2020). Those traumatic situations that cause continued toxic stress are called adverse childhood experiences (ACEs).

Adverse Childhood Experiences (ACEs)

The CDC describes ACEs as potentially traumatic events that occur in childhood, typically between the ages of 0-17 years, and these experiences include, but are not limited to, being a victim of violence, abuse, neglect, witnessing violence, or having a family member who has attempted or committed suicide (CDC, 2021). When Dr. Anda and Dr. Felitti embarked on their ACEs study in 1995, they could not have imagined how groundbreaking those findings would become. Their study included over 17,000 participants, with an average age of 57, and they found that ACEs are more prevalent in our society than previously assumed. They also found that the participants' childhood trauma had significant health and behavioral implications later in life (Felitti, 1998). Their study discovered that if a child was exposed to 4 or more ACEs within the first 18 years of their life, they had a higher likelihood of substance abuse, problematic sexual behaviors, mental health issues, severe obesity, anger problems, and domestic violence (Felitti, 1998).

Since the publication of Dr. Anda and Dr. Felitti's research, educators have tried to understand how trauma affects children (Bell et al., 2013, Garrett, 2014). There are two types of traumas that a young child can experience. Type 1, or acute stress, is an unanticipated event that occurs like a natural disaster, loss of a loved one, armed robbery, or a car crash. This type of event can cause the victim to seek reasons explaining the event or have visual hallucinations about the traumatic event (Bell et al., 2013). Type 2, also known as chronic trauma, is a traumatic event that a young child experiences over a prolonged period. This can include events

like illness, neglect, child abuse, and domestic violence. These types of traumas can cause the victim to show signs of rage, denial, or dissociation (Bell et al., 2013).

For students who come to school having experienced trauma (acute or chronic), what we see and deal with regularly in terms of behaviors they exhibit are symptoms and side-effects of the problem. Bronfenbrenner (1979), through his bioecological theory, discussed various influences on a child's life. He suggested that the microsystem invokes new connections beyond the child's immediate family and school life and bleeds into the mesosystem. The microsystem and the mesosystem are so interconnected that the lines between them can sometimes be blurred in how they influence and affect the child's development (Bronfenbrenner, 1979). Bronfenbrenner (1979) further noted,

> For example, some environmental factors—such as occupational status, amount of schooling, or to a lesser extent, family size—appear to have a substantial and enduring influence on developmental outcomes. Others—like one versus two-parent families or extensive exposure to adults versus peers—seem to produce significant effects that vary systematically by time and place (p. 844).

All the factors explained above by Bronfenbrenner lead to the understanding that home life can have a strong influence on the child and the immediate environment outside the home. For example, childhood adversity can lead to adverse health outcomes that start appearing in early childhood, children living in poverty are at greater risk for these exposures, and the chances become even more significant when living in unsafe neighborhoods (Porche et al., 2016). Ellis (2020) discussed some of the biggest influences on a child's development, including poverty, discrimination, community disruption, lack of opportunities, poor housing, and violence. Figure 1 provides a visual representation of this issue.

Figure 1

Pair of ACEs Tree
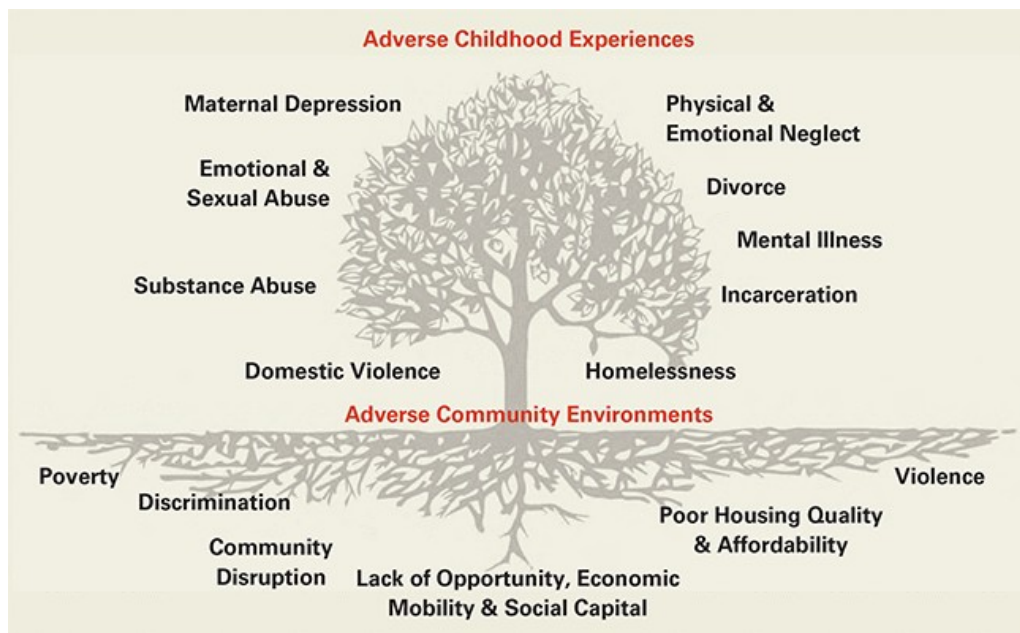
Note. Visual representation of the link between adverse childhood experiences and adverse community experiences. From "Healing Communities to Heal Schools", by W. Ellis, 2020, Educational Leadership, 78(2). Copyright 2020 by Educational Leadership.

The brain needs a dose of healthy stress, but negative/toxic stress can negatively impact our learning system, significantly harming attention and social skills. This can cause a child to permanently be in a fight or flight mode (hyperarousal mode), which may cause them to be aggressive, chaotic, or in a dissociative response mode, which makes them always withdraw from experiential situations, especially those that ignite fear (Swick et al., 2013).

Research (Chafouleas & Overstreet, 2016; Swick et al., 2013; Zacarian, 2020) shows that caring is the most effective antidote to violence because it is nurturing and loving. Also, empathy helps build relationships with students suffering from chronic stress because it fosters healthy brain growth. Overall, when working with children suffering from chronic stress, three main areas need to be addressed: (1) the need for safety, (2) the need for attachment and (3) the need for consistency (Swick et al., 2013).

Affective needs for children who experience chronic stress that help with brain functioning and healing from traumatic experiences are: (1) attunement, engaging children in replaying events that enable them to connect more fully with others in their lives, (2) reciprocity, which helps children have trust-building experiences and helps them care for others and themselves, and (3) affective reflection, which helps them review how their actions or words impact them or others (Swick et al., 2013).

Childhood Trauma and Early Educational Outcomes

To understand the effects of adverse childhood experiences (ACEs) on student success, Crouch et al. (2019) investigated the association between student challenges in school in relation to the types and number of ACEs students had experienced. The 2016 National Survey of Children's Health found that children with four or more ACEs were highly likely not to be engaged in school, have reported absenteeism, and repeat a grade compared to children with less than four ACEs.

Understanding the effects of trauma on children's behavior and learning is of great importance to educators, and research increasingly shows the impact is not just on physical health but psychological health as well. Bell et al. (2013) described four categories where trauma can affect young children:

Physical

Which can manifest as hyper-vigilance, sleep disorders, and weight changes (gain or loss).

Behavioral

Isolation from peers, increased risk-taking behaviors, regression to a previous developmental stage, increased aggression, changes in play.

Emotional

Stress, lack of trust in peers and caregivers, low self-esteem, difficulty self-regulating.

Cognitive

Learning disabilities, traumatic flashbacks, inability to focus, attitudinal changes on disposition to people and life (p. 141).

These traumatic categories and symptoms can make it difficult for students to build connections with their teachers and peers, affecting their overall school performance. However, the importance of a student's ability to build relationships should not be underestimated. Although we know that very young children start by building secure attachments with their families and caregivers, we also understand that the kind of relationships children create with this immediate group will determine what their relationship with others looks like later in life (Swim, 2017). For example, suppose a child can build solid and sensitive attachments with their families and caregivers; this can positively impact the child's concept of self, self-confidence, and how they socially interact with others for the rest of their life (Swim, 2017).

McCollum and Yoder (2011) explained that students become more engaged in school culture, and the social climate around the classroom, and contribute more towards their learning when a positive relationship is created with their teacher and peers. They found that positive adult-child relationships within the school context greatly benefited students' perception of the school climate. If the student had a positive and supportive relationship with the teacher, they were more likely to have a favorable view of their education and the school environment (McCollum & Yoder, 2011). The way to combat the effect of childhood trauma on students in schools is by creating schools with trauma-sensitive approaches, where all staff in the school continually strive toward building respectful, empathetic relationships. Trusting relationships

with students and their families help students build lasting bonds and develop academic potential (Cole et al., 2013), thereby helping students and their families feel more secure and safer in the school environment.

Another factor that affects student performance in school is chronic absenteeism. Stempel et al. (2017) investigated the link between chronic school absenteeism, and adverse childhood experiences. Data was collected from the 2011-2012 National Survey of Children's Health for children between the ages of 6-17 years. They compared the ACEs score of students who had greater than 15 days absent (excused or unexcused) for any associations. They discovered that only 2,416 (4.1%) of the 58,765 samples were chronic absentees from school. The dominant individual ACE factor for chronic absenteeism was experiencing neighborhood violence. The study also found that having one or more ACEs strongly correlated to chronic absenteeism compared to students without ACEs. The more ACEs a student has, the greater the chances they are chronically absent from school (Crouch et al., 2019, Stempel et al., 2017). This research affirms what Ellis (2020) in Figure 1 above called adverse community environments. It also suggests that educators in all spheres broaden our understanding of the impact of community trauma and inequity in childhood trauma. Only then would we be able to provide the proper supports those students need (Ellis, 2020).

Goodman, Miller, and West-Olatunji (2012) researched the impact of trauma on student achievement in math, science, and reading based on socio-economic status. Their findings indicate that traumatic stress was a factor that negatively impacted student achievement performance on standardized tests. They also found that students with traumatic stress were three times as likely to receive an individualized education plan (IEP), which is consistent with prior research (Bell, 2013; Ristuccia, 2013) about the cognitive impact of traumatic stress. Although

the authors point out that some students might be incorrectly diagnosed with learning disabilities, the real focus should have been helping them heal their trauma.

Low-income neighborhoods have generally been considered more violent and unsafe. Therefore, parents/caregivers would likely limit access to these neighborhoods for safety concerns. The school environment, which includes school staff, assumes the role of not just teaching but nurturing. School is a home away from home. Educators aim to help children reduce their trauma whenever they walk through the school's doors. They do not want to contribute to the trauma that is existing. When students perceive the school environment as safe and welcoming, they perform well academically (Lawson et al., 2014).

Social Emotional Learning

Even without trauma exposure, beginning school or childcare can be a frightening experience for young children. For many, this could be the first time away from their family/caregivers, which comes with much anxiety. Research suggests that separation anxiety, social phobias, and general stress affect up to 19% of young children, and those children display clinically significant symptoms (Fox et al., 2012; Franz et al., 2013). Apart from anxiety, young children's emotional regulation ability is slowly developing, with many beginning to learn how to play and work with their peers amid all the emotional development. While children are developing these competencies, described by Vygotsky as "higher mental functions", they are, in his words, "slaves to the environment", the inputs/stimulations their environment and social interactions provide (Bodrova & Leong, 2006). For children to become "masters of their behavior", they require mastery of language and other socially and culturally specific symbolic systems that can help them master their emotional, cognitive, and physical functions (Bodrova & Leong, 2006). However, due to the rapid growth in early childhood, adding trauma exposure to

learning emotional regulation further complicates, and can significantly slow down, the

development process (Denham & Brown, 2010).

Young children are susceptible to life-altering events; some can be minor, and others can

be as significant as the loss of a family member or the recent COVID-19 global pandemic. This

is due to their limited life experience in how to deal with adversity compared to a wealth of

knowledge that an adult can rely on to help them socially and emotionally regulate in similar

situations (Schonfeld et al., 2020). In addition, research suggests ACEs, especially in young

children, are closely associated with poor educational and behavioral outcomes in kindergarten

and can strongly predict a child's academic trajectory (Jimenez et al., 2016).

Exposure to early trauma and adversity can, in the immediate term, cause behavioral

difficulties and psychological trauma that can negatively affect student learning and, in the long

term, put the individual at higher risk for significant health issues (Bell et al., 2013; Crouch et al.,

2019; Felliti, 1998).

As part of the child's microsystem (Bronfenbrenner, 1992), the classroom allows

educators to impact a child's social-emotional learning formally or informally (Bodrova &

Leong, 2006). Early educators can support young children's social-emotional learning

(especially after suffering adversity) by being genuine with children, expressing sympathy,

having honest conversations about the traumatic events, observing and listening to offer

reassurance and commitment to children while letting them know you are available if they want

to talk (Schonfeld et al., 2020).

Reflective practices are also crucial for educators when helping children with their social-

emotional development. Vallotton et al. (2021) talked about early educators becoming behavior

detectives and applying a developmental and contextual lens to understanding the behavior of

young children. The author describes this as being achieved using the following five reflective

cycles: (1) What is the child doing? What are they feeling? This encourages educators to observe

children more closely to try to see the world from the child's perspective. The purpose is to try to

understand the child's words, tone, expressions, and behaviors. It is important to reflect on the

child's behavior before responding; (2) What is the child responding to? Understanding that

children acting out could be them reacting to a range of influences that could be contextual,

temperamental, physical, developmental, relational, cultural, or stress and trauma related. To

better understand this, we need to ask ourselves how these factors affect the child and ask/gather

information from families/caregivers to get a better understanding; (3) What is the child's

emotional and underlying need? Children who have limited language skills, navigating shared

spaces/toys with peers, are learning to control their feelings and will typically express negative

emotions. This cycle requires using what has been observed about the child and the information

gathered from knowledge about the child's situation to determine what the child needs. Asking

reflective questions about what we would need if we were in the child's position is very helpful

in this step; (4) How can I respond to meet the child's underlying needs? Building an attachment

to the child to provide safety and security and allowing the child to express themselves in the

relationship is the first step. Also, leveraging knowledge about developmentally appropriate

relationship-based strategies for social-emotional development like touch, togetherness talk, and

time in (one-on-one time spent with the child who is upset, while giving them space if needed)

are part of this step; and (5) Was my response what the child needed? Reflecting on what we

have done in those moments to help those children to understand if our response was adequate or

if more could be done is the final step. Through these steps, we can better understand how our

actions influence children's behaviors, allowing us to better plan and respond to future situations (Vallotton et al., 2021).

Reflective practices for social-emotional learning are especially significant because children with difficulty self-regulating are more at risk academically and socially. We, however, know that children with significant behavioral problems and the lowest school readiness have the most to gain from social-emotional learning practices (Denham & Brown, 2010).

The Impact of COVID-19 on Educators and Young Children

When the first cases of the coronavirus were announced in December 2019, many could not have imagined the impact it would have on everyone around the world. Businesses and schools shut down and many experienced various forms of trauma because of the pandemic, while millions have lost their lives to the coronavirus (The New York Times, 2022).

The virus disproportionately affected families from low socioeconomic backgrounds and communities of color (Fortuna et al., 2020) while dredging up parents' past trauma and adding stress to parenting on top of the stress of COVID-19 itself (Marzilli et al., 2021). Children experiencing trauma, especially in the form of abuse (physically, sexually, emotionally), had to stay indoors for months with their abuser(s) instead of escaping the abuse by physically attending , due to quarantine and stay-at-home orders (Hsu & Henke, 2021). The community resources these children relied on were no longer available in many areas, and many child-protective organizations were overworked with caseloads and were understaffed (Abramson, 2020).

Pre-pandemic, educators were already feeling overworked, underpaid, and highly stressed. Despite the workload, about two-thirds of teachers who left the profession during the pandemic said they were not likely to resign before COVID-19 (Diliberti et al., 2021). COVID-19 contributed even more physical, emotional, and financial stress on early educators (Swigonski

et al., 2021), with many experiencing post-traumatic stress (Berger et al., 2022). Many are not as committed to the profession as they were before the pandemic (Zamarro et al., 2021). The stay-at-home orders that followed meant that education had to fully transition to remote learning models that employed synchronous and asynchronous modes of instruction. Many early educators use a kinesthetic style of teaching which is inquiry and play-based, with emphasis on investigation and discovery, a technique not well suited to remote learning. Remote teaching and learning also is a skill most educators are ill-equipped to administer (Atiles et al., 2021). There was inequitable access to essential technology and resources for students, especially those from low socioeconomic backgrounds. Despite being able to hold synchronous classrooms to work together as a unit, the absence of one-on-one in-person interactions had negative socio-emotional and academic impacts on young children (Egan et al., 2021; Timmons et al., 2021). Two years into the pandemic, schools are dealing with severe staff shortages, rolling closures, absenteeism, and quarantines. Students and educators struggle with mental health challenges, loss of instructional time, and higher rates of misbehavior and violence (Kuhfeld et al., 2022; Office of the Surgeon General, 2021). The impact of the pandemic was also evident in students' lower test scores, and the drop is even more significant with students from low socioeconomic backgrounds. Their test scores dropped by 20% in math and 15% in reading during the 2020-21 school year compared to the previous school year (Goldberg, 2021; Kuhfeld et al., 2022). Considering all the trauma and mental and emotional stress that school leaders, teachers, and students (Berger et al., 2022) have faced over the last two years, trauma-informed care in schools has become a necessity for everyone: students, educators, and school leaders (Taylor, 2021).

The Role of Trauma-Informed Schools

Statman-Weil (2015) provides a scenario of four-year-old Alex, a first-year preschool student. Alex loves going to school and loves his teachers but his behavior while at school was described as out of control, according to his teachers. At times, he would curse at his classmates, scream, and destroy other students' artwork and classroom materials for no apparent reason. What the teachers did not know is that Alex had been experiencing physical abuse since he was born and was a witness to domestic abuse. Alex's father and mother work opposing 12-hour shifts at the same 24-hour diner, so there were times Alex woke up all alone at home (Statman-Weil, 2015). Teachers do not always know what happens to their students when not in school, and it is impossible to know everything about your students' lives outside school. Parents/caregivers do not usually share critical information about abuse in these kinds of abusive situations. Therefore, it becomes harder to identify students with trauma (Reinke et al., 2011; Wong, 2008). Alex's story is just one of many educators' challenges when working with young children who have experienced trauma. So, what is a trauma-informed school, and how can trauma-informed educators help students like Alex?

A school is trauma-informed when the adults in the school have taken steps and are trained to recognize and respond to students under their care that have been impacted by traumatic stress; this is often a collaboration between the parents, teachers, staff, and school administrators (National Child Traumatic Stress Network, Schools Committee, 2017). Educators spend much time with the children with whom they work. The trauma-informed educator can identify the symptoms of trauma in the child. These can be little physical changes or subtle changes in behavior and would warrant a referral to the mental health counselor in the school. Trauma-informed educators also participate in a school-based trauma treatment team that shares

information within the group about how to help the child succeed. The trauma-informed educator also supports their students during the therapy and the healing process and is best placed to track changes in the student's appearance, behavior, and general disposition while in school (Bell et al., 2013).

Over 47% of all students in the nation have experienced one or more types of trauma, and educators can help those students have better outcomes. Research fields like education, psychology, psychiatry, and social work have shown that a strengths-based approach can yield positive long-term student success (Zacarian, 2020). In early childhood education, trauma-informed educators are essential for children who have experienced trauma. They take the time to build close relationships with the child and family. They provide developmentally appropriate support for children by creating a safe and warm environment and incorporating other targeted supports throughout the day (Erdman et al., 2020). Educators in trauma informed schools also have a broad understanding of how family dynamics plays a role in how children are traumatized (as seen with Alex's story), respond to, and develop resilience. Therefore, educators need to work with families to help children cope with trauma (Erdman et al., 2020).

What teachers know about trauma and how to support students with trauma is extremely important and helps teachers and administrators know how to handle students exhibiting traumatic symptoms. Unfortunately, teacher preparation programs have traditionally not included trauma-informed training as they prepare pre-service teachers. Often new teachers learn these skills through professional development once in the field. Boylston (2021) investigated how professional development can solve this problem and researched a school district that embarked on a journey to become trauma-informed, called the Harmony Project Initiative. They set out to become a trauma-informed school district using a mix of strategic planning, professional

development, and coaching. Their focus was to improve teacher knowledge about trauma and how it affects brain development while equipping teachers with information on creating a trauma-sensitive classroom environment, better identifying students' emotional triggers, and engaging in self-care practices. Boylston (2021) evaluated changes in the attitudes toward trauma-informed care of teachers who participated in the Harmony Project. The researchers used the attitudes related to trauma-informed care tool (ARTIC-35) to measure teachers' attitude changes using archival data from the 2018-2019 school year. The researchers found that the teachers in the study had a much broader knowledge of how to implement trauma-informed care in an educational setting through the pre and post-test of professional development. This means that having a better understanding of trauma and how better to help children with trauma in an educational setting will go a long way (even if this has to be provided through post-service teacher education) in assisting educators to better plan for the needs of their students.

To further buttress the point on the importance of professional development and approach this discussion from a different vantage point, Gubi et al. (2019) researched the issue of trauma-informed care from a school psychologist's point of view. They studied to what extent practicing school psychologists believe they have adequate training to provide trauma-informed services. They examined the participants' experiences, education and training, confidence and competence, current and desired roles, and perceived barriers and supports. They used a survey instrument that targeted the above five areas and items from the ARTIC-35 scale, that 82 study participants completed. Findings suggest that extensive professional development training is needed because more than three-quarters of the respondents indicated they had minimal education/training and confidence in helping children exposed to trauma. While approximately 60% of the respondents also stated that they had minimal education/training and confidence in

their knowledge of how trauma impacts a child's development, learning, and behavior (Gubi et al., 2019). This research points to the fact that professional development is needed for teachers, school psychologists and other school administrators, whom early educators will turn to for guidance when working with children exposed to trauma. Overstreet and Chafouleas (2016) also echoed the need for professional development, stating that professional development on trauma-informed service delivery is needed for teachers and all personnel working with children. This helps create a shared understanding of the problem of trauma among all professionals, builds consensus for approaches to trauma-informed service delivery, helps change attitudes and beliefs about how trauma affects children, and fosters positive behaviors among professionals for the implementation of a system-wide trauma-informed approach (Overstreet & Chafouleas, 2016).

Zacarian et al. (2020) discussed four evidence-based practices that focus on student's individual strengths that can put students with trauma on the right path to success. (1) *Build Asset-Based Relationships with Students*: This approach focuses on the teacher's interaction with their students, getting to know them in a way that transcends merely teaching them every day in class. For instance, a teacher can ask personal questions to learn about a student's home life, and this sometimes sheds light on the kind of performance they are having in school. Also, the educator needs to model positive relationships to help students learn how to socialize, communicate and collaborate. (2) *Encourage Student Voice and Choice*: Many students who have experienced trauma feel helpless in their personal lives; giving these students a voice, asking for their opinion, or allowing them to make decisions on classroom projects helps them build confidence and find their voice. (3) *Connect the Curriculum to Students' Lives:* Finding ways to draw parallels between what is being learned in class and everyday life will help students understand that their experiences, good or bad, are relevant. (4) *Ensure That Routines*

and Practices are Consistent and Predictable: Students living in adversity often feel out of control; creating a consistent and predictable classroom routine will help create positive feeling about their environment.

The need for this type of model has risen because of the failure of the zero-tolerance policies that most schools have adopted in the past. Rather than increase safety, school performance, and graduation rates, these policies have put students at risk for arrest due to minor offenses like tardiness, temper tantrums, or class disturbances, thereby putting the children into the prison pipeline (Craig, 2016). Research has also shown that these policies have disproportionately targeted students of color or minorities. According to Weisburst (2019), 275,000 misdemeanors were issued for truancy and misconduct yearly in their study, with the majority of that impacting minority students. The research also suggests that increased funding for school over policing coincided with an increase in disciplinary actions for low-level offenses or school code of conduct violations (Weisburst, 2019). Traditionally, whenever a student displays disruptive behavior, it is assumed that the child does so intentionally because they are unruly, ill-mannered, or have a bad temper. Recent research has shown that early trauma affects self-regulation, limits the ability to use higher-order thinking and has the child's brain in a continued state of hyperarousal and constant fear (Craig, 2016; Erdman et al., 2020). Although children who have experienced trauma can often do things to trigger an emotional response from their teachers, with the proper training, educators can respond with their knowledge of the individual child and pedagogical knowledge to diffuse the situation, thereby de-escalating a situation that would have otherwise been referred for punitive punishment. This type of approach will not only improve the student-teacher relationship but have a stronger foundation for the student's self-regulation to become stronger (Keels, 2020). Unfortunately, not all educators can

recognize the signs of a high-level emotional intensity in students; without this, they cannot adequately respond to the situation. Professional development, not just for general pedagogical improvements but a trauma-informed pedagogy for all staff, can help identify the problems and benefit the students and staff.

Recent research shows that the use of trauma-informed approaches in schools does work. Dorado et al. (2016) researched the effectiveness of the Healthy Environments and Response to Trauma in Schools (HEARTS) program as a whole school trauma-informed strategy. The strategy provides multi-tiered support: general support to all students, but targeted support is provided based on individual needs. This did not only focus on the student but focused heavily on staff and caregivers' supports as well at each tier. The goal of the HEARTS strategy was to help school staff and systems understand trauma and stress, establish safety and predictability, foster compassionate and dependable relationships, promote resilience and social-emotional learning, practice cultural humility and responsiveness and facilitate empowerment and collaboration with students, staff, families, and caregivers.

The researchers aimed to answer the following questions: (1) Was there an increase in HEARTS school personnel's knowledge about addressing trauma and their use of trauma-sensitive practices?; (2) Was there an improvement in students' school engagement?; (3) Was there a decrease in behavioral problems associated with the loss of students' instructional time due to disciplinary measures taken?; and (4) Was there a decrease in trauma-related symptoms in students who received HEARTS therapy (Dorado et al., 2016)?

Findings indicate that the HEARTS program was effective for each of the research questions. There was a significant increase in the understanding of trauma and the use of trauma-sensitive practices, as well as substantial improvements in the students' learning abilities. In the

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school where the program was implemented the longest, there was a significant decrease in disciplinary office referrals, physical aggression incidents, and out-of-school suspensions. There were also decreased trauma symptoms in students who received the program therapy (Dorado et al., 2016).

The success of the aforementioned studies demonstrates that providing extra support for students, staff, and their families will go a long way in reducing behavioral issues, improving academic achievement, and helping educators create solid and meaningful connections with their students. This unique program did not only help the school focus on the students but helped the educators with secondary trauma as they experienced symptoms of burnout.

Attitudes and Beliefs of Teachers Working with Trauma-Exposed Children

As previously discussed, research has shown that providing targeted trauma-informed supports to trauma-exposed children makes a significant difference in their academic and social performance in school (Craig, 2016; Dorado et al., 2016; Erdman et al., 2020; Keels, 2020). However, understanding teachers' attitudes and beliefs about working with trauma-exposed children is also important in understanding how school administrators need to approach the support they provide to their staff. This is important because teachers are the ones who create the physical and emotional state of the classroom environment and are responsible for providing the supports required to help students thrive (Corr et al., 2018; Erdman et al., 2020).

For classroom teachers to adequately provide trauma-informed care, they need to be given the platform to learn about trauma-informed procedures and best practices to implement them in the classroom. However, they must also understand how their attitudes and beliefs affect their teaching practices (Chudzik et al., 2022). Research conducted by Alisic (2012) shows that teachers believe it is helpful when they get support from their administration and colleagues.

However, they still struggle with striking a balance between caring for trauma-exposed children and their peers, which takes an emotional toll on them. Many folks in the study were conflicted between their job as a teacher and taking on tasks similar to a mental healthcare provider. Some teachers in the study also felt that providing support to trauma-exposed students should be left to mental healthcare professionals.

Even though self-efficacy significantly bridges the gap between problem behaviors and proactive classroom behavior management (Daniels, 2021), one of the ways to improve classroom practices is by enhancing content and pedagogical knowledge through professional development. Teachers believe professional development can improve their understanding of trauma-informed practices, and enhance their empathy and preparedness to work with trauma-exposed children (Douglass et al., 2021; Kim et al., 2021; Veach, 2021). This would equip them with the skills needed to address trauma symptoms while creating a safe learning environment for all in the classroom. It can also positively boost teachers' attitudes, improving motivation to implement trauma-informed classroom practices (Howorun, 2021; Robertson et al., 2021; Vanderburg, 2017). However, even with professional development, teachers still experience desires to quit, and many experience secondary stress from working with trauma-exposed children, leading to physical and emotional responses (Huffington, 2020). Many teachers are stressed about issues which include working with children with mental and home-related challenges. However, they believe they are not getting the necessary support from their schools or believe the proposed supports are not the most helpful. This led to 54% of teachers surveyed expressing a desire to leave the profession within the next two years due to the job's current mental and emotional demands (Will, 2021). A 2014 report shows that teacher attrition costs the

United States $2.2 billion annually, stating, among other reasons, inadequate administrative support as one of the reasons cited by teachers (Wise, 2014).

The Role of School Leaders on School Climate

School leaders are an essential cog in the wheel. They provide directional guidance for the vision and mission of their institution in the area of development, pedagogy, and culture. At its core, being a trauma-informed school leader is not just about the children with whom you work, but about changing mindsets and behaviors and aligning the knowledge of the adults under your care who work with traumatized children (Nealy-Oparah & Scruggs-Hussein, 2018). According to MacDonald (2016), inspiring early childhood education leaders do so with purpose, passion, and intention. They achieve this by creating a pedagogical buy-in to their vision, creating a shared mission, and setting objectives to help meet institution-wide goals. Through this process, the leader brings all their staff along and grows them by mentoring, providing development opportunities, and creating an atmosphere of openness and dialogue with the administration, teachers, and parents (MacDonald, 2016).

The National Associaton of Elementary School Principals [NAESP] (2018) found that student emotional and mental health are the top two areas of concern for school principals. As of 2018, there has been a 73.7% increase in students exhibiting emotional problems and a 65.6% increase in students with mental health problems (NAESP, 2018). For a school leader to be trauma-informed does not mean they know everything about trauma. It means that they acknowledge that trauma could be an underlying cause of students' negative educational outcomes and disruptive behavior due to their experiences and are working towards helping students in their care heal. In addition, they are collaborating with their teachers and other staff in

the institution, working with parents and other community stakeholders to create a safe place for students with various underlying trauma to get the support they need.

At the policy level, legislators have recognized and taken steps to include psychosocial interventions as part of the educational mission of schools. The State of Tennessee created and signed legislation in 2021, with law 49-1-230 and 49-6-4109. Legislation 49-1-230 mandates the department of education to faciliate the development of evidence-based professional development programs for school leaders and teachers. Legislation 49-6-4109 recognizes trauma as a consideration factor in student behavior and mandates schools to adopt a trauma-informed discipline policy to balance accountability with understanding of traumatic influenced behavior (National Center on Safe Supportive Learning Environments, n.d). These policies have led to the creation of programs like the Strong BRAIN Institute that is focused on informing school policies, procedures and pedagogies to strenghten the resilience of students who have been exposed to trauma, and reduce the effect of ACEs on students' learning and everyday life. States like Massachusetts, Texas, Minnesota, Vermont, Alaska, California, Wisconsin and Pennsylvania have some form of policy recognizing the effects of ACEs on brain development and student learning, while putting plans in place for professionals in various fields to learn, and take action to mitigate the risk trauma exposure has on long-term development (National Center on Safe Supportive Learning Environments, n.d).

Implementation at the school level can be challenging, and research shows that there must be buy-in from key stakeholders. In school settings, teachers are considered key stakeholders, and their support for implementation and sustainability is key to any mental health intervention (Baweja et al., 2016). For any trauma-informed policy intervention to work, a buy-in level of 75 to 80% is required from staff, but administrators set the tone with 100 buy-in

(Sporleder & Forbes, 2016). This means that they have to be all-in with their convictions about any trauma-informed measures the school is implementing. Their self-efficacy and attitudes have to be unwavering, and this behavior will convince the people with whom they work that the school's direction is the right path. So, how do administrators create a school-wide focus on trauma-informed care?

Erdman et al. (2020) discussed ways administrators can create a supportive atmosphere for trauma-informed practices, like providing support for schedule changes to class routines, learning environment, and pedagogical changes to promote mindfulness. Administrator support also means they have a clear philosophy and are front and center in helping the whole school community and families clearly understand the direction in which the school is moving. This means that student and staff individual strengths are recognized, and growth opportunities are provided through professional development opportunities. This also means a knowledge that there is a mental-health component to trauma-informed practices, and a goal to provide access to social workers and mental health professionals, on and off campus. In addition, school policies should be reviewed to become more trauma-informed, such as amending punishment rules that can sometimes be punitive for many trauma-exhibiting behaviors. Schools can also provide not just students with resources, but their families as well, such as services for the homeless, food banks, mental health services, and nutrition programs (Erdman et al., 2020).

Research has shown that this kind of policy and practice can work. For example, in New Haven, CT, school administrators, politicians, and community mental health providers partnered to form the New Haven Trauma Coalition (NHTC). Their service domain includes professional development, care coordination, coalition network and infrastructure, and assessment, screening, and intervention. The pilot school was a Title I school that catered to a 76% low-income

population, with pre-K to eighth grade classes. Out of 410 students, the school demographic includes roughly 82% Black/African American, 13% Hispanic/Latino, and 5% White. Professional development was conducted with 32 participants, which included teachers and administrators. In addition, the Clifford Beers Clinic (CBC) provided support for 19 low SES families within the New Haven area. Also, two fifth grade and two sixth grade classrooms participated in the three-day workshop series for clinical services.

The result from all data collection points indicate that the program helped administrators and teachers better understand the impact of trauma while also equipping them with the knowledge to recognize trauma. In the short term, it equipped the teachers with perspective. It provided them with the knowledge to integrate their understanding of trauma with pedagogy, allowing them to create a supportive and trauma-informed environment (Perry & Daniel, 2016).

Another example of a trauma-informed approach in schools is research conducted by Shamblin et al. (2016). This research was conducted in rural Appalachia and focused on collaboration between early childhood mental health (ECMH) consultants, schools, and Project Launch. The study sought to create a partnership and a good working, information sharing, and responsive relationship between schools and service providers, to support stronger trust and attachments between students and teachers, thereby creating a healthy learning environment. The data analyzed for the study was from the year 2011-2012. Participating schools included 11 preschool classrooms across five elementary schools, which meant 11 teachers, 217 students in their care, and three ECMH consultants. The study's goals were to improve confidence, self-efficacy, and teacher ability to support their students' social-emotional development and to increase the resilience of children participating in the study. Trauma-informed training was provided to educators, and mental health interventions were delivered to students and caregivers.

Results from the study indicate change between the pre and post-test for teachers'

confidence and hopefulness in positively impacting children with troubling behaviors and

decreasing the negative attributes of the preschool learning environment. The study also saw an

increase in student resilience as measured by the Deveroux Early Child Assessment, which was

rated by the teachers (Shamblin et al., 2016).

Holmes et al. (2015) researched a Head Start program that was implementing the Head

Start Trauma Smart (HSTS) program, which provided trauma-specific support to families and

children between the ages of 3-5 years whose family members had passed away for a variety of

reasons. The goal was to provide evidence-based support, reduce children's chronic stress, foster

positive social and emotional development, and create a trauma-informed culture for the

children, parents, and staff working with them. Training was provided to all school staff on

working with traumatized children, which included teachers, bus drivers, and receptionists. In

addition, classroom consultation was provided by HSTS therapists, and peer-based mentoring

was a method for teachers and supervisors to support one another. Eighty-one children were

included in the study with ages ranging from 31 to 76 months. Findings from this study indicate

that there is a continued need for the identification of traumatized children and families and

interventions (school-based and community-based resources) to help students have better

educational outcomes (Holmes et al., 2015).

As noted in the research about trauma-informed model/practices, a trauma-informed

school is not just about the school leader, but about how the school leader works with the

community, staff, students and families, and helps to advocate for policies that affect curriculum

(Michael, 2016). Trauma-informed schools provide care and education with compassion.

Changing School Structure to Become Trauma-Informed

One of the main barriers to adopting a trauma-informed organizational structure can be the existing school structure, which can be difficult to change (Hodas, 2006). Greig et al. (2021) discussed four ways school leaders can overcome the barriers to change:

View of Leadership

View of leadership means what the school and general community think about the school leader is essential to their support and belief about the proposed changes to school structure. Even though the school leader is the host, they have to facilitate conditions for networks to form. Leadership opportunities need to be delegated across the school community by adopting a collective leadership approach. The school community must evolve together, going in one direction and working toward the same goal with beliefs, vision, values, and understanding of the educational needs of the community they serve.

Support and Safety

Providing a supportive and safe place for the teachers' needs to be met is a critical component of becoming a trauma-sensitive school. Teachers who work with children who have experienced trauma are at risk of secondary stress or vicarious trauma (Blitz, 2016). Approaches like creating systems for peer support, providing access to community-based mental health services, and providing mentoring opportunities can help to reduce secondary stress. Providing traumatized students targeted supports including occupational therapists, school psychologists, social workers, and counselors helps students and, by extension, reduces the stress on teachers. A healthy, safe and supportive school climate is fostered when teachers are empowered to work together and lend a voice to solving the issues around school safety and expectations, making

school safety the collective responsibility of the school community and not just that of the principal.

Organizational Learning

Creating learning opportunities to help staff understand the developmental impacts of trauma is one part of prefessional development. This acknowledges the need for a pedagogical shift to help with unresolved trauma at school. Professional development training is needed for teachers, all the staff, and the school leaders alike to enhance understanding of trauma and its impact. This will promote an exchange of ideas on how to help children exposed to trauma, thereby planting the seed for organizational change. Organizational learning can also create an atmosphere where teachers and administrators learn from each other, where leaders seek information about the perspectives of their staff, and everyone works from a reflective view.

School Culture

Changing the school culture begins by first understanding that creating a trauma-informed culture requires the integration of effective practices, procedures, and programs in all aspects of the organization. It is important to recognize that a culture change can be challenging, especially to longtime teachers and staff of the organization, and will include a change in language, communication between staff, implementation, and evaluation methods. School culture change is largely up to the leader's commitment to the cause and willingness to identify student and staff needs and meet those needs. This includes creating conditions for an engagement in collective inquiry and knowledge sharing across multiple levels of the school organization (Greig et al., 2021).

An example of a trauma-informed school is the Fall-Hamilton elementary school in Nashville, Tennessee. Demographics of the school are: 64% Black, 21% Hispanic, 14% White,

and 1% Asian (Berger, 2018). Sixty percent of the school's students have experienced adverse childhood experiences, including struggling with poverty, food insecurity, homelessness, and violence. The school sought to implement a new approach to help support their students' social and emotional learning. The trauma-informed approach was implemented to help their students, irrespective of their ACEs status. The thinking behind that was to make the children feel comfortable, safe, and supported. The first focus was on the faculty's professional development; then they implemented a social-emotional learning curriculum to align curriculum with practice. The school's physical space was also adapted to make students more comfortable and safe while creating a culture of building one-on-one relationships between teachers and students. The school administration also realized that the focus should be on the students and provided necessary support to help the teachers meet students' needs. The school hired trauma-informed personnel to identify and inform the school on various trauma-informed practices to help students and staff. The result from this approach demonstrated that students from Fall-Hamilton outperformed their peers from other schools in English language arts scores in 2016. Referrals for student behavior decreased by 76% since 2015, and 98% of the students believed there was an adult at the school that cares about them (Edutopia, 2018).

Another example is Brockton Public Schools, Brockton, Massachusetts. The director of pupil personnel services learned about how ACEs affect student behavior and success and called a district-wide meeting where all schools sent four representatives. This meeting included representatives from the police department, children and families services department, youth services, a district attorney, and mental health clinics with professionals working with the Trauma and Learning Policy Initiative at Harvard Law School and Massachusetts Advocates for Children organization. From this joint initiative, many of the schools in the district instituted

trauma-informed plans for improvement. Hundreds of the district teachers underwent

professional development about working with children exposed to trauma. The school now

receives an alert from the local police when they encounter one of the students from the school,

so teachers and school personnel can plan for ways to work with students experiencing trauma.

As a result of the steps taken, student suspensions and expulsions have been drastically reduced.

For example, Arnone Elementary school has seen a 40% drop in suspensions since the school has

implemented a trauma-informed approach (Stevens, 2012).

Lincoln Alternative High School in the small city of Walla Walla in southeastern

Washington was the first trauma-informed school in the United States. Jim Sporleder took over

at the school in 2007 and had to contend with gangs roaming the halls and children hurling

profanities. In response, he would hand out three-day suspensions for children using profanities

until he attended a trauma-informed workshop and decided to change his approach to working

with his students, especially after thinking about how trauma influences their behavior. Principal

Sporleder created a school atmosphere emphasizing empathy and redemption using trauma-

informed care. The focus was on understanding that the students' trauma affects their behavior

and depending on the students' environment, they could be facing adult-like problems like drug

abuse, depression, suicide, alcoholism, and lack of focus (Hellmann, 2017).

All staff embraced the approach implemented by Principal Sporlader. The team received

professional development at staff meetings where they discussed secondary stress on the

educators as well as streamlined strategies to be used by all staff for struggling students (Redford

& Pritzler, 2016). After implementing the TIC framework, graduation rates increased by almost

30%, there were 75% fewer fights, and an 85% decrease in suspensions from the previous year

(Hellmann, 2017; Redford & Pritzler, 2016).

Figure 2

Impact of TIC Framework on Student Performance

Impact of Trauma-Informed Care

Acknowledging the causes of behavioral issues led to a drastic drop in the need for disciplinary action at this Washington high school.

Student Disciplinary Office Referrals

School Incidents Requiring Police Action

Number of Days Students Were Out of School

- Suspension Days
- Expulsion Days

Policy change in effect

2009-2010　2010-2011　2011-2012　2012-2013

YES! INFOGRAPHIC BY LORI PANICO | SOURCE: LINCOLN ALTERNATIVE HIGH SCHOOL

As seen in Figure 2, there has been a marked reduction in disciplinary office referrals, school incidents requiring police action, and the number of days students were out of school (Hellmann, 2017).

Research repeatedly shows the positive influences of professional development in building a trauma-informed school approach and culture that supports student resilience in the face of trauma and adversity (Boylston, 2021; Douglass et al., 2021; Edutopia, 2018; Greig et al., 2021; Gubi et al., 2019; Kim et al., 2021; Overstreet & Chafouleas, 2016; Redford & Pritzler, 2016; Stevens, 2012; Veach, 2021). The Strong BRAIN Institute, a collaboration between East Tennessee State University and Ballad Health, promotes the development of evidence-based practices in schools that reduce, mitigate, and prevent the harmful effects of ACEs. They work

55

with local school districts to promote a trauma-informed workforce through implementing philosophies, policies, and procedures to strengthen student and educator resilience and proactively mitigate the negative effects of ACEs (East Tennessee State University, n.d). Programs like the Strong BRAIN Institute are an essential professional development tool. Their importance is not just for school administrators but for school districts to bridge the gap between research, philosophy, policy, and practice.

Implementing trauma-informed practices is not just for children who have shown trauma symptoms. School policies and procedures focused on trauma and student resilience can also be put in place as a protective rather than a reactive measure. In many situations, children living in traumatic situations either cannot share or choose not to share their experiences, so putting protective measures in place for all students ensures that all students are getting the support they need, irrespective of whether the traumatic experience is known to the school or not. Trauma-informed practices benefit all students and teachers and help to create a positive environment that positively impacts student-teacher relationship building and the development of social-emotional skills (Venet, 2017). There is no doubt that a trauma-informed school framework works, and school leaders have an integral part to play in moving their institution to becoming a trauma-informed school.

Self-Efficacy and its Role in Trauma-Informed Leadership

Szklo-Coxe et al. (2022) defined self-efficacy as confidence and belief in oneself to perform a task or behavior. As educators, self-efficacy is essential in several areas, such as instructional knowledge, classroom management, and student engagement. Examining the theoretical aspect of self-efficacy, Bandura (1989) wrote,

Perceived self-efficacy also plays an influential role in the exercise of personal control over motivation. It is partly based on self-beliefs of efficacy that people choose what challenges to undertake, how much effort to expend in the endeavor, and how long to persevere in the face of difficulties. (p. 731)

Bandura (1989) further discussed how self-efficacy affects one's willingness to take on challenging tasks. A person with "high assurance" will more likely see complex tasks as a learning opportunity, however, a person with low "self-assurance" will see complex tasks as a threat to be avoided (Bandura, 1989).

Bandura (2012) discussed four ways self-efficacy is developed within an individual. The first way is through the individual's experience. He postulated that if the individual has only experienced success easily, they are more likely to expect quick results and be easily dissuaded when they experience difficulties or failures. He described people with resilient self-efficacy as those who have experienced obstacles and have overcome them through perseverance. The second way discussed is through social modeling, which requires seeing people familiar with oneself succeed in their endeavors despite encountering difficulties. As the observer, this raises belief in oneself and aspirations of what can be achieved. The third way is through social persuasion. People tend to believe more in themselves when others persuade them to believe in their abilities. This provides an emotional state of reduced anxiety and depression that builds emotional strength and stamina. The fourth way is through their choice processes. This is where one considers other people's opinions, and this process leads to the final choice. As individuals, the choices we make about the activities in which we engage, and our environments, set the path that our lives take and ultimately shapes our future.

In education, teacher self-efficacy is an extensively researched area, from how it affects student motivation and achievement (Boruć & Kim, 2020; Ford, 2012; Mojavezi & Tamiz, 2012; Schiefele & Schaffner, 2015), to its effects on classroom management (Brouwers & Tomic, 2000; Dicke et al., 2014; Ryan et al., 2015; Zee & Koomen, 2016;). But how does self-efficacy affect school administrators' abilities to lead, and how does self-efficacy affect school administrators' ability to provide trauma-informed leadership?

Cobanoglu and Yurek (2018) found that self-efficacy affects leadership style in education. Administrators who have high efficacy in their knowledge and experience are more likely to take on more challenging tasks that require an organizational cultural shift, provide leadership opportunities, and mentor those around them to become leaders rather than take on a multitude of tasks on their own. Similarly, Gulmez and Isik (2020) found that high-self efficacy strongly correlates with a transformational leadership style. Their research also indicates that high self-efficacy is an antecedent of transformational leadership, which was also corroborated by Daly et al. (2011). Even though a transformational style of leadership is not required to change a school's cultural direction toward a trauma-informed approach, it does, however, take a leader who can articulate and sustain their vision for a trauma-informed school (Craig, 2016). Taking on a task that does not usually have quick results requires self-efficacy.

Research investigating school administrators' self-efficacy in trauma-informed leadership is almost non-existent. There is ample research on teacher self-efficacy when teaching children with trauma (Lancaster, 2021). The current study will investigate whether school administrators believe they have the self-efficacy to provide trauma-informed leadership and support teachers in trauma-informed care and education.

Summary of Chapter 2

This chapter presented an overview of adverse childhood experiences, how ACEs affects student performance, the role of trauma-informed schools in positively influencing educational outcomes, the role of school leaders, and their self-efficacy in creating a trauma-informed culture. A gap in the research on administrators' attitudes and self-efficacy regarding trauma-informed leadership presented itself.

This study seeks to fill that gap by seeking administrators' attitudes and self-efficacy regarding trauma-informed leadership. The following chapter will describe the methodology for the investigation.

Chapter 3. Methodology

This study is designed as a mixed methods study, using an existing survey to measure the attitudes of school administrators, and their response to trauma, and targeted interviews with a sample of school administrators to better understand their responses and possible limitations. The design was employed to gain statistical and textual analysis of the research questions (Creswell & Creswell, 2017; File et al., 2017). The survey provides general results to the inquiry, while the qualitative interviews provide an opportunity to gain a deeper understanding to better explain what the initial survey has uncovered.

Research Design

Mixed Methods Design

Creswell and Creswell (2017) described the mixed methods research design as involving qualitative and quantitative data collection, integrated to answer the research questions/hypotheses. There are several ways to conduct a mixed methods study. One way is basic mixed methods design, and another is complex mixed methods design. The methodology of this study is the basic mixed method design (Creswell & Creswell, 2017; Creswell & Guetterman, 2019).

Three core basic mixed methods designs include: (a) convergent design which involves concurrently collecting quantitative and qualitative data and merging the results; (b) explanatory sequential design that involves two phases: quantitative data collection and analysis where the results from this phase are used to inform a follow-up qualitative data collection process, after which both results are interpreted and explained in the context of the research question(s)/hypothesis(es); and (c) exploratory sequential design which involves first gathering qualitative data and then using that data to tailor a new quantitative instrument that can be used

to collect information about the target population (Creswell & Creswell, 2017; Creswell & Guetterman, 2019).

Explanatory Sequential Design

The current study utilizes an explanatory sequential design. This research design style involves first collecting quantitative data, followed by qualitative data. In the first phase of this study, the Attitudes Related to Trauma-Informed Care (ARTIC) scale was used to collect quantitative data (see Appendix A). In the second phase, data was collected through semi-structured interviews with participants. This helped the researcher have a better understanding of the data collected in the quantitative phase.

Figure 3

Explanatory Sequential Mixed Method Design Plan for this Study
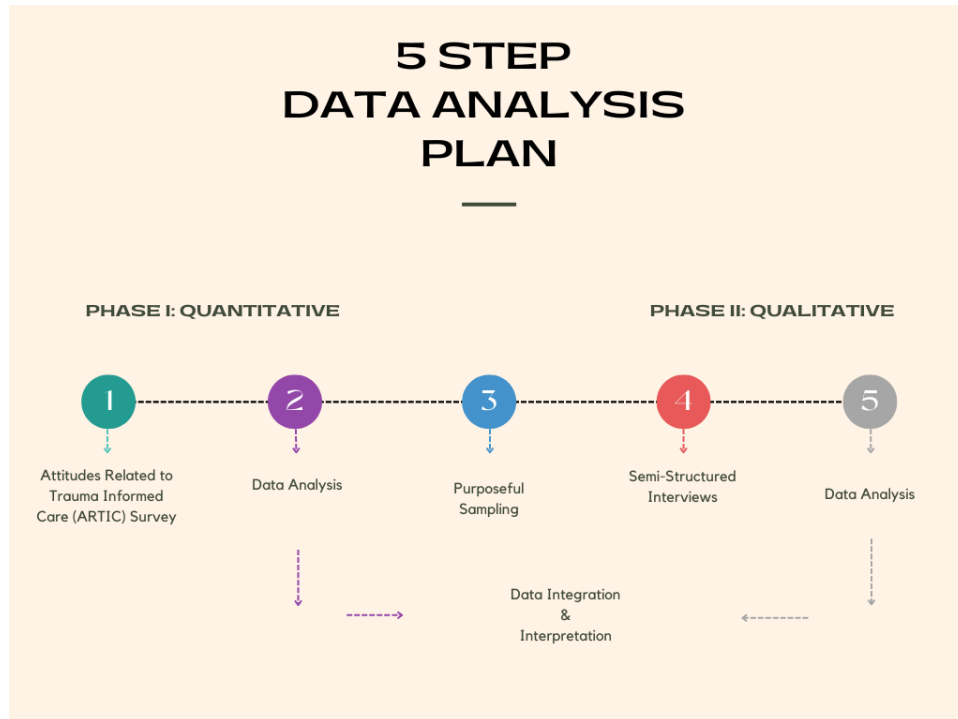
Research Questions

The following research questions guide this study:

1. What are elementary school administrators' attitudes on trauma-informed care?

2. To what extent are demographic statistics about elementary school administrators related to their attitudes on TIC (years of teaching experience, years of administrative experience & number of TIC training hours)?

3. What are elementary school administrators' self-efficacy perceptions regarding trauma-informed care supports they provide to staff?

   a. How does training received affect elementary school administrators' self-efficacy?

   b. What are elementary school administrators' self-efficacy about their knowledge of trauma-informed care?

   c. How do elementary school administrators' experiences working with trauma-exposed children affect or inform the support they provide teachers?

   d. What are self-efficacy perceptions about elementary school administrators' ability and confidence to provide the needed support to teachers?

The first research question [RQ] was answered in Phase I by analyzing the ARTIC-45 data to gather descriptive statistics about administrators' attitudes based on the measure. The second RQ was answered in Phase I using ARTIC-45 data as a dependent variable and years of teaching experience, administrative experience, and number of TIC training hours as independent variables to answer the question using a multiple regression analysis. The third RQ was answered in Phase II through semi-structured interviews and data collected from the various ARTIC-45 subscales to see what the qualitative data uncovered in relation to the quantitative data. An example is to compare what school administrators say about their self-efficacy on their knowledge of TIC to the underlying causes of problem behavior and symptoms subscale, which

tests knowledge on malleable student behavior compared to fixed behavior. See Table 1 for a

detailed breakdown of data sources in relation to research questions.

Table 1

Matrix of Data Sources in Relation to Research Questions

Research Question	Attitudes Related to Trauma-Informed Care (ARTIC Scale)	Semi-Structured Interviews	School Administrators' Demographics
Central Research Question 1. *What are elementary school administrators' attitudes on trauma-informed care?*	x		
Central Research Question 2. *To what extent are demographic statistics about elementary school administrators related to their attitudes on TIC (years of teaching experience, years of administrative experience & number of TIC training hours)?*	x		x
Central Research Question 3. *What are elementary school Administrators' self-efficacy perceptions regarding trauma-informed care supports they provide to staff?*		x	
Sub-question 1. *How does training received affect elementary school administrators' self-efficacy?*	x	x	x
Sub-question 2. *What are elementary school administrators' self-efficacy about their knowledge of trauma-informed care?*	x	x	
Sub-question 3. *How do elementary school administrators' experiences working with trauma-exposed children affect or inform the support they provide teachers?*	x	x	x
Sub-question 4. *What are self-efficacy perceptions about elementary school administrators' ability and confidence to provide the needed support to teachers?*		x	

Phase I –Attitudes Related to Trauma-Informed Care (ARTIC Scale)

*Power Analysis (G*Power)*

A power analysis is used to identify the appropriate minimum sample size for a study by considering the level of statistical significance (alpha), effect size, and power of the desired research (Creswell & Creswell, 2017). A power analysis is recommended for researchers to obtain a strong effect size adequate for proposed research (Creswell & Clark, 2011). The power analysis for this study was calculated using G*Power 3.1, and the method of analysis selected for this study's power was a linear multiple regression. This allowed the researcher to analyze multiple independent variables (predictors).

The below sample size was calculated using three independent variables (years of teaching experience, years of administrative experience, and number of TIC training hours) and the ARTIC-45 scale, and this determined a minimum sample size of 222 participants for this study.

Figure 4

*G*Power with Three Independent Variables*

```
F tests - Linear multiple regression: Fixed model, R² deviation fr

Analysis:   A priori: Compute required sample size
Input:      Effect size f²                  =   0.05
            α err prob                      =   0.05
            Power (1-β err prob)            =   0.8
            Number of predictors            =   3
Output:     Noncentrality parameter λ       =   11.1000000
            Critical F                      =   2.6460137
            Numerator df                    =   3
            Denominator df                  =   218
            Total sample size               =   222
            Actual power                    =   0.8000046
```

Participants

Participants for this study were originally intended to be elementary school principals and vice principals who fall under the school administrator category. However, the researcher could

not collect direct contact information of elementary school vice-principals, and the number that

participated (n = 7) was not significant enough to influence results, so vice-principal data was

excluded from data analysis. Participants were sourced through school administrator' emails

collected through publicly available school directory websites of Tennessee, Kansas, Kentucky,

Indiana, Ohio, Virginia, North Carolina, South Carolina, Georgia, Oklahoma, and Florida. The

survey was distributed through the internet-based data collection platform Qualtrics. The

Qualtrics program kept records of how many surveys had been completed, and the researcher

kept the survey open until the desired number of participants had completed the survey. Initially,

the study was exclusively meant to be conducted in Tennessee. However, due to an insufficient

number of participants, the research scope was extended to include nearby states.

Figure 5

Participant Distribution by State n = 240
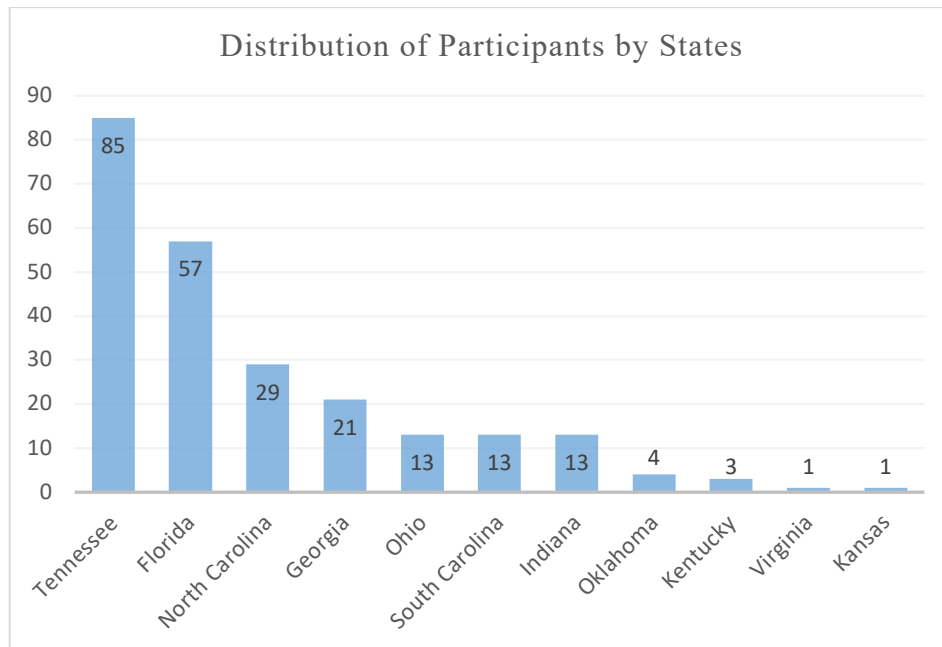
Participants' Demographics

The demographic information for participants in this study was collected in the survey (see Appendix B). Emails (see Appendix C) were sent to potential participants from 3,554 collected email addresses; informed consent was also obtained from each participant prior to beginning the survey. Despite the large number of emails sent, only 330 participants started the survey. Eighty-three participants had incomplete surveys, while 247 had completed surveys. From the remaining 247 school participants, 240 were principals and 7 were vice-principals. Since there were not enough vice-principals in the study to make a strong statistical significance, elementary school vice-principals were excluded from the dataset for analysis. Therefore, the final number of participants was 240. See Table 2 for detailed description of the participants' demographics. In total (excluding incomplete surveys), this study had a response rate of seven percent.

Table 2

Demographic Information (n = 240)

Demographic Item	Number of Participants	Percentage
Ethnicity		
Hispanic or Latino	13	5
White or Caucasian	163	68
African American	56	23
Not Hispanic	4	2
Other	4	2
(Black, Bi-racial, Pacific Islander, Native American/Caucasian)		
Age Range		
18-24	0	0
25-34	3	1
35-44	76	32
45-54	102	43
55-64	55	23
65+	4	2
Educational Level		
Associate's degree	1	0
Bachelor's degree	5	2

Master's degree	125	52
Doctorate	69	29
Professional Degree	40	17
(Educational specialist and Specialist)		
Years of Teaching Experience		
2 years or less	2	1
3-5 years	26	11
6-10 years	85	35
More than 10 years	127	53
Years of Administrative Experience		
2 years or less	10	4
3-5 years	31	13
6-10 years	75	31
More than 10 years	124	52
Estimated Number of Trauma-Informed Care PD Training Hours		
Less than 5 hours	48	20
6-10 hours	67	28
10-15 hours	39	16
More than 16 hours	86	36

Instrument

The ARTIC-45 was used for the current study. Permission was granted to the researcher by the developer to use the measure for academic research (S. Winebrenner, personal communication, January 21, 2022). ARTIC-45 (see Appendix A) is a thorough measure that contains five core and two supplemental scales. The scale takes between 10-12 minutes to complete per estimates from Baker et al. (2016). Being that the target demographic is school administrators, it is understood that time is a factor considering their busy schedules. The various subscales of the ARTIC-45 include: (a) "underlying causes of problem behavior and symptoms;" this subscale emphasizes behavior that is malleable compared to fixed behavior; (b) "responses to problem behavior and symptoms," which refers to flexibility, feeling safe, and building healthy relationships compared to rules, consequences, and eliminating problem behaviors; (c) "on-the-job behavior" which refers to educators exhibiting empathy-focused behavior rather than control-focused behavior; (d) "self-efficacy at work" which endorses feelings of being able to

meet work demands required to work with a traumatized population compared to feelings of inadequacy to meet those demands; (e) "reactions to the work" which refers to understanding the effects of vicarious traumatization and coping through seeking support compared to underappreciating the effects of vicarious exposure to trauma and coping by ignoring the effects; (f) "personal support of TIC" which refers to being supportive of implementing TIC approaches compared to having concerns about implementation; and (g) "system-wide support for TIC" which refers to feeling support by administration and colleagues to implement TIC compared to feelings of lack of support (Baker et al., 2021).

The ARTIC scale was created to measure educators' and human services/health care professionals' attitudes related to trauma-informed care. The pilot was completed by 760 service professionals in the education and human services field (Baker et al., 2016). There are eight versions of the ARTIC scale; four versions are targeted specifically toward educators and the other four versions are targeted toward human services/healthcare professionals. The ARTIC scale can be used in different versions depending on the research aim. It consists of 10, 35, 45, and 75-item versions which vary slightly but are available for both targeted groups (Baker et al., 2016).

The scale also utilizes a seven-point bipolar Likert scale. An example question of this is, "Students' learning, and behavior problems are rooted in their behavioral or mental health condition," while the opposite of this question states, "Students' learning and behavior problems are rooted in their history of difficult life events." This format was used so respondents could select their attitudes in a bipolar spectrum while minimizing the risk of giving answers deemed desirable to the researcher (Baker et al., 2016). Specific to the ARTIC-45, the participants must have had some training in implementing TIC.

The ARTIC developers provided Qualtrics-compatible files to make a transfer of the survey instrument to the online platform seamless. To combat missing data, the researcher made all ARTIC-45 questions on each page mandatory for the participants to answer before going to the next since all the answers will be necessary for each subscale.

Reliability and Validity. The measure's Cronbach alpha for internal consistency reliability was greater on the ARTIC-45 (α = .93), compared to the ARTIC-35 (α = .91), and the ARTIC-10 (α = .82). The subscale alphas also varied, with "reactions to the work" showing the lowest reliability scoring (α = .71) and the highest "system-wide support for TIC" scoring (α = .81) (Baker et al., 2016). For construct validity, ARTIC scores showed a predictable relationship between the measure's constructs thought to be integral to the TIC implementation logic model with particular emphasis on trauma training for staff (Baker et al., 2021).

Scoring. The ARTIC-45 developers provided an Excel tool for scoring the measure accurately. Items 1-35 are scored on a 1-7 Likert scale, while items 36-45 are scored on a 1-8 Likert scale with scores ranging from 1-7, while 8 is to be scored as N/A and coded as missing data. This procedure requires two steps: the first step is to reverse some items, and the second is to average some items by subscale. For each of the seven subscales, scores range from 1-7. The subscales can be calculated for every participant if the participant has completed at least four out of seven items for the five main subscales and at least three of the five items for the two supplementary subscales.

Procedures

Recruitment emails to participants were sent out using the principal researcher's student email. This made it easier to mass email potential participants due to the volume of email addresses collected. A link to the survey was inserted in the email which participants clicked to

begin participation in the study. Since the initial focus of this study was the state of Tennessee, elementary school principal emails were collected from every county in the state. Recruitment emails were first sent on the 15th of December 2022, and reminders were sent weekly for four weeks. Initial response to the survey was good with 48 completed surveys within the first 20 days, however, responses dwindled right after, prompting the researcher to open the survey to neighboring states (Kansas, Kentucky, Indiana, Ohio, Virginia, North Carolina, South Carolina, Georgia, Oklahoma, and Florida) where elementary school principal emails were also available through each state's school directory website. The geographic spread and number of each participant per location can be seen in Figure 5 as reported earlier. The Phase I survey remained open and weekly reminders were sent until February 17, 2023, when the required number of participants was reached.

Phase II – School Administrators' Semi-Structured Interviews

Participants

Participants were selected for the semi-structured interview process based on their willingness to be part of the interview phase as indicated during the completion of the ARTIC-45 survey (see Appendix D for the email invitation). Despite needing eight participants for this phase of the study, 169 participants expressed a willingness to be part of the second phase of this study. Participants were filtered by neutral or negative responses to questions in the final two subscales of the ARTIC-45 survey (personal support of trauma-informed care and systemwide support for trauma-informed care) to better understand why participants would have negative attitudes towards the personal support they give for TIC and the systemwide support they receive for TIC. This process produced 67 eligible participants.

The initial goal was to obtain a geographical spread of participants across most of the 11 states represented in the study to gain a balanced view across those states. School administrators were selected and emailed from the compiled list to confirm ongoing interest and availability for an interview. Emails were sent on a rolling basis to 19 participants until 10 interviews were scheduled. One participant cancelled her interview and decided not to re-schedule. Nine candidates were interviewed from North Carolina ($n = 3$), Florida ($n = 3$), Tennessee ($n = 2$), and Georgia ($n = 1$). However, one candidate's interview was excluded for not responding to the member checking process (see Appendix E). Eight semi-structured interviews were conducted in all. All participants in this phase presented as women, two identifying as Hispanic, three as African American, and three as Caucasian.

Instrument

The interview section of this mixed methods study employed semi-structured interviews with 15 open-ended questions (see Appendix F) to gather maximum information, understand background experiences, and gain better insights from the participants about the research topic being studied (Creswell & Guetterman, 2019; File et al., 2017). Cohen et al. (2018) emphasized making the interview questions accurately reflect the theoretical basis and the study's aim, which was taken into careful consideration. Therefore, the interview questions focused on the participants' training on TIC, perceptions of TIC on student learning, exposure to students with trauma, steps taken to assist staff, and their personal ability to support staff on TIC-related matters. Twelve questions were initially settled upon; however, three more questions were added on COVID-19 bringing the total to 15 questions.

The overall goal of the questions was to highlight school administrators' attitudes about trauma-informed care and implementation of trauma-informed care practices.

Reliability and Validity

In collaboration with the committee chair, the initial set of questions were refined to provide more targeted questioning. The researcher met with an Assistant Professor from the Department of Educational Leadership and Policy Analysis, who has recent and vast experience as a K-12 school administrator. The researcher also met with the director of a K-12 lab school associated with a university in East Tennessee to discuss how to improve the interview questions for more targeted responses.

Procedures

To answer research question three (RQ3), the semi-structured interviews were conducted, recorded and transcribed by the researcher using Zoom to eliminate the need for the researcher to meet the participants in person. The interviews were only between the researcher and the participants, and each lasted approximately an hour. The researcher member-checked the data by sending the transcribed interviews to the interviewees to validate transcripts and confirm the accuracy of their verbatim quotes (Creswell, 2019). First, the researcher read the interviews. Data was then organized and coded using statistical data analysis software MAXQDA. A second coder with extensive knowledge of trauma-informed practice was invited to participate in the research to establish inter-coder reliability.

The data was analyzed using an inductive coding process. An independent, blind parallel coding process was also employed to code the data (Cohen et al., 2018). The principal researcher (PI) and the second coder analyzed the transcripts separately and came together to discuss codes and review for consistency, intersections, and disagreements.

Chapter 4. Results

Introduction

This chapter provides the findings from this study. The explanatory sequential mixed method design investigated whether school administrators believe they have the self-efficacy to provide trauma-informed leadership and support teachers in trauma-informed care and education. The results for each research question are presented below.

Central Research Question 1: ARTIC 45 Scores

The first research question was: What are elementary school administrators' attitudes on trauma-informed care? This question was to understand if school administrators have favorable or unfavorable attitudes toward trauma-informed care. To answer this question, scores from 240 elementary school principals were analyzed using the ARTIC-45 scale. Analysis of the data indicated that the school administrators in this study had an overall average ARTIC-45 mean score of $M = 5.52$, $SD = 0.689$. Since mean scores between 5.00 to 7.00 are deemed supportive attitudes toward trauma-informed care, the above mean scores indicate the participant group of elementary school principals have supportive attitudes toward trauma-informed care. Analysis of the subscales, however, as seen in Table 3, shows the final two subscales have a mean below 5.00, and those are "Personal support of trauma-informed care" subscale $M = 4.50$, $SD = 2.217$ and "System-wide support for trauma-informed care" subscale $M = 4.48$, $SD = 1.988$. This indicates the elementary school principals in this study do not have positive attitudes about the system-wide support they receive for trauma-informed care in their organizations, nor do they feel confident about implementing TIC practices.

Table 3

ARTIC-45 Scale Mean Scores

Scale	M	SD
1. Underlying cause of problem behavior and symptoms	5.35	0.782
2. Response to problem behavior and symptoms	5.61	0.918
3. On-the-job behavior	5.75	0.752
4. Self-efficacy at work	5.70	0.899
5. Reactions to the work	5.50	0.831
6. Personal support of trauma-informed care	4.50	2.217
7. System-wide support for trauma-Informed care	4.48	1.988
Total ARTIC-45 mean score	5.52	0.689

Note: mean scores between 5.00 - 7.00 are deemed supportive, $N = 240$

Central Research Question 2: Demographics

The second research question was: To what extent are demographic statistics about school administrators related to their attitudes on TIC (years of teaching experience, years of administrative experience & number of TIC training hours)? The descriptive statistics were collected using Qualtrics, and the participants recorded that information when they were filling out the ARTIC-45 survey.

The variables "years of teaching experience," "years of administrative experience," and "estimated number of trauma-informed care professional development training hours" collected during the survey are on the ordinal scale, meaning they are categorical and do not take a numerical value. The descriptive statistics in this case were based on the frequency distribution of the data points.

Years of Teaching Experience

Out of the of the 240 participants, 0.8% (2) had 2 years or less of teaching experience, 11% (26) had 3-5 years of teaching experience, 35.6% (84) had 6-10 years of teaching experience, and 52.5% (124) had more than 10 years teaching experience.

Years of Administrative Experience

Out of the 240 participants, 4.2% (10) have 2 years or less of administrative experience, 12.7% (30) have 3-5 years of administrative experience, 30.9% (73) have 6-10 years of administrative experience, and 52.1% (123) have more than 10 years administrative experience.

Estimated Number of Trauma-Informed Care Professional Development Training Hours

Out of the 240 participants, 19.9% (47) have less than 5 hours of training, 28.0% (66) have 6-10 hours of training, 16.5% (73) have 10-15 hours of training and 35.6% (123) have more than 16 hours of training.

Total ARTIC-45 Score

From the analyzed data, the average total ARTIC-45 score is 5.52 with a standard deviation of 0.6. The distribution has a skewness value of -0.5 and kurtosis of 0.2 as seen in Table 4 below.

Table 4

Total ARTIC-45 Score

N	Valid	240
	Missing	0
Mean		5.5157
Std. Error of Mean		.04450
Median		5.5850
Mode		5.33[a]
Std. Deviation		.68934
Variance		.475

Skewness	-1.195
Std. Error of Skewness	.157
Range	4.51
Minimum	2.36
Maximum	6.87
Sum	1323.77

a. Multiple modes exist. The smallest value is shown.

Multiple Regression Analysis

This is a statistical technique used to predict the value of the dependent variable also known as the response variable, from at least 2 independent variables, also known as the explanatory variables. In this case we have a single dependent variable which is the "total ARTIC-45 score," and 3 independent variables which are "years of teaching experience," "years of administrative experience," and "estimated number of trauma-informed care professional development training hours." All analyses and processes were performed using SPSS 29.

As discussed in the previous chapter, data from seven vice-principals was removed from data analysis since the number from that demographic is too low to provide any real statistical information. The independent variables were collected as categorical; therefore, they were recoded with dummy variables into values the regression model can understand. For each of the variables, "1" would represent participants with no teaching experience, administrative experience, or no TIC training, and they were removed from the data because they did not meet the criteria for participation. See Table 5 below.

Table 5

SPSS Coding Values

Years of Teaching Experience		Years of Administrative Experience		Estimated Number of Trauma-Informed Care Professional Development Training Hours	
2 years or less	2	2 years or less	2	Less than 5 hours	2
3-5 years	3	3-5 years	3	6-10 hours	3
6-10 years	4	6-10 years	4	10-15 hours	4
More than 10 years	5	More than 10 years	5	More than 16 hours	5

One of the conditions for multiple linear regression is normality – the dependent variable must be normally distributed. Testing the normality distribution is essential to prevent highly skewed data with substantial outliers that can distort relationships and significance between variables (Mishra et al., 2019; Osborne & Waters, 2002). Testing normality helps us know if a variable is normally distributed or not. The Shapiro-Wilk and Kolmogorov Smirnov tests were used, and they both suggested the dependent variable data was not normally distributed. See Table 6.

HO: The 'Total ARTIC-45 Score' follows a normal distribution.

HA: The 'Total ARTIC-45 Score' does not follow a normal distribution.

Kolmogorov-Smirnov test interpretation: A p-value of 0.000 indicates that the data significantly deviates from a normal distribution. In other words, the null hypothesis that the data is normally distributed is rejected at a very high level of significance. This suggests that the data does not follow a normal distribution.

Shapiro-Wilk Test Interpretation: Similar to the Kolmogorov-Smirnov test, the *p*-value of 0.000 from the Shapiro-Wilk test indicates that the data significantly deviates from a normal distribution. Once again, the null hypothesis of normality is rejected at a high level of significance.

In summary, both the Kolmogorov-Smirnov and Shapiro-Wilk tests provide strong evidence to suggest that the "Total Artic Score" data does not follow a normal distribution.

Table 6

Tests of Normality

	Kolmogorov-Smirnov[*]			Shapiro-Wilk		
	Statistic	df	Sig.	Statistic	df	Sig.
Total Artic Score	.093	240	.000	.934	240	.000

*Lilliefors Significance Correction

The Q-Q plot also shows that the data is not normally distributed as the line that defines the theoretical values and z scores do not align. See Figure 6 below.

Figure 6

Normal Q-Q Plot

Normal Q-Q Plot of Total Artic Score
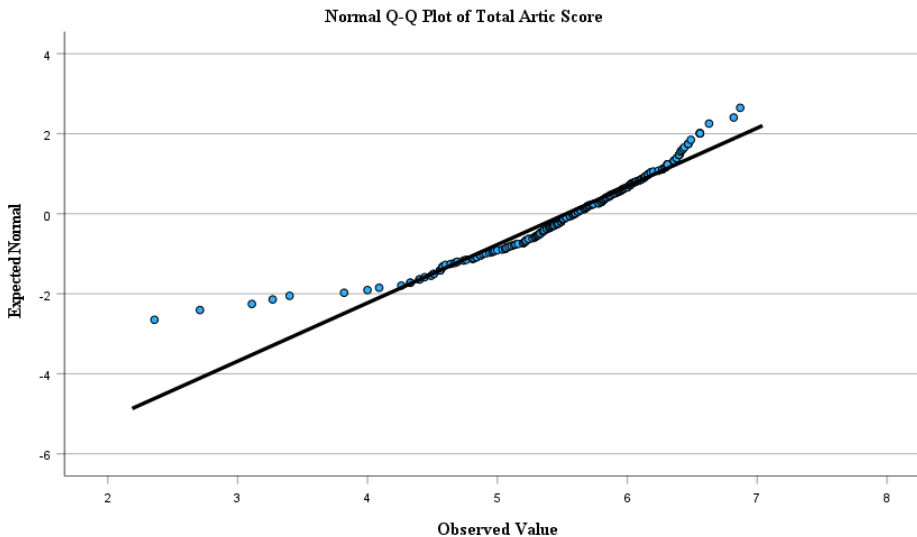
The histogram of the total ARTIC – 45 score also shows that the data is not normally distributed – it is negatively skewed. See Figure 7 below.

Figure 7

Histogram of the Total ARTIC – 45 Score of 240 Participants
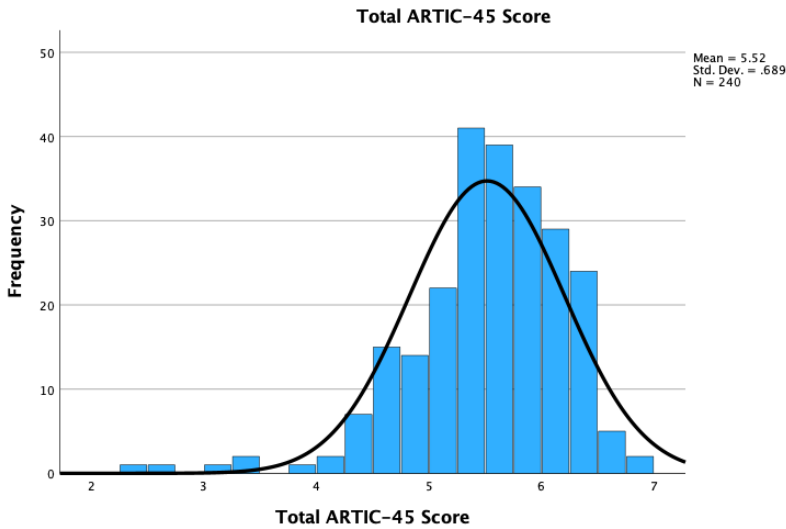
The descriptive statistics in Table 7 below also show the data is negatively skewed, with a skewness value = -1.195, and that suggests the data is skewed to the left, and the majority of the scores are concentrated on the right side of the distribution as seen earlier in Figure 6.

Table 7

Descriptive Statistics for Total ARTIC-45 Score

			Statistic	Std. Error
Total ARTIC-45 Score	Mean		5.5157	.04450
	95% Confidence	Lower Bound	5.4281	
	Interval for Mean	Upper Bound	5.6034	
	5% Trimmed Mean		5.5592	
	Median		5.5850	
	Variance		.475	
	Std. Deviation		.68934	
	Minimum		2.36	
	Maximum		6.87	
	Range		4.51	

Interquartile Range	.78	
Skewness	-1.195	.157
Kurtosis	2.926	.313

One of the easiest ways to fix a data set that is not normally distributed is by removing outliers (Osborne & Waters, 2002), and the outliers were removed in this case by using the Z-score method. The Z-scores of each data point of the total ARTIC-45 score were generated using SPSS, and any Z-score greater than 3.2 or lesser than -3.2 is tagged as an outlier. Hence, the non-outlier values are those whose Z-scores lie between -3.2 and 3.2. With this method, 5 outliers were removed. These steps allowed us to have an approximately normal distribution as confirmed by the Kolmogorov-Smirnov test (see Table 8).

Table 8

Second Tests of Normality

	Kolmogorov-Smirnov[a]			Shapiro-Wilk		
	Statistic	df	Sig.	Statistic	df	Sig.
Total ARTIC-45 Score	.052	235	.200[*]	.985	235	.017

*. This is a lower bound of the true significance.
a. Lilliefors Significance Correction

The Kolmogorov-Smirnov test statistics have a result of KS (235) = 0.052, p = 0.200. The p-value of 0.200 from the Kolmogorov-Smirnov test indicates that there is no significant departure from normality at the 0.05 significance level, and there is no strong evidence to reject the null hypothesis. The Shapiro-Wilk significance levels are not considered in this situation because the test is more appropriate for small sample sizes (<50 samples), while the Kolmogorov-Smirnov test is more appropriate for $n \geq 50$ (Mishra et al., 2019).

Figure 8

Normal Q-Q Plot of Data Without Outliers
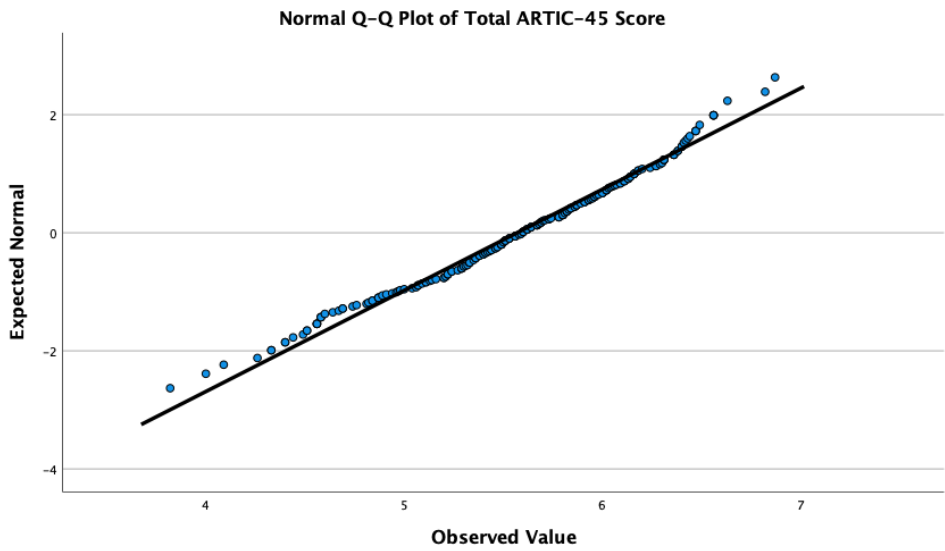
n = 235

The histogram also suggests that the data is approximately normally distributed after removing the outliers (see Figure 9).

Figure 9

Histogram of Data with Outliers Extracted
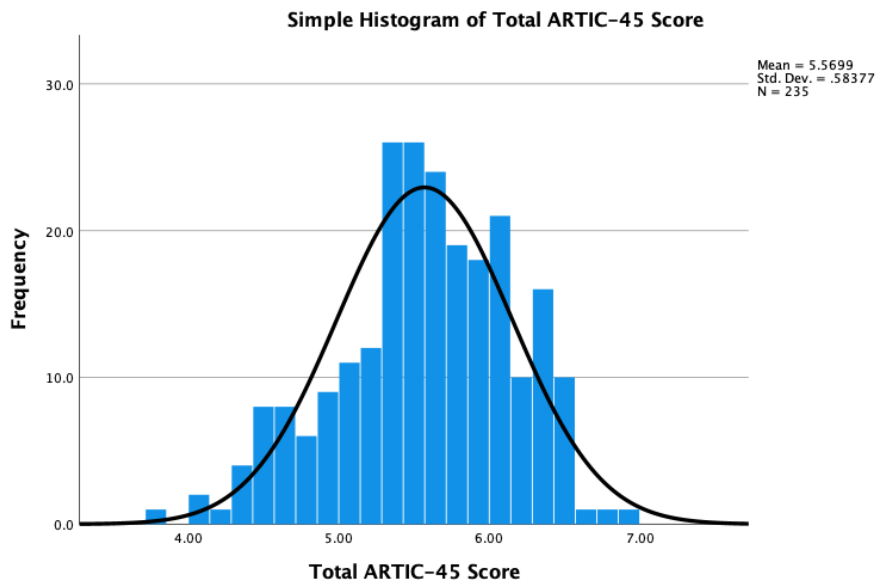
The descriptive statistics suggest that the negative skewness has been reduced (see Table 9).

Table 9

Descriptive Statistics of Data Set Without Outliers

			Statistic	Std. Error
Total ARTIC-45 Score	Mean		5.5699	.03808
	95% Confidence Interval for	Lower Bound	5.4948	
	Mean	Upper Bound	5.6449	
	5% Trimmed Mean		5.5848	
	Median		5.6000	
	Variance		.341	
	Std. Deviation		.58377	
	Minimum		3.82	
	Maximum		6.87	
	Range		3.05	
	Interquartile Range		.78	
	Skewness		-.380	.159
	Kurtosis		-.164	.316

Once the data was normalized, a multiple linear regression was used to determine the effects of dependent variables. "Y" represents the dependent variables, and x1, x2, and x3 represent the independent variables: years of teaching experience, years of administrative experience, and an estimated number of trauma-informed care professional development training hours, respectively.

Table 10

Regression Coefficients

		Unstandardized Coefficients		Standardized Coefficients			95.0% Confidence Interval for *B*	
							Lower	Upper
Model		*B*	Std. Error	Beta	*t*	Sig.	Bound	Bound
1	(Constant)	5.620	.337		16.699	.000	4.956	6.283

	B	Std. Error	Beta	t	Sig.	Lower	Upper
Years of Teaching Experience	-.006	.052	-.008	-.122	.903	-.110	.097
Years of Administrative Experience	-.108	.044	-.158	-2.456	.015	-.195	-.021
Estimated Number of Trauma-Informed Care Professional Development Training Hours	.121	.032	.239	3.772	.000	.058	.184

a. Dependent Variable: Total ARTIC-45 Score ($N = 235$)

Interpretation of Coefficients:

Constant: The constant term (intercept) is 5.620. This is the estimated value of the dependent variable when all predictor variables are zero.

Years of Teaching Experience: For every one-unit increase in years of teaching experience, the dependent variable is estimated to decrease by -0.006 units. However, the coefficient is not statistically significant ($p = 0.903$), indicating that the relationship might not be meaningful.

Years of Administrative Experience: For every one-unit increase in years of administrative experience, the dependent variable is estimated to decrease by -0.108 units. This coefficient is statistically significant ($p = 0.015$), suggesting a negative statistically significant relationship between administrative experience and the Total ARTIC-45 scores. Indicating the more administrative experience elementary school administrators have, the more negative their attitudes related to trauma-informed care.

Estimated Number of Trauma-Informed Care Professional Development Training Hours: For every one-unit increase in the estimated number of training hours, the dependent variable is estimated to increase by 0.121 units. This coefficient is statistically significant ($p = 0.000$), indicating a positive statistically significant relationship between training hours and the Total

ARTIC-45 scores. This indicates the more training elementary school administrators get, the more positive their attitudes related to trauma-informed care.

Central Research Question 3: Qualitative and Quantitative

The third research question was: What are school administrators' self-efficacy perceptions regarding trauma-informed care supports they provide to staff?

Sub question 1. How does the training received affect elementary school administrators' self-efficacy?

Sub question 2. What is elementary school administrators' self-efficacy about their knowledge of trauma-informed care?

Sub question 3. How do elementary school administrators' experiences working with trauma-exposed children affect or inform the support they provide teachers?

Sub question 4. What are self-efficacy perceptions about elementary school administrators' ability and confidence to provide the needed support to teachers?

Data analysis resulted in 25 codes for the PI and 43 codes for the second coder. All codes were similar, and this allowed both coders to agree on eight emerging themes and discourse dimensions as seen in Table 11. There was no disagreement on codes or themes.

Table 11

Themes, Dimensions, and Example Quotes

Theme	Discourse and dimension	Example Quote
Professional Development, Resources, and Knowledge	The interviewees discussed the need for professional development, resources, and knowledge to provide effective care for students who have experienced trauma.	"I' will be honest that there is a lot of buzz words, and trauma informed, is one of those buzz words. But to really get into being trained in trauma informed, I'm afraid that there are very few of us in our district that are………."
Unbalanced Talent Retention and Attrition	The education system is facing a significant talent retention and attrition problem, with many teachers	"So anywhere from 20 to 30% is what we're experiencing as far as vacancies, but it's due to a number of

	leaving the profession for various reasons such as retirement, tech positions, and burnout.	things, it's not necessarily just attributable to COVID, but also to pay, to demand of the job because we have the testing demand. So it is so many other things that attribute to that."
Variability in Perceived Support and Perspectives Among Administrators and Teachers	From the administrators' perspectives, the staff's view of support provided varies depending on the situation and individual teacher. Some teachers are resistant to accepting certain types of students, while others may need more support or professional development.	"They [staff] will have to say that there is no support, because I have not even introduced that vocabulary, or any of that, any of that research or knowledge to them."
		"It varies from person to person. A lot of the teachers are very old school. They think you do A, then B should happen. They need, they want a suspension. They want the child out of their room."
Positive General Perception of TIP on Learning	From the administrators' perspectives, basic needs must be met, and children must feel safe before any learning can occur. Trauma can lead to violent and aggressive behavior, causing students to miss out on instructional time.	"I feel like that is the piece that a state mandated standardized test does not measure, and I think there is more of a influence on academics than what we know."
		"In my opinion, children, especially younger children in the K-5, they really do not have built in abilities to deal with the trauma that they experience."
Positive Organizational Support but Systemic Support Improvement Required.	The participants engaged in discussions about various forms of organizational support for educators. These included training programs like the community resiliency model, mental health resources such as therapy sessions and behavior consultants, as well as work-life balance initiatives.	"I think that they have offered like, if you need help, here are some numbers. I have to post some of these numbers in the teachers' lounge, but you know, and then occasionally they will send them candy, but not really anything systemic that's been done."
Limited Preparedness for TIC Implementation and to Work with TEC	Administrators believe their teachers feel unprepared to handle the level of trauma they are seeing in students and often resort to sending them outside for help. Some schools use a universal screener to identify internalized and externalized behavior s in students.	"I think that the trauma informed strategies are definitely a place where we can always do a better job, and sometimes in the scheme of things, teachers in their day to day working, worrying about lesson plans, and all of these other things that the teachers are required that they cannot forget."

Negative Impact of COVID-19	The participants believe the COVID-19 pandemic has significantly impacted education, particularly in low-income schools, leading to a decline in performance. Online learning has posed challenges for students, resulting in increased social and emotional issues.	"I think the younger kids, I notice if they started out school virtually, when they get to school, that they have a hard time transitioning to the structure of a classroom."
Administrators Have a Good Understanding of Trauma	The participants have a good understanding of the impact of trauma on children's behavior in the classroom. They advocate for compassion and empathy, urging educators not to judge children based on their actions.	"The hierarchy of needs is that there is not going to be any learning unless the child has basic needs met, and also feel safe, if those 2 things are not in place, there is no hierarchy level of learning above that."

Theme 1: Professional Development, Resources, and Knowledge

The lack of training and resources is a common theme, with some schools implementing programs such as social-emotional learning and gardening as therapeutic tools. However, there is a need for more formal training and consistent implementation of trauma-informed practices. The importance of staying informed and up to date on research and resources is also emphasized. Overall, there is a recognition of the need for more support and resources to effectively address the impact of trauma on students. The consensus from all administrators was that they needed more training to adequately support their students and staff, as indicated by the following quote:

> I think this goes all back to the lack of training that we have. So, I think that is the more training and the more awareness of what kind of trauma our children are experiencing, I think, the better we would be equipped to be able to handle it.

Theme 2: Unbalanced Talent Retention and Attrition

The pandemic has exacerbated the issue, with a shortage of teachers and substitutes, and a lack of hands-on/practical experience for new graduates. Administrators also described how the cultural shift among parents has also impacted the education system, with some parents exhibiting poor behavior and disrespect toward educators. Intense job demands, low pay, and lack of resources for trauma-exposed students are also contributing factors to the talent retention

problem. Administrators feel they are being interviewed rather than interviewing the candidates. Participants would like these issues addressed to retain and attract talented educators.

However, some schools in affluent areas have a surplus of applicants for open positions due to their reputation and supportive environment.

> It's in a more affluent area. I have a low free reduced lunch population. I'm at 26.2% free-reduced lunch. So, as you can imagine, I have very wealthy families, and then some that are below the poverty line. So the gap between the haves and have nots is very huge here……….. So, people want to be here……………... they're just genuinely kind children and very few behavior problems. So, anybody who comes on campus, even as a substitute wants to stay here and sub here, or you know. So, attrition is not really an issue. Anytime a spot opens up, I probably have 10 applications for the spot.

Overall, the stress of dealing with trauma-exposed students and the demand for multiple responsibilities and roles are major factors contributing to teacher attrition, especially in low SES communities. An administrator described the following situation in contrast to the participant above "My colleague down the road, a teacher, walked off the job just last Friday before spring break. She said I'm not coming back, first year teacher."

Theme 3: Variability in Perceived Support and Perspectives Among Administrators and Teachers

Some teachers may feel unsupported if they have not been introduced to certain vocabulary or research. The approach to discipline also varies, with some teachers wanting to suspend students while others prioritize creating a welcoming and nurturing environment (all this is dependent on teaching style). The principals hope that teachers see them as supportive and a problem solver with high expectations for improvement; a participant discussed how those

feelings can change: "I would say that in all fairness, it would depend on when you would ask a teacher. Like in a moment where the teachers are frustrated, I think sometimes they would be frustrated with the reaction to certain things." The principals also take responsibility for their own actions and are open to feedback. Overall, the staff feels that they are doing what the district has asked, but there is always room for improvement.

Theme 4: Positive General Perception of Trauma-Informed Practice (TIP) on Learning

School administrators showed an understanding of how trauma can be so powerful that even seemingly innocuous things can trigger a traumatic response. As one administrator put it, "I think everybody's had trauma, but there's different degrees of that, and sometimes things in the classroom can be triggers." Younger children may not have the ability to deal with trauma, and restorative practices are more effective than punitive consequences. Trust and building relationships, giving space and sensory items, and helping students make amends are important in addressing trauma. Trauma can cause students to feel threatened and be a barrier to learning, and standardized tests do not measure the impact of trauma on academic performance. Participants believe it is unfair to measure low SES children against those with stable home lives who have their basic needs met.

> Our lower performers, they have other stressors in their lives, and I feel like it's unfair
> that we are putting them up against children that have a, you know, stable home life, and
> have food on their table every night, and it go to bed at a good time, and have
> transportation to and from school, and it's really an unfair measuring stick……

Theme 5: Positive Organizational Support but Systemic Support Improvement Required

One district even sought input from teachers to improve job satisfaction and provide opportunities for professional development and planning days. Many participants emphasized the

importance of wellness campaigns and offering resources for mental health support, as one administrator discussed:

> We want to make sure that we're promoting wellness campaigns that are coming out from the district and encouraging teachers and staff to do that. We have wellness ambassadors on campus, but I think making sure that teachers don't feel bad about taking the time that they need to refuel.

Despite these efforts, there was a consensus that some teachers still feel the need for more systemic support. The principals expressed their commitment to supporting staff, acknowledging that each person's needs may differ and recognizing the limitations of being present everywhere at once. Some districts and states provide professional development to help teachers deal with trauma. They discussed programs available to support teachers with trauma, such as offering resources like time-outs and an onsite clinic for mental health some of which was discussed by this administrator:

> Teachers appreciate the fact that human resources have given them the numbers to call in case they feel blue, or they feel this, or feel that…………Our district social group, the social workers will say things like, you know, if you all need to talk to somebody on here or that kind of thing.

However, the administrators did not know if the teachers were taking advantage of these resources.

Theme 6: Limited Preparedness for TIC Implementation and to Work with (Trauma Exposed Children) TEC

One administrator said their district has identified schools in high-trauma areas for trauma-informed training, but their school was not selected "9 schools were selected to

participate in that trauma informed training. This school was not one of them, it does not have a high [enough] rate of trauma or crime in the area." General education teachers have not received as much training as special educators, social workers, and counselors. They often feel left out and unsure of how to handle difficult situations and behaviors. One administrator said their school is still in the early stages of implementing a behavior-squared approach and trauma-informed training.

Theme 7: Negative Impact of COVID-19

They believe young children have faced miseducation, lack of socialization, and isolation, especially those from traumatic home experiences who dealt with prolonged isolation. Transitioning from virtual to in-person learning has also been difficult for younger children, but some of their teachers have worked creatively to engage students and build relationships with families. The trauma caused by the pandemic as one administrator put it has "exacerbated everything" referring to existing issues affecting both children and adults, while teachers face added pressure to help students catch up.

Participants believe public school educators have also faced changes in perception, with some experiencing decreased respect and support. Despite these challenges, certain schools have made efforts to improve relationships and behaviors. The pandemic has also impacted parental involvement in schools, with fewer volunteers. They believe the long-term effects on education are still uncertain, but recovery from pandemic disruptions will take time.

They also believe COVID-19's impact on educational success has been significant, with many students struggling as one administrator discussed "COVID really impacted children tremendously. I think it impacted them mentally, emotionally, and for certain, academically." Chronic absenteeism has risen as discussed by another administrator: "we've got more chronic

absenteeism due to the you know, like post- COVID. So, a lot of kids are still staying out"
especially among low-income and socially disadvantaged students who have experienced trauma
and loss. The gap between high-achieving and struggling students has also widened: "we are
starting to see some patterns of children coming through our early grades that really need some
extra care" remarked an administrator, needing support to bridge the learning and developmental
gaps caused by the pandemic.

Theme 8: Administrators Have a Good Understanding of Trauma

Recognizing that children under their care have traumatic experiences and the importance
of addressing traumatic experiences, they emphasize providing students with coping mechanisms
and tools to navigate their trauma as discussed by one administrator: "when I think about
childhood trauma, it's more about like what has happened to them, what experience has
happened to them to have a changed reaction to their behavior." The participants stress the
significance of prioritizing mental health before academics and acknowledging that trauma can
trigger responses in the classroom. Understanding that each student is unique, participants
emphasized meeting students where they are and considering the underlying factors affecting
their behavior; this was summed up by one participant: "it is almost like an iceberg, there's the
child that's coming in, but all the things are underneath that, like the iceberg, whether it's, you
know there is trauma in the home, trauma at school."

Elementary school principals believe childhood trauma, although often unspoken,
manifests through behavior, leading to fight, flight, faint, or freeze responses as described by one
administrator:

That's big T trauma times 2. The idea of the brain and the avenue for those little friends,

that avenue is now a crater. So anytime they don't know in the world how to behave, what

to do, how to think. They fall into that crater, and they go to the fight or flight, or faint or freeze, the 4 Fs.

Traumatic experiences disrupt students' sense of safety and stability, making it crucial for educators to be aware of such incidents and focus on mental well-being before academics. They highlight the need for a trauma-informed approach, recognizing the hidden effects of trauma on behavior. Emphasizing the importance of support and understanding, they advocate for giving students the benefit of the doubt while forming meaningful relationships to comprehend the impact of trauma on their lives. One participant has been counseling children for 20 years, and another has worked in Title One schools with high poverty rates and extensive needs. Another has worked with outside organizations to provide mental health care and support for students in her school. They have encountered students who have experienced severe trauma, including witnessing domestic violence and murder. They believe that poverty and trauma are closely linked and that the pandemic has likely increased the number of students dealing with trauma. As administrators, the participants believe the focus should be on providing trauma-informed care and support for their students and teachers.

Central Research Question 3: What are Elementary School Administrators' Self-Efficacy Perceptions Regarding Trauma-Informed care Supports they Provide to Staff?

Based on participant responses to the semi-structured interviews, school administrators' perceptions of their self-efficacy to support staff are shaped by a number of factors, as found in the identified themes. Despite feeling strongly positioned to support their staff in other areas and having a good understanding of trauma and how it affects learning, they recognize the significant role training and knowledge plays in their self-efficacy for trauma-informed care and feel unprepared for the work they currently do with trauma-exposed children and to implement

trauma-informed practices. One participant remarked when asked about areas needing improvement "the lacking knowledge myself, really understanding what's out there and what's available [Research-based TIC practices]. I think if you do not know, it is hard to lead others in that arena." Another participant responded, "it is definitely having some formal training for myself, so that I can understand on a deeper level how we can help students, and how teachers can help students when they are suffering from trauma." A third participant responded, "I think if we were talking about like a level from 1 to 5, and 5 being fully trained, I will say I'm a 1. I mean, I have not been to any formal training."

A fourth participant offered a concise recap of the challenges articulated by all the individuals in this research project:

> I think we understand the why of it. Why it happens. But we are not completely there on what you do about that, and what you do about that on a daily basis, consistently and with fidelity. We've got work to do there.

Sub Question 1: How Does Training Received Affect Elementary School Administrators' Self-Efficacy?

Training significantly affects administrators' self-efficacy in providing trauma-informed care support. Theme 1 (Professional Development, Resources, and Knowledge) underscores the importance of continuous training to equip administrators with the necessary tools and knowledge. As highlighted in the central research question, the lack of training and resources is identified as a concern, emphasizing the role of training in enhancing administrators' confidence. Adequate training empowers administrators to implement effective trauma-informed practices, stay up to date on research, and offer informed support, thus positively influencing their self-efficacy as remarked by a participant:

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If I participated more in professional development, and had more information, I think the

more informed I am, the better I can understand things, and the better I can help other

people. I feel like I'm always lacking, like, there's never enough time in the day to do

everything that I should be doing.

Another participant said the following:

The only things I can speak to are the things that I just kind of hear. Like I said, without a

formal training and a formal, you know, menu of things. The only thing I try to help

teachers understand is, students need brain breaks. Students need to hydrate, and just

listening to them.

Demographic analysis discussed in RQ2 also indicates that training is statistically

significant in elementary school principals' attitudes related to trauma-informed care. ARTIC-45,

especially subscale 6, personal support of trauma-informed care, indicates school administrators

in this study are not confident about and do not have attitudes favorable to the implementation of

TIC. The mean score from subscale 7, system-wide support of trauma-informed care also shows

elementary school principals do not feel supported by their colleagues, supervisors, and the

administration to implement trauma-informed practices.

Sub Question 2: What are Elementary School Administrators' Self-Efficacy About Their
Knowledge of Trauma-Informed Care?

Elementary school principals' self-efficacy regarding their knowledge of trauma-

informed care is linked to their ability to provide effective support. The emphasis on staying

informed and up to date on research and resources, as indicated in Theme 1 (Professional

Development, Resources and Knowledge), underscores their recognition of the significance of

knowledge. This knowledge contributes to their self-efficacy in addressing the impact of trauma

on students and staff. Elementary school principals in this study also showed a good understanding of the subject matter when discussing the effects of trauma on learning in Theme 8 (Administrators have a Good Understanding of Trauma) and had positive perceptions of the impact of trauma-informed practices on helping their students as seen in Theme 4 (Positive General Perception of TIP on Learning**)**.

This is further reinforced by the following statement:

With my experience, I think that when you are working with children who are in poverty, or in trauma, the more you use restorative practices as opposed to punitive, and having consequences that are punitive in nature, the more progress you can make for children.

Another principal shared the following:

In my opinion, children, especially younger children in the K-5, they really don't have built-in abilities to deal with the trauma that they experience. So, whereas an adult might, you know, understand I have been through something traumatic. I might need to speak to a professional. I need to journal. I need to do something to kind of help my feelings work. Help me work through this, whereas a child, they don't really know how to navigate dealing with trauma, so I think they act out in a different way, or they withdraw.

This knowledge is reflected in the ARTIC-45 subscale 1 (underlying cause of problem behavior and symptoms) and subscale 2 (response to problem behavior and symptoms) mean scores showing positive attitudes on participants' knowledge and how they respond to problem behavior. The positive mean scores obtained on these subscales suggest that participants possess a robust grasp of these contributing factors. This knowledge is invaluable as it empowers individuals to identify potential triggers and instigators of problem behavior, paving the way for

more informed and targeted interventions and a chance to exhibit proactive, empathetic, and constructive responses to problem behavior and symptoms.

Sub Question 3: How do Elementary School Administrators' Experiences Working with Trauma-Exposed Children Affect or Inform the Support They Provide Teachers?

Over 52% of the participants had more than 10 years of administrative experience, while 52.5% had more than 10 years of classroom experience as well. Participants in the study have worked with children with a range of traumas, from homelessness and sexual assault to experiencing murder and loss, and they all believe it leaves a lasting impact on a child. One participant said:

> Some kids I have found in my experience are very easily agitated and or more physical, and then you have some that are just very inward with their traumatic experiences, and you know they keep to themselves, or they may hide, or they don't want to be noticed, those types of things" another said "my most recent the kid was so violent, and physically aggressive. We could not keep the child in the classroom.

This knowledge and experience seem to have shaped the way they work with trauma-exposed children with a little more understanding. One participant described how she deals with these situations:

> What is essential, in my experience, it is having the trust and building relationships, and you know, not becoming heated in the moment, giving children space, time to calm down, sensory items, breaks, or letting them go through their full-blown episode until it's subdued, and then you can start the restorative practices. They talk when they're ready to talk, and just delving deep into what happened? How can I help you? How can I support

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you? But then, also helping them make amends when they're ready, to whatever damage

they might have caused to others, the adults, or the children, in that particular classroom.

These responses align with the ARTIC-45 subscale 3, on-the-job behavior, which is about

empathy-focused behavior versus control-focused behavior. Elementary school principals in this

study had the highest mean score of 5.75 of the survey on this subscale.

Sub Question 4: What are Self-Efficacy Perceptions About Elementary School Administrators' Ability and Confidence to Provide the Needed Support to Teachers?

Elementary school principals' self-efficacy in providing support to teachers is influenced

by their ability to address challenges highlighted in various themes. The teacher stress when

working with trauma-exposed students, the impact of COVID-19, and low teacher pay, as seen in

Theme 2 (Unbalanced Talent Retention and Attrition), affects their self-efficacy. One participant

questioned herself:

> We are asking them to wear multiple hats. And so, it is just like with the pay, it does not
>
> pay for them to be (here), and I'll be honest, if I was not an administrator, I do not think
>
> that I would be in education. Just because, and as administrator like I am having to wear
>
> several hats, and I am being stretched so at some point I have got to consider, is it really
>
> worth all the sacrifices that I'm doing? And now the hats that I wear, I question myself
>
> every day like, am I making a difference?

COVID-19 has had a negative impact on teacher retention as well, with another

participant stating "pre-COVID teachers were already stretched. But I think that after COVID it

really made people think about whether they wanted to stay in education and we have lost quite a

bit of teachers." Another principal lamented the lack of hands-on experience the teacher

graduates are bringing to the field due to the hybrid nature of teacher education during the

pandemic, and studentteachers inability to work with children during that time:

> The new crop of graduates did not have the necessary lab in-person experiences, student
>
> teaching experiences, hands-on in a room with kids, that was different because they just
>
> came to us with not as much of a knowledge base and actual hands-on experience with
>
> kids compared to people who got that experience when it was before 2020.

The above statement, however, does not mean that teachers are being turned away. There

seems to be a teacher shortage post-pandemic as one principal described: "At my school, it is not

so much. I am at a smaller school, but at our district, yes, we are. We are in a teacher shortage,

and we are getting ready to get into a principal shortage now too as well." Another principal also

discussed the interview process, pre- and post-COVID:

> Five years ago, for any open position I would have to decide which 3 to 5 candidates do I
>
> want? Oh, I really like these 3, but I can only take one, which one is it going to be? Now,
>
> I am lucky if I can find an applicant for each and every opening, and my interviews are
>
> different. And I will just be honest, it is more like the teacher applicant is interviewing
>
> me, as opposed to me interviewing them. And how I hope I passed the muster, so they
>
> will take my job as opposed to someone else's. It is very competitive finding teachers
>
> who will come work for you.

However, their confidence is bolstered by their understanding of trauma's impact as

discussed in Theme 8 (Administrators have a Good Understanding of Trauma), which enables

them to provide relevant assistance to teachers. School principals, however, want more training,

and their confidence in adequately dealing with and helping staff with trauma situations is

strongly tied to future training they would like to receive. One participant said, "With the proper

training and the proper techniques that I would be able to make sure that my staff gets trained."

Another intimated, "I think it would take a certain amount of train the trainer in order for me to turnkey that with faculty and staff." The reason for the strong calls for training, as one participant put it, was because they have brainstorming sessions with teachers about what to do in difficult situations with children based on the resources they currently have in the school but they have nothing formalized as a general rule, at the end she said, "I do not know that I was able to adequately equip my teachers." As strong as they were in their insistence to adequately help their staff, this also seemed like a call for help.

Chapter 5. Discussion

Introduction

This explanatory sequential mixed method study aimed to investigate whether school administrators believe they have the self-efficacy to provide trauma-informed leadership and support teachers in trauma-informed care and education. This study also investigated school administrators' attitudes related to trauma-informed care. This chapter summarizes the study's findings and their contribution to existing literature. Limitations of the current study and recommendations for future studies are also discussed.

Discussion of Findings

The Phase I data analysis results indicate that the school administrators in this study had positive attitudes related to trauma-informed care (RQ1) but raised questions over their concerns about their personal support for implementing trauma-informed approaches while carrying out their other responsibilities. It also raised questions about the systemwide support they receive for trauma-informed care implementation, as this means they have concerns about receiving adequate support from colleagues, supervisors, and administration. The second finding from the study was that years of teaching experience did not have a statistical significance on their attitude related to trauma-informed care. However, years of administrative experience and the number of trauma-informed care training hours statistically affected the participant attitudes (RQ2). The Phase II of this study was conducted through semi-structured interviews with 8 participants to gain more insights into statistical results from Phase I. This section showed that participants in this study have a good understanding of trauma and its effects on learning. However, it underlined the lack of training for themselves and their staff (on trauma-informed practices) as a significant cause for concern. It also outlined teacher retention, post-COVID, especially in low-

SES communities with limited resources, as a significant issue (RQ3). This discussion delves into the nuances of the results and their implications.

Attitudes Related to Trauma-Informed Care (ARTIC-45)

The result from the ARTIC-45 scale suggests that school administrators involved in this study have attitudes supportive towards trauma-informed care, as suggested by the overall mean score. This suggests school administrators' growing awareness and positive recognition of the significance of addressing trauma in education to facilitate positive learning experiences and better educational outcomes for students under their care. This is in line with the growing understanding that trauma negatively impacts the mental health, social interaction, and school performance of students (Beland & Kim, 2016; Frieze, 2015; Goodman et al., 2012; Roberts, 2021; Strøm et al., 2016; Walker & Goings, 2017). It also shows an awareness that student trauma can negatively impact teachers and staff while dredging up their unresolved trauma and creating new ones, situations that could ultimately lead them away from the profession (Brunzell et al., 2021; Lawson et al., 2019; Sonsteng-Person & Loomis, 2021; Terrasi & De Galarce, 2017). Administrators' positive attitudes are crucial steps toward facilitating a more supportive and collaborative school culture to provide better experiences for educators and their students.

However, a notable area of concern is the emergence of the administrators' uneasiness about the personal support they can give while implementing trauma-informed approaches. Creating a balance of multiple responsibilities crucial to success in their respective positions and integrating effective trauma-informed strategies caused apprehension among the administrators in this study. This raises concerns about how adequately equipped administrators feel about performing their professional obligations and implementing trauma-informed strategies despite showing positive attitudes about trauma-informed care. This concern also highlights the

perceived added responsibility that school administrators believe trauma-informed approaches

bring to their complex workload. Another concern raised by findings from this study is the

suggestion that administrators question the level of systemwide support they receive or will

receive for implementing trauma-informed approaches. This includes the support they receive

from colleagues, supervisors, and their general administrative structure. This reflects their

recognition that successful trauma-informed strategy implementation requires buy-in from their

staff and the administrative structure above them.

The question raised by the systemwide support subscale aligns with the broader

discussion of creating an organizational structure, supportive school, and community culture for

trauma-informed strategy implementation (Chafouleas et al., 2016; Erdman et al., 2020; Huang

et al., 2014; Kataoka et al., 2018). The challenges administrators face in this regard include

factors like limited resources, competing priorities, and inadequate training. Addressing these

concerns requires understanding the necessity of trauma-informed approaches and integration

into the general early education framework.

Participant Demographic Relationship with the ARTIC-45 Scale

An intriguing point to this phase of the study is that years of teaching experience did not

significantly influence elementary school principals' ARTIC-45 scores. This suggests that their

attitudes on issues of trauma-informed care are not affected by the duration they have spent in

the classroom as teachers. With 88.1% of participants having at least six years of teaching

experience, it is plausible that the nature of trauma-informed care, which is increasingly dynamic

and evolving, requires a different set of factors to shape attitudes, transcending the conventional

relationship between teaching experience and perceptions. It could also suggest their years of

teaching experience could have been during times when the impact of trauma on learning was not acknowledged as a factor in student educational success.

In contrast, years of administrative experience showed a statistical significance with elementary school principals' attitudes related to trauma-informed care. However, the model indicated that the more experience school administrators in this study had, the worse their attitudes related to trauma informed care. This could be because most participants in this study were 45 and older, indicating they could be more set in their administrative techniques and expectations, thereby needing professional development to fully understand the benefits of trauma-informed practices.

The finding that the number of TIC training hours the principals in this study have received has a statistical significance on their attitudes toward trauma-informed care is intriguing and underscores the importance of professional development, especially in trauma-informed practice. The more training hours principals underwent, the more positive and informed their attitudes became. This finding aligns with the broader understanding that training and education foster awareness, knowledge, and a positive outlook toward new methodologies and practices (Chafouleas et al., 2019; Phifer & Hull, 2016). Research has shown that knowledge, attitudes, and behaviors related to trauma-informed practice improve after participating in trauma-informed training. Those changes were especially more impactful when interventions include other components like policy changes (Purtle, 2020). The correlation between TIC training hours and a positive attitudinal shift emphasizes the importance of continuous learning and professional development in fostering a positive environment and a culture for trauma-informed practice and implementation.

Semi-structured interviews were conducted with 8 participants and produced eight major themes. The themes are as follows: Professional Development, Resources, and Knowledge; Unbalanced Talent Retention and Attrition; Variability in Perceived Support and Perspectives Among Administrators and Teachers; Positive General Perception of TIP on Learning; Positive Organizational Support but Systemic Support Improvement Required; Limited Preparedness for TIC Implementation and to work with TEC; Negative Impact of COVID-19; and Administrators Have a Good Understanding of Trauma.

The overarching finding from this section is that elementary school principals would like to receive professional development in trauma-informed care implementation. This is essential to providing positive trauma-informed education (Stokes & Brunzell, 2019). Despite showing good knowledge and understanding of trauma, its causes, how it can manifest in a child, and its effects on learning, participants felt ill-equipped to adequately support their teachers despite trying to create a positive organizational culture. Elementary school principals also believe there is inadequate systemic support and resources to implement a trauma-informed approach. This qualitative feeling is supported by the quantitative response on general ARTIC-45 subscale 7 (systemwide support for trauma-informed care) mean score that does not show a positive attitude from participants on systemwide support they receive from colleagues and supervisors.

While there is a limited amount of literature addressing this topic from the viewpoint of elementary school principals, Berger and Martin (2021) put forth a commentary advocating for a multi-tiered TIC service delivery model which involves educator training focused on cultural change, policy implementation, allocation of sufficient resources, and a worldwide dedication to and investment in trauma-informed programs. These are the very aspects that participants in this

study express a desire to witness. In their findings, Arnold et al. (2020) similarly noted that school principals expressed concerns about the shortage of staff with expertise in preventing mental health issues, insufficient funding at the district level for preventive mental health programs, and a shortage of mental health services in the wider community. These concerns mirror the discussions held by elementary school principals in the current study.

In this study, participants also discussed the impact of COVID-19 on their teachers, which has resulted in higher levels of teacher attrition since students returned to school. This aligns with existing research that highlights teacher burnout as a significant issue since the onset of the pandemic (Baker et al., 2021; Pressley, 2021; Robinson et al., 2023). Additionally, participants expressed concerns about the lack of real-life placements during the pandemic, which has affected teacher preparation. The new cohort of teachers lacks the necessary hands-on experience compared to their pre-COVID counterparts. This observation supports existing literature, with studies such as VanLone et al. (2022) and Choate et al. (2021) reporting similar findings due to temporarily reduced teaching experience requirements.

However, despite these challenges, it is important to note that teachers have not become unemployable. There appears to be a shortage of teachers, which Darling-Hammond (2020) attributes to decades of program cuts, declining respect for the teaching profession, and unfavorable working conditions for educators. These factors have collectively made teaching a less appealing career choice for prospective teachers.

Implications of the Study

The findings suggest the positive attitudes and practical knowledge of elementary school principals in this study underscore the potential for successful TIC implementation. In addition, the non-statistically significant impact of years of teaching experience prompts a re-evaluation of

the factors that contribute to the development of attitudes of elementary school principals towards trauma-informed care.

The negative influence of years of administrative experience on ARTIC-45 attitudes signifies the evolving nature of attitudes as educators ascend in the administrative hierarchy and stresses the need for more experienced school administrators to fully understand the benefits of trauma-informed practices. This also emphases the importance of cultivating a supportive and conducive environment for leadership growth and development (Spreitzer, 2006), especially in trauma-informed practice. The negative ARTIC-45 personal support and administrative support to TIC also stresses the above point by indicating administrators have concerns about implementing TIC, possibly due to feeling unprepared to take on the challenge and feeling unsupported by supervisors and colleagues.

Furthermore, this study highlights the significance of professional development. Beyond the statistical significance, these principals extensively emphasized the importance of professional development in supporting their staff and providing better service to children and their families. This underlines professional development's vital role in shaping attitudes toward innovative practices. Educational institutions must prioritize comprehensive and tailored training programs to facilitate positive and informed perspectives among school leaders. This study adds to the literature by Leyhe (2023), who also found that school principals want more professional development on trauma-informed practices and believe their current knowledge level is inadequate to address the impact of trauma in their schools, affecting teachers, students and their families.

Limitations of the Study

This study initially sought to include elementary school vice-principals in the study to get variability in the results and compare their responses to their principals. However, the inaccessibility of this sample population meant only seven participants from that target group participated in this research study. This meant their responses were removed from the final sample to give greater focus to elementary school principals. As with all self-reported studies, there remains some uncertainty as to whether the ARTIC-45 (Baker et al., 2016) reflects the actual attitudes of participants, despite strong reliability and validity ratings of the measure. Furthermore, this study did not collect the gender of participants which would have been valuable for exploring other points of discourse.

The generalizability of this study is limited because the focus was on elementary school principals who had received some TIC training which would restrict its generalization to that subgroup of school administrators. It does not provide a broad representation of all school administrators.

Future Research

A secondary analysis of the ARTIC-45 data and participant demographics with a 3-way ANOVA could provide a more detailed understanding of the relationship and differences between all the variables. Future research could further investigate school administrators' specific challenges in implementing trauma-informed care and explore strategies and the impact of specific strategies to enhance support mechanisms. Additionally, investigating the impact of personal and systemwide support on the successful execution of trauma-informed approaches and its subsequent effects on student outcomes could offer valuable insights. Future research

could also investigate what relationship age, race and gender would play in school administrators' attitudes related to trauma-informed care.

Future research could also investigate the mechanisms through which administrative experience and TIC training hours influence attitudes. Furthermore, research into the interplay between the above-mentioned factors and other variables, such as school culture, leadership styles, and geographical context, could provide a more comprehensive understanding of the nuances at play. Future research could recreate this research from vice-principal perspectives, by examining attitudes and practices of vice-principals in relation to administrative experience and TIC training, therefore gaining a more holistic view of the leadership landscape in educational settings.

Conclusion

This study aimed to investigate whether school administrators believe they have the self-efficacy to provide trauma-informed leadership and support teachers in trauma-informed care and education. In addition, this study also investigated school administrators' attitudes related to trauma-informed care. The intriguing findings of this study reveal the multi-faceted nature of elementary school principals' attitudes toward trauma-informed care. The non-significant impact of teaching experience, the negative influential role of administrative experience on TIC attitudes and positive statistical influence of TIC training hours on attitudes, highlight the intricate interplay of factors that shape these attitudes related to trauma-informed care.

The positive attitudes exhibited underscore the evolving landscape of education, where trauma-informed practices are gaining traction. However, participants' professional development and resource concerns emphasize the importance of tailoring support to administrators to facilitate effective and sustainable implementation of trauma-informed approaches within

educational settings. Addressing these concerns can create a transformative educational environment that prioritizes the well-being and success of both students and educators. These insights offer a foundation for informed policymaking, training strategies, and further research in trauma-informed care implementation within educational settings.

<div align="center">**References**</div>

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APPENDICES

Appendix A: Attitude Related to Trauma-Informed Care Survey (ARTIC-45)

Used with permission from the Traumatic Stress Institute. Please contact authors before using this tool in any way.

ARTIC | *Attitudes Related to Trauma-Informed Care Scale*
VERSION: ARTIC-45 EDUCATION

TRAUMATIC STRESS INSTITUTE

People who work in education, health care, human services, and related fields have a wide variety of beliefs about their students, their jobs, and themselves. The term "student" is interchangeable with "client," "person," "resident," "patient," or other terms to describe the person being served in a particular setting.

Trauma-informed care is an approach to engaging people with trauma histories in education, human services, and related fields that recognizes and acknowledges the impact of trauma on their lives.

⊘ INSTRUCTIONS

For each item, select the circle along the dimension between the two options that best represents your personal belief during the past two months at your job.

Sample

	1	2	3	4	5	6	7	
Ice cream is delicious	○	●	○	○	○	○	○	Ice cream is disgusting.

👁 *Note: In this SAMPLE ITEM, the respondent is reporting that he/she believes that ice cream is much more delicious than disgusting.*

I believe that...

		1	2	3	4	5	6	7	
1	Students' learning and behavior problems are rooted in their behavioral or mental health condition.	○	○	○	○	○	○	○	Students' learning and behavior problems are rooted in their history of difficult life events.
2	Focusing on developing healthy, healing relationships is the best approach when working with people with trauma histories.	○	○	○	○	○	○	○	Rules and consequences are the best approach when working with people with trauma histories.
3	Being very upset is normal for many of the students I serve.	○	○	○	○	○	○	○	It reflects badly on me if my students are very upset.
4	I don't have what it takes to help my students.	○	○	○	○	○	○	○	I have what it takes to help my students.
5	It's best not to tell others if I have strong feelings about the work because they will think I am not cut out for this job.	○	○	○	○	○	○	○	It's best if I talk with others about my strong feelings about the work so I don't have to hold it alone.
6	The students were raised this way, so there's not much I can do about it now.	○	○	○	○	○	○	○	The students were raised this way, so they don't yet know how to do what I'm asking them to do.
7	Students need to experience real life consequences in order to function in the real world.	○	○	○	○	○	○	○	Students need to experience healing relationships in order to function in the real world.
8	If students say or do disrespectful things to me, it makes me look like a fool in front of others.	○	○	○	○	○	○	○	If students say or do disrespectful things to me, it doesn't reflect badly on me.
9	I have the skills to help my students.	○	○	○	○	○	○	○	I do not have the skills to help my students.
10	The best way to deal with feeling burnt out at work is to seek support.	○	○	○	○	○	○	○	The best way to deal with feeling burnt out at work is not to dwell on it and it will pass.
11	Many students just don't want to change or learn.	○	○	○	○	○	○	○	All students want to change or learn.

CONTINUED →

1

ARTIC | *Attitudes Related to Trauma-Informed Care Scale*
VERSION: ARTIC-45 EDUCATION

TRAUMATIC STRESS INSTITUTE

I believe that…

	1	2	3	4	5	6	7	
12	Students often are not yet able or ready to take responsibility for their actions. They need to be treated flexibly and as individuals.	○ ○ ○ ○ ○ ○ ○	Students need to be held accountable for their actions.
13	I realize that students may not be able to apologize to me after they act out.	○ ○ ○ ○ ○ ○ ○	If students don't apologize to me after they act out, I look like a fool in front of others.
14	Each day is uniquely stressful in this job.	○ ○ ○ ○ ○ ○ ○	Each day is new and interesting in this job.
15	The fact that I'm impacted by my work means that I care.	○ ○ ○ ○ ○ ○ ○	Sometimes I think I'm too sensitive to do this kind of work.
16	Students have had to learn how to trick or mislead others to get their needs met.	○ ○ ○ ○ ○ ○ ○	Students are manipulative so you need to always question what they say.
17	Helping a student feel safe and cared about is the best way to eliminate undesirable behaviors.	○ ○ ○ ○ ○ ○ ○	Administering punitive consequences is the best way to eliminate undesirable behaviors.
18	When I make mistakes with students, it is best to move on and pretend it didn't happen.	○ ○ ○ ○ ○ ○ ○	When I make mistakes with students, it is best to own up to my mistakes.
19	The ups and downs are part of the work so I don't take it personally.	○ ○ ○ ○ ○ ○ ○	The unpredictability and intensity of work makes me think I'm not fit for this job.
20	The most effective helpers find ways to toughen up – to screen out the pain – and not care so much about the work.	○ ○ ○ ○ ○ ○ ○	The most effective helpers allow themselves to be affected by the work – to feel and manage the pain – and to keep caring about the work.
21	Students could act better if they really wanted to.	○ ○ ○ ○ ○ ○ ○	Students are doing the best they can with the skills they have.
22	It's best to treat students with respect and kindness from the start so they know I care.	○ ○ ○ ○ ○ ○ ○	It's best to be very strict at first so students learn they can't take advantage of me.
23	Healthy relationships with students are the way to good student outcomes.	○ ○ ○ ○ ○ ○ ○	People will think I have poor boundaries if I build relationships with my students.
24	I feel able to do my best each day to help my students.	○ ○ ○ ○ ○ ○ ○	I'm just not up to helping my students anymore.
25	It is because I am good at my job that the work is affecting me so much.	○ ○ ○ ○ ○ ○ ○	If I were better at my job, the work wouldn't affect me so much.
26	Students do the right thing one day but not the next. This shows that they are doing the best they can at any particular time.	○ ○ ○ ○ ○ ○ ○	Students do the right thing one day but not the next. This shows that they could control their behavior if they really wanted to.
27	When managing a crisis, enforcement of rules is the most important thing.	○ ○ ○ ○ ○ ○ ○	When managing a crisis, flexibility is the most important thing.
28	If I don't control students' behavior, bad things will happen to property.	○ ○ ○ ○ ○ ○ ○	As long as everyone is safe, it is ok for students to become really upset, even if they cause some property damage.
29	I dread going to my job because it's just too hard and intense.	○ ○ ○ ○ ○ ○ ○	Even when my job is hard and intense, I know it's part of the work and it's ok.

CONTINUED →

I believe that...

	1	2	3	4	5	6	7	
30	How I am doing personally is unrelated to whether I can help my students.	○ ○ ○ ○ ○ ○ ○						I have to take care of myself personally in order to take care of my students.
31	If things aren't going well, it is because the students are not doing what they need to do.	○ ○ ○ ○ ○ ○ ○						If things aren't going well, it is because I need to shift what I'm doing.
32	I am most effective as a helper when I focus on a student's strengths.	○ ○ ○ ○ ○ ○ ○						I am most effective as a helper when I focus on a student's problem behaviors.
33	Being upset doesn't mean that students will hurt others.	○ ○ ○ ○ ○ ○ ○						If I don't control students' behavior, other students will get hurt.
34	If I told my colleagues how hard my job is, they would support me.	○ ○ ○ ○ ○ ○ ○						If I told my colleagues how hard my job is, they would think I wasn't cut out for the job.
35	When I feel myself "taking my work home," it's best to bring it up with my colleagues and/or supervisor(s).	○ ○ ○ ○ ○ ○ ○						When I feel myself "taking my work home," it's best to keep it to myself.

👁 **Note:** *Some of the following items pertain to people working at organizations that have ALREADY implemented trauma-informed care to some degree. If you do NOT work at such an organization, use the "N/A" option for any items that are not applicable to you.*

I believe that...

	1	2	3	4	5	6	7	N/A	
36	Students react positively to the trauma-informed care approach.	○ ○ ○ ○ ○ ○ ○ ○							Students react negatively to the trauma-informed care approach.
37	I do not have enough support to implement trauma-informed care.	○ ○ ○ ○ ○ ○ ○ ○							I have enough support to implement trauma-informed care.
38	The trauma-informed care approach takes too much time.	○ ○ ○ ○ ○ ○ ○ ○							The trauma-informed care approach saves time in the long run.
39	When I feel like I can't handle this alone, I can go to my colleagues and/or supervisor(s) for help.	○ ○ ○ ○ ○ ○ ○ ○							There is not much support from my colleagues and/or supervisor(s) for my work.
40	The trauma-informed care approach is effective.	○ ○ ○ ○ ○ ○ ○ ○							The trauma-informed care approach is not effective.
41	I have the support I need to work in a trauma-informed way.	○ ○ ○ ○ ○ ○ ○ ○							The program talks about trauma-informed care, but it is really business as usual.
42	I am able to carry out all my responsibilities with respect to the trauma-informed care approach.	○ ○ ○ ○ ○ ○ ○ ○							I am not able to carry out all my responsibilities with respect to the trauma-informed care approach.
43	There is not much support from the administration for my work.	○ ○ ○ ○ ○ ○ ○ ○							There is clear indication that the administration supports my work.
44	I cannot manage all that the trauma-informed care approach requires.	○ ○ ○ ○ ○ ○ ○ ○							I can manage all that the trauma-informed care approach requires.
45	Everyone is committed to working in a trauma-informed way long term.	○ ○ ○ ○ ○ ○ ○ ○							This emphasis on working in a trauma-informed way is just a passing phase.

Thank you for your participation.

3

Appendix B: Demographic Questionnaire of the School Administrators

Directions: The following is intended to provide the researcher with fundamental demographic information about you. All information will be used for the research purpose only and will be kept confidential. Your participation is voluntary and appreciated.

Please complete the following by writing a response or marking choices that apply.

Ethnicity	African American ☐		Caucasian ☐	Hispanic ☐	Other ☐	
Age Range	≤ 24 years old ☐		25-35 years old ☐	36-44 years old ☐	45-54 years old ☐	≥ 55 years old ☐
Educational Level	Associate degree ☐		Bachelor's degree ☐	Master's degree ☐	Professional degree (Please Indicate) ☐ _____	Doctorate degree ☐
Years of Classroom Teaching Experience	≤ 2 years ☐		3-5 years ☐	6-10 years ☐	≥ 10 years ☐	
Years of Administrative Experience	≤ 2 years ☐		2-5 years ☐	6-10 years ☐	≥ 10 years ☐	
Years in current position	≤ 2 years ☐		2-5 years ☐	6-10 years ☐	≥ 10 years ☐	
Estimated Number of Trauma-Informed Care Professional Development Training Hours	None ☐	≤ 5 hours ☐	6-10 hours ☐	10-15 hours ☐	≥ 16 hours ☐	

Appendix C: Recruitment Email for the Online Survey, Phase I

Subject Heading: Invitation to Participate in a Research Study! An Online Survey!

Dear School Administrators,

My name is Olawale Olubowale. I am a doctoral candidate under the direction of Dr. Pamela Evanshen in the Department of Early Childhood Education at East Tennessee State University. I am currently working on my dissertation.

The purpose of this study is to understand the attitudes and self-efficacy of administrators as related to how they work with their staff and the support they provide to staff on trauma-informed care and education.

Your thoughts and perspectives can make a significant impact, so please consider participating in the study. You will be asked to fill out surveys which will take about 10 minutes.

By completing the survey, the first 5 participants will automatically win a $20 Amazon gift card, the first 100 participants will be entered into an early entry drawing where 20 participants will win a $20 Amazon gift cards. All participants will be entered into a second drawing at the end of data collection where 20 participants will win $20 Amazon gift cards.

Your participation in the study is completely voluntary and you can withdraw at any time. Your responses will be kept confidential and will only be viewed by the investigator and co-investigator. Each participant will be assigned a case number to help ensure that personal identifiers are not revealed. A separate data file will be used to store your email address and responses, so there will be no way of connecting your survey responses to your email address.

Please make sure to include your email address in the survey. Your email will be used for the random drawing. Also, you may receive a research invitation to participate in Phase II of the study.

If you are an Elementary School Principal or Vice Principal, I would greatly appreciate your thoughts and perspectives. If you decide to participate in this study, you must be an adult over the age of 18 and be physically present in the United States.

Please click on the link below, and you will be directed to the online survey.
https://www.qualtrics.com/

Thank you in advance for your time and participation! If you have any questions about this study, feel free to contact me at olawale@etsu.edu.

Sincerely,

Olawale Olubowale,   **Dr. Pamela Evanshen,**
Early Childhood Education   **Professor, Chair and Doctoral Program**
PhD Candidate   **Co-Coordinator**
olawale@etsu.edu   **Early Childhood Education**
      evanshep@etsu.edu

Appendix D: Recruitment Email for the Virtual Interview, Phase II

Subject Heading: Invitation to Participate in a research study! A virtual interview via Zoom!

Hi,

This is Olawale Olubowale. Again, thank you for participating in Phase I of my research study. Based on your responses to the Attitudes Related to Trauma Informed Care (ARTIC) survey, you have been selected to participate in Phase II of the study.

This will be a 90-minute virtual interview via Zoom. All participants will receive a $20 Amazon gift card at the end of the interview session.

The purpose of this study is to understand the attitudes and self-efficacy of administrators as related to how they work with their staff and the support they provide.

Your participation is voluntary and confidential. With your permission, I will record the interview. The researcher and co-researcher will be the only one to have access to the interview video or audio recording, which will be saved in a secure location. Your responses to the questions will be kept confidential. Each interview will be assigned to a case number to help ensure that personal identifiers are not revealed. You will also receive a copy of your interview transcript, and you may request any changes.

About the Zoom interview: You and the researcher will be the only ones in the Zoom meeting. The Zoom link for the interview will be sent to you a day before the Zoom meeting. The Zoom interview will have a username and password.

If you agree to participate, please click the link below to book a meeting time that suits you.
https://doodle.com/en/

If you have any questions, please do not hesitate to contact me.

Sincerely,

Olawale Olubowale,   **Dr. Pamela Evanshen,**
Early Childhood Education   **Professor, Chair and Doctoral**
PhD Candidate   **Program Co-Coordinator**
olawale@etsu.edu   **Early Childhood Education**
                                     evanshep@etsu.edu

Appendix E: Member Checking Letter

Date

Dear Participant:

Thank you for taking time to complete an interview with me. Please review the attached transcription. This process is known as member-checking, in which a research participant is asked to check for accuracy of data obtained through the interview process. This will ensure credibility by preventing mistakes and bias. If you feel that the transcription is accurate, based on your interview answers, please sign on the line below. If you feel it is inaccurate, please contact me so that we may discuss the transcription to ensure accuracy Thank you for your participation and time. Your contribution toward the completion of my dissertation is appreciated. Thank you!

Sincerely,

Olawale Olubowale

☐**I agree** with the accuracy of this transcription.

_____

(Please sign if you agree)

☐**I do not agree** with the accuracy and wish to schedule an appointment to meet with the researcher to clarify.

_____
(Please sign if you do not agree)

Appendix F: Semi-Structured Interview Questions

1. Describe what childhood trauma and trauma-informed care means to you.

2. What kind of training have you had on TIC?

    a. Its effects on student learning?

    b. Its effects on their teachers?

    c. Implementation of TIC practices?

3. Do you, or have you, worked directly with trauma-exposed students?

    a. If so, in what capacity?

    b. If not, in what ways are you involved or receive information about trauma-exposed students and their progress?

4. Describe your perceptions of how childhood trauma and trauma-informed care has affected learning.

5. What steps have you and your organization taken to assist teachers in implementing TIC practices in classrooms?

    a. What kinds of success have those yielded?

6. What are your perceptions of your ability to adequately support teachers and staff in implementing TIC strategies?

7. In your opinion, what are your staff's view on the support you provide on implementing TIC practices?

8. How has COVID-19 affected student trauma and educational success?

    a. What differences did you notice pre-pandemic and now?

9. How has COVID-19 impacted teacher-student relationship?

10. How has COVID-19 impacted teacher attrition and retention?

11. What are your perceptions of your ability to adequately support teachers and staff to mitigate the effects of vicarious/secondary stress?

12. What steps have you and your organization taken to assist teachers and staff to mitigate the effects of vicarious stress/secondary stress?

    a. What kinds of success have those yielded?

13. What are general issues you have encountered when trying to implement TIC practices?

14. In the things that you have read or heard about, what new things would you be willing to try to help your students and staff?

    a. What are the barriers to trying those, if any?

15. In what ways are you lacking, or can you improve in helping your teachers and staff with TIC practices?

VITA

OLAWALE OLUBOWALE

Education: PhD, Early Childhood Education, East Tennessee State University,

                       Johnson City, Tennessee, 2023

                       Master of Public Administration, East Tennessee State University,

                       Johnson City, Tennessee, 2017

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                       Development Strategist, Develop Africa Inc., Johnson City,

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Honors and Awards: Outstanding Graduate Student of the Year for Public

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Ed Young Scholarship Fund (TNCMA), 2016

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(NAEYC)

Nashville Area Association for the Education of Young Children

(AAEYC)

National Association of Early Childhood Teacher Educators

(NAECTE – Social Media Co-Chair)