

# Elementary Teachers' Perceptions and Experiences of Trauma-informed Practices

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Submitted to the Faculty of the School of Education of Baker University  
in partial fulfillment of the requirements for the degree of  
Doctor of Education in PreK-12 Educational Leadership

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Date Defended: April 26, 2024

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## **Abstract**

Trauma-informed practice is defined as a practice “guided by a detailed understanding of how trauma can shape an individual's perceptions and behavior. The potential of trauma to impact a person’s mental, physical, social, and emotional well-being means that an appropriate response recognizes the ongoing and interdependent needs for a person's sense of safety and connection, and for the management of emotions and impulses (Trauma-Informed Care | Crisis Prevention Institute (CPI), 2021).” Trauma-informed practices within the classroom have become imperative due to the prevalence of childhood trauma and the negative impacts that trauma can have on student learning and behavior. The purpose of this study was to investigate elementary teachers’ perceptions and experiences of trauma-informed practices. A phenomenological design and qualitative approach were used in this study. Elementary teachers from two rural, Southeastern Kansas school districts participated in this study. Data were analyzed from individual interviews. Three major findings were identified through the analysis of the interview data. First, elementary teachers have current knowledge of trauma-informed practices. Second, elementary teachers have used trauma-informed practices in the classroom to support students' academics, behavior, and social-emotional skills. Third, elementary teachers need continuous knowledge and training on trauma-informed practices and effective implementation. Further research is needed to delve into teacher perceptions and experiences of trauma-informed practices to refine and develop trauma-informed best practices.

## **Dedication**

First, I would like to dedicate my dissertation to all the teachers who I have learned from and worked with throughout my personal educational journey and career. I want to express my sincerest gratitude to all the teachers I have learned from and with as I have developed into the educator I am today. Without every single one of my teachers, I would not have been able to achieve the things that I have in my life.

Additionally, I would like to dedicate this dissertation to all the hard work that I have put into my education starting in elementary school and continuing throughout my higher education. I have sacrificed and put in the work to be successful.

Most importantly, I would like to dedicate this dissertation to my amazing family who has supported me in many ways. Without their support, this research would have never been completed.

## **Acknowledgments**

I need to acknowledge several people, both personally and professionally, who have provided support throughout this dissertation process. Most importantly, I want to begin by thanking my amazing family. My children, Klaire and Jimmy, and my supportive husband made this possible for me. Klaire never complained about watching her younger brother as I worked through my doctoral classes and spent hours researching, reading, and writing. Jimmy allowed me to work even when he wanted momma's attention. James Mayginnes listened to me break down on numerous occasions and was always an understanding ear and shoulder to cry on. Without them, I would not have been able to complete this monumental task.

Furthermore, I would like to acknowledge all the encouragement and support that I have received from my Baker University professors, advisors, and cohort members. To Dr. Robins, my major advisor, thank you for dealing with my flakiness as I scheduled meetings, canceled meetings, and overall caused chaos in your life. You were never critical of my instability, and I appreciated the fact that you always forgave me. To Dr. Li Chen-Bouk, thank you for reviewing my progress through multiple emails back and forth and several Zoom meetings. Your guidance and support were essential for organizing and framing the research of this study. To Dr. Henry and Dr. Stessman, thank you for being a part of my dissertation committee and providing valuable feedback and encouragement.

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## **Chapter 1**

### **Introduction**

Adverse Childhood Experiences (ACEs) are common in the United States (CDC, 2021). ACEs are potentially traumatic events or experiences such as violence, abuse, neglect, family deaths, substance abuse, and lack of mental health. According to the Centers for Disease Control and Prevention, about 61% of adults surveyed across 25 states reported they had experienced at least one type of ACEs before age 18 (CDC, 2021). Additionally, nearly 1 in 6 reported they had experienced four or more types of ACEs (CDC, 2021).

ACEs can cause great detriment to an individual's physical and mental health throughout their lifespan. Trauma increases the risk of sexually transmitted infections, maternal and child health problems, chronic diseases, cancer, diabetes, heart disease, and suicide. Additionally, children growing up with toxic stress have difficulties forming healthy relationships. When children who experience trauma become adults, they struggle with keeping stable work, and managing finances, and are often diagnosed with mental illness. Prophetically, the physical and mental effects can be passed down from parent to child and thus create a cycle of generational trauma. (CDC, 2022)

Moreover, children who experience ACEs have trouble with learning, behavior, and socialization. Students who have experienced trauma may have difficulty processing instructions, have decreased attention, lack of memory skills, inability to focus, and reduced executive functioning. Furthermore, they may have heightened vigilance, respond rapidly to perceived threats, and exhibit self-protective behaviors like aggression or withdrawal. Additionally, trauma-affected students have trouble making friends,

trusting others, become easily frustrated, and have inconsistent moods. (Hanover Research, 2019)

Although trauma can lead to numerous classroom issues, teachers can help support students who have experienced trauma by incorporating trauma-informed practices into their classrooms. Research shows trauma-informed practices increase student academic achievement, positive peer relationships, and social skills. Furthermore, trauma-informed practices decrease behavioral issues within the classroom, which increases instructional time and academic achievement. (Haman, 2021, p. 29)

Currently, there are 30 states with policies that require or encourage schools to provide professional development on trauma-informed practices. Kansas is one of the 15 states that encourages professional development for educators on trauma-informed practices (National Association of State Boards of Education, 2021). Even though professional development on trauma-informed practices is encouraged, there is no guarantee that all Kansas teachers have access to training on trauma-informed practices or that Kansas educators are using trauma-informed practices within their classrooms.

This study seeks to explore elementary teachers' perceptions and experiences surrounding trauma-informed practices to investigate what professional development might be required to best support the use of trauma-informed practices.

## **Background**

Trauma and the effects of trauma are a significant concern. According to the 2018 National Survey of Children's Health (NSCH) data approximately 30 percent of children experienced one ACEs, and about 14 percent experienced two or more ACEs (*Adverse Childhood Experiences*, 2023). Additionally, growing research and knowledge

supporting the connection between trauma and negative physical and mental health outcomes has spurred state and federal legislatures to take notice and move policy toward supporting research and implementation of trauma-informed education.

One of the first steps that Congress made was establishing the Substance Abuse and Mental Health Services Administration (SAMHSA) in 1992 to make substance use and mental disorder information, services, and research more accessible. This government agency promotes mental health awareness and equitable care. In 2014, SAMHSA published a report entitled: “SAMHSA’s Concept of Trauma and Guidance for a Trauma-Informed Approach”. This report defined trauma, outlined the characteristics of trauma-informed practices, and gave guidance for implementing trauma-informed practices (SAMHSA). Furthermore, in 2015, Congress passed the Every Student Succeeds Act (ESSA), which promotes trauma-informed practices throughout the United States. The act provides Student Support and Academic Enrichment Grants (SSAE) to high-needs districts for school-based mental health services and training for staff in evidence-based trauma-informed practices. (Duffy & Comly, 2019)

Significantly, Kansas data indicates that childhood trauma is a notable concern. NSCH data showed that 20.1% of children in Kansas aged 0-17 had experienced 2 or more ACEs (*KPOP Outcome Indicator Dashboard | KDHE, KS*, n.d.). To mitigate the negative side effects of trauma, the Kansas State Board of Education (KSBE) has identified trauma-informed practices and social-emotional learning (SEL) as a priority in Kansas schools (*Social Emotional Growth*, 2023). Additionally, KSBE adopted revised Social-Emotional and Character Development (SECD) standards that promote trauma-informed practices (*Social Emotional Growth*, 2023). The Kansas State Department of

Education (KSDE) Kansas Can Vision for Education promotes supporting students who are affected by trauma with SEL curriculum and trauma-informed practices. As part of the KSDE Social Emotional Growth and Kansas Can Vision for Education website, trauma-informed school is defined along with a list of resources for supporting trauma-informed practices within schools and classrooms (*Social Emotional Growth, 2023*).

For Kansas rural communities, the prevalence and impact of trauma is a higher concern due to the lack of mental health resources (*Map of Health Professional Shortage Areas: Mental Health, by County, 2023 - Rural Health Information Hub, 2023*). Although specific statistics on ACEs in Southeast Kansas are not available as a region, statistics show that 16.4% of adults in Wilson County, Kansas have frequent mental distress, which is higher than the National (15.8%) and State (14%) percentage (*How healthy is Wilson County, Kansas? | US news healthiest communities 2022*).

Although KSDE and KSBE support and promote trauma-informed practices, educators in Southeast Kansas do not have consistent professional development in trauma-informed practices. Southeast Kansas educators do have individual options for professional development opportunities to develop trauma-informed practices. Kansas Technical Assistance Support Network (TASN), the Kansas Department of Education (KSDE), and the Kansas State Board of Education (KSBE), provide professional development opportunities for teachers in Kansas to learn trauma-informed practices as well as online resources that Kansas educators have access (*KSDE TASN, 2023*). These professional development opportunities are not always free and require teachers or districts to cover the cost of registration, transportation, and lodging if needed. These costs can burden teachers and districts who do not have adequate funding. Overall, the

knowledge base and resources for supporting students affected by trauma in Southeast Kansas are inconsistent and lacking.

### **Statement of the Problem**

Educational institutions play a critical role in the holistic development of students, aiming not only to impart knowledge but also to create a safe and nurturing environment conducive to learning. However, numerous challenges, including exposure to traumatic experiences, can hinder the educational process and contribute to negative academic and behavioral outcomes for students (Terrasi & de Galarce, 2017). Trauma-informed practices (TIPs) have emerged as a promising approach to address these challenges by fostering a more supportive and understanding school culture (Terrasi & de Galarce, 2017). While research has explored the impact of trauma-informed practices on students, less attention has been given to understanding elementary teacher perceptions and experiences in implementing these practices within the classroom (Thomas et al., 2019)

While the implementation of trauma-informed practices in schools is gaining momentum, there is a critical need to understand elementary teachers' perceptions and experiences of these practices along with exploring the support elementary teachers are being provided to implement these strategies (Bilbrey et al, 2022). Effective elementary teachers are imperative to the social and academic success of students, however, research on elementary teachers' perceptions and experience with trauma-informed practices remains limited (Yohannan & Carlson, 2019). Furthermore, elementary teachers need to have essential professional development and knowledge of trauma and trauma-informed practices implementation within the classroom to support students who have experienced

trauma (Erdman et al., 2020). For elementary teachers to work effectively with students who are affected by trauma, we must understand their perceptions and experiences of trauma-informed practices and provide needed support.

### **Purpose of the Study**

The purpose of this qualitative dissertation was to explore and to gain an in-depth understanding of elementary teachers' knowledge and experiences related to trauma-informed practices in their classrooms. This study seeks to address three specific purposes. First, understanding teachers' existing knowledge of trauma-informed practices. Second, exploring teachers' practical implementation of trauma-informed practices within their classroom settings. Third, understanding teachers' needs for additional training or knowledge to enhance their effectiveness in implementing trauma-informed practices.

### **Significance of the Study**

Teachers adapt instructional practices to best support student learning and achievement. Results from this study are important to teachers, classrooms, school buildings, districts, and communities as they will provide beneficial information for supporting teachers in applying trauma-informed practices within their classrooms. This study aims to provide valuable insights into the perceptions of teachers regarding trauma-informed practices. The findings will contribute to the existing body of knowledge and inform the development of effective professional development programs, support systems, and policy recommendations aimed at fostering a trauma-informed educational

environment that enhances students' well-being, academic engagement, and overall success.

Overall, this research endeavor seeks to contribute to the field of education by providing valuable insights into the current state of trauma-informed practices at the elementary level. By addressing these sub-research questions, the study aspires to inform educational policy, teacher training programs, and school practices to create more empathetic and supportive learning environments for all students, especially those who have experienced trauma. Through an in-depth exploration of elementary teachers' knowledge, practices, and needs, this study ultimately aims to facilitate improvements in the educational experiences and outcomes of students.

### **Delimitations**

As stated by Lunenburg and Irby (2008), “Delimitations are self-imposed boundaries set by the researcher on the purpose and scope of the study” (p. 134). The following delimitations were imposed on this study:

1. The study was conducted in two elementary school buildings in two Southeastern Kansas school districts during the 2023-2024 school year.
2. The data collection method was limited to individual interviews.

### **Assumptions**

The following assumptions were made during this study:

1. Teachers shared honestly their perceptions and experiences.
2. Participants are experts in their own experiences. The research values and seeks to understand participants' perspectives, considering them as co-constructors of knowledge.

3. Reality is subjective and socially constructed. Individuals interpret and make sense of their experiences in unique ways, influenced by their backgrounds and contexts.

### **Research Questions**

**Leading RQ:** What are elementary teachers' perceptions and experiences with trauma-informed practices?

**Sub RQ1:** What did elementary teachers know about trauma-informed practices?

**Sub RQ2:** How did elementary teachers use trauma-informed practices in their classrooms?

**Sub RQ3:** What additional training or knowledge do elementary teachers need to increase the effectiveness of their use of trauma-informed practices?

### **Definition of Terms**

#### ***Adverse Childhood Experiences (ACEs)***

“Adverse childhood experiences include all types of abuse, neglect, and other potentially traumatic experiences that occur to people under the age of 18 (National Center for Injury Prevention and Control, Division of Violence Prevention, 2010).”

#### ***Amygdala***

“The amygdala is the region of the brain associated with emotional processes (Salzman, 2023).”

#### ***Biopsychosocial***

“Biopsychosocial denotes a systematic integration of biological, psychological, and social approaches to the study of mental health and specific mental disorders



[coined by U.S. psychiatrist George L. Engel (1913–1999)] (APA Dictionary of Psychology, n.d.).”

### ***Compassion Fatigue***

“Compassion fatigue is the physical and mental exhaustion and emotional withdrawal experienced by those who care for sick or traumatized people over an extended period of time (“Compassion Fatigue,” 2024).”

### ***Maltreatment***

“Child maltreatment includes all types of abuse and neglect of a child under the age of 18 by a parent, caregiver, or another person in a custodial role (e.g., clergy, coach, teacher). (CDC Works 24/7, 2023)”

### ***Neuroplasticity***

“Neuroplasticity is the capacity of neurons and neural networks in the brain to change their connections and behavior in response to new information, sensory stimulation, development, damage, or dysfunction. (Rugnetta, 2023)”

### ***Social Emotional Learning (SEL)***

“SEL is the process through which all young people and adults acquire and apply the knowledge, skills, and attitudes to develop healthy identities, manage emotions and achieve personal and collective goals, feel and show empathy for others, establish and maintain supportive relationships, and make responsible and caring decisions (Fundamentals of SEL - CASEL, 2023).”

### ***Sociocultural Factors***

“Sociocultural factors are environmental conditions that play a part in healthy and adaptive behavior and well-being or in maladaptive behavior and the etiology of

mental disorder and social pathology. Examples of sociocultural factors of a positive nature are a strong sense of family and community support and mentorship, good education and health care, availability of recreational facilities, and exposure to the arts. Examples of a negative nature are slum conditions, poverty, extreme or restrictive occupational pressures, lack of good medical care, and inadequate educational opportunities (APA Dictionary of Psychology, n.d.).”

### ***Psychopathology***

“Psychopathology is the scientific study of mental disorders, including their theoretical underpinnings, etiology, progression, symptomatology, diagnosis, and treatment. This broad discipline draws on research from numerous areas, such as psychology, biochemistry, pharmacology, psychiatry, neurology, and endocrinology (APA Dictionary of Psychology, n.d.).”

### ***Trauma***

“Trauma is any disturbing experience that results in significant fear, helplessness, dissociation, confusion, or other disruptive feelings intense enough to have a long-lasting negative effect on a person’s attitudes, behavior, and other aspects of functioning. Traumatic events include those caused by human behavior (e.g., rape, war, industrial accidents) as well as by nature (e.g., earthquakes) and often challenge an individual’s view of the world as a just, safe, and predictable place (APA Dictionary of Psychology, n.d.).”

### ***Traumatic Event***

“When an event, or series of events, causes much stress, it is called a traumatic event. Traumatic events are marked by a sense of horror, helplessness, serious

injury, or the threat of serious injury or death (*Mental Health and Coping With Stress Resources / Suicide | CDC, n.d.*).”

### ***Trauma-informed care***

“Trauma-informed care recognizes and responds to the signs, symptoms, and risks of trauma to better support the health needs of patients who have experienced Adverse Childhood Experiences (ACEs) and toxic stress (ACEs Aware, 2021).”

### ***Trauma-informed Practice***

“Trauma-informed practice is guided by a detailed understanding of how trauma can shape an individual's perceptions and behavior. Its potential to impact a person’s mental, physical, social, and emotional well-being means that an appropriate response recognizes the ongoing and interdependent needs for a person's sense of safety and connection, and for the management of emotions and impulses (Trauma-Informed Care | Crisis Prevention Institute (CPI), 2021).”

### ***Toxic Stress***

Toxic stress is “strong, frequent, and/or prolonged adversity—such as physical or emotional abuse, chronic neglect, caregiver substance abuse or mental illness, exposure to violence, and/or the accumulated burdens of family economic hardship—without adequate adult support. This kind of prolonged activation of the stress response systems can disrupt the development of brain architecture and other organ systems, and increase the risk for stress-related disease and cognitive impairment, well into their adulthood (*What Are ACEs? And How Do They Relate to Toxic Stress? 2020*).”

### ***Post-Traumatic Stress Disorder***

Post-Traumatic stress disorder is defined in DSM IV-TR as, “a disorder that may result when an individual lives through or witnesses an event in which he or she believes that there is a threat to life or physical integrity and safety and experiences fear, terror, or helplessness. The symptoms are characterized by (a) reexperiencing the trauma in painful recollections, flashbacks, or recurrent dreams or nightmares; (b) avoidance of activities or places that recall the traumatic event, as well as diminished responsiveness (emotional anesthesia or numbing), with disinterest in significant activities and with feelings of detachment and estrangement from others; and (c) chronic physiological arousal, leading to such symptoms as an exaggerated startle response, disturbed sleep, difficulty in concentrating or remembering, and guilt about surviving the trauma when others did not (see survivor guilt). Subtypes are chronic post-traumatic stress disorder and delayed post-traumatic stress disorder. When the symptoms do not last longer than 4 weeks, a diagnosis of acute stress disorder is given instead. Changes in PTSD criteria from DSM IV-TR to DSM–5 include the following: Exposure to the traumatic event may be secondhand if the event happens to a loved one or if there is repeated exposure to aversive details (e.g., as with first responders cleaning up after a disaster); the subjective criterion requiring that the person feel fear, terror, or helplessness has been eliminated; symptom clusters have been recategorized, with additional symptoms; and separate criteria have been developed for children age 6 years or younger (APA Dictionary of Psychology, n.d.)”

### ***Prosocial Behavior***

“Prosocial behavior is denoting or exhibiting behavior that benefits one or more other people, such as assisting an older adult crossing the street (APA Dictionary of Psychology, n.d.).”

### ***Rape Trauma Syndrome***

Rape trauma syndrome is, “the symptoms of post-traumatic stress disorder (PTSD) experienced by an individual who has been sexually assaulted (the term was coined prior to the wide acceptance and use of the more inclusive concept of PTSD). The symptoms, which may include fear of being alone, phobic attitudes toward sex, vaginismus, erectile dysfunction, or repeated bathing, may persist for a year or more (APA Dictionary of Psychology, n.d.).”

## Chapter 2

### Review of the Literature

#### Historical Perspective

Historically, the concept of trauma and its consequences can be traced back to ancient writings. The term trauma itself was derived from the Greek word for wound. It was not until the late 19th century that Pierre Janet and Sigmund Freud provided early insights into the understanding and clinical implications of traumatic events. In the mid-1890s, both practitioners developed theories linking hysteria to experiences of psychological trauma. (Clifton & Clifton, 2022)

In 1889, Janet published *L'automatisme psychologique*. His book explores the processes involved in traumatic experiences leading to psychopathology. Janet was the first to study disassociation and the psychological processes an organism goes through while being exposed to traumatic experiences. Additionally, he was the first to study how trauma affects sensory perceptions, bodily states, and behavior. (van der Kolk & van der Hart, 1989)

In 1896, Freud presented his theories on hysteria and trauma in his work *The Aetiology of Hysteria*. In this publication, Freud outlined his theory that hysteria symptoms were rooted in childhood sexual abuse or molestation. He theorized that childhood sexual abuse left traumatic memories that would be reactivated later in an individual's adolescence when the individual was faced with situations reminiscent of the original trauma (Bulut, 2019). Freud's theories faced significant opposition and criticism, which hindered the potential impact of his discoveries. Trauma research stalled for decades after the publication of these two works. (van der Kolk & van der Hart, 1989)

Although trauma and its consequences have been documented throughout history, early opinions were that people experiencing these symptoms were weak. Accounts during the American Civil War described traumatic stress reactions in soldiers as "soldier's heart" and "nostalgia." The use of heavy explosives in World War I led to the term "shell shock" to describe the physiological effects of explosions. In civilian populations, industrial and railway accidents, as well as other disasters, also contributed to the understanding of traumatic stress. However, there was a prevailing belief that the traumatic stress response was a character flaw rather than a psychological reaction. (Center for Substance Abuse Treatment, 2014, p.267)

Because of the research surrounding the symptoms presented by Vietnam War veterans, the American Psychiatric Association's (APA) Diagnostic and Statistical Manual of Mental Disorders (DSM) introduced Post-Traumatic Stress Disorder (PTSD) as a diagnosis in the Third Edition (DSM-III) in 1980. The diagnosis required the identification of a specific stressor that was considered outside the range of usual human experience, and PTSD was classified as an anxiety disorder. This definition sparked further research and debates on what constituted trauma and broadened the scope of application for PTSD. (Center for Substance Abuse Treatment, 2014, p.267)

Furthermore, the social revolution of the 1960s, combined with the women's movement and the demand for attention to diverse and marginalized groups, contributed to an increased recognition and treatment of interpersonal violence and trauma related to crime. The introduction of Rape Trauma Syndrome in 1974 by psychiatrist Ann Wolbert Burgess and sociologist Lynda Lytle Holmstrom shed light on the psychological consequences of sexual assault and the lack of support from society and social services.

Research began to focus more on interpersonal violence, leading to the identification of unique risk factors and treatment approaches for this form of violence and trauma.

(Center for Substance Abuse Treatment, 2014, p.269)

Because of the growing influence of international and national mental health organizations and research, DSM-IV expanded the definition of trauma to include a broader range of stressors. Events such as a car accident, a death of a loved one, or a natural disaster could be considered a traumatic experience. (APA, 1994, 2000) In 2013, the DSM-5 maintained this modified definition but specified whether the qualifying traumatic events were experienced directly, witnessed, or experienced indirectly (APA, 2013).

Cognitive-behavioral therapy and other skills-based approaches for traumatic stress were developed which provided clinicians with various tools for treatment. Researchers contributed to the knowledge base, examining the effects of childhood sexual abuse, domestic violence, traumatic brain injury, and significant orthopedic injuries. The consumer movement in healthcare, along with the promotion of trauma-informed policies and care by federal agencies and national organizations, led to national studies demonstrating the prevalence and long-term impact of trauma. Studies like the Adverse Childhood Experiences (ACEs) study highlighted the pervasive and lasting effects of trauma, and reinforced the need for trauma-informed policies and care. (Center for Substance Abuse Treatment, 2014, p.269)

## **Trauma**

The American Psychiatric Association (2000) defines trauma in the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR) as experiencing, witnessing, or



being confronted with “an event or events that involves actual or threatened death or serious injury, or a threat to the physical integrity of self or others (p. 467).”

Additionally, the Substance Abuse and Mental Health Services Administration (SAMHSA) defines trauma as “resulting from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or threatening and that has lasting adverse effects on the individual’s functioning and physical, social, emotional, or spiritual well-being (Center for Substance Abuse Treatment, 2014, p.7).” Traumatic events cause strong emotions and physical reactions in an individual. Moreover, trauma can manifest itself in diverse ways in an individual according to their own cultural perspectives, personal history, and fortitude. Furthermore, traumatic events can be experienced directly or indirectly. For example, a child could respond the same to witnessing a traumatic event in person as they would be told about the traumatic event through media or other people. (“Students Exposed to Trauma,” n.d.)

Trauma has wide-ranging impacts on individuals, families, groups, communities, cultures, and even future generations. The effects of trauma typically exceed the ability of individuals or communities to handle them. Traumatic events are often unexpected, can happen at any time, and can be human or nature-made. (Center for Substance Abuse Treatment, 2014, p.7)

Furthermore, trauma’s impact can vary in intensity based on the individual’s experiences and fortitude. Individuals can be exposed to the same event or series of events but interpret or experience them in unique ways. Numerous biopsychosocial and cultural factors play a role in shaping an individual's immediate response and long-term reactions to trauma. Regardless of the severity of the trauma experienced, most

individuals exhibit resilience, which enables them to overcome the situation or confront the challenges with strength and determination (Center for Substance Abuse Treatment, 2014, p.7).

While some people experience temporary effects, others go through prolonged reactions that progress from acute symptoms to more severe and enduring mental health issues such as post-traumatic stress disorder, anxiety disorders, substance use disorders, and mood disorders. Additionally, there can be associated medical problems such as arthritis, headaches, and chronic pain. Some individuals may not meet the specific diagnostic criteria for post-traumatic stress or other mental disorders, but they still experience significant trauma-related symptoms or culturally expressed manifestations of trauma. (Center for Substance Abuse Treatment, 2014, p.7)

### **ACEs Study**

The Adverse Childhood Experiences (ACEs) Study, conducted between 1995 and 1997, was a research study that was conducted by the Centers for Disease Control and Prevention (CDC) and Kaiser Permanente. The study aimed to investigate the relationship between adverse childhood experiences and health outcomes in adulthood. The ACEs study included over 17,000 participants who were asked about their experiences with ten categories of adverse childhood experiences. These categories included physical, sexual, or emotional abuse, physical or emotional neglect, and household dysfunction such as domestic violence, parental separation or divorce, substance abuse, and mental illness. (*About the CDC-Kaiser ACE Study |Violence Prevention/Injury Center/CDC*, n.d.)

Results of the ACEs study showed that individuals who experienced adverse childhood experiences had a higher risk of developing a range of health problems in adulthood, including chronic diseases, mental health disorders, and risky health behaviors. The study also found that the higher the number of adverse childhood experiences an individual had, the greater their risk for negative health outcomes (*About the CDC-Kaiser ACE Study |Violence Prevention/Injury Center/CDC, n.d.*).

Additionally, the ACEs study had a significant impact on the field of psychology and public health. The study has helped to raise awareness of the long-term health effects of adverse childhood experiences and the need for preventative interventions. The study has also led to the development of trauma-informed care practices and policies in various settings such as healthcare and education (*About the CDC-Kaiser ACE Study |Violence Prevention/Injury Center/CDC, n.d.*).

Furthermore, the National Scientific Council on the Developing Child (2020) coined the term “toxic stress”. “Toxic stress” is a term used to describe the negative effects of persistent activation of the body’s stress response systems. When an individual experiences a traumatic event, their body activates a physical stress response system that puts the body in a self-preservation state to react to that event. When faced with adversity, our brain triggers a response to fight, flee, or freeze, causing physiological changes such as increased heart rate, blood pressure, and stress hormone release (National Education Association & National Council of State Education Associations, 2019). Experiencing multiple traumatic events over extended periods can expose an individual to excessive and long-lasting stress responses, which cause physical and mental injury (*What Are ACEs? And How Do They Relate to Toxic Stress, 2020*).

Elevated stress hormone, cortisol, levels are harmful to the brain, impairing its functioning. Excessive cortisol can damage the hippocampus, which plays a role in memory, learning, and executive functions like concentration, decision-making, problem-solving, and multitasking (National Education Association & National Council of State Education Associations, 2019). Toxic stress, or persistent exposure to trauma, has a significant impact on a child's developing brain, as well as the immune system, metabolic regulatory systems, and cardiovascular system.

### **Trauma and Education**

Early exposure to Adverse Childhood Experiences (ACEs) can have lasting effects on the social and emotional development of children. The poor development of mirror neurons, which facilitate learning through observation and interaction with caregivers, can lead to misinterpretation of social and emotional cues.

Research has indicated that childhood trauma is a pervasive issue that places individuals at higher risk for negative developmental and health-related problems (CDC, 2021). Additionally, childhood trauma has a significant impact on the brain and in the classroom. Trauma affects student IQs over an extended period (van Os, Marsman et al., 2017). Research using brain imaging has indicated that trauma has a significant impact on how the brain functions, learns and responds (Carrion et al, 2013). Furthermore, the effects of trauma are expressed in the classroom through lack of attention, disruptive behavior, defiance, decreased engagement, truancy, and tardiness. Overall, these behaviors tend to decrease student performance and ability to learn (APA, 2021).

Studies have shown that babies who experience a lack of care develop abnormal emotional expression. A well-known and replicated study by Edward Tronick entitled the

“Still Face Experiment” was conducted in 1975. Tronick’s study found that infants seek out reciprocal interaction from their mothers. When the infant is denied that interaction from the mother, they withdraw and orient themselves away from their mother’s body or gaze. Caregivers who are depressed or have experienced trauma are unable to model healthy emotional responses or meet the psychological needs of their children, resulting in atypical emotional expression becoming the norm for the child (Fulwiler, 2013).

Furthermore, children who experience abuse and neglect have a deficit in emotional intelligence. Pollack et al. (2000) conducted two experiments to examine the relationship between abuse and emotional development in children. The first part of their experiment involved 16 physically neglected, 17 physically abused, and 15 non-maltreated children ranging in age from three years to five years old. In the experiment, each child was read five stories containing a protagonist that went through happiness, sadness, disgust, fear, and anger. After the story was read aloud, the child was presented with three black-and-white photographs of models depicting different facial expressions. The child was then asked to point to the face that best matched the protagonist in the story. Results showed that non-maltreated children recognized a higher percentage of emotions (66%) than did the neglected group (51%) and physically abused group (59%).

The second part of the experiment involved 15 physically neglected, 13 physically abused, and 11 non-maltreated children ranging in age from three years to five years. In this experiment, each child was shown two black-and-white photos of models matching their gender expressing either anger, happiness, sadness, fear, disgust, or neutrality. The child was then asked to indicate whether the models were expressing the same or different feelings. Results of the study indicate that children who have experienced abuse

may perceive facial expressions as angry, while neglected children may struggle to understand emotional expressions altogether.

What is more, children who experience trauma have a higher risk of delay in language development, cognitive development, as well as social-emotional development. A study conducted by Washington University explored the relationship between adverse childhood experiences (ACEs) and developmental risk in school-aged children. The study involved one hundred and seventy-nine teachers who evaluated 2,101 students in ten different elementary schools (K-5) in Spokane, Washington. The purpose of the study was to examine the impact of ACEs on children's developmental risk, which was assessed through a standardized screening tool. The study found that children who experienced ACEs had a higher risk of developmental problems in multiple domains, including language, social-emotional, and cognitive development. Specifically, children who experienced three or more ACEs were three times more likely to be at developmental risk compared to those who experienced no ACEs. The study also found that children who experienced ACEs were more likely to have behavioral and emotional problems in school, including hyperactivity, emotional distress, and difficulty getting along with peers and teachers. Overall, the study highlighted the significant impact of ACEs on children's developmental outcomes and the need for early identification and intervention to support children who have experienced trauma. (Flaherty et al., 2010)

Adverse childhood experiences (ACEs) can have a significant impact on education. Children who have experienced ACEs are more likely to experience academic challenges, behavioral issues, and school dropout. ACEs such as physical, emotional, or sexual abuse, neglect, and household dysfunction can negatively impact a child's

cognitive, social, and emotional development, which can lead to poor academic outcomes. Children who have experienced ACEs may struggle with attention and concentration, memory, and language skills, which can impact their ability to learn and perform academically.

Additionally, children may experience emotional and behavioral problems such as anxiety, depression, aggression, and difficulty regulating their emotions, which can disrupt their social interactions with peers and teachers, leading to disciplinary issues and school dropout. Moreover, children who have experienced ACEs may have lower self-esteem and motivation to learn, which can lead to disengagement from academic activities and a lack of interest in school. Overall, ACEs can have a negative impact on academic performance and success which emphasizes the need for schools to address the impact of ACEs on students and provide support and resources to help them overcome these challenges (ACE Response, 2023).

Mental health has a significant impact on learning, and research has shown that students who experience trauma have a significant need for mental health support. One study found that elementary students who were exposed to trauma had a significant chance of having symptoms of post-traumatic stress. Gonzalez et al. (2016) conducted a study with 402 elementary students in grades one to five across four different elementary buildings. The study found that thirty-four percent of the students had been exposed to one or more traumatic experiences. Of those students who had been exposed to at least one traumatic event, 75.4% showed moderate to severe symptoms of post-traumatic stress. Furthermore, students who had more than one traumatic event showed increased

symptom severity. The study calls attention to the need for early screening and support for students who are exposed to adverse childhood experiences.

Students who experience trauma have less academic success, higher rates of retention, and more behavior issues. A study conducted by Eckenrode and Laird (1993) aimed to compare maltreated school-age children with non-maltreated children in a small city in New York State. Four hundred and twenty maltreated children were categorized into different groups based on the type of maltreatment they experienced. Definitions of maltreatment were based on those used by the New York State Department of Social Services. Most of the study population was White (84%), followed by Black (12%) and Hispanic/other (4%). The average age of children in the sample was 10.9 years, and the sample consisted of 58% girls and 42% boys. The maltreated children were matched with non-maltreated children based on gender, school, grade level, residential neighborhood, and classroom. Exact matching was achieved for gender and grade level, while efforts were made to match other variables such as neighborhood and housing type. Results showed that maltreated children scored significantly lower than their non-maltreated peers in both reading and math on standardized tests. Moreover, maltreated children had lower grades in both math and reading than their non-maltreated peers. Further, maltreated children were more likely to repeat a grade.

Additionally, maltreatment correlated with an increase in discipline referrals and suspensions. Regarding discipline referrals, children who experienced physical abuse alone had the highest number of incidents, which was three times higher than that of non-maltreated children. The physical abuse group also had significantly more referrals compared to children classified as neglected alone or sexually abused alone. Children



who experienced both sexual abuse and neglect also had significantly more discipline referrals than non-maltreated children. A similar pattern was observed for suspensions. Children who experienced physical abuse alone had a suspension rate six times higher than non-maltreated children. These physically abused children also had significantly more suspensions compared to children neglected alone or sexually abused alone. Children who experienced both sexual abuse and neglect also had significantly more suspensions than non-maltreated children. Overall, the study revealed that children who experience trauma are at significant risk for poor academic performance, retention in school, and discipline problems.

Furthermore, trauma has been linked to behavior issues in children. A study by Offerman et al. (2022) published in the *International Journal of Environmental Research and Public Health* investigated the prevalence of adverse childhood experiences (ACEs) among students with emotional and behavioral disorders (EBD) in special education schools. This study was conducted in five primary and secondary special education schools in the Netherlands. The sample was 174 students with emotional behavior disturbance ranging in age from eight years of age to eighteen years of age. The results from the study showed that nearly all of the students, 96.4%, had experienced at least one ACEs. Additionally, most students had experienced four or more ACEs, 74.4%. Furthermore, 40% of the students reported that they had experienced eight or more ACEs. Moreover, 45.9% of students reported experiencing their first ACE before the age of four. Students who lived in poverty or in a single-parent household were also more likely to report more than one ACEs (Offerman et al., 2022). Overall, the study found

that there was a high prevalence of trauma experienced by students identified with emotional and behavioral disorders attending special education schools.

However, research also reveals that children's brains are resilient and that the negative effects of trauma can be reduced through environmental design and targeted interventions. Research has documented that interventions that decrease stress and promote prosocial behavior have a positive impact on brain function; specifically indicating a decrease in amygdala activation (Davidson & McEwen, 2012). Furthermore, teachers can apply trauma-informed practices to create a physical and emotional classroom environment that promotes neuroplasticity, the brain's ability to form new neural connections (Kempermann & Gage, 1999).

In response to the significant impact that trauma has been shown to have and the positive outcomes of trauma interventions, schools and school systems have started to implement trauma-informed practices. Trauma-informed practices within the classroom reduce student stress and support students in using coping skills that allow them to regulate their emotional states to learn effectively (Center for Substance Abuse Treatment, 2014, p.7). Although limited, research has indicated that trauma-informed practices can significantly improve student academic achievement (Yohannan & Carlson, 2019).

### **Trauma-informed Practices**

According to the Center on the Developing Child, "Trauma-informed care or services are characterized by an understanding that problematic behaviors may need to be treated because of the ACEs or other traumatic experiences someone has had, as opposed to addressing them as simply willful and/or punishable actions (*What Are ACEs? And*

*How Do They Relate to Toxic Stress?*, 2020).” Trauma-informed education, also known as trauma-informed practices, aims to improve student performance, retention, and school climate by considering the effects of trauma on students. Trauma-informed school cultures require support from school administrators, trauma-sensitive classroom practices, positive responses to behavior, policy changes, professional development for teachers and staff, and collaboration between school staff and mental health professionals (Thomas et al., 2019).

One of the challenging aspects of trauma-informed classroom practices is that there is no set standard for what is considered a trauma-informed practice. Thomas et al. (2019) conducted a practice analysis of national advocacy groups and state Department of Education (DOE) agency websites for the promoted trauma-informed resources, tools, and information. The analysis found a wide range of different resources and work reflected in the content of the promoted materials. Some DOE websites had little to no information on trauma-informed practices, while others provided specific guidelines on trauma-informed practices and approaches. In several states, the principles and content of trauma-informed practice are integrated within or linked to domains such as social and emotional learning, school safety, school discipline, and Positive Behavior Interventions and Supports (PBIS). Trauma-informed practices are incorporated into these areas of education, recognizing the impact of trauma on students, and addressing their social, emotional, and behavioral needs within these frameworks.

Although there are no concrete rules for what is or what is not a trauma-informed practice, many of the trauma-informed approaches share similar principles. The Substance Abuse and Mental Health Services Administration of the United States of

America (SAMHSA) (2014) identified six key principles of trauma-informed care. The first principle is safety. Students need to feel physically and psychologically safe in their environment to learn to their full potential. The second principle is trust and transparency. Procedures and decisions should be conducted to build trust within the class and school community. Trust should be built between students, staff, administrators, parents, and other stakeholders to promote student success. The third principle is peer support. Students need to be able to share their stories and rely on trusted individuals who have experienced trauma and can build trust and safety while sharing their own life stories. The fourth principle is collaboration and mutuality. Individuals need to work together and not get caught up in power struggles. Teamwork is essential for healing and growth. According to SAMHSA (2014), “one does not have to be a therapist to be therapeutic (11).” Anyone who works with individuals who have experienced trauma can collaborate in a manner that promotes the well-being of all individuals. The fifth principle is empowerment. Adults and children should have the freedom to voice their opinions and lived experiences in a manner that is healthy for everyone. Furthermore, everyone should have the ability to feel empowered through mutual decision-making and the ability to make choices. For students in the classroom, it is important for them to have autonomy and not feel threatened by controlling forces. The sixth principle is cultural issues. A trauma-informed approach is accepting of all differences in cultural values, norms, and race. Gender-responsive and culturally responsive teaching practices should be utilized in the classroom to leverage the healing nature of cultural connections. Practices and policies should reflect the racial, ethnic, and cultural needs of all individuals (SAMHSA, 2014, p. 11).

## **Teacher Perceptions of Trauma**

Given the pervasiveness of trauma within the child population, educators frequently encounter students who have experienced trauma. Student trauma responses are often expressed as sudden behavioral changes such as social withdrawal or violent outbursts. Addressing disruptive behavior can disrupt the learning environment for the entire class. The student's behavior is often unpredictable and may escalate, requiring educators to take decisive action. However, traditional disciplinary approaches can worsen the situation and perpetuate a cycle of escalated behavior. These outbursts and subsequent punishments impact the psychological well-being and safety of both educators and students (National Education Association & National Council of State Education Associations, 2019).

Most teachers perceive child maltreatment as responsible for poor academic and behavioral performance. Martin, Cromer and Freyd (2010) surveyed 66 teachers who taught pre-kindergarten through 12<sup>th</sup> grade in the US and Canada. The survey consisted of both forced-answer questions and open-ended questions about how maltreatment affected students in the classroom. The study results indicated that teachers primarily believed that emotional neglect and physical and sexual abuse negatively affected students in the classroom academically and behaviorally. Specifically, teachers indicated that they believed that student maltreatment caused poor attention, disruptive and internalizing behaviors, and academic difficulties.

Furthermore, educators often perceive student trauma as a threat to school safety. Surveys conducted by education associations indicate that a significant portion of educators express concerns about both student and personal safety (National Education

Association & National Council of State Education Associations, 2019). Injuries caused by students are a top worker's compensation complaint among educators in some regions. The goal of creating a safe learning environment for every student is emphasized by local, state, and national educational organizations. However, educators frequently feel disillusioned, overwhelmed, and on edge as they invest additional time and effort in supporting troubled students while balancing the needs of the entire classroom. Limited support services in schools, particularly in impoverished communities, contribute to this challenge (National Education Association & National Council of State Education Associations, 2019).

Additionally, educators often neglect their own mental and physical health while worrying about their students' unmet needs. The concept of "compassion fatigue" is prevalent among educators, resembling secondary traumatic stress experienced by professionals in other fields dealing with challenging cases. Nevertheless, the impact of stress on educators remains understudied and unaddressed (National Education Association & National Council of State Education Associations, 2019).

### **Trauma-Informed Practices Impact on Student Learning**

The goal of trauma-informed practices is to help support students who have been exposed to trauma and mitigate the negative effects that trauma has on a child's ability to learn. Although trauma-informed practices are not a new concept, there is a lack of research on the impact that trauma-informed practices are having on students and schools. The research that has been conducted on trauma-informed practices has shown a positive impact on student's academic outcomes.

One study by Stokes and Turnbull (2016) evaluated the effectiveness of the Berry Street Education Model (BSEM) in one primary school and one Primary-12 school in Melbourne, Australia. The BSEM model is a Trauma-informed Positive Education (TIPE) initiative designed to educate and guide teacher practice and improve student learning. The evaluation examined the December 2014 and December 2015 student scores on the AusVELS Reading, Writing, and Math academic standardized testing for year five and year six students. Overall, the analysis showed a significant improvement in the reading, writing, and math testing scores from 2014 to 2015 (Stokes & Turnbull, 2016, p. 28-29). Additionally, student survey data showed that students had a more positive attitude toward instruction and teachers felt that students were performing better on classroom assignments (Stokes & Turnbull, 2016, p.27).

In another study, Banks and Vargas (2009) examined the effect of the implementation of the Sanctuary Model in five schools in North Carolina, New York, and Pennsylvania. The Sanctuary Model is a trauma-informed program that “rests upon the basic premise that the school environment is a critical determinant in facilitating the learning, growing, and healing process. Successful implementation of the model requires that most schools change their philosophy and structure toward a nonviolent and community-oriented paradigm, change in the organizational culture, and change in attitudes and behavior of youth and staff as community members (Banks & Vargas, 2009, p. 1).” Data showed that students in grades two through eight in the three school districts showed 64% reading improvement after the school successfully implemented the program for two years. Additionally, 99% of students moved on to the next grade level

(Banks & Vargas, 2009, p. 2). Overall, the program had a positive impact on students' academic achievement.

### **Trauma-Informed Practices Impact on Student Behavior**

Implementing trauma-informed practices in the classroom benefits all students. The exact experiences of trauma that students may have gone through are often unknown and can vary from person to person. Some students may have experienced trauma but have not disclosed it to anyone, while others may not even recognize their experiences as traumatic until much later. Additionally, some students are currently living in traumatic situations but are unable or unwilling to share this information due to safety concerns. Implementation of trauma-informed practices benefits all students even those students who are not affected by trauma (*How Trauma-Informed Schools Help Every Student Succeed* / Crisis Prevention Institute (CPI), 2021).

Moreover, trauma-informed practices not only address immediate needs but also proactively establish protective and promotive factors. The National Child Traumatic Stress Network (NCTSN) Core Curriculum on Childhood Trauma Task Force (2012) defines two concepts for trauma-informed practices, “protective factors buffer the adverse effects of trauma and its stressful aftermath, whereas promotive factors generally enhance children’s positive adjustment regardless of whether risk factors are present (p.4).” Intrinsic protective and promotive factors include high self-esteem, self-efficacy, and coping skills. Extrinsic factors include positive attachment with a caregiver, strong social support networks, adult mentors, and a supportive school and community environment. Trauma-informed practices support these factors by teaching social-emotional learning (SEL), coping skills, and relationship building. Furthermore, trauma-



informed practices create a safe and supportive learning environment. Protective and promotive factors inherent in trauma-informed practices mitigate the negative effects of trauma and its aftermath.

Trauma-informed practices have been shown to improve classroom behavior. Holmes, Levy, Smith, *et al.* (2015) conducted a study evaluating the impact of Head Start Trauma Smart (HSTS) on students. HSTS is an early education/mental health partnership designed to work within Head Start classrooms. Eighty-one children between the ages of 2.5 to 6.5 years of age participated in the study during the 2011-2012 school year. These 81 students received intensive trauma-focused interventions, which consisted of 30 to 45-minute weekly sessions and 6 hours per month of classroom consultation. Caregivers were given the Childhood Trauma Events Survey (CTES). Results of this survey indicated that 74% of the children were exposed to at least one traumatic event, 60% were reported to be exposed to at least two traumatic events, and 45% reported exposure to three or more traumatic events. After the interventions, instructors fill out the Teacher Report Form of the Achenbach System of Empirically Based Assessment, which is a diagnostic tool that assesses child behavior aligned with the DSM. Results indicated that there was a statistically significant improvement in students' ability to pay attention, a decrease in externalizing behaviors, and a decrease in oppositional defiance. Parents also filled out a Parent Report Form. Results from the parent form noted statistically significant improvements in externalizing problems and attention/hyperactivity. Overall, the results suggest that the trauma-informed HSTS program improved students' behavior in the classroom.

Not only does student behavior improve in the classroom, but trauma-informed practices have also been shown to decrease student suspensions and expulsions. In Stokes and Turnbull's (2016) evaluation of the effectiveness of the trauma-informed Berry Street Education Model (BSEM) in Melbourne, Australia, results showed that at the primary school suspensions declined from 57 students in 2014 to 7 students in 2015, and at the P-12 school, suspensions went from 17 students in 2014 to 9 students in 2015 (Stokes & Turnbull, 2016, p. 29).

### **Trauma-informed Practices Impact on Teachers**

Not only do trauma-informed practices have a positive impact on student learning and behavior, but research suggests that building knowledge and understanding about trauma can improve educators' relationships with students, enhance a positive learning environment, and potentially reduce teachers' stress and burnout. MacLochlainn et al. (2022) conducted a quasi-experimental study to assess the effectiveness of trauma-informed professional development training. The participants included 216 school personnel, 98 in the intervention group and 118 in the comparison group. Attitudes and compassion fatigue were measured using the Attitudes Related to Trauma-Informed Care (ARTIC) scale and the Professional Quality of Life scale (Pro-QoL). In addition to quantitative data, qualitative focus group data was also collected. The results showed that school personnel in the intervention group experienced significant improvements in attitudes related to trauma-informed care and a significant decrease in burnout at the 6-month follow-up. These findings indicate that even with minimal training on trauma dynamics, school personnel can become more trauma-informed, develop more positive attitudes towards students impacted by trauma, and are less likely to experience burnout.

Another study conducted by Kim et al. (2021) in Ontario, Canada, evaluated the effects of the implementation of MindUP, an SEL program, on teachers' attitudes and burnout rates. The study involved 112 educators over three consecutive school years. The study used the ARTIC scale to determine teachers' changes in attitude and the Maslach Burnout Inventory (MBI) to analyze teacher burnout rates. The study found that educators in the intervention group experienced significant reductions in emotional exhaustion and notable improvements in the reactions subscale and overall scores on the ARTIC scale. Among educators who implemented the MindUP program for two consecutive years, the greatest improvements were seen in self-efficacy and personal accomplishment. These findings were corroborated by the data obtained from focus groups. The results suggest that integrating trauma-informed training with an existing mindfulness-based SEL intervention can promote the adoption of trauma-sensitive attitudes by teachers and contribute to a reduction in burnout.

Additionally, training on trauma-informed practices improves teacher knowledge and preparation. McConnico et al. (2016) conducted a study to evaluate the implementation of the Supportive Trauma Interventions for Educators (STRIVE) project, which provided teachers with trauma-informed professional development over trauma-informed practices and gave teachers a toolbox of resources including SEL classroom-specific strategies and activities. The study used pre- and post-surveys of 12 educators, 81% women, who were implementing the STRIVE intervention within 12 individual classrooms. Results showed that there was an increase in teacher knowledge of trauma. Pre-surveys showed that only 56% of the teachers felt that they had an idea of how trauma affected development in children whereas 80% indicated the same on the post-

survey. Pre-surveys showed that 75% of teachers indicated that they understood how trauma impacted student behavior, whereas post-surveys showed that 90% indicated the same. Before the STRIVE training, only 44% of teachers indicated that they felt like they were prepared to respond to students who have been exposed to trauma whereas post-surveys showed that 60% of teachers felt prepared. Additionally, post-survey results showed that 70% of teachers agreed/strongly agreed that trauma-informed curriculum and professional development tools were important use of their time. Furthermore, the study showed a statistically significant positive impact on the Classroom Assessment Scoring System (CLASS) scores, which showed the most change in the categories of Respect for Student Perspectives, Positive Classroom Climate, and Productivity. Overall, the study revealed that training on trauma-informed practices has a positive impact on both students and teachers.

### **Summary**

Childhood trauma is a prevalent experience that affects students in a significant way. Research on trauma has shown that students who are affected by trauma are more likely to have academic struggles such as lack of attention, language skills, and comprehension. Along with academic deficits, children affected by trauma have behavioral problems such as a lack of social skills, an inability to regulate emotions, and higher rates of disciplinary referrals. Trauma-informed practices have been shown to help mitigate academic and behavioral problems in children affected by trauma. Teachers who receive training on trauma and trauma-informed practices feel better equipped to support students in the classroom. Additionally, trauma-informed practice training has a positive impact on teachers and the classroom environment.



## **Chapter 3**

### **Methods**

The purpose of this study was to explore elementary teacher's perceptions and experiences of trauma-informed practices in the classroom. This chapter describes the methodology used in this study. This chapter includes the research design, setting, sampling procedures, instruments, data collection procedures, data analysis and synthesis, reliability and trustworthiness, researcher's role, and limitations.

#### **Research Design**

A qualitative approach was used to learn more about elementary teacher's perceptions and experiences of trauma-informed practices. A qualitative approach was chosen because it was best suited to examine the research question within the researcher's approach of social constructivism. According to Creswell, "Social constructivists believe that individuals seek understanding of the world in which they live and work (Cresswell, 2018, p.27)." The role of the researcher is to examine the intricacies of the participants' views rather than a narrow set of ideas. A phenomenological design was selected because the researcher describes the lived experiences centered around a phenomenon as described by participants. Thus, the focus of the study is to delve into elementary teachers' perceptions of and experiences with trauma-informed practices to better express the needs of teachers.

#### **Setting**

The study was conducted in two Title I, rural, Southeast Kansas, public school districts. Demographic statistics for elementary students in Districts A and B are represented in Table A.

**Table A***Demographics of Elementary Students in Districts A and B*

Demographic Categories	Percentage	
	District A	District B
<b>Gender</b>		
Male	59.1%	47.1%
Female	40.9%	52.9%
<b>Ethnicity</b>		
Caucasian	100%	100%
Hispanic	0%	0%
Black/African American	0%	0%
Multi-Racial	0%	0%
Asian	0%	0%
Alaskan Indian/Alaskan Native	0%	0%
Native Hawaiian/Other Pacific Islander	0%	0%
<b>Students with/without Disabilities</b>		
Students with Disabilities	27.3%	33.3%
Students without Disabilities	72.7%	66.7%
<b>Socioeconomic Status</b>		
Economically Disadvantaged	72.7%	59.8%
Non-Economically Disadvantaged	27.3%	40.2%

*Note.* Adapted from information from *KSDE Report Card Demographics, 2023*. And retrieved from

[https://ksreportcard.ksde.org/demographics?org\\_no=State&rptType=3](https://ksreportcard.ksde.org/demographics?org_no=State&rptType=3). To protect student data privacy

totals, the Race/Ethnicity report may be suppressed. Subgroups containing less than the minimum will be combined until the total is ten or more. Subgroups with a total of zero will still be displayed independently.

District A employs eight fully licensed elementary teachers in one PreK-5 building (*Teacher Quality, 2023*). District B employs nine fully licensed teachers and one non-licensed elementary teacher in one Prek-5 building (2023).

## **Sampling Procedures**

The population of the study included elementary teachers employed in rural districts. Convenience sampling was used for accessibility and geographic constraints of the research location. Convenience sampling involves selecting individuals who are readily available and accessible to the researcher (Creswell & Creswell, 2017). This method was chosen due to its practicality, feasibility, and accessibility of the potential samples. The study samples included a diverse group of elementary teachers (e.g., different ethnicities, ages, and experience levels) from grades PreK-5 from two rural school districts. Ten elementary teachers participated in the study. These teachers were selected because they were accessible and had relevant experience with trauma-informed practices.

## **Instruments**

The instrument used to collect data in this study was an interview consisting of open-ended questions designed to explore elementary teachers' perceptions and experiences of trauma-informed practices. Interviews were selected as the data collection instrument because they provide researchers with rich and detailed qualitative data for understanding participants' experiences, how they describe those experiences, and the meaning they make of those experiences (Rubin & Rubin, 2012).

### ***Interview Protocol***

The interview questions created by the researcher explored the research questions of this study. An expert panel reviewed and approved the initial draft of the interview questions. This panel included a district-level administrator and the school counselor from District A. The panel also consisted of members of the advisory committee from the



Graduate School of Education at Baker University. After the panel evaluation and approval, the researcher performed two mock interviews with elementary teachers not participating in the study. The mock interviews allowed the researcher to test and refine the interview questions.

The interview protocol started with an opening statement outlining the study's purpose and nature. Additionally, the participant was reminded that the interview was voluntary, and they could refuse to answer any question or remove themselves from the study at any time. Participants were asked if they had any questions before questions were posed. Participants started the interview by answering a short seven question demographic survey that asked for participants' names, genders, ethnicities, ages, highest level of educational training, length of teaching experience, and current teaching position. After the survey was completed, the interview questions were started.

The semi-structured interview questions consisted of eight main questions with additional follow-up questions or scenarios. The questions were modeled from the three sub-research questions of the study.

The first question asked the participant about their current knowledge of how trauma affects students in the classroom, with a follow-up question for the participant to provide examples. The second question asked the participant to share their current knowledge of trauma-informed practices. Additionally, the participant was asked how they would respond to various scenarios that a teacher may experience in the classroom with students affected by trauma.

For questions three, four, and five, the participant was provided with a definition of trauma-informed practice and examples of trauma-informed practices within the

classroom. Question three asked the participant if they used trauma-informed practices in their classroom to address academic needs of students affected by trauma. If the participant responded yes, they were asked to give examples of trauma-informed practices they used in their classroom to address the academic needs of students affected by trauma. If the participant responded no, they were asked what strategy or practice they used instead to address the academic needs of students affected by trauma.

Question four asked the participant if they used trauma-informed practices in their classroom to address the behavioral needs of students affected by trauma. If the participant responded yes, they were asked to give examples of trauma-informed practices they used in their classroom to address the behavioral needs of students affected by trauma. If the participant responded no, they were asked what strategy or practice they used instead to address the behavioral needs of students affected by trauma.

Question five asked the participants if they used trauma-informed practices in their classroom to address the emotional needs of students affected by trauma. If the participant responded yes, they were asked to give examples of trauma-informed practices they used in their classroom to address the emotional needs of students affected by trauma. If the participant responded no, they were asked what strategy or practice they used instead to address the emotional needs of students affected by trauma.

Question six asked the participants if they needed additional training to use trauma-informed practices more effectively in their classroom. If they answered yes, they were asked what specific training would be helpful. If they answered no, they were asked why not.

Question seven asked the participants if they needed any additional knowledge to use trauma-informed practices more effectively in their classroom. If they answered yes, they were asked what kind of knowledge would be helpful. If they answered no, they were asked why not?

Question eight asked the participant if they wanted to add anything about their knowledge or experiences with trauma-informed practice that was not addressed in the interview.

After the interview questions, a short closing statement was read. The closing statement thanked the participants for their open and honest responses to the questions posed. Additionally, the participant was reminded that they could remove themselves from the study at any time. Participants were also informed that a written transcript of their responses would be provided for them to review for accuracy. Lastly, the participant was provided with the researcher's contact information.

### **Data Collection Procedures**

Before the research was conducted, the researcher obtained permission to conduct the study from Baker University, District A and District B. An Institutional Review Board (IRB) request was completed and submitted on January 21, 2024 (Appendix A). The Baker University IRB committee approved the request on February 1, 2024 (Appendix A). Permission was requested by the researcher through written consent from District A's superintendent on January 23, 2024 (Appendix B). Consent for research was signed by District A's superintendent and received by the researcher on January 24, 2024 (Appendix C). Permission was requested by the researcher through written consent from District B's superintendent on January 23, 2024 (Appendix A). Consent for research was

signed by District B's superintendent and received by the researcher on January 23, 2024 (Appendix B).

After consent was granted by District A, District B, and Baker University's Institutional Review Board, the researcher invited elementary teachers to participate in the study (Appendix D). The researcher obtained the elementary teacher's email address from the district website. The invitation included the purpose of the study, background, participation requirements, and a consent form. The invitation asked willing participants to respond to the email with availability information and to sign and return the interview consent form (Appendix H). After receiving signed consent from participants, the researcher contacted individuals to set up an interview date and time. The interview times were agreed upon by the interviewees and the researcher. Interviews took place using Zoom.

Data were collected through individual interviews. At the start of all the interviews, a statement of purpose was read to the participants. The purpose statement included the focus of the research and explained the interview process. Participants were also reminded that they were allowed to end their participation in the study at any time including after the interview was completed. Participants were given the opportunity to ask the interviewer questions before beginning the interview.

The interviewer adhered to the interview protocol. The interview protocol started with an opening statement. After the opening statement, participants were asked to complete a seven question demographic survey using a Microsoft form (Appendix G). Participants were asked eight open-ended interview questions. Following each interview, a closing statement was read, which included an appreciative thank-you message to

acknowledge the participant's contributions of time and information. Additionally, participants were reminded that they could remove themselves from the study at any time and the researcher contact information was provided. Each participant was interviewed once, and all interviews were recorded using the Zoom platform. The interviews were transcribed verbatim using the Zoom platform. Transcriptions were then reviewed and edited by the researcher in preparation for data analysis.

### **Data Analysis and Synthesis**

The study utilized qualitative data analysis through coding and finding themes in collected data. To find themes, interviews were coded. Coding is defined as “a process of organizing the data by bracketing chunks and writing a word representing a category in the margins (Creswell, 2018, p. 269).” Through coding the data common themes will start to emerge. Creswell (2018) suggests that five to seven themes be chosen as major findings of the study. These themes should be presented with multiple perspectives from individuals supported by quotations and specific evidence. Researchers can also create a theoretical model through the connection of these major themes (Creswell, 2018, p. 210). The five-step data analysis and coding process outlined by Creswell and Creswell (2018) was followed.

#### ***Step One: Data Collection***

Step One required the researcher to collect and organize the data. Zoom, a video-conferencing platform, was used to record and transcribe the interviews. Both video and audio from the interview were recorded and transcribed through the Zoom platform and saved in the Zoom Cloud storage. After the transcript was produced and saved to the platform, the researcher checked the accuracy of the transcript by comparing the audio

recording with the transcript that was produced. Any errors in the transcript were corrected by the researcher. The checked transcript was then sent to the participant for member checking. During the member check, the participant was allowed to change transcripts to accurately reflect their responses, perceptions, or experiences. A pseudonym was assigned to each transcript to ensure confidentiality for participants. Final transcripts were used for software analysis. Transcripts were uploaded to Quirkos, a qualitative data analysis software.

***Step Two: Organize the data***

Step two required the researcher to organize the data. The audio was transcribed into text using Zoom. All notes taken during the interview process were added to the transcriptions. Transcriptions were labeled with interviewee descriptors such as grade level, age of participant, level of education, and number of years of experience. These labels allowed the researcher to compare and contrast the responses.

After labeling, transcripts were read closely to identify common themes and statements. The researcher read through all the transcripts while undertaking analytic memo writing to reflect on the data collected and highlight initial thoughts on the data. During this close reading, the researcher recorded analytical memos. Analytic memos serve several important purposes, and they are an essential component of the data analysis process. According to Creswell (2018), analytic memos are written notes or documents in which researchers reflect on and document their thoughts, ideas, and insights as they engage with qualitative data. These memos play a crucial role in the qualitative research process by facilitating a deeper understanding of the data, helping to

identify patterns and themes, and supporting the development of the research findings (Creswell, 2018).

The researcher then began the coding cycle process. During the first round of coding the researcher coded data correlating with each of the research sub questions.

***Step Three: Data reduction***

Step three required the researcher to continue the first cycle of the coding process. The researcher chose to use Descriptive Coding, an elemental method of coding (Saldana, 2013). According to Saldana (2013), “The method categorizes data at a basic level to provide the researcher with an organizational grasp of the study” (91). As part of this coding process, the researcher labeled data for topics.

Then, Second Cycle coding was performed using Quirkos, a data analysis tool. Saldana (2013) states, “The primary goal during Second Cycle coding is to develop a sense of categorical, thematic, conceptual, and theoretical organization from your array of First Cycle codes” (p. 207). The researcher engaged in Pattern Coding in the Second Cycle coding. In this process, the researcher was able to organize data into meaningful themes or constructs (Saldana, 2013).

***Step Four: Display the data***

Step four required the researcher to reflect on the coding process and engage in post-coding processes. The researcher used a post-coding method of codeweaving to connect key ideas from the study. According to Saldana (2013), “Codeweaving is the actual integration of key code words and phrases into narrative form to see how the puzzle pieces fit together” (p. 248). Through this process, the researcher was able to

connect key findings and themes presented in the data reflected in the Quirkos platform and present them in a narrative format.

### ***Step Five: Conclusions***

Step five required the researcher to elaborate on the themes that presented themselves through the data analysis and coding stages. After establishing the narrative presentation of the themes that were presented in the data, the researcher presented the final conclusions of the study through identifying relevant passages from the interviews that reflected the findings.

### **Reliability and Trustworthiness**

The researcher employed a variety of measures to establish reliability and trustworthiness throughout the study. Reliability is based on quality research that incorporates a series of effective steps in qualitative research (Creswell, 2018). As suggested by Creswell (2018), reliability can be ensured using pre-determined interview questions. The researcher used the interview protocol with fidelity. Interviews were also conducted using the same Zoom platform. Transcripts were edited with the same processes, and member checks were performed.

In qualitative research, trustworthiness is also imperative. The researcher engaged in several strategies to establish trustworthiness. Member checking was performed with each participant. Participants were allowed to review the transcripts of their interviews to ensure accuracy. Participants were also allowed to edit their responses to better represent their perceptions or experiences.

The researcher also tried to establish confirmability. According to Bloomberg and Volpe (2019), “confirmability involves establishing that the researcher's findings and



interpretations are directly derived from the data, necessitating a demonstration of how conclusions were reached” (p. 204). To ensure confirmability, the researcher adopted the practice of analytic memo writing during the initial data exploration phase. These memos, created to document thoughts and ideas about the data, were later coded during data analysis. Additionally, memos played a crucial role in aiding the researcher in reflection and monitoring for potential bias, aligning with the principles outlined by Bloomberg and Volpe (2019).

### **Researcher’s Role**

An assumption underlying qualitative research is that the bias and values of the researcher impact the outcome of any study (Cresswell, 2018, p. 280). Bias can be overcome through thoughtful preparation and reflection. The researcher decided to investigate teacher perceptions of trauma-informed practices because the researcher comes from a personal background of childhood trauma. The researcher believes that every student should feel safe and supported at school. As a teacher, the researcher used many trauma-informed practices, and the researcher has attended several trauma-informed trainings and professional development opportunities along with keeping informed on trauma-informed research. To decrease the influence of the researcher's personal bias, an interview protocol was developed and followed with fidelity. Additionally, memo-writing was used during the data analysis process. Memo writing in qualitative research plays a crucial role in minimizing bias by providing a transparent and systematic means for researchers to reflect on their perspectives, assumptions, and potential biases. Through the memo-writing process, the researcher engaged in critical reflection including documenting their own beliefs, values, and potential biases that may

influence the research process. Additionally, memo writing allows the researcher to document their decision-making and thought processes, which enhances transparency.

### **Limitations**

According to Lunenburg and Irby (2008), limitations are “factors that may have an effect on the interpretation of the findings” (p. 133). The study was limited by the participants’ memory of the lived experience. The study focused on the perceptions of the teachers being interviewed, and their answers were assumed to be their true lived experiences with trauma-informed practices.

Additionally, the sample size was a limitation. A limited number of teachers from two rural Southeast Kansas school districts were interviewed. The findings might not reflect the perceptions of teachers in larger districts in an urban setting or in different regions of the state.

### **Summary**

Elementary teachers’ perceptions of and experiences with trauma-informed practices were explored in this study. The participants’ selection and the research setting were thoroughly described. The research was conducted by interviewing elementary teachers in two school districts. An interview protocol was developed and followed with fidelity. Interviews were transcribed and edited after member checking. The researcher then engaged in data analysis using the collected data. Lastly, the reliability and trustworthiness of the study, the researcher’s role, and its limitations were discussed.

## **Chapter 4**

### **Results**

The purpose of this study was to investigate elementary teachers' perceptions and experiences of trauma-informed practices. A phenomenological design was used to examine the primary research question. To further explore the leading research question, three sub-research questions were developed specifically probing elementary teacher knowledge of trauma-informed practices, elementary teacher use of trauma-informed practices, and the trauma-informed practice knowledge and training needs of elementary teachers.

Participants included elementary teachers from two rural, Southeastern Kansas school districts. There was a total of 10 participants. Participants were 30% male (n=3) and 70% female (n=7). All the participants were Caucasian. Participants ranged in age from 27 years to 59 years. 10% of participants had earned a specialist degree (n=1), 70% of participants had attained a master's degree (n=7), and 20% of participants held a bachelor's degree (n=2). The teaching experience of participants ranged from less than a year to 30 years. To ensure anonymity of participants, pseudonyms were assigned.

#### **Findings Related to Sub-Research Question 1**

Sub-research question 1 addressed elementary teacher knowledge of trauma-informed practices. All participants indicated they had some level of knowledge of trauma and trauma-informed practices, although initially, only eight indicated knowledge of specific trauma-informed practices. Through the analysis of the elementary teacher interviews, two themes emerged. Theme 1: Trauma has a negative effect on students. Three categories were included within Theme 1: trauma negatively affects students

academically, trauma negatively affects students' behavior, and trauma negatively affects students' emotional regulation. The second theme that emerged was: characteristics of elementary teacher knowledge of trauma-informed practices. Theme 2 included 3 categories: building positive relationships, providing a safe environment, and teaching emotional regulation skills.

**Theme 1: Trauma has a negative effect on students.** Theme 1 included elementary teacher knowledge of how trauma negatively impacts students. Three categories emerged within theme 1.

**Category 1: Trauma negatively affects students' academic performance.** Five of the elementary teachers stated that trauma had a negative impact on student academic achievement. Four of the five elementary teachers specifically indicated they knew how trauma affected the brain and interfered with the brain's ability to focus and retain information. Teacher F reported,

“Trauma affects learning, it affects behavior, it affects the function of the brain, it affects everything in the classroom...Brain research has said that they [students] don't learn when they are in fear or if they know that they're going home to a situation that is affecting them...It [trauma] can keep kids from being able to put things in memory.”

Similarly, Teacher C reported,

“I think it [trauma] will affect their academic performance, [like] definitely their level of focus in the classroom. I know whenever children experience trauma at a young age, it affects their brain development and how they process things and how they process their emotions. I taught in **Parsons** for two years and I feel like

that was a higher needs area in a way, or kids had experienced some traumas coming in [to school] and I feel like they were like collectively at a lower academic level.”

**Category 2: Trauma negatively affects students' behavior.**

Eight elementary teachers expressed their knowledge of trauma negatively affecting student behavior. Five elementary teachers specifically indicated that trauma had a negative impact on a student's ability to form healthy relationships because of behavior. Three teachers specifically discussed students affected by trauma as having problems with attachment causing abnormal behaviors in class. Teacher I stated,

“The trauma [reactions] can be different, you know, everybody is different. You know, you have those [students] with the trauma, they're gonna be, you know, become introverts, or they're not gonna wanna talk. They may wanna be away from others. And then clear to the other spectrum where they [students affected by trauma] are going to overcompensate. They [students affected by trauma] will wanna have all their friends. They wanna have everyone be their friend.”

Also, Teacher H stated,

“I have seen where a student has had trauma in their lives, sexual trauma, and they have disrupted others with constantly needing attention and validation. They have touched other students in the middle of lessons, taking away from their peers' ability to learn. And I think a lot of it just stems from that trauma, that needing to have somebody with them, constantly needing that constant reassurance, making sure that they are always having attention.”

Teacher J reported, “Kids [affected by trauma] will shut down, shut off, not respond, not talk to you, be defiant, or be too attached.”

Six elementary teachers described trauma as manifesting in classroom disruptions such as yelling, tantrums, or peer conflict. Teacher C stated,

“They [students affected by trauma] would get into arguments with students in the classroom. They [students affected by trauma] would walk out. They [students affected by trauma] would often yell at each other. They [students affected by trauma] didn't know how to communicate their feelings or they [students affected by trauma] would just shut down completely and not work.”

Likewise, Teacher G reported,

“One of the little kindergartners came in and just threw a fit because she couldn't sit by a certain person. Well, I know her whole life has been disrupted right now, like major trauma stuff going on...Anyway, it was definitely a trauma response for the things going on in her life right now.”

### **Category 3: Trauma negatively affects students' ability to regulate emotions.**

Eight of the elementary teachers specifically discussed the negative impact of trauma on a student's ability to regulate their emotions. Four of the teachers indicated that they knew students affected by trauma would go into fight or flight mode. Teacher C discussed her knowledge of trauma-affected students going into fight or flight mode,

“And I remember learning about the brain and about how they [students affected by trauma] can't process their emotions because like the frontal part of their brain is unable to regulate or process emotions. It just goes into the fight or flight response, basically.”

Additionally, Teacher A reported,

“And if a student is used to trauma and chaotic experiences at home or another place, then if they get escalated, it's like they're kind of in a tunnel vision or something, like in a frozen, in a crisis mode, and it's hard for them to get out.”

Similarly, Teacher E exposed,

“They [students] may live in an environment where all they hear is yelling. Abuse is going on, and therefore they're not always able to regulate their own emotions when it comes to talking and dealing with situations that come up with other students or even handling situations with a teacher. I currently have a student that will immediately just start yelling. He doesn't have that ability to speak calmly when he is dysregulated, and I do believe that's probably what he experiences maybe in his home environment. He just has not learned how to regulate those emotions and carry on the conversation when you're upset with someone.”

**Theme 2: Characteristics of elementary teacher knowledge of trauma-informed practices.** Theme 2 includes the major characteristics described by elementary teachers when discussing their knowledge of trauma-informed practices. Two teachers reported that although they had knowledge of how trauma affected students in the classroom, they could not describe specific examples of trauma-informed practices. Three categories were highlighted: building positive relationships, providing a safe environment, and teaching emotional regulation skills.

**Category 1: Building positive relationships.** Five of the elementary teachers indicated that building positive relationships was a feature of trauma-informed practices. Teacher A discussed using one-on-one discussions to build positive relationships,

“If I see the student struggling, I will kind of walk over to where they're at and just talk to them directly and them only. I would say, how are you doing? To see if something bothers them or if they need anything or a break or something. Sometimes they say, yeah, I'm upset because this and this or something, and then that's a way to give them a little release and hopefully get them back down to the learning level they need to be at.”

Similarly, Teacher E reported,

“Speaking in a calm voice with them [students affected by trauma], being sympathetic and really listening to what they say. Not just me standing there scolding them for something they did, but letting them explain, if they are able to, why something happened, why they did what they did, how they are perceiving it.”

**Category 2: Providing a safe environment.** Five of the elementary teachers highlighted the need for teachers to provide a safe environment as a feature of trauma-informed practices. Teacher F spoke of creating a sense of safety in the classroom,

“I try to kneel on the floor and get down on their [students affected by trauma] level, face-to-face, because I never want them to feel like I'm overpowering them. I think that could be a trigger for some kids if they have experienced abuse.”

When discussing trauma-informed practices, Teacher C reported, “Being aware of students' backgrounds and where they come in, making sure they feel safe is [the] number one priority.” Teacher I reported letting students find a safe place,

“Especially with them [students affected by trauma], you need to pull them away, you know, just to talk with them. Don't make it look like they're in trouble or



anything. Just sitting by you while they do their work will work. I had a student once and the only way I could get him to do his work was if he sat up against my desk. So, I'm like, go right ahead. If standing or sitting beside my desk is what gets you to do work, then that is okay. Just do that. If you feel comfortable and safe there, then, you know, that is how you do it.”

Similarly, Teacher F stated,

“Yeah, you know, the number one thing is making sure that kids feel safe in the classroom, and making them not feel that they are in that fight or flight kind of stress, because that stress that they're, that they're feeling most of the time should be, that should not be happening in the classroom, that stress should be lowered. So, making kids feel welcome and having that personal relationship with them, them knowing that you know them and being able to have them feel comfortable.”

**Category 3: Teaching emotional regulation skills.** Six of the elementary teachers indicated that teaching emotional regulation skills was a characteristic of trauma-informed practices. The elementary teachers reported emotional regulation techniques such as breathing, taking breaks, and identifying emotions. Teacher A described breathing with a student as a trauma-informed practice,

“Well, I would try to remain calm and maybe take on a calming demeanor, soothing, maybe get down on their level, kneel or sit down next to them and again, ask them, how are you doing? And just kind of slow down the whole cycle that seems to be, I don't know, going fast or just bothering them in some way. We would just take a moment, just take a pause to breathe with the student for a little bit.”

Teacher D spoke about giving students breaks,

“I might just let them [students affected by trauma] work on something else until they're in a better headspace and able to focus, because...They're not going to get anything out of it if they're in that place anyway. You might as well wait until a different time.”

Teacher F spoke about how discussing emotions and feelings with students to help them better understand their behavior,

“We do morning meetings when they [students] come in. I tell them kind of how I'm feeling. I didn't sleep very good last night. I'm tired. If I'm grumpy today, I apologize... And so, they [students] will let me know for sure, third graders and fourth graders, Mrs. **Russel** are you tired? Yes, I am. I'm sorry. So, you know, starting out with morning meeting just to kind of touch base with kids and find out where they are, how they're feeling. We identify our emotions and how they affect our mood and behavior.”

## **Findings Related to Sub-Research Question 2**

Sub-research question two addressed how elementary teachers used trauma-informed practices in the classroom. All respondents indicated that they used trauma-informed practices within the classroom. Through analysis of elementary teacher interviews, one theme presented itself. Theme 1: teachers used trauma-informed practices to support students affected by trauma.

**Theme 1: Trauma-informed practices were used to support students affected by trauma.** Theme 1 includes how elementary teachers used trauma-informed practices in the classroom to support students affected by trauma. Three categories were identified

within theme 1. Category 1: teachers used trauma-informed practices to support student academic performance. Within category 1 three sub-categories emerged: breaks, positive reinforcement, and seating accommodations. Category 2: teachers used trauma-informed practices to support student behavior. Within Category 2 four sub-categories emerged: positive relationships, positive reinforcement, seating accommodations, and breaks. Category 3: teachers used trauma-informed practices to support student social-emotional skills. Modeling positive relationships and using emotional regulation & de-escalation techniques were two sub-categories that emerged within category 3.

**Category 1: Trauma-informed practices were used to support student academics.** All the elementary teachers indicated that they used trauma-informed practices to support students who may be affected by trauma academically. Teachers described similar trauma-informed practices.

*Sub-Category 1.1: Breaks.* Eight of the elementary teachers identified breaks as a trauma-informed practice used to academically support students who may be affected by trauma. Elementary teachers described using whole class breaks and individual student breaks. The elementary teachers described using breaks to help students to relieve stress and to refocus on academic tasks. Teacher C described using individual student breaks,

“There's one specific student that comes to mind. He needed the breaks.

Otherwise, he would get super frustrated with something that was specifically challenging to him and just wanted to break down. I would say that incorporating breaks is the number one thing to support students affected by trauma.”

Teacher H described using whole class breaks to support students affected by trauma,

“For every 30 minutes of work, I have my students do five minutes of physical activity. We have a short and simple one that we do called starfish-pencil. I just call out starfish, and they stand with their arms wide, and their legs spread. Then I say pencil. They snap their arms back down to their sides and stand up straight. I try to incorporate at least five minutes of getting that physical energy out.”

***Sub-Category 1.2: Positive reinforcement.*** Eight elementary teachers identified using positive reinforcement as a trauma-informed practice to academically support students who may be affected by trauma. Elementary teachers described using positive reinforcement to encourage academic skills and to help build student stamina for extended tasks. Teacher F described using positive reinforcement to build academic stamina,

“I talk to kids about how sometimes the brain is a muscle. We talk about our brain sometimes doesn't have all of the paths that it needs. And so, like reading, we started out the year where we silently read for maybe one minute. I was lucky if some of them could do that. We kept practicing that [reading]. I kept praising them about it. We would whoop and holler and celebrate when everybody read for a minute. Then we would go for two minutes and then five minutes. We do a lot of celebrations when we make a goal. We celebrate people. We do a lot of knuckles and things like that when we do something good. That stamina, that stick-with-it-ness, is constant, routine, repetitive, and celebration. It is everyday, routine, routine, routine, celebrate when we meet a goal.”

***Sub-Category 1.3: Seating accommodation.*** Five elementary teachers identified using special seating as a trauma-informed practice to academically support students who

may be affected by trauma. The elementary teachers described using seating accommodations to help students feel safe and comfortable to focus on academic tasks.

Teacher H described using a separate seating area with different seating options,

“I have a plant area, is what I say in my room. And in that area, there is a beanbag chair, a blanket, stuffed animals. I do have a table that has a plant on it with accordion-style chairs. They've got wobble chairs, and it has very dull lighting in that area.”

Teacher I reported making seating accommodations to support student needs,

“And if I have a student who just can't seem to sit down, I position, try to position their desks, where they're not going to bother any of the other students by standing up or moving around, but they still have that ability to do that. I had a student once that I taped off on the floor, this square, and he was in the back. And I told him, I said, as long as you stay in that square, I said, you can jump up and down, you can dance, you can do whatever you want, but you have to do your work and you have to stay in the square. He did his work and he stayed in his little box. You've always got to find some way to make them [students affected by trauma] feel comfortable in your room.”

### **Category 2: Trauma-informed practices were used to support student**

**behaviors.** All elementary teachers interviewed stated that they used trauma-informed practices to support the correct behavior of students who may be affected by trauma.

Elementary teachers described varying trauma-informed practices they used to support correct behaviors.

*Sub-Category 2.1: Positive relationships.* Eight of the elementary teachers described building positive relationships with students as a trauma-informed practice to support correct behavior in students who may be affected by trauma. Teacher F reported using positive relationships to teach correct behaviors to students,

“They've had trauma with adults, typically, in their lives. I don't want to be the next person that reinforces that. I try to stay calm. I let them know that I care about them and they're not in trouble. It's just that, you know, we need to fix this. So how are we going to go about fixing it?”

Teacher H reported building positive relationships through community building,

“So, every single morning, my kids sit on the carpet, and I've got a rocking chair that I sit in. We always, every single morning, start our day the exact same way, and they sit on the carpet with their friends. I sit in the rocking chair with my pillow, drinking my coffee. It's very family-oriented is how I try to keep my classroom. Every morning, I say, good morning, second grade, and they say, good morning, [REDACTED], and then we go on, and we talk about, you know, what day is it? What are we having for lunch today? And then I ask, you know, do you guys like today's lunch? What is your favorite food? What is the food that you don't like in today's lunch? Is it the main thing, or is it a side thing that we're having? And every single morning, we start our morning that way. At the very end, we do affirmations. Before affirmations, I usually try to have just, I call it my squirrel moment, where I just kind of go off topic, and we talk about something random, and I try to make sure that we have at least one of those in the conversation every single morning, so that way they get to know me, I get to know them.”

***Sub-Category 2.2: Positive reinforcement.*** Four of the elementary teachers described using positive reinforcement in the form of a token-economy as a trauma-informed practice to support students who may be affected by trauma. Students received tokens or coupons for displaying correct behaviors. Students could then use those tokens or coupons to get items from a classroom store.

***Sub-Category 2.3: Seating accommodation.*** Three of the elementary teachers described using a safe-seat option as a trauma-informed practice for misbehaving students who may be affected by trauma. The elementary teachers using this practice would have the misbehaving student move to the safe seat area to regulate their emotions and return to their normal seat when they were ready to perform correct behavior. During this practice, the teacher would have a short conversation with the student either before moving them to the safe seat area or when the student was returning to their regular seating area. The conversation would focus on what the behavior error was that the student was displaying and what the correct behavior the student needed to use when returning to their regular seating area.

***Sub-Category 2.4: Breaks.*** Two elementary teachers described using breaks as a trauma-informed practice to help support correct behavior in students who may be affected by trauma. Elementary teachers using this strategy would provide students with a break when they are showing escalated behavior. Teacher E stated,

“I have these tickets I've made up for some kids when they're having a rough time and [I] send them to the office with the ticket. When they get to the office, they hand it to **Rochelle** [office secretary], and it just says, I need a five-minute reset time. Please send me back to the classroom after the time is up, and that's all it is.

They're not punished. They're not written up. They sit at that little desk in the office. Nobody has to talk to them or anything, and then normally they'll come back within five minutes, and they've turned things around.”

**Category 3: Trauma-informed practices were used to support student social-emotional skills.** All elementary teachers reported that they used trauma-informed practices to support students' social-emotional skills. Elementary teachers described varying trauma-informed practices they used to support the social-emotional skills of students who may be affected by trauma.

***Sub-Category 3.1: Positive relationship modeling.*** Five of the elementary teachers indicated that they used modeling techniques to teach students how to build positive relationships. Teacher I described using peer models to help students develop social-emotional skills,

“As much as possible when pairing students together, I choose pairs knowing that they [students affected by trauma] are going to do well with that student. One student kind of brings out the best in the other one and vice versa. I try to work with them [students affected by trauma] that way. I also encourage them [students affected by trauma] to be leaders. One leads the group; one is the support and then the next time they can switch roles. I am able to [kind of] move them around and allow them to kind of do the work and start to make friends. And, you know, especially if they're ones that didn't really seem to want friends or wanted to stand back. I knew what students I could put with them, pair them up. And so that they could start releasing some of that emotion and feel like that they are a part and that they could trust someone.”



Teacher E reported teacher modeling as a technique for teaching social-emotional skills,

“We know that we're teaching social skills. We are teaching these children how to regulate their emotions, how to handle things. Teaching them manners, how to say please and thank you. If they snap at another student and get mad, it's a good teaching time to stop. And say, I know you're upset, but how could we tell them instead of getting in their face and yelling. What could we say? And we talk through how we could say,, I don't like it when you do that. Could you please stop? How to say it in a calmer way.”

***Sub-Category 3.2: Emotional regulation & de-escalation techniques.*** Seven of the elementary teachers described different emotional regulation or de-escalation techniques that they used in the classroom to help students identify their emotions and self-regulate. The techniques described included naming emotions, breathing techniques, giving wait time, providing breaks, restorative conversations, and physical touch.

### **Findings Related to Sub-Research Question 3**

Sub-research question 3 addressed what knowledge or training elementary teachers needed to be more effective in implementing trauma-informed practices. All elementary teachers indicated that they would benefit from additional training and knowledge on trauma-informed practices. One theme was identified: teachers need continuous knowledge and training for effective implementation of trauma-informed practices.

**Theme 1: Teachers need continuous knowledge and training for effective implementation of trauma-informed practices.** Elementary teachers reported that they would benefit from additional training and knowledge of current trauma-informed

practices. Two categories emerged within Theme 1. Category 1: Teachers need training and knowledge on current trauma-informed practices. Knowledge of trauma and current trauma-informed practices were identified as sub-categories within category 1. Category 2: Teachers need training and knowledge on effective implementation of trauma-informed practices. Classroom management and emotional regulation were two sub-categories identified within category 2.

**Category 1: Teachers need training and knowledge on trauma and current trauma-informed practices.** All elementary teachers reported that they would benefit from training and knowledge of current trauma-informed practices. Three of the elementary teachers indicated that they had attended training or educational opportunities in the past over trauma-informed practices, but these three elementary teachers stated that they would benefit from additional and more current training and knowledge of trauma-informed practices. Two sub-categories were identified within Category 1: Knowledge of trauma and Current trauma-informed practices.

*Sub-Category 1.1: Knowledge of trauma.* Seven of the elementary teachers stated that they specifically needed more knowledge of trauma and how it affects students in the classroom. Teacher I discussed having more knowledge on how to identify students who may be affected by trauma,

“I would like training that kind of helps you see different things. You're not a psychologist, so you can't pinpoint everything. But if the schools aren't going to tell you that a student had some trauma, you're going to have to figure it out yourself... so you know how to help them... if I haven't been told what the issue is and I can't figure it out, then I'm not going to be able to help the student.”

Teacher E reported the importance of ongoing training on trauma,

“I received ACEs training years ago, that was probably some of the best training I'd ever had because it just talked about the different factors of trauma. When I used to think of trauma, it used to be like an emergency serious situation. I think we are learning now that that's not exactly what trauma is. I do not think you can ever have too much of a reminder of it. We always want to keep things in the forefront, and we do forget.”

*Sub-Category 1.2: Current trauma-informed practices.* Nine of the elementary teachers stated that they needed knowledge and training in current trauma-informed practices. Teacher E reported the importance of yearly training on trauma-informed practices,

“I've been teaching for 20 years. There are some strategies and things that of course I have forgotten about, and there are always things that we could be doing better. So, I think in this day and age and what we are experiencing with children, I think trauma-informed practices should be a part of our professional development every year.”

**Category 2: Elementary teachers need training and knowledge on effective implementation of trauma-informed practices.** Five of the elementary teachers stated that along with knowledge and training on trauma-informed practices, they would specifically need knowledge or training on how to effectively implement trauma-informed practices. Elementary teachers suggested several types of training for effective implementation including tutorials, modeling, and getting information on best practices. Two sub-categories emerged: classroom management and emotional regulation.

Teacher H felt that with more training teachers would be more effective in implementing trauma-informed practices,

“I would say a large majority of students that go through my school, I would say probably 90 to 95 percent have had trauma in their lives. I teach primary elementary, and I have students with trauma. And I think that if I could get resources and more professional development on how to more effectively use these techniques, I think that I would be setting my students up for success in the long run.”

Teacher R reported the importance of implementing best practices,

“I would like to see how other schools or districts are utilizing the knowledge and the skills. There are so many definitions of trauma-informed... I would like to see best practice. I would like to see other districts’ outcomes. What effect is it having? Is it truly helping? How are they [trauma-informed practices] helping?”

***Sub-Category 2.1: Classroom management.*** Five of the elementary teachers indicated that training and knowledge specifically on classroom management would be the most beneficial. Elementary teachers reported that managing classroom behaviors was a key area of need. Teacher E identified classroom management as a high needs area in regards to trauma-informed practices,

“I think classroom management is always going to be an issue. You get one class one year, and you get a completely different class the next year. Whatever strategies you used before are thrown out the window. We [elementary teachers] are dealing with behaviors too that we haven't always experienced in the school setting in the past. So, I think that is a huge reason why teachers are leaving the

profession or not even going into the profession is because there are a lot of classroom behaviors. Emotional outbursts from kids, physical outbursts from kids that we are dealing with on a daily basis.”

***Sub-Category 2.2: Emotional regulation training.*** Two elementary teachers indicated that training and knowledge specifically on emotional regulation training would be the most beneficial. Teacher H discussed her need for support in teaching students how to regulate their emotions,

“I would like to get better trained on ... preventing, for lack of a better term, meltdowns. Helping students recognize where they are emotionally. So, if they are becoming dysregulated, they can identify it quicker. How can I help my students identify their triggers? Identify that they're getting dysregulated. What can I have them do to regulate themselves again? Rather than me saying, hey, it looks like you're getting overwhelmed because of math today. Why don't you go sit in the play area for five minutes? Or, hey, I can tell that you're having a hard time focusing. Why don't we play, um, starfish pencil for five minutes? I would like to become better at teaching them when you're feeling this way, it's okay to say, hey, [REDACTED], I am struggling to focus. Can I walk to the library and come back? How can I help them prevent some of those meltdowns, disturbances, distractions, any of that stuff.”

### **Additional Observations**

Several topics were described by individual elementary teachers that did not constitute a category or sub-category. One teacher went into detail about her knowledge of ACEs and the training that she received about trauma, but other teachers did not note

any knowledge of the ACEs study when asked about their knowledge of trauma and trauma-informed practices. Elementary teachers not noting their knowledge of ACEs, or the ACEs study, could be due to the fact that the participants were not directly asked about their knowledge of the ACEs study, or participants have not been trained on ACEs.

Another elementary teacher ended her interview by describing her experience with secondhand trauma. Teacher C stated,

“I guess I will add one thing. I feel like when I was at [REDACTED], I got secondhand trauma. From what I learned, that [secondhand trauma] is a thing. Especially after COVID. The worst my mental health has ever been [was] my second-year teaching. That was the year we came back from COVID. All the kids were in and out of school. You felt like you couldn't hold them accountable. And then so many of my kids had stuff going on. We had family members of the kids [like] passing away and [like] so much stuff. And I feel [like] I got some secondhand trauma from what my kids were going through. But so, that was interesting. [Like], I hate thinking about my experience at [REDACTED] because I have such bad feelings towards that [experience] because it was just a lot. I just started not sleeping and stuff like that. When we don't address our kid's trauma, it can really affect the teachers and their mental health as well. That [secondhand trauma] is a real thing.”

Although this study was focused on trauma-informed practices, her additional commentary is a description of what elementary teachers may be experiencing or have experienced in the classroom when working with students affected by trauma.

Additionally, an elementary teacher who was in her first two years of teaching indicated that she had been required to take a class on trauma-informed practices as part of her undergraduate teaching degree. This comment suggests that undergraduate elementary teacher college programs may be preparing teachers for using trauma-informed practices.

### **Summary**

Through the analysis of the elementary teacher interviews more similarities were found than differences. All the elementary teachers indicated that they had some level of knowledge of trauma and trauma-informed practices although only eight indicated knowledge of specific trauma-informed practices. Overall, elementary teachers reported that they used trauma-informed practices within their classrooms, but they also needed continuous knowledge and training in trauma-informed practices and effective implementation.

## **Chapter 5**

### **Interpretation and Recommendations**

Childhood trauma affects students academically, behaviorally, and socially. Elementary teachers work with students affected by trauma in the classroom every day. This study sought to investigate elementary teacher perceptions and experiences of trauma-informed practices. Researched through the study were elementary teachers' knowledge of trauma-informed practices, elementary teachers use of trauma-informed practices, and what training or knowledge elementary teachers need to use trauma-informed practices more effectively. In Chapter 5, you will find a condensed version of the study, an examination of the problem and its overview, a purpose statement along with research questions, a detailed exploration of the methodology, and a presentation of the key discoveries from the research. Additionally, the findings are scrutinized in relation to existing literature. The chapter concludes by offering insights for practical application, suggesting recommendations for future research, and providing concluding remarks.

#### **Study Summary**

This study explored elementary teacher perceptions and experiences with trauma-informed practices including their current knowledge of trauma-informed practices, their usage of trauma-informed practices, and their need for additional training or knowledge to be more effective in implementing trauma-informed practices. This section includes the purpose of the study and research questions along with the methodology and major findings of the study.



*Overview of the Problem.* Educational institutions play a crucial role in fostering the overall development of students, aiming not only to impart knowledge but also to cultivate a secure and nurturing learning environment. However, challenges such as exposure to traumatic experiences can hinder the educational process, leading to adverse academic and behavioral outcomes (Terrasi & de Galarce, 2017). Trauma-informed practices (TIPs) have emerged as a promising solution to address these challenges and promote a supportive school culture (Terrasi & de Galarce, 2017). While existing research explores the impact of TIPs on students, there is a notable gap in understanding elementary teachers' perceptions and experiences in implementing these practices in the classroom (Thomas, Crosby, & Vanderhaar, 2019).

Despite the increasing adoption of trauma-informed practices in schools, it is essential to delve into elementary teachers' perspectives and experiences with these strategies. This includes exploring the support provided to elementary teachers for implementing trauma-informed practices (Bilbrey et al., 2022). Given the pivotal role of elementary teachers in students' social and academic success, there is a critical need for research on their perceptions and experiences with trauma-informed practices (Yohannan & Carlson, 2019). Moreover, ensuring that elementary teachers receive necessary professional development and possess knowledge about trauma is crucial for effective implementation within the classroom, especially when working with students who have experienced trauma (Erdman et al., 2020). To enhance the effectiveness of elementary teachers in supporting traumatized students, it is imperative to understand their perceptions and experiences with trauma-informed practices and provide the requisite support.

***Purpose Statement and Research Questions.*** The purpose of this study was to explore elementary teacher perceptions and experiences of trauma-informed practices. More precisely, this study examined elementary teacher knowledge of trauma-informed practices, elementary teacher usage of trauma-informed practices, and knowledge and training needs of elementary teachers to be more effective in implementing trauma-informed practices. The primary research question of this study was: What are elementary teachers' perceptions and experiences with trauma-informed practices? To support the primary research question three sub-research questions were utilized:

**Sub RQ1:** What did elementary teachers know about trauma-informed practices?

**Sub RQ2:** How did elementary teachers use trauma-informed practices in their classrooms?

**Sub RQ3:** What additional training or knowledge do elementary teachers need to increase the effectiveness of their use of trauma-informed practices?

***Review of the Methodology.*** To investigate elementary teachers' perceptions and experiences with trauma-informed practices, a qualitative approach and a phenomenological design were used. Data were collected through individual interviews of elementary teachers through Zoom, a video-conferencing platform. Open-ended questions were posed to participants along with scenarios and probing questions. Transcripts were composed and reviewed for errors. After edits were made, transcripts were sent back to participants for member checking. Once finalized, transcripts were analyzed through memo note-taking and the use of Quirkos, a data analysis software. Through memo note taking and Quirkos analysis, codes, categories, and themes were developed.

**Major Findings.** Major findings in this study were closely tied to the topic of each sub-research question: elementary teacher knowledge of trauma-informed practices, elementary teacher use of trauma-informed practice, and teacher trauma-informed knowledge and training needs. Themes were identified for each research question with several categories and sub-categories emerging within each theme. Additionally, some significant and unique experiences were discussed.

Sub-research question 1 asked participants to describe their knowledge of trauma-informed practices. Through the analysis of the elementary teacher interviews 2 themes emerged. Theme 1: trauma has a negative effect on students. Three categories were identified within theme 1: trauma negatively affects students' academics, trauma negatively affects students' behavior, and trauma negatively affects students' emotional regulation. The second theme that emerged was: characteristics of elementary teacher knowledge of trauma-informed practices. Theme 2 included 3 categories: building positive relationships, providing a safe environment, and teaching emotional regulation skills.

Sub-research question 2 asked elementary teachers to describe how they used trauma-informed practices in the classroom. Through analysis of elementary teacher interviews, one theme was presented. Theme 1: teachers used trauma-informed practices to support students affected by trauma. Theme 1 includes how elementary teachers used trauma-informed practices in the classroom to support students affected by trauma. Three categories were identified within theme 1. Category 1: teachers used trauma-informed practices to support student academics. Within category 1 three sub-categories emerged: breaks, positive reinforcement, and seating accommodations. Category 2: teachers used

trauma-informed practices to support student behavior. Within Category 2 four sub-categories emerged: positive relationships, positive reinforcement, seating accommodations, and breaks. Category 3: teachers used trauma-informed practices to support student social-emotional skills. Modeling positive relationships and using emotional regulation & de-escalation techniques were two sub-categories that emerged within category 3.

Sub-research question 3 addressed what knowledge or training elementary teachers needed to be more effective in implementing trauma-informed practices. Two categories emerged within theme 1. Category 1: Teachers need training and knowledge on current trauma-informed practices. Knowledge of trauma and current trauma-informed practices were identified as sub-categories within category 1. Category 2: teachers need training and knowledge on effective implementation of trauma-informed practices. Classroom management and emotional regulation were two sub-categories identified within category 2.

### **Findings Related to the Literature**

Childhood trauma is a pervasive issue that places individuals at higher risk for negative developmental and health-related problems (CDC, 2021). Additionally, childhood trauma has a significant impact on the brain and in the classroom. Research using brain imaging has indicated that trauma has a significant impact on how the brain functions, learns, and responds (Carrion et al., 2013). Trauma has also been shown to negatively affect student IQs over an extended period (van Os, et al., 2017). Furthermore, student's express trauma in the classroom through lack of attention, disruptive behavior, defiance, decreased engagement, truancy, and tardiness. Overall, these behaviors tend to

decrease student performance and ability to learn (American Psychiatric Association, 2021). The prevalence of childhood trauma and the significant negative impact that trauma has on students makes it imperative for teachers to adopt trauma-informed practices.

Furthermore, research on teachers' perceptions and experiences of trauma-informed practices is limited. Research has shown that teachers perceive trauma as harming students' behavior and academics (Martin et al., 2010). Participants in this study provided insight into the perceptions and experiences of trauma-informed practices. Elementary teachers' knowledge of trauma-informed practices, implementation of trauma-informed practices, and trauma-informed knowledge and training needs were investigated. Overall, the teachers had similar knowledge of trauma-informed practices, and common trauma-informed practices that they used in the classroom were identified. Additionally, all participants stated that they needed more knowledge and training on effective trauma-informed practices.

***Sub-Research Question 1.*** Sub-research question one explored elementary teacher knowledge of trauma-informed practices. This study reflected research conducted in Georgia by Rahimi et al. (2021) on teacher perceptions and experiences of trauma-informed practices. Similarly, this study found that elementary teachers had knowledge of trauma-informed practices, but the trauma-informed practices identified varied. Whereas Rahimi et al. explored prek-12 teacher knowledge of trauma and trauma-informed practices, this study specifically explored elementary teachers' knowledge of trauma-informed practices.

Elementary teachers in this study reported that trauma negatively affected students' academic performance, behavior, and ability to regulate emotions. These findings were very similar to Martin et al. (2010), who found that Prek-12 teachers in the US and Canada identified trauma as negatively impacting student academic performance and behavior.

Within this study, not all the elementary teachers identified the same trauma-informed practices. This echoes the findings of Thomas et al. (2019), which found through evaluation of state DOE agency websites that there was not a well-defined list of trauma-informed practices. Although there are common characteristics of trauma-informed practices outlined by the Substance Abuse and Mental Health Services Administration (SAMHSA), there is not an all-encompassing list of trauma-informed practices.

In this study, all participants knew trauma-informed practices. Analysis of their responses identified shared characteristics of the trauma-informed practices that participants reported. The characteristics identified: positive relationships, safe environment, and emotional regulation skills reflect the characteristics of trauma-informed practice outlined by SAMHSA (2014).

***Sub-Research Question 2:*** Sub-research question two investigated how elementary teachers implemented trauma-informed practices within their classrooms. In this study, elementary teachers expressed how they used trauma-informed practices to support their students' academics, behavior, and social-emotional learning. The academic support identified by the elementary teachers: breaks, positive reinforcement, and seating accommodations, reflect the characteristics of trauma-informed practices outlined by

SAMHSA (2014). Also reflecting the characteristics of trauma-informed practices outlined by SAMHSA (2014) were the behavior supports identified by the elementary teachers including positive relationships, positive reinforcement, seating accommodations, and breaks. Furthermore, the social-emotional skills the elementary teachers identified: positive relationship modeling and emotional regulation & de-escalation techniques, could be categorized under the SAMHSA definition of trauma-informed practices.

Elementary teachers reported using whole class and individual trauma-informed practices to support those students who may be affected by trauma. The trauma-informed practices that the elementary teachers discussed reflect the NCTSN (2012) definition of protective and promotive factors that trauma-informed practices need to incorporate. Protective factors reduce stress and mitigate the negative side effects of trauma. The elementary teachers in this study reported using trauma-informed practices targeted toward students who are affected by trauma including giving breaks, seating accommodations, modeling positive relationships, and teaching emotional regulation skills. These protective factors are used to help support students affected by trauma by promoting coping skills, positive relationships, and self-esteem. Promotive factors enhance the student's positive adjustment whether they are affected by trauma or not. In this study, teachers started using whole-class trauma-informed practices like physical breaks, positive relationship building in the form of community discussions, and positive reinforcement, which would fall under the definition of protective factors. These trauma-informed practices create a sense of safety and are used to create a positive learning

environment that supports all students regardless of whether they have experienced trauma or not.

***Sub-Research Question 3:*** Sub-research question three asked elementary teachers to identify trauma-informed knowledge or training needs for implementing trauma-informed practices more effectively. Research conducted by the National Education Association & National Council of State Education Associations (2019) identified the need for more teacher training and support in trauma-informed practices. Similarly, this study found that elementary teachers reported that they would benefit from continuous professional development in effectively implementing trauma-informed practices. Additionally, the elementary teachers identified two key areas: classroom management and emotional regulation training.

Additionally, elementary teachers in this study recognized that they would be more effective in implementing trauma-informed practices if they received more training. This echoes findings from McConnico et al (2016) which found that teachers had an increased understanding of trauma after receiving training. Furthermore, teachers felt more prepared to respond to students affected by trauma after receiving training on trauma-informed practices.

## **Conclusions**

***Implications for Action.*** This study reveals that elementary teachers in Southeast Kansas have knowledge of trauma-informed practices, but that they need further knowledge and training to be effective in implementing trauma-informed practices in the classroom. Research, starting with the original ACEs study in 1995, has continued to suggest that childhood trauma is a significant and pervasive issue. Additionally, ongoing



research has demonstrated that trauma has negative effects on school age children including having negative impacts on learning and behavior in the classroom. Further research has also indicated that teachers can improve student learning and behavior by implementing trauma-informed practices. School districts and education stakeholders can use the information gathered in this study to inform their professional development programs for elementary educators and help guide systemic changes toward a more trauma-informed culture.

The findings of this dissertation underscore the critical need for ongoing and comprehensive professional development programs for elementary educators. These programs should focus on equipping teachers with the knowledge and skills necessary to recognize, understand, and respond effectively to trauma in students. Educational institutions and school districts should invest in training opportunities that promote a trauma-informed approach to teaching and create a supportive learning environment.

Furthermore, schools should consider adopting a whole-school approach to trauma-informed practices. This involves creating a culture that extends beyond individual classrooms and integrates trauma-informed principles into school policies, procedures, and curricula. School administrators and leadership teams play a crucial role in fostering a supportive environment that prioritizes the well-being of both students and staff.

Additionally, this study suggests that teachers need continuous professional development and support on trauma-informed practices. Ongoing research and evaluation are crucial to refine and adapt trauma-informed practices based on emerging evidence and best practices. Educational institutions and school districts should encourage and

support continued research in this field, fostering a culture of innovation and improvement. Regular assessment of the impact of trauma-informed practices on both teachers and students will contribute to the development of evidence-based strategies.

Along with professional development, this study highlights the importance of integrating trauma-informed practices into pre-service elementary teacher education programs. Elementary teacher preparation programs should prioritize the inclusion of coursework and practical experiences that educate future elementary educators about trauma and its impact on students. This proactive approach can better prepare elementary teachers to create inclusive and compassionate classroom environments. Furthermore, undergraduate trauma-informed coursework for elementary teachers would provide some consistency on the knowledge and training that elementary teachers are receiving before entering the classroom.

In addition to training and knowledge, prior research and the information in this study suggest that systemic changes within education would benefit elementary teachers and school districts as they move toward a trauma-informed culture. Educational stakeholders including educational leaders, community members, and policymakers can use the findings in this study to inform their work towards a systems wide trauma-informed culture.

In conclusion, the implications drawn from this dissertation call for a multi-faceted approach involving teacher training, institutional support, community involvement, and policy changes to create a comprehensive and sustainable framework for trauma-informed practices in education. The successful implementation of these

actions holds the potential to positively impact both elementary teacher experiences and the well-being and academic success of students who have experienced trauma.

***Recommendations for Future Research.*** This qualitative research study provided insight into elementary teacher perceptions and experiences of trauma-informed practices. Elementary teachers' knowledge and use of trauma-informed practices was both unique and had commonalities. The findings of this research suggest that further investigation should be performed in areas of elementary teacher perceptions and experiences, elementary teacher undergraduate trauma-informed practices coursework, and continued research on the effectiveness of trauma-informed practices.

The results of this research underscore the need for additional exploration in various dimensions related to elementary teacher perceptions and experiences. Although this research provided insight into elementary teacher perceptions and experience, delving deeper into the intricacies of how elementary educators perceive and engage with trauma-informed practices is essential to refine and enhance current approaches. By investigating the specific aspects that impact teachers at the elementary level, such as their understanding, challenges, and successes in implementing trauma-informed practices, future studies can provide targeted insights that contribute to more effective teacher training and support.

Furthermore, this research suggests a critical examination of the undergraduate programs that prepare elementary teachers. Within this study, elementary teachers were asked to share their knowledge of trauma-informed practices and experiences of implementation in the classroom. The findings of the study demonstrated that teachers had common knowledge and experiences but overall, there was a lack of consistent

knowledge of specific trauma-informed practices and implementation of those practices. Integrating trauma-informed practices into the curriculum of elementary teacher preparation programs is imperative. Future exploration should evaluate the depth and breadth of coverage these programs currently provide and identify areas for improvement. Understanding the extent to which future educators are equipped with the knowledge and skills necessary to address trauma in the classroom is crucial for fostering a generation of teachers who can create safe and supportive learning environments.

Most importantly, continued research on the effectiveness of trauma-informed practices is paramount for ensuring their long-term impact. Although this study did not evaluate the effectiveness of trauma-informed practices themselves, elementary teachers indicated that they needed current knowledge and training on effective implementation and evidence-based trauma-informed practices. Ongoing evaluation and refinement of these practices contribute to the development of evidence-based strategies that can be adapted to evolving educational landscapes. Investigating the sustained effects of trauma-informed approaches on both teachers and students will not only validate their efficacy but also provide valuable insights into potential adjustments or enhancements needed for sustained positive outcomes. This research imperative serves to cultivate a comprehensive understanding of the long-term implications and benefits of trauma-informed practices in elementary education.

This research suggests a need for increased attention to the mental health and well-being of elementary teachers and students. Educational institutions and school districts should implement support systems that acknowledge and address the emotional toll of working with students who have experienced trauma as well as providing mental

health support for students affected by trauma. Providing access to counseling services, professional development on self-care, and fostering a supportive community within the school can contribute to the overall well-being of elementary educators and have a positive impact on students.

Moreover, collaboration between schools, communities, and parents is vital for the successful implementation of trauma-informed practices. District leaders and elementary educators should engage in open communication with parents to share insights on trauma-informed approaches and involve the community in supporting the emotional well-being of students. Also, building partnerships between schools and external mental health resources can enhance the effectiveness of trauma-informed initiatives. Collaboration amongst educational stakeholders is vital for the successful development of a trauma-informed culture.

At a state and national level, the findings from this study can be used to inform advocacy for policy changes at the governmental levels to initiate movement toward institutionalizing trauma-informed practices. Policymakers should be informed by the research and recommendations derived from this study to develop guidelines and allocate resources that promote the widespread adoption of trauma-informed approaches in the elementary educational settings.

***Concluding Remarks.*** The pervasiveness and significant negative effects of childhood trauma on students' learning, behavior, and relationships highlight the need for elementary teachers to have ongoing knowledge and training on research-based trauma-informed practices and be provided continuous effective implementation support of trauma-informed practices. Currently and historically, research has focused mostly on

what constitutes childhood trauma and the depth and breadth of the negative effects trauma has on children and adults. Extensive research on trauma and the effects of trauma on students in the classroom exists, but we have very little research on effective trauma-informed practices and how teachers perceive and experience these practices. Further research should be conducted to investigate elementary teacher perceptions and experiences as well as trauma-informed practices so that best practices can be identified and implemented effectively.

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**Table B**

*Summary of Elementary Teacher Perceptions and Experiences of Trauma-informed Practices*

Elementary Teacher Themes and Categories		N
<b>Sub-RQ1</b>	<b>What did elementary teachers know about trauma-informed practices?</b>	
<b>Theme 1</b>	<b>Trauma has a negative effect on students</b>	
Category 1	Trauma negatively affects students' academics	5
Category 2	Trauma negatively affects students' behavior	8
Category 3	Trauma negatively affects students' ability to regulate emotions	8
<b>Theme 2</b>	<b>Characteristics of elementary teacher knowledge of trauma-informed practices</b>	
Category 1	Building positive relationships	5
Category 2	Providing a safe environment	5
Category 3	Teaching emotional regulation skills	6
<b>Sub-RQ2</b>	<b>How did elementary teachers use trauma-informed practices in their classrooms?</b>	
<b>Theme 1</b>	<b>trauma-informed practices were used to support students affected by trauma</b>	
Category 1	trauma-informed practices were used to support student academics	10
	Sub-Category 1.1 breaks	8
	Sub-Category 1.2 Positive reinforcement	8
	Sub-Category 1.3 Seating accommodation	5
Category 2	Trauma-informed practices were used to support student behaviors	10
	Sub-Category 2.1 Positive relationships	8
	Sub-Category 2.2 Positive reinforcement	4
	Sub-Category 2.3 Seating accommodation	3
	Sub-Category 2.4 breaks	2
Category 3	Trauma-informed practices were used to support student social-emotional skills	10
	Sub-Category 3.1 Positive relationship modeling	5
	Sub-Category 3.2 motional regulation & De-escalation Techniques	7
<b>Sub-RQ 3</b>	<b>What additional training or knowledge do elementary teachers need to increase the effectiveness of their use of trauma-informed practices?</b>	
<b>Theme 1</b>	<b>Elementary teachers need continuous knowledge and training for effective implementation of trauma-informed practices</b>	
Category 1	Elementary teachers need training and knowledge on trauma and current trauma-informed practices	10
	Sub-Category 1.1 Knowledge of trauma	7
	Sub-Category 1.2 Current trauma-informed practices	9
Category 2	Elementary teachers need training and knowledge on effective implementation of trauma-informed practices	5
	Sub-Category 2.1 Classroom management	5
	Sub-Category 2.2 Emotional regulation training	2

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Note. Data reported for the 2023-2024 school year. N=number of participants that mentioned the category.

Total number of participants is n=10

## **Appendices**



## Appendix A: Baker University Institutional Review Board Application and Research Approval Letter



### IRB Request

Date 01/21/2024

IRB Protocol Number

(IRB use only)

#### I. Research Investigator(s) (students must list faculty sponsor)

Department(s) Graduate Ed

Name	Signature	
1. <u>Krystle Mayginnnes</u>		Principal Investigator
2. <u>Dr. James Robins</u>		<input type="checkbox"/> Check if faculty sponsor
3. <u>Dr. Li Chen-Bouck</u>	 <small>Li Chen-Bouck Digitally signed by Li Chen-Bouck Date: 2024.01.19 10:23:29 -0500</small>	<input type="checkbox"/> Check if faculty sponsor
4. <span style="border: 1px solid black; display: inline-block; width: 100%; height: 15px;"></span>	<span style="border: 1px solid black; display: inline-block; width: 100%; height: 15px;"></span>	<input type="checkbox"/> Check if faculty sponsor

Principal investigator contact information

Phone

785-819-5927

Email

krystlemayginnnes@stu.bakeru.edu

Address

407 W. 11th  
Chanute, KS  
66720

**Note: When submitting your finalized, signed form to the IRB, please ensure that you cc all investigators and faculty sponsors using their official Baker University (or respective organization's) email addresses.**

Faculty sponsor contact information

Phone

816-604-8045

Email

jrobins@bakeru.edu

Expected Category of Review:  Exempt  Expedited  Full  Renewal

#### II. Protocol Title

Elementary Teacher Perceptions and Experiences  
of Trauma-Informed Practices

### III. Summary:

The following questions must be answered. Be specific about exactly what participants will experience and about the protections that have been included to safeguard participants from harm.

**A. In a sentence or two, please describe the background and purpose of the research.**

Research has shown that trauma has negative effects on students physically, socially, and academically. The purpose of this study is to explore elementary teacher knowledge and experiences with trauma-informed practices as well as to identify professional development and support needs of elementary teachers. The subjects of the study will be elementary teachers in two rural, Eastern Kansas school district.

**B. Briefly describe each condition, manipulation, or archival data set to be included within the study.**

There is no archival data involved in the study. There are no manipulations involved in the study. The condition of the study will be voluntary individual interviews.

### IV. Protocol Details

**A. What measures or observations will be taken in the study? If any questionnaire or other instruments are used, provide a brief description and attach a copy.**

Video recorded individual interviews will be performed with a minimum of 10 elementary teachers who are currently teaching grades Pre-Kindergarten to Fifth Grade. All participants will be volunteers. Interviews will follow an interview protocol and a prescribed set of questions (attached). Subjects will be asked to expand on their perceptions and experiences of trauma-informed practices.

**B. Will the subjects encounter the risk of psychological, social, physical, or legal risk? If so, please describe the nature of the risk and any measures designed to mitigate that risk.**

The subjects of the study will not encounter psychological, social, physical, or legal risk. Prior to conducting interviews with subjects, the researcher will hold mock interviews in an effort to maximize the comfort of the participants.

**C. Will any stress to subjects be involved? If so, please describe.**

There will be no stress to the subjects involved. Protocols and interview norms will be established in order to minimize stress. All participants will be assigned a pseudonym and will be granted the opportunity to withdraw from the study at any point in time.

**D. Will the subjects be deceived or misled in any way? If so, include an outline or script of the debriefing.**

The subjects in the study will not be deceived or misled in any way.

**E. Will there be a request for information which subjects might consider to be personal or sensitive? If so, please include a description.**

The subjects will not be required to reveal any personal or sensitive information. An interview script will be followed throughout the entirety of the interview.

**F. Will the subjects be presented with materials which might be considered to be offensive, threatening, or degrading? If so, please describe.**

Subjects will not be presented with materials which might be considered offensive, threatening, or degrading.

**G. Approximately how much time will be demanded of each subject?**

Subjects will participate in one interview lasting approximately 30 to 45 minutes. In addition, if participants choose to do member check, it will require them about 10 to 15 minutes to review the interview transcription for accuracy.

**H. Who will be the subjects in this study? How will they be solicited or contacted? Provide an outline or script of the information which will be provided to subjects prior to their volunteering to participate. Include a copy of any written solicitation as well as an outline of any oral solicitation.**

Subjects will be elementary teachers from two districts in Eastern Kansas.

Convenience sampling will be used for participant selection. Administrators will be contacted by email with an invitation detailing the information of the study and requesting permission for the researcher to perform the study within the district. (see attached) After permission has been granted by the district administration, teachers will be contacted via email asking for their voluntary participation in the study. (see attached)

**I. What steps will be taken to insure that each subject's participation is voluntary? What if any inducements will be offered to the subjects for their participation?**

Subjects will be invited to participate in the study through email. Only those who express an interest will be contacted by the researchers. Participating in the study will not be a condition of employment or a requirement made by a superior. All participants will agree to the interview protocol and have the opportunity to withdraw from the study at any time. No other incentives will be offered to participants.

**J. How will you insure that the subjects give their consent prior to participating? Will a written consent form be used? If so, include the form. If not, explain why not.**

A written consent form will be given to subjects prior to participating in interviews (attached). Subjects will sign the consent form before proceeding to interviews.

**K. Will any aspect of the data be made a part of any permanent record that can be identified with the subject? If so, please explain the necessity.**

No aspect of the data will be made a part of any permanent record that can be identified with the subject. Confidentiality of the subjects will be maintained with the use of pseudonyms throughout the duration of the study.

**L. Will the fact that a subject did or did not participate in a specific experiment or study be made part of any permanent record available to a supervisor, teacher, or employer? If so, explain.**

Participation or lack of participation in the study will not be made part of any permanent record available to the supervisor, teacher, or employer.

**M. What steps will be taken to insure the confidentiality of the data? Where will it be stored? How long will it be stored? What will be done with the data after the study is completed?**

Participants will be provided a pseudonym and no identifiable information will be used in the study. The data will be stored on the researchers computer and will be password protected. Data will only be available to the researcher's dissertation defense committee. The data will be deleted after 5 years.

**N. If there are any risks involved in the study, are there any offsetting benefits that might accrue to either the subjects or society?**

There are no risks involved in the study or offsetting benefits that might accrue to either the subjects or society.

**O. Will any data from files or archival data be used? If so, please describe.**

There will be no data from files or archival data used.

## Appendix B: District Site Approval Request

Dear [REDACTED]

I hope that this email finds you well and that you are having a successful school year!

I have been working to complete my doctorate in Educational Leadership with Baker University for the last two years and only have my dissertation to complete.

Specifically, this study is intended to explore elementary teacher perceptions and experiences of trauma-informed practices. The study will require participants to participate in an approximately 30–45-minute Zoom interview. This interview will be conducted and scheduled at a time that is most convenient for them. For data collection purposes, the interviews will be video recorded. Within one month following the video-recorded interview, the participants will have the opportunity to review their responses to ensure responses accurately reflect their experience.

The information provided and the recordings will all be kept confidential and will only be viewed/seen by me and my research team.

**If you consent to allow me to conduct research within your district, please email me back with the signed consent form (attached to this email).**

Feel free to reach out at any time if you have any questions!

Thank you for your time,

I hope to hear from you soon,

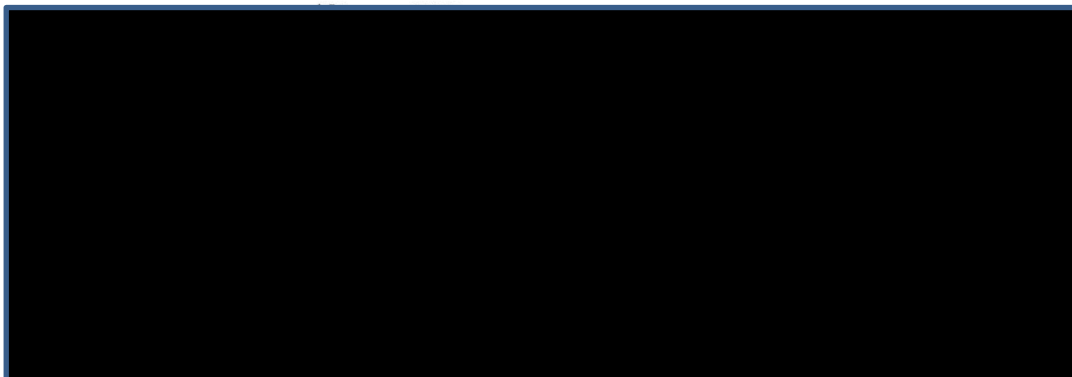
Krystle Mayginnes

[Krystlermayginn@stu.bakeru.edu](mailto:Krystlermayginn@stu.bakeru.edu)

785-819-5927

## Appendix C: Research Site Approval Letters

### District A



Baker University  
Graduate School of Education  
7301 College Blvd., Suite 120  
Overland Park, KS 66210

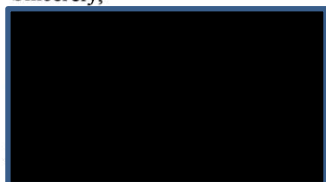
**Subject:** Site Approval Letter

To whom it may concern:

This letter acknowledges that I have received and reviewed a request by Krystle Mayginnes to conduct a research project entitled "*Teacher Perceptions and Experiences with Trauma Informed Practices*" at [REDACTED] and I approve of this research to be conducted at our district.

When the researcher receives approval for his/her research project from Baker University's Institutional Review Board, I agree to provide access for the approved research project. If we have any concerns or need additional information, we will contact Dr. James Robins at (816) 604-8045 or james.robins@bakeru.edu.

Sincerely,



**District B**


Baker University  
Graduate School of Education  
7301 College Blvd., Suite 120  
Overland Park, KS 66210

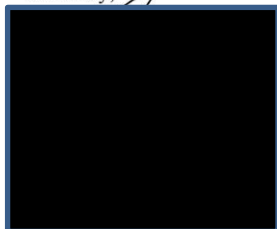
Subject: Site Approval Letter

To whom it may concern:

This letter acknowledges that I have received and reviewed a request by Krystle Maygines to conduct a research project entitled "*Teacher Perceptions and Experiences with Trauma Informed Practices*" at [REDACTED] and I approve of this research to be conducted at our district.

When the researcher receives approval for his/her research project from Baker University's Institutional Review Board, I agree to provide access for the approved research project. If we have any concerns or need additional information, we will contact Dr. James Robins at (816) 604-8045 or [james.robins@bakeru.edu](mailto:james.robins@bakeru.edu).

Sincerely, 



### **Appendix D: Elementary Teacher Recruitment Email**

Dear

I hope that this email finds you well and that you are having a successful school year! I have been working to complete my doctorate in Educational Leadership with Baker University for the last two years and only have my dissertation to complete. Mr. [REDACTED] has graciously given permission for teachers in USD [REDACTED] to participate in this study. I would appreciate your consideration for participating in my research study.

Specifically, this study is intended to explore elementary teacher perceptions and experiences of trauma-informed practices.

If you choose to participate, a 30-45 minutes Zoom interview will be conducted and scheduled at a time that is most convenient for you. For data collection purposes, the interviews will be video recorded. Within one month following the video-recorded interview, you will have the opportunity to review your responses to ensure your responses accurately reflect your experience.

The information you provide, and the recordings will all be kept confidential and will only be viewed/seen by me and my research team.

**If you are interested in participating, please email me back with the following information:**

1. Signed consent form (attached to this email)
2. Your preferred contact information to set up an interview (phone, email)

Feel free to reach out at any time if you have any questions!

Thank you again for your time and consideration,

I hope to hear from you soon,

Krystle Mayginnes



## **Appendix E: Elementary Teacher Interview Protocol**

### **Opening Statement**

Thank you for your time and participation in this research investigating elementary teacher perceptions and experiences with trauma-informed practices. The interview session will take approximately 30 to 45 minutes. The session will be video recorded, and the contents will only be accessible to my research committee and me.

You will be assigned a pseudonym. There will be no identifiable information used within this study. Please speak openly and honestly about your perceptions and experiences as this interview is intended for information gathering.

You may decline to answer any of the questions posed to you at any time. Following the interview, you will be given the opportunity to review your responses to ensure they are accurate and an honest representation of your perceptions and experiences. You may change any of your responses if you feel that your response does not accurately reflect your perceptions and experiences. You may also discontinue your participation in the study for any reason and at any time. If you no longer wish to participate in the study at any time, I will not use any portion of your interview session within the study.

Do you have any questions or concerns before we begin?

We will begin by having you fill out a short survey with general demographic information. Once the survey is completed, we will then discuss your perceptions and experiences with trauma-informed practices.

*Begin interview questions after survey is completed.*

**Leading RQ:** What are elementary teacher perceptions and experiences with trauma-informed practices?

**Sub RQ1:** What did elementary teachers know about trauma-informed practices?

1. Based on your current knowledge, how may trauma affect students in the classroom?

*Follow up question:* Can you give some examples of how trauma may affect students in the classroom?

2. What do you know about trauma-informed practices so far?

*If the participant did not state examples, ask:* can you give some examples of trauma-informed practices?

*Probing question:* In a hypothetical scenario, when a student was affected by a trauma and they struggled to maintain focus on extended lessons, is there any trauma-informed practice that you would use to help this student?

Or when a student was affected by a trauma and they had verbal, and sometimes physical, conflicts with peers that sit near them, is there any trauma-informed practice that you would use to help this student?

Or when a student was affected by trauma and they refused to comply with teacher request, is there any trauma-informed practice that you would use to help this student?

Or when a student was affected by trauma and they failed to complete work or assignments, is there any trauma-informed practice that you would use to help this student?

Or when a student was affected by trauma and they became upset, is there any trauma-informed practice that you would use to help this student?

**Sub RQ2:** How did elementary teachers use trauma-informed practices in their classrooms?

*Present slide providing the definition of trauma-informed practice and examples of trauma-informed practices for questions 3,4, and 5.*

3. Based off the definition of trauma-informed practice provided, did you use any trauma-informed practices in your classroom to address academic needs of students who are affected by trauma?

*If they answer that they used some trauma-informed practices, ask: can you share some examples about how you used trauma-informed practices to address academic needs of students in their classroom.*

*Probing question:* How did you use trauma-informed practices in your classroom to address poor memory or memory issues of students affected by trauma?

*Probing question:* How did you use trauma-informed practices in your classroom to address lack of comprehension of students affected by trauma?

*Probing question:* How did you use trauma-informed practices in your classroom to address lack of stamina of students affected by trauma?

*If they answer that they did not use trauma-informed practices in their classrooms, ask:* what strategy or practice did you use instead to address the academic needs of students affected by trauma?

4. Based off the definition of trauma-informed practice provided, did you use any trauma-informed practices in your classroom to address behavioral needs of students affected by trauma?

*If they answer that they used some trauma-informed practices, ask:* can you share some examples of how you used trauma-informed practices to address behavioral needs of students affected by trauma.

*Probing question:* How did you use trauma-informed practices in your classroom to address non-compliance of students affected by trauma?

*Probing question:* How did you use trauma-informed practices in your classroom to address outbursts of students affected by trauma?

*Probing question:* How did you use trauma-informed practices in your classroom to address lack of engagement of students affected by trauma?

*If they answer they did not use trauma-informed practices in their classroom, ask:* what strategy or practice did you use instead to address the behavioral needs of students affected by trauma?

5. Based off the definition of trauma-informed practice provided, did you use any trauma-informed practices in your classroom to address emotional needs of students affected by trauma?

*If they answer that they used some trauma-informed practices, ask:* can you share some examples of how you used trauma-informed practices to address emotional needs of students affected by trauma.

*Probing question:* How did you use trauma-informed practices in your classroom to address anxiety issues of students affected by trauma?

*Probing question:* How did you use trauma-informed practices in your classroom to address emotional withdrawal of students who are affected by trauma?

*Probing question:* How did you use trauma-informed practices in your classroom to address lack of positive relationships between students affected by trauma and their peers?

*If they answer that they did not use trauma-informed practices in their classroom, ask:* what strategy or practice did you use instead to address the emotional needs of students affected by trauma?

**Sub RQ3:** What additional training or knowledge do elementary teachers need to increase the effectiveness of their use of trauma-informed practices?

6. Do you think you may need additional training to use trauma-informed practices more effectively in your classroom?

*If they answer yes, ask:* what specific type of training do you think would be helpful.

*If they answer no, ask:* why not?

7. In addition to training, do you need any additional knowledge to use trauma-informed practices more effectively in your classroom?

*If they answer yes, ask:* what kind of knowledge do you think would be helpful?

*If they answer no, ask:* why do you think that you don't need any additional knowledge to use trauma-informed practices more effectively in your classroom?

8. Would you like to add anything about your knowledge of or experiences with trauma-informed practices that was not addressed in the interview?

### **Closing Statement**

I want to express my sincere gratitude for your invaluable contribution to this research study by sharing your thoughtful insights and candid responses during the interview.

Your time and willingness to share your experiences have been instrumental in the ability of this research to make a meaningful impact on the information surrounding teacher perceptions and experiences with trauma-informed practices. Your input will undoubtedly contribute to advancing our understanding in this field.

Thank you once again for your participation and for being an integral part of my research journey. Your perspectives are highly valued, and I appreciate the time and effort you dedicated to this interview. Once this interview has been transcribed, you will receive a transcription of the interview, and if you like, you can review it for accuracy. Should you have any further questions, wish to learn more about the outcomes of our study, or would like to remove your contribution from the study, please feel free to reach out via email at [krystlermayginnes@stu.bakeru.edu](mailto:krystlermayginnes@stu.bakeru.edu) or phone 785-819-5927.

## Appendix F: Definition and Examples of Trauma-informed Practices

Trauma-informed practice is a teaching approach to help students with trauma. Teachers incorporate repetitive and consistent procedures and activities to create sustainable changes in students' nervous systems, and their behaviors. A trauma-informed practice incorporates social and emotional learning and addresses safety, equity, and connection among students and the teacher in the classroom. For example, a teacher would:

- Provide a calm space in the classroom for students who need an area to calm down when they become upset.
- Incorporate physical activity breaks in lessons for students to release tension and refocus their energy on academic instruction.
- Use positive reinforcement to encourage correct behaviors.
- Use restorative circles to create and maintain strong classroom relationships among students and teachers.

## Appendix G: Pre-interview Demographic Survey

### Pre-Interview Survey

The survey will take approximately 4 minutes to complete.

\* Required

1. First and Last Name \*

2. Gender \*

- female
- male
- non-binary
- prefer not to say

3. What is your ethnicity?

- Caucasian
- Hispanic
- Black/African American
- Multi-racial
- Asian
- Alaskan Indian/Alaskan Native
- Native Hawaiian/Other Pacific Islander
- Prefer not to say

4. What is your age (in years)? (answer should be a number, for example: 30)



5. What is your highest level of educational attainment? \*

- Bachelor's Degree
- Master's Degree
- Doctoral Degree
- Specialist or Graduate Certificate

6. How many years have you been teaching? (Answer should be a number, for example: 5)

7. What is your current teaching position?

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This content is neither created nor endorsed by Microsoft. The data you submit will be sent to the form owner.

 Microsoft Forms

## Appendix H: Elementary Teacher Consent to Participate

**Research Title:** Elementary Teacher Perceptions and Experiences of Trauma-Informed Practice

**Researcher:** Krystle [Mayginnnes](#)

**Advisor:** Dr. James Robins  
School of Education  
Baker University  
8001 College Blvd.  
Overland Park, KS 66210  
[jrobins@bakeru.edu](mailto:jrobins@bakeru.edu)

My name is Krystle [Mayginnnes](#), and I am a doctoral student at Baker University. I am conducting research on elementary teacher perceptions and experiences with trauma-informed practices. I am interviewing elementary teachers about their perceptions and experiences with trauma-informed practices.

You will be asked approximately 8 or more questions about your perceptions and experiences with trauma-informed practices including your current knowledge of trauma-informed practices, how you used trauma-informed practices, and what additional training or knowledge would help increase the effectiveness of your use of trauma-informed practices. You may decline to answer any question at any time. Additionally, you may discontinue your participation in the study for any reason at any time.

All personally identifiable information will be kept confidential. You will be given a pseudonym for the entirety of the study. Interview transcripts will be password protected and only my designated researcher advisor and analyst will have access to the raw data. You will have the opportunity to perform a member check in which you will be able to review your interview transcript to ensure your data accurately describes your perceptions and experiences.

### Consent to Participate:

I understand that my participation in this research study is completely voluntary. I also understand that I can discontinue my participation within the study at any time and for any reason. I understand that the principal researcher can be contacted at [krystlermayginnnes@stu.bakeru.edu](mailto:krystlermayginnnes@stu.bakeru.edu) or 785-819-5927 should I have any questions, concerns, or wish to discontinue my participation.

I have read and understand the above statement. By signing, I agree to participate in the research study.

The Baker University Institutional Review Board approved this study on February 2<sup>nd</sup>, 2024 and will expire on February 2<sup>nd</sup>, 2025 unless renewal is obtained by the review board.

**Participant signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_