

UNFOLDING UNTAPPED STORIES: A NARRATIVE INQUIRY OF
TEACHERS' EXPERIENCES OF WORKING WITH STUDENTS WHO
HAVE FACED TRAUMA OR TRAUMATIC EVENTS

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by
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UNFOLDING UNTAPPED STORIES: A NARRATIVE INQUIRY OF TEACHERS'
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HAVE FACED TRAUMA OR TRAUMATIC EVENTS

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ABSTRACT

The purpose of this narrative inquiry is to understand the teachers' experiences of working with students who have faced trauma or traumatic events. The number of children facing trauma exposures to violence, crime, and abuse in the classroom has increased. The insufficient knowledge among educators about the effect of trauma on students lays the foundation to improve training related to trauma. The following questions are addressed by this narrative study: (1) How do teachers address students' challenging behavior which is manifested because of trauma or traumatic events? (2) How do teachers describe the feelings of success and failure of working with students who have faced trauma or traumatic events? (3) What stories do teachers talk about experiencing secondary trauma due to working with students who have faced trauma or traumatic events?

The study collected data using surveys, interviews, and journal entries. Surveys and open-ended interviews provided the information of teachers' experiences, which was used to construct a narrative profile for each participant. One hundred seventeen survey links were sent to teachers, out of which 76 surveys were sent back. The surveys revealed 22 participants who were interested in face-to-face interviews. Twelve of these

participants were selected using the maximum variation sampling method, including gender, ethnicity, teaching experience, and area of specialization. The overall findings from this study suggest that with the growing number of Adverse Childhood Experiences, trauma-informed care needs to be woven into the curriculum of teacher programs. Teachers today encounter students who have faced trauma, which puts them at the receiving end of secondary trauma. Hence, mental health needs to be prioritized for the teachers. The findings from this study might be informative for new and experienced teachers, administrators, and teacher preparation institutions.

APPROVAL PAGE

The undersigned, appointed by the Dean of the School of Graduate Studies, have examined a dissertation titled “Unfolding Untold Stories: A Narrative Inquiry of Teachers’ Experiences of Working with Students Who Have Faced Trauma or Traumatic Events,” presented by Ami Ladhawala, candidate for the Doctor of Philosophy degree, and certify that in their opinion it is worthy of acceptance.

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I dedicate this dissertation to my family, friends, and acquaintances who supported me along this journey with thoughts, prayers, and words of encouragement.

DEDICATION
To My Dad
Mr. Shirish Ladhawala

In the midst of doubt, and despair, pondering upon my choice,

Why am I on this journey?

Thousands of hours: thinking, reading, writing...Questioning

Am I made for this?

I wish to go back home or travel to Rome, thinking I can just leave this road,

Where to begin? What to read? What to write? Will this ever end?

Swiftly, I heard my "DAD"

Being persistent is "YOU"

Being determined is "YOU"

Being un-stoppable is "YOU"

Being trailblazer is "YOU"

Trust yourself, don't stop here, you have many more miles to "GO"

Oh, I see! My thoughts changed, My angle changed...

I saw the light at the end, I was almost there. I am glad I stuck it....

I found my Inner Shrine, Thou I am! Thank you, Dad.

- Ami Ladhawala -

Chapter 1

Introduction

I was extremely disappointed with Layne, who is in fifth grade. Layne's behavior has changed immensely this year. She was once happy and friendly and an extremely helpful student. She participated in several activities in and outside of school. Suddenly, apparently without any reason, she was showing passive-aggressive behavior by not participating in any activities. For no apparent reason, she had started screaming in class and throwing things. Her homeroom teacher thought Layne's behavior was unacceptable, and it hampered her and others from learning. Hence, the fifth-grade teachers sent Layne to the principal's office for incomplete work, aggressive behavior, and causing a distraction to other students. Layne's homeroom teacher consulted with me about this change of behavior. What was causing such behavior? I was in dilemma about how to help her. Should I suggest special education services? Should I suggest counseling? What services could I give her? Layne's home situation had recently changed. Her father had been arrested for domestic violence. Layne witnessed her father beating and choking her mom at home. Layne's mother had moved to a neighborhood where she witnessed gunshots almost every day. Layne's change of home environment caused her to feel rage and to feel disconnected and isolated.

Another instance is with Mrs. Miller who was my colleague. Mrs. Miller came to me to speak about her 10th-grade student. Mrs. Miller reported that her student Bethany had had more than five incidences of discipline reports in the last two months. She has been disrupting the class, walking out of class, being defiant and rude to teachers and the classroom. Mrs. Miller reported that Bethany's behavior has drastically changed in the

last two months. “I hardly can recognize her; she is not the same Bethany as I used to know her.” The COVID-19 pandemic has adversely impacted Bethany’s family. Bethany is being raised by a single mom and is supported by her grandmother. Due to the COVID-19 pandemic lockdown, Bethany’s mom lost her job, and they were forced to leave their home. The family suddenly became homeless. Bethany stopped coming to school for several months. She was homeless and her world got shattered.

Dissociation is the common response of children to repetitive, overwhelming trauma and holds the untenable knowledge out of awareness. The losses and the emotions engendered by the assaults on soul and body cannot, however, be held indefinitely. In the absence of effective restorative experiences, the reactions to trauma will find expression. As the child gets older, he will turn the rage in upon himself or act it out on others, else it all will turn into madness. (Spencer, 1989 in Goodreads, 2019, para. 1)

Trauma occurs when a child experiences intense, recurring, or prolonged events that threaten or cause harm to their emotional and physical well-being (National Child Traumatic Stress Network, 2003). According to the American Psychiatric Association (APA, 2013), trauma is an emotional response to a terrible event such as an accident or natural disaster. Traumatic events may lead to developing a belief that the world is unsafe. The National Child Traumatic Stress Network (2003) explains that traumatic events can include a range of different experiences. It includes experiencing someone else’s death, witnessing domestic violence or physical or sexual abuse, and experiencing a robbery, shooting, beating, or some other personal conflict. Further, the term complex trauma is defined as:

Complex trauma describes both children’s exposure to multiple traumatic events—often of an invasive, interpersonal nature—and the wide-ranging, long-term effects of this exposure. These events are severe and pervasive, such as abuse or profound neglect. They usually occur early in life and can disrupt many aspects of the child’s development and the formation of a sense of self. Since these events often occur with a caregiver, they interfere with the child’s ability to form a secure attachment. (NCTSN, 2003, para. 1)

Multiple exposures to traumatic events keep students in a constant state of fight or flight. Directly experiencing a complex trauma or exposure to adverse details, or witnessing a traumatic stressor can lead to enduring, debilitating conditions such as posttraumatic stress disorder (PTSD), reactive attachment disorder (RAD), disinhibited social engagement disorder, acute stress disorder, and adjustment disorder (APA, 2013; Nickerson et al., 2012). Complex trauma may impact students’ learning, memory, and executive functioning (Child Welfare Information Gateway, 2015). A study conducted with female students, aged 14 to 18 years, who had exposures to one or more traumatic events or complex trauma indicated that behaviors such as frustration, irritability, stress, and pressure were presented by female participants or were observed in them. These behaviors impacted their ability and readiness to learn (West et al., 2014).

Statement of the Problem

Researchers indicate that a substantial number of students in the classroom have faced adverse childhood experiences (Briggs-Gowan et al., 2010; Finkelhor et al., 2015). The study of Briggs-Gowan et al. (2010) indicated that about one in four children experiences traumatic events before their third birthday. However, more recent data

suggests that 13% of children will have experienced four or more traumatic events by age nine (Finkelhor et al., 2015). Researchers concluded children who are exposed to violence, abuse, and crime require monitoring and prevention (Briggs-Gowan et al., 2010; Finkelhor et al., 2015; Jaycox et al., 2012; Merrick et al., 2018).

Finkelhor et al. (2015) used the National Survey of Children's Exposure to Violence (NatSCEV) to obtain current data on exposure to violence, crime, and abuse across childhood. It consisted of a national sample of 4,000 children and youth, 0 to 17 years old, during the period August 28, 2013, to April 30, 2014. Study interviews were conducted over the telephone by employees of an experienced survey research firm. First, a short interview was conducted to obtain family demographics. If the selected child was 10 to 17 years old, the interview was then conducted with the child. Otherwise, the interview was conducted with the child's caregivers. The results of this study indicated that more than one-third of all youth (37.3%) experienced a physical assault during the year of the study, primarily at the hands of siblings and peers. Almost one-quarter of the sample (24.5%) had witnessed violence in the family or in the community. The rate of exposure to shootings since they were born was 13.4% for the oldest group of youth. Overall, more than 60% of the children had at least one form of direct exposure in a year. These findings highlighted the number of children facing potentially trauma-inducing exposures to violence, crime, and abuse.

Traumatic experiences in the early years, such as abuse, neglect, and exposure to violence can impact physical, emotional, and social delays (Jaycox et al., 2012). Martin et al., (2010) conducted a study evaluating teachers' perceptions of the effects of physical and sexual abuse and emotional neglect on both students' learning and their classroom

behavior. The study was an internet-based, teacher survey examining how teachers responded to children's stressful life experiences and challenges in the classroom. Participants were self-identified preschool through 12th-grade teachers from the United States and Canada. Teachers reported that physical and sexual abuse and emotional neglect affected students' learning. They showed a significant lack of reasoning and comprehension skills.

Teachers need to be trained to view children's academic needs and difficult behaviors through a trauma-sensitive lens (Alisic et al., 2012). Teachers must feel adequately prepared to respond in a manner that promotes resilience and recovery. Educators struggle to meet the needs of students with complex trauma (Sitler, 2009). Researchers have indicated that if students are physically, mentally, and emotionally not ready to learn, the teachers' efforts are in vain (Soeurs & Hall, 2016). At times, teachers who are not trained in helping students who have experienced traumatic events can unintentionally harm the students by not offering them correct direction (Alisic et al., 2012).

Each day, children come to school carrying their fears, difficulties with trust and safety, and memories of the scary things that have happened to them. Schools provide resources such as social workers, counselors, and psychologists for these students. However, school members are the first who encounter such behavior, and they are responsible for supporting students in the classroom. Another study was completed by a group of researchers (Alisic et al., 2012) in the Netherlands to examine teachers' experiences supporting children after trauma. A survey containing nine questionnaire items covering various aspects of assisting children after trauma was sent to 500 teachers.

Results indicated that many teachers found it difficult to find their position as a teacher of academic skills versus a mental health care provider. They had difficulty knowing the best ways to support children after trauma, knowing when children needed professional mental health care, and knowing where they could find information about traumatic stress.

Teachers are expected to provide a supportive environment to students who are from various cultures, economic and family backgrounds, and who possess different learning styles, various learning abilities, and multiple forms of intelligence. Teachers are also expected to show that their children are making sufficient academic progress in the classroom. This pressure can lead teachers to feel fatigue and burnout. Teachers who directly work with children who have experienced traumatic events report having painful emotions, intrusive images, and an overall sense of helplessness, fatigue, or secondary trauma (Abraham-Cook, 2012). According to Craig (2015), limited studies are available which examine the effect of working with students who have faced traumatic events on teachers' risk for mental health issues. Additionally, teachers receive little training in recognizing symptoms of primary trauma in their classrooms. Increasing teachers' awareness will enhance their proficiency in helping students in the classroom as well as in safeguarding their own mental health. In this study, the teachers voiced their difficulty in helping students who display challenging behavior due to their trauma.

Research Purpose

The purpose of this narrative inquiry was to understand the perspectives of in-service elementary teachers' experiences about their working with students who have faced trauma and traumatic events. For this study, trauma is defined as an emotional

response to a terrible event such as an accident or natural disaster (American Psychiatric Association, 2013). According to the Substance Abuse and Mental Health Services Administration (SAMHSA), individual trauma is

an event, series of events, or set of circumstances, that is experienced by an individual as physically or emotionally harmful or life-threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being, (SAMHSA, 2014, p. 7)

Narrative inquiry is a way of understanding and inquiring into experiences narrated by participants. The inquiry begins with the experiences as expressed in lived and told stories of individuals (Creswell & Poth, 2018). The study of narrative inquiry is the study of the ways humans experience the event and their feelings and perceptions of their worlds (Clandinin & Connelly, 2000). I wanted to understand the experiences of teachers working with students who had experienced traumatic events and gain insight into their experiences. That implied listening to their stories and giving them the opportunity to share their viewpoints by devising research questions that were open-ended, non-directional, and unbiased. The reason for selecting narrative inquiry as a method was to give a platform to the participants to tell their stories and express their reality.

The units of analysis, determined by research questions (Patton, 2015) were the stories of the teachers who are working with students who have faced traumatic events. The teachers' narratives were viewed in this study as their feelings of success and failure when working with these students. Teachers had the opportunity to reflect on their roles with young people. My research focused on the stories of experiences of in-service

teachers who were working in the classroom with students who have experienced trauma and traumatic events. Their stories of experiences guided my research; hence, a narrative inquiry was the best-suited method for my research.

Research Questions

The purpose of this study was to reveal the stories of elementary teachers' experiences when working with students who have faced traumatic events. The following central questions and sub-questions were the guiding force for my research. The overarching question to answer was: How do teachers describe their experiences when teaching students who manifest difficult behavior due to traumatic events?

1. How do teachers address students' challenging behavior which is manifested because of trauma or traumatic events?
2. How do teachers describe the feelings of success and failure of working with students who have faced trauma or traumatic events?
3. What stories do teachers tell about experiencing secondary trauma due to working with students who have faced trauma or traumatic events?

The purpose and research questions are the heart of this study. These questions guided my study of narrative inquiry to understand the participants' stories by weaving in my own experiences.

Definitions of Key Terms

Qualitative research is considered interpretive; hence several selected terms are interpreted and defined to provide shared understandings of the conceptualization of these words throughout the study (Denzin & Lincoln, 2011).

Adverse Childhood Experience(s)

Adverse Childhood Experiences include emotional, physical, or sexual abuse; emotional or physical neglect; domestic violence; parental substance use; parental mental illness; parental separation or divorce; or incarcerated household member (Adverse Childhood Experiences, n.d.; National Child Traumatic Stress Network, 2003). Such experiences are linked to long-term health outcomes and subsequent learning problems (Felitti et al., 2019, Finkelhor et al., 2007).

Complex Trauma

The National Child Traumatic Stress Network (NCTSN) defines complex childhood trauma as a child's exposure to multiple or prolonged traumatic events and the impact of this exposure on their development.

Posttraumatic Stress Disorder (PTSD)

PTSD is a mental health condition activated by experiencing, directly or indirectly, a traumatic event. Individuals who develop a sufficient number of posttraumatic stress symptoms (e.g., anxiety, flashbacks, aggression, avoidant behaviors, sense of hopelessness) and these symptoms markedly impact their daily functioning, may meet the diagnostic criteria for PTSD (APA, 2013).

Teacher Self-efficacy

Teacher self-efficacy is "a teacher's belief that she or he has the skills needed to bring about the desired outcome" (Heller et al., 2011, p. 148).

Trauma

Individual trauma is "an event, series of events, or set of circumstances, that is experienced by an individual as physically or emotionally harmful or life-threatening and

that has lasting adverse effects on the individual’s functioning and mental, physical, social, emotional, or spiritual well-being” (SAMHSA, 2014, p. 7).

Traumatic Stress

Child traumatic stress (CTS) refers to the intense fear and stress response occurring when children are exposed to traumatic events which overwhelm their ability to cope with what they have experienced. While some children “bounce back” after adversity, traumatic experiences can result in significant disruption of child development with profound long-term consequences. They may show signs of intense emotional and physiological distress—disturbed sleep, difficulty paying attention and concentrating, anger and irritability, withdrawal, lack of emotional connection, repeated and intrusive thoughts, and extreme distress when confronted by reminders of the trauma (NCTSN, 2003).

Secondary Traumatic Stress

Secondary traumatic stress is the emotional duress that results when an individual hears about the first-hand trauma experiences of another. Individual and supervisory awareness of the effects of this indirect trauma exposure is a basic part of protecting the health of the worker and ensuring that children consistently receive the best possible care from those who are committed to helping them (NCTSN, 2003).

Compassion Fatigue

Compassion fatigue is experienced by caregivers as a result of providing care while being exposed to either first-hand trauma or secondary trauma due to rendering care to those experiencing trauma (Figley, 2013).

Each of these definitions will become clear with a hypothetical example. For instance, let us say there are two students, A and B, in fourth grade. Both students' fathers were incarcerated due to gun violence. Both the students are going through the same traumatic events in their life. However, their coping capabilities are different from one another. Student A may be able to move on faster and may be able to connect with his mother because he sees only one person to rely on. On the other hand, student B might feel detached from everyone and his emotional disability may be reflected in his behavior. He may feel withdrawn and choose not to participate in any classroom activities. Both the students are facing the same traumatic events; however, their emotional response to the event is different.

Let's further explain the complex trauma situations. Student B's father is incarcerated due to gun violence. He is living in a household where he witnessed physical violence, gun violence, and drug dealings almost every day. In such a situation, student B faces adverse experiences every day and he has no room to overcome his stress. When a student faces multiple traumatic events, this is known as complex trauma. In such cases, student B may show a long-term profound effect on his mental health. While a safe and protective environment may help students to bounce back, complex trauma may lead to symptoms of traumatic stress or PTSD.

Traumatic stress and PTSD refer to a mental health condition that may be activated due to complex trauma. For instance, Student B is exposed to multiple and prolonged traumatic events like father's incarceration, gun violence, drug abuse, and so on. These traumatic experiences may cause him to have disturbed sleep, difficulty paying attention in the classroom, anger or irritability, repeated and intrusive thoughts, anxiety,

flashbacks, aggression, avoidance of tasks, and so forth. Such prolonged behavior needs proper diagnosis and medical intervention along with a safe school environment. It is important to understand that reactions to traumatic experiences are unique to everyone. Many human beings have internal capabilities to overcome adverse experiences and others may take a longer time. Therefore, it is common for teachers to attribute students' off-task, non-compliance, withdrawal, physical aggression behaviors to being lazy or rude, or attempting to avoid work or gain attention. Teachers may retraumatize these students by sending referrals for behavior misconduct or non-compliance.

I had the same first-hand experiences in my own classroom as well as through interacting with Mrs. Miller. Although we understood the behavior was stemming from trauma, we did not know what to tell students, how to guide them, or what protocols to follow so that we did not hurt them further. When teachers are unable to help students in difficult situations, they feel helpless and sad. I remember coming home tired, exhausted, and emotionally unavailable for my family. I found it difficult to detach myself from Layne's situation, Bethany's problems, and the problems of my other students. I used to lie on the sofa and cry for hours, feeling helpless. My colleague, Mrs. Miller, regularly complained about being emotionally exhausted and burned out. We did not know the terms secondary trauma and compassion fatigue at that time; however, we experienced all the symptoms. Mrs. Miller left the profession after two years of teaching.

Theoretical Framework

Teachers care about the well-being of all children in their care and want to be available for those who are in need. Educators are in the caregiving field and always make students their priority. They want to set high expectations for social, emotional, and

academic performance. However, many times teachers feel helpless to support students due to a lack of knowledge and skills, especially because there are a substantial number of students who have severe needs. Research suggests that the incidence of students facing traumatic events has increased in the past several years (Briggs-Gowan et al., 2010; Finkelhor et al., 2015; Gonzalez et al., 2016; Jaycox, 2012). As a professional, I come across many students who exhibit difficult behavior due to traumatic experiences. Many times, I felt that I lacked the knowledge and skills to help these students. Many of my colleagues expressed the same feelings of helplessness.

I have two Master's degrees in special education: one from India and one from Washburn University in Topeka, Kansas. During my professional course studies, I did not receive training in how to help students who exhibit difficult behaviors due to traumatic stress. I always felt lost, confused in my role as an educator, counselor, or caregiver. I always had questions about how to make changes in my curriculum and teaching style so that I could help these students in my classroom. It made me realize the importance of teachers recognizing and responding appropriately to possible symptoms of upset and/or trauma, rather than making negative and incorrect attributions that may compromise a child's classroom experience.

Maxwell (2013) defined the conceptual/theoretical framework as, "the system of concepts, assumptions, expectations, beliefs, and theories that supports and informs your research" (p. 33). The theoretical framework provides a structure and reasons for the study and is also used as a broad explanation for behavior and attitudes (Creswell, 2013). The theoretical framework encompasses my collective beliefs, assumptions, and theories. I believe that these theories contribute to my learning of human behavior. I discuss

theories that contribute to understanding children's behavior in the classroom. Connelly and Clandinin (1990) stressed stories as they relate to education, claiming that education is the telling and retelling of personal and social stories. Using this phenomenon, I used the following theories to frame my study; 1) social learning theory, 2) cognitive-behavioral theory, and 3) theory of trauma.

The social learning theory explains the reasons for human behavior and its manifestation in society. The theory gives a framework on the behavior that is learned from the environment we live in. All behavior is learned and observed from the environment interactions. The cognitive-behavioral theory suggests that one's dysfunctional beliefs affect an individual's behavior. In other words, teachers may misinterpret a child's defiant behavior as lazy if she thinks the child is purposely avoiding work. The final theoretical framework for my study is the theory of trauma. This theory dives deep into how trauma affects students' behavior.

Social Learning Theory

The social-emotional learning theory focuses on human behavior which is learned through interactions with various experiences one is exposed to. Social learning theorists claim that human behavior is learned. Children's behavior is shaped by environmental conditions and reinforcement. Human beings are not born with a learning pattern of aggressive behavior. They must learn them (Bandura, 1978). Children can learn novel aggressive behavior from observing aggressive models and retain them for extended periods. Bandura (1978) further explained that modeling and reinforcement operate jointly in the social learning of aggression in the classroom. The aggressive behavior can be refined through reinforced practice.

According to Bandura and Huston (1961), children learn social skills by seeing and observing their parents' child-raising practices. If parents exhibit anger and frustration, even if they have good intentions, children learn to behave in the same manner. According to McHale, Dotterer, and Kim (2009), children learn from what they do and observe in their everyday activities. These activities and interactions determine their future social relationships and abilities to perform at the optimum level. Bandura and Huston (1961) explained that parental modeling of aggressive behavior impacts their children's social interaction. In a study conducted by Bandura (1973), boys who were labeled aggressive had parents who modeled and reinforced aggressive behavior. The social learning theory of Bandura and Huston (1961) explained that children learn and imitate behavior that they have observed in other people. This theory explains the reasons for students' aggressive behavior in the classroom. According to Finkelhor et al. (2007), children who are exposed to violence suffer from increased levels of anxiety, aggression, and behavior disorder. A child may learn to be aggressive if he has faced parental abuse in order to teach them to be nicer with siblings. Although the lesson is important, a child learns that aggression is the only way to get the message across.

Students who have faced trauma or traumatic events display challenging behavior in the classroom (Janosz et al. 2018; Van der Kolk, 1994). Students' challenging behavior stems from the social-emotional need and lack of role models (Bradshaw et al., 2008; Tan et al., 2018; Walker et al., 2005). There is a direct relationship between social-emotional needs and students' difficult behavior. The study conducted by Briesch and his team (2013) aimed to identify the range of social-emotional and behavioral concerns for which teachers sought assistance from school-based intervention teams. The aim of the study

was to identify the range of social-emotional and behavioral concerns found by teachers. The data were collected from nationwide elementary school districts by sending surveys. First state websites were used to identify the number of districts; randomly one district was selected, and then a total of 2,971 teachers participated in the survey. The participants were asked to estimate the number of students they referred for behavioral or social-emotional concerns and the results of the referral.

Teachers reported that social-emotional behavior included defiant behaviors, including insubordination, noncompliance, and disrespect. Inappropriate physical behavior was next, including pushing and shoving others, breaking materials or supplies, and throwing items. Aggressive behavior and social/relational problems constituted 5% of the responses provided, respectively. The results of this study were consistent with other research: students with more social-emotional needs experienced greater behavioral problems. Findings highlighted the importance for school practitioners to understand patterns of students' social skills to improve academic and behavioral outcomes.

A positive social-emotional learning model fosters positive attitudes in students toward themselves and school. It helps reduce difficult and risky behaviors, ultimately leading to positive academic and behavioral outcomes (Denham & Brown, 2010). Schools that have implemented social-emotional learning models have benefited from teaching social skills, positive self-talk, interpersonal and intrapersonal skills, redirecting, and managing emotions to their students. Students at an early age learn to manage their emotions and develop a positive self-image. Studies reported having a positive outcome by integrating social-emotional skills in their curriculum (Sklad et al., 2012; Taylor et al., 2017).

Cognitive-Behavioral Theory

Cognitive-behavioral frameworks stem from the theory of behavior learning. The theory emphasizes that thought influences feelings, and feelings influence behavior (Carlson & Dalenberg, 2000). It further describes that inaccurate and unhelpful thoughts lead to distressing feelings and harmful behaviors. Students who grow up in a negative environment develop inaccurate and unhelpful thoughts which later turn into harmful behavior. The cognitive-behavioral model fosters skills such as positive self-talk, mindfulness, relaxation, problem-solving, social skills training, and self-monitoring (Beck, 2011; Ellis, 2001; Friedberg & McClure, 2015). The intervention strategies are designed to produce positive thoughts, calm feelings, and constructive behaviors. The cognitive-behavioral practices are integrated into trauma treatment to help youth process and cope with traumatic experiences. The process first helps in identifying triggers and then incorporating problem-solving skills (Hupp et al., 2008).

A study was conducted by Bartlett and his team in 2018 to examine the effectiveness of three community-based trauma treatments with child welfare involving children and youth. The treatments included the Attachment, Self-regulation, and Competency model (ARC), Child-Parent Psychotherapy model (CPP), and Trauma-Focused Cognitive Behavioral Therapy model (TF-CBT). Clinicians enrolled 842 children (birth-18 years) to assess children's behavior problems, and symptoms of posttraumatic stress disorder (PTSD). The study utilized a convenience sample. Clinicians continued to provide treatment throughout the four-year implementation period from 2012 to 2016.

Clinicians reported that young children improved in Life Domain Functioning, Behavior/Emotional Needs, and Risk Behavior at six months. Children's Adjustment to Trauma improved for those in TF-CBT. Children in TF-CBT had shown improvements in strength and resources. The overall results showed optimal outcomes for children receiving Attachment, Self-Regulation, and Trauma-Focused Cognitive Behavioral Therapy (TF-CBT). Positive findings across multiple child outcomes suggest that Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) treatment is an effective means of improving the developmental trajectories of children with complex trauma.

NCTSN (2012) produced a fact sheet describing a process of implementing Cognitive Behavioral Intervention for Trauma in Schools (CBITS). The model is designed to help students who are facing multiple traumatic situations. The CBITS teaches six cognitive-behavioral techniques:

1. Education about reactions to trauma
2. Relaxation training
3. Cognitive therapy
4. Real-life exposure
5. Stress or trauma exposure
6. Social problem-solving

It adds that parental permission is required for children to participate. The CBITS model focuses on trauma from the child's perspective. The children are given group sessions as well as one to three individual sessions. CBITS also includes two parent education sessions and one teacher education session.

Theory of Trauma

The effect of chronic stress and trauma can make it difficult to function in the school context because it can undermine social and emotional development and impair the development of the executive functions upon which the school context places great demands. These students have learned that the world is not safe, and people cannot be trusted to support them. (Jennings, 2018, p. 29)

Students who have witnessed violence may face challenges in their social adjustment.

These students may suffer from worry, anxiety, and lack of security. Van der Kolk (1994) stated that the challenge for these students is not so much learning to accept the terrible things that have happened but learning how to gain mastery over one's internal sensation and emotions. They either chose the flight or fight state, which is manifested as behavior problems in the classroom. A study was done by Janosz et al. (2018) to examine the relationship between witnessing school violence and its impairment on a cohort of 9,713 students at the University of Montreal. The study indicated that youth who witnessed violent events at age 13 were at subsequent risk of psychosocial impairment at age 15. It implied that students who witnessed violence in school showed symptoms of behavior disorders and aggressive behavior. The students in this study who witnessed violence reported having adverse effects on their academic performance.

The above studies acknowledge the negative effects of trauma on students' social, emotional, and learning aspects. The studies also prove that adverse experiences in childhood contribute to behavior misconduct and poor academic results. The teacher's role is evidently changing in today's classrooms. The learning needs of this vulnerable population question the current understanding and pedagogy of teachers' roles in schools.

Teachers who are not trained in trauma can inadvertently reinforce the behavior by their lack of response or attention. A qualitative study in the Netherlands by Alisic and colleagues (2012) explored 21 teachers' perspectives of their roles towards working with trauma-affected students. The teachers were asked to describe their feelings, strategies, and experiences related to working with trauma-affected students. Along with students' behavioral aspects, teachers also expressed difficulty in balancing students' diverse academic needs. Additionally, teachers expressed that their roles have moved away from teaching to being psychologists and social workers. One teacher remarked, "Children are confronted with more and more adverse events these days and with more extreme ones...I think teachers' task was more like proper teaching in earlier days, but that we're slowly growing into a caregiver's role" (Alisic et al., 2012, p. 54). Teachers' roles are changing due to the changing needs of students.

Exposure to multiple and severe stressors can profoundly affect how children interpret their world. The more ACEs a child is exposed to, the greater the likelihood that he or she will experience developmental delays and health problems down the line. Increasing our awareness of ACEs in children and looking at our students through a trauma-sensitive lens opens up an opportunity for us to approach teaching and learning in new ways (Souers & Hall, 2016, p. 31).

The preceding three theories—social learning theory, cognitive-behavioral theory, and theory of trauma—are further expanded with a literature review in Chapter 2. The theories provide the structure for the study. The next section provides an overview of the study's design and methods.

Design and Methodology

Qualitative research is a kind of research that produces findings not using statistical or quantification methods (Strauss & Corbin, 1990). The purpose of the narrative inquiry is to explore the elementary teachers' experience with students who have faced traumatic events. "Qualitative approach can be used to discover, capture, present, and preserve the stories of organization, programs, communities, and families" (Patton, 2015, p. 217). I gathered the stories and perspectives of teachers, including their experiences, thoughts, and ideas. Their stories, opinions, and experiences are the main footing for the research.

Qualitative researchers are interested in understanding the meaning people have constructed, that is, how they make sense of their world and the experiences they have in the world. Qualitative research implies a direct concern with experience as it is "lived" or "felt" or "undergone." (Sherman & Webb, 1988, p. 7)

The purpose of the study is to learn whether in-service teachers feel adequately trained to help students who manifest difficult behavior due to their experience of traumatic events. How do school organizations help them learn about these students? Do they receive any professional development training? The narrative inquiry helps me understand teachers' viewpoints regarding institutional programs. The data of their narrative, reality, and observations are the heart of my study. "The method of research depends on purpose and audiences....It can be for a research study, program evaluation, dissertations or personal inquiry" (Patton, 2015, p. 22). My research interest lies in understanding teachers' perspectives and visions for helping students who have experienced traumatic events. "Qualitative inquiry means going into the field,

organizations, neighborhood, street corners and getting close to the people and circumstances” (Patton 2015, p. 56).

In narrative inquiry, one asks questions, collects field notes, derives interpretations, and writes a research text that addresses both personal and social issues by looking inward and outward and addresses temporal issues by not only looking at the events but to its past and to its future. (Clandinin & Connelly, 2000, p. 50)

Moustakas (1990) described narrative research as a “way of engaging in scientific research through methods and processes aimed at discovery; a way of self-inquiry and dialogue with others aimed at finding the underlying meanings of important human experiences” (p. 15). My own experience of working with students who showed behavioral impact due to traumatic events was the reason for my interest in this study. The experience of not being able to help students in the classroom led me to inquire about other in-service teachers’ experiences on working with these students. A narrative study must involve the stories of the researcher who has a close personal experience that leads to an intense interest in the study at hand (Patton, 2015). I wanted to combine my first-hand experience with other teachers’ stories about working with students who exhibited difficult behavior due to traumatic events. The participants’ narratives regarding their experiences of teaching students who have faced traumatic events are the heart of this study. My research study captured the essence of teachers’ viewpoints regarding their skills and readiness for teaching these students.

Moreover, since this study is about unfolding teachers’ stories, a narrative inquiry was an obvious choice as a theoretical tradition. Narrative inquiry refers to giving

opportunities to participants to talk about their experiences and to narrate their own stories. “The point of narrative research is to reveal the subjective experience of participants as they interpret the events and conditions of their everyday lives” (Coulter & Smith, 2009, p. 578). Narrative inquiry gave my participants the platform to talk about their experiences and how they added to their perspectives. Their stories provided a meaningful, deep, and rich narrative of personal practical knowledge through which their struggles and success could be better understood (Clandinin & Connelly, 2000, p. 315). To capture the feelings and experiences of teachers, the use of narrative research was a logical choice.

Narrative inquiry is a form of qualitative research in which the stories themselves become the raw data. A narrative interview is usually in the form of an unstructured, in-depth interview with open-ended responses. It allows the researcher to have a free-flowing conversation that removes the interviewer’s influence and goes beyond the question-answer type of interview. I used an easy conversation, mainly storytelling and listening to participants’ perspectives. Their narratives, in the context of my own experiences, provide a better story about teaching students who have experienced trauma (Clandinin & Connelly, 2000).

The stories of experiences are the objects of my research; hence narrative inquiry serves as an appropriate research method. A narrative interview is a tool to use for gathering the stories of the experiences of teachers. It is through their narratives, rather than the researcher’s observations, that I came to know their stories of success and failure. In narrative inquiry, the subject of our research is not the observation but is the narrator, the storyteller; thus the narrative inquiry privileges the storyteller (deMarrais &

Lapan, 2003). It is through their stories that I came to know what they have experienced. Hence, in narrative inquiry, there is a unique relationship between interviewer and interviewee. I, the researcher, gave authority to the storyteller to share their stories and experiences (deMarrais & Lapan, 2003). Narrative inquiry was the best model for my research.

The narrative inquiry format allows me to compare and weave my knowledge and perspective to aid this study. I have over 20 years of experience teaching students with special needs in elementary school. Patton states that the “central idea of narrative analysis is that stories and narratives offer especially translucent windows into cultural and social meanings” (Patton 2015, p. 116). I drew upon my stories and experiences of working with students. The narrative inquiry attracts the idea of internalizing one’s own experience and examining the importance of that shared experience. Furthermore, the teachers’ personal stories are paramount to understanding their self-efficacy to work with students who exhibit behavior due to traumatic events. I collected data from the participants via three sources: survey, semi-structured face-to-face interviews, and field notes. I wrote field notes which included reflective information, my thoughts, ideas, questions, and concerns. I used field notes to compare with other teachers’ perspectives.

The research topic is close to my heart. I have spent more than 15 years working with students and have collected my own stories and experiences. Hence, I was extremely curious to listen to teachers’ stories. I received the opportunity to speak to each one face to face and understand their perspective of working with students who have experienced trauma.

The Site, Participants, and Sampling

The main process of data collection involves gathering material about the person from conversation or observation (Creswell, 2013). The sites for my data collection were three urban school districts located in the Midwest. “The purposeful sampling is intentionally sampling in which a group of people that can best inform the researcher about the research problem under examination” (Creswell & Poth, 2018, p. 148). I selected three Midwest schools for data collection which are named here using pseudonyms: Hall Academy Charter School (22 teachers), Peak International School (50 teachers), and Midwest Public School (45 teachers).

Hall Academy Charter Schools include grades K-12: elementary school, grades K-5; middle school, grades 6-8; and high school, 9 to 12. Hall Academy Charter School is tuition-free and serves approximately 1,000 students per year. Hall Academy is a Title I school with a 100% free and reduced meal program. The Peak International School student body includes students from all over the world. Students and families at Peak International school represent 21 different countries from Africa, Asia, and South America and speak at least 15 different languages. Most of the students come from families experiencing economic challenges (more than 98% receive free/reduced lunch rates). As the school has expanded, additional school sites have been added to accommodate the growing population. Midwest Public School is one of the biggest districts in the Midwest area. It serves a diverse community with students from more than 15 countries representing a variety of cultures. Many students receive specialized assistance through the English Language Learners program. All students have their own

laptops provided by the school. The school philosophy focuses on positive behavior intervention support (PBIS) to create a safe and orderly learning environment in school.

Data Collection

The various data collected for this study are a survey, face-to-face personal interviews, artifacts, and field notes. I first received permission from all three principals to send a link to the survey to teachers. A total of 117 survey links were sent to teachers: Hall Academy Charter School (22 teachers), Peak International School (50 teachers), and Midwest Public School (45 teachers). I received 76 completed surveys back. The last question of the survey asked for permission from teachers to participate in face-to-face interviews. Out of the 76 teachers who completed the survey, 22 elementary teachers responded and agreed to participate in the study.

The maximum variation sampling approach is often selected because when a researcher maximizes differences, it increases the likelihood that the findings will reflect different perspectives, which is ideal in qualitative research (Creswell & Poth, 2018). The teachers held a professional teaching license ranging from 2 to 20 years of teaching experience. I selected twelve teachers using the maximum variation sampling including the variations in experience (new teachers with 1 to 3 years of experience and teachers with more experience), grade level (kindergarten, second grade, third to sixth grade) gender (male, female), and ethnicity (Asian, Spanish, European-American, and African American).

My original plan was to interview teachers at a coffee shop, library, or in the park. However, the COVID-19 pandemic changed everyone's world. There was a lockdown all

over the country; the schools, parks, coffee shops, and libraries were shut down. I had no choice but to conduct teachers' interviews using a virtual platform.

The teachers were scheduled to participate in an interview two times. During the interview, the first-time teachers shared their stories of working with the students who have experienced trauma. The second time when we met, teachers brought artifacts that they related to personal or professional trauma. During the interview, I expanded my questioning depending on the unique experiences of each participant. The interview process is vital in qualitative research (Yin, 2017). Face-to-face virtual interviews allowed me to understand and form a systematic line of inquiry and enhance my experiences with those of the participants.

Researcher's Positioning

In narrative inquiry, two specific threats identified by Maxwell (2013) are researcher bias and the influence of the researcher on participants. Creswell (2013) stated, "All researchers bring values to a study" (p. 18), which often results in bias. In qualitative research, bias is inevitable. I assume that my professional background and experiences related to working with students affected by trauma are similar to the other teachers' stories. Hence, I might bring my bias in asking questions and influence their stories. In light of this, I was careful to guard against the possibility of reactivity (non-verbal and verbal clues like nodding head, or using words like "I agree, yes you are right") or, in other words, influencing the participants. In an attempt to avoid such behaviors, I refrained from asking leading questions that might affect participants' responses.

As a narrative researcher, it was important for me that I reflect on my thoughts and actions while I interacted with my participants. I kept notes of how I interacted with

the participants and what made me feel connected and what did not. I took notes of participants' stories and added my perspective and feelings while listening to their narratives. I kept journals from February 2021 to May 2021 until I completed my last interaction with the participants.

Data Analysis

For analyzing my data, I used both content analysis (Miles & Huberman, 1994) and thematic analysis. I looked within and across the teachers' stories using a three-dimensional narrative inquiry framework to find significant insights (Clandinin & Connelly, 2000; Grbich, 2013). I used three-dimensional narrative inquiry looking for interaction (personal and social), continuity (past, present, and future), and situation (physical places) suggested by Clandinin and Connelly (2000). The three-dimensional approach allowed me to go beyond the linguistic structure of the narrative and explore contrasting stories from multiple perspectives.

Braun and Clarke (2013) identified six stages of research: (a) familiarization with the data, (b) coding, (c) searching for themes, (d) reviewing themes, (e) defining and naming themes, then finalizing with (f) writing up outcomes. The first step outlined by Clark and Braun (2013) is familiarization with the data. I read the transcripts several times, which led me to familiarize myself with the data. I looked for patterns and added headings using colored text. The conceptual codes were grouped into the same categories forming themes. Last, I reviewed the sub-themes, organized them, and grouped them into four different major themes. Data were analyzed with the foundational goal of exploring teachers' stories of their lived experiences of working with students who have faced

trauma (Patton, 2015). The detailed data collection and analysis procedures for this study are further discussed in Chapter 3.

Significance of the Study

Teachers' approaches in the classroom need to change because of an increasing number of students who have faced adverse childhood experiences (Briggs-Gowan et al., 2010; Finkelhor et al., 2015). Educators must provide comprehensive school-based mental health services and effective trauma-informed practices that are evidence-based (Every Student Succeeds Act, 2015). Yet, there is a lack of teacher knowledge and self-efficacy in supporting students who have faced traumatic events. Teachers feel unprepared to effectively support this group of students (Alisic, 2012). Limited research has been done exploring teachers' stories of working with students who have faced trauma; their voice is missing from the literature.

The purpose of the study is to understand the perspective of teachers working with students who have faced traumatic stress. Teachers' voices and stories will reveal a new perspective to trauma-informed training. Administrators are highly interested in implementing and revising their trauma-informed care programs. The teachers' voices will enable them to implement a training program, which will retool the teachers. Teachers' stories will give direction to administrators, researchers, and psychologists to view trauma-informed care more closely and revise their training programs.

Chapter Summary

In chapter 1, I present the Synopsis of this study: briefly describing the research questions, data collection method, and data analysis method. In the next chapters, readers will find a detailed description of the theoretical framework, literature review, design of

the study, and the results. Chapters and 3 comprise of theoretical framework and literature review. Chapter 4 includes a detailed description of the methodology. Chapter 5 presents the participants' descriptions and the results of the study. And the last chapter describes the implications of the study.

Chapter 2

Theoretical Framework

Research suggests that the incidence of students facing trauma has increased a great deal in the past several years (Finkelhor et al., 2015; Merrick et al., 2018). Exposure to trauma is directly linked to children's learning and behavior problems. Examples of these problems are difficulty in regulating emotions, building positive peer and teacher relationships, focusing attention on academics, remembering concepts, following lessons, sitting still, and concentrating on tasks. Additionally, the literature regarding students who have witnessed or experienced violence reveals that they also face challenges in their social adjustment. These students may suffer from worry, anxiety, and a lack of security. They choose either the flight or fight state, which is often manifested as behavior problems in the classroom.

In this study, trauma is defined as an intense event that results in physical and/or psychological harm. It is important to recognize that the events or bad experiences are not traumatic in and of themselves; they become traumatic when they exceed a person's capacity to cope. For instance, one of my students, Kyle (pseudonym) had recently moved from another state. He always seemed either angry or sad, showing passive-aggressive behavior by not participating in any activities. For no apparent reason, he missed school several times and often got into fights. On those few times when Kyle focused on academics, he received good grades. I learned that Kyle had witnessed his father beating and choking his mother at home, and thus his home environment caused him to feel rage, disconnection, and isolation. I built a personal connection with Kyle and tried to become a second mother in school for him. I took personal time to understand his

story, to help him with his academics when he was in a good mood, and to listen to his stories when he was not in a happy state. In my head, I thought I was helping him by being a good teacher and a good human being.

However, my special attention, learning about his stories, and building relationships with him seemed to have no effect. Kyle continued feeling rage, anger, withdrawal, disconnection, and sadness. His behavior worsened, and his academic performance deteriorated. While working with Kyle, I routinely came home mentally exhausted, emotionally drained, and feeling professionally helpless. I was not able to help Kyle move to the next level. I remember spending hours agonizing about how to help Kyle and students like him. I know that Kyle was not the only student who had such stories during this time. In working with them, I relied a lot on basic common-sense knowledge and navigated my day by balancing students' diverse academic and behavioral needs. I felt fatigued, not knowing the best way to support children after trauma, and not knowing how to not become too emotionally involved. My situation is not unique; classroom teachers are often confronted with the need to manage the challenging behaviors of children who have experienced trauma.

The purpose of this study was to investigate teachers' experiences when working with students who have experienced traumatic events. I aimed to provide a platform for teachers to share their stories of success and failure related to helping students who manifest challenging behavior due to trauma. The study also aimed to learn the teachers' knowledge about trauma, their daily practices in handling such behavior, and the results of those practices. I wanted to know whether teachers were aware of the psychological and behavioral impact of trauma, how it is manifested in the classroom, and how they can

help these students. My personal experience of fatigue and sense of no direction led me to investigate other elementary teachers' tales.

In this chapter, I present a review of the theoretical framework including three different theories; social learning theory, cognitive-behavioral theory, and the theory of trauma. I selected these theories because they were essential in providing appropriate background knowledge of how human behavior is shaped. As I dove deeper into these theories, I learned more about human behavior and its conditioning manifestations. Social learning theory suggests that children learn aggressive behavior because they have observed such behavior in their environment, and they have seen how that behavior is reinforced. Cognitive-behavioral theory suggests that the existence of underlying dysfunctional beliefs about oneself can cause behavioral malfunction. Finally, the theory of trauma provides the relationship between traumatic events and their effects on students.

Theoretical Frameworks

I have yet to meet a child who enjoys misbehaving.
Rather, I see a child who is working to communicate
a message about an unmet need in increasingly
desperate and extreme ways. (Lapointe, 2017, p. 4)

Every behavior is an expression that communicates needs. These needs are manifested in a variety of ways including attention-seeking, aggression, disinterest, passive-aggressive, clinging, and so on. Human beings learn this behavior by interacting with the environment in which they are raised. Research on the theoretical frameworks broadened my understanding of how human beings learn behavior. I discuss three

theories that guided my research: 1) social learning theory, 2) cognitive-behavioral theory, 3) theory of trauma.

Social Learning Theory

Social learning theory attempts to explain how human beings a product of their environment are. Individual behavioral patterns and self-development are influenced by the society in which the person interacts. Children learn behavior through observation and imitation of others in their environment. Social learning theory suggests that effective modeling teaches strategies and general rules to modify students' behavior permanently. Albert Bandura (1977), an influential psychologist best known for his social learning theory, stated:

Learning would be exceedingly laborious, not to mention hazardous if people had to rely solely on the effects of their actions to inform them what to do.

Fortunately, most human behavior is learned observationally through modeling: from observing others one forms an idea of how new behaviors are performed, and on later occasions, this coded information serves as a guide for action (p. 22).

Social learning theory focuses on behavior that is learned from and within the environment. Human beings are social animals, and we learn from one another within a social context. We adopt behaviors from our environment and learn via observation, imitation, and modeling. Social learning theory focuses on four fundamental processes of learning (Bandura & Walters, 1977):

- Attention: young children will see and imitate the behavior of individuals they are exposed to, such as a mother, father, teacher, celebrity, or other models.

- Retention: young children will remember a behavior learned via observation or imitation.
- Reproduction: young children will use a memory of a behavior as an example to be copied.
- Motivation: young children will be motivated to perform an observed behavior later voluntarily or by having a reason to do it.

Social learning theory emphasizes that children are influenced by the world around them. There is a reciprocal relationship between children and characteristics of the environment, how the environment is perceived, and later how much they are motivated to reproduce the behavior. For example, Sam acts out in the classroom. This results in the teacher reprimanding Sam. This may cause Sam to act out even more. When Sam gets yelled at by a teacher for talking in class, it sets a negative classroom learning environment. Students have witnessed that disrespecting others may give you control. In such an environment, students learn to be motivated to reproduce the behavior to get their way. Students who have faced adverse childhood experiences may exhibit depression, anxiety, anger, and dissociative behaviors which have been observed in or learned from their environment. (Baum et al., 2013; Blodgett & Lanigan, 2018; Crusto et al., 2010; Dawson et al., 2014).

The social learning approach is also effective in changing children's behavior by using reciprocal interactions. To change children's behavior, the behavior must be displayed in the environment. For example, when Sam acts out in the class, the teacher responds to him by pleasantly asking him to stop the behavior. All students along with Sam witnessed the request and respect offered by the teacher. This sets a positive

classroom environment. The social learning model is based on observing, modeling, goal setting, and reinforcement for learning new behavior. Other strategies, such as building confidence and self-efficacy, creating a belief in one's ability, and offering positive verbal encouragement are also rooted in social learning theory. Teachers can create the environment and opportunities in the classroom so that students can observe, learn, exhibit social skills, and become their best potential self.

Effects of the Social Learning Model

Social skills training is found to be a common approach to anger control and appropriate display of the behavior. Children who have faced trauma lack requisite social skills due to a missing role model in their life. These children benefit from the direct training of social skills to increase their social competency and decrease their negative social interaction. The curriculum for integrating social skills has been derived from social learning theory. The research was synthesized in the form of a meta-analysis done by Wilson, Lipsey, and Derzon (2003) on the effectiveness of school-based interventions for preventing or reducing aggressive behavior. Such intervention approaches included social competence training, behavioral and classroom management training, and peer mediation services. Most of the analyzed studies were based on demonstration programs that stemmed from the social learning theory. Among the demonstration programs, higher-risk youth showed a greater reduction in aggressive behavior.

In recent years, due to the development of a research-based curriculum, the social-emotional learning aspect has become a critical component of educational programs. The social-emotional learning model has derived from social learning theory and includes a component of emotional competencies. The inclusion of emotional skills in the

curriculum helps children develop the ability to feel worthy and able to integrate thinking and feeling in behavior to achieve their life goals (Zins et al., 2007). According to Durlak et al., (2011), the different components of social and emotional skills are decision making, identifying emotions from social cues, goal setting, perspective taking, interpersonal problems solving, and conflict resolution. Schools are becoming aware that the goal of education is not limited to academics; social and emotional development is equally important (Buchanan et al., 2009).

Schools have recognized the importance of developing social and emotional skills among their students (Konishi & Park, 2017; Zins et al., 2007). Many schools have started implementing a curriculum that fosters self-awareness, self-management, relationship skills, and responsible decision making (Collaborative for Academic, Social and Emotional Learning, 2013). These skills are believed to provide a foundation for promoting positive adjustment in children and youth. Curriculum such as Promoting Alternative Thinking Strategies (PATHS) involves systematic instruction of promoting students' emotional development, self-regulation, and social problem-solving skills (Kam et al., 2004). An analysis conducted by Durlak et al. (2011) included 213 school-based social-emotional curriculums including 270,034 students. They examined the effects of a social-emotional skill-based curriculum on the students. Results showed that enhancing areas of students' social and emotional skill development positively influenced students' overall well-being, including academic achievement, positive social behavior, positive attitude about self, and reduction of emotional distress (Durlak et al., 2011). The social and emotional skill interventions bring positive outcomes in areas such as social skills,

anti-social behavior, substance abuse, positive self-image, academic achievement, mental health, and prosocial behavior (Sklad et al., 2012; Taylor et al., 2017).

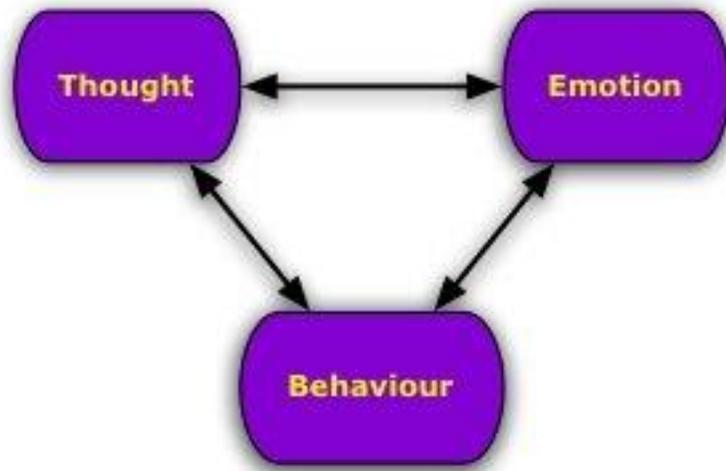
The effectiveness of imparting social-emotional learning skills depends on the teachers' ability to model emotional intelligence through daily interactions and bonding with the students. Teachers establish positive relationships with students and provide safe and secure environments that may help students to feel self-worth and confidence and develop a positive self-image. Teachers require immense support and structure from administrators and school leaders. Research on social learning theory and integration of social-emotional curriculum implementation gives information on the success of several programs. However, I found little information on how teachers are trained to implement these skills in their daily classroom. What are they supposed to do in the classroom? How and how often are teachers trained to impart these skills in the classroom? What is the role of administrators in supporting such programs in the school? No research was found on the effectiveness of social-emotional curriculum implementation at the high school level.

Cognitive Behavioral Theory

The cognitive-behavioral theory suggests that many of our emotions are due to our thinking—i.e., the ways that we have perceived or interpreted our environments. Figure 1 shows the relationship between thought, emotion, and behavior. Sometimes these thoughts may be biased or distorted. Cognitive behavior theorists believe students' underlying dysfunctional beliefs affect cognitive functioning and behavior (Beck, 2011; Ellis, 2001). According to Wenzel and Beck (2008), the cognitive model purports that an individual's perceptions of situations influence their emotional and behavioral reactions.

Figure 1

Cognitive Behavioral Theory



These perceptions are not always true; rather, they are often distorted and dysfunctional. Therefore, cognitive-behavioral interventions teach a set of structured techniques aimed at building cognitive skills. Cognitive behavior theorists include methods such as positive self-talk, cognitive restructuring, imagery exercises, challenging mindfulness-based exercises, rehearsal, relaxation, desensitization, problem-solving, social skills training, self-monitoring, and hypothesis testing (Beck, 2011; Ellis, 2001; Friedberg & McClure, 2015).

Effects of the Cognitive-Behavioral Theory

Cognitive-behavioral theory influences the need for a shift from traditional classroom management to trauma-informed care in classrooms. It is designed to create a safe, supportive environment for students by providing evidence-based practices for transforming school culture and supporting teachers to alter curriculum and interventions. Evidence-based approaches such as Behavioral Intervention for Trauma in Schools (CBITS) and Trauma-Focused Cognitive Behavioral Therapy (TF-CBI) stem from

cognitive behavior theory. According to the National Child Traumatic Stress Network, Trauma-Focused Cognitive Behavioral Therapy (Allen et al., 2020) has the strongest research evidence for children who have experienced trauma. Trauma-Focused Cognitive Behavioral Therapy focuses on parenting skills, relaxation skills, affective modulation skills, cognitive coping skills, trauma narrative, and cognitive processing of the traumatic event(s) through individual sessions with the child and conjoint parent-child sessions.

A study was conducted by Hoover (2018) and his team to describe the implementation and outcomes of the evidence-based trauma intervention of the first two years of Cognitive Behavioral Intervention for Trauma in Schools (CBITS) implementation in Connecticut. The participants in the study were 20 clinicians who led CBITS with 73 groups consisting of a total of 350 racially and ethnically diverse (66.9% Hispanic, 26.2% Black/African American, 43.7% White, and 30.1% Other), majority female (61%) children, averaging 12.2 years. The children in this study reported experiencing different traumatic events such as having someone close to them be very sick or injured, having someone close to them die, seeing someone being slapped, punched, or hit by someone, seeing someone else getting beaten up, and seeing a serious accident where someone could have been or was badly hurt or died.

All 20 clinicians had completed the 2-day CBITS clinical training. Seventy-three CBITS groups were led by 20 clinicians for two years. For evaluating the program, the CBITS clinician self-report fidelity measure, the trauma exposure checklist (TEC), the Child PTSD Symptom Scale (CPSS), and the Youth Services Survey for Families (YSS-F) were used. The result indicated significant reductions in child posttraumatic stress disorder (PTSD) symptoms and problems. It showed significant increases in their

classroom functioning. Findings of this study point to the need, feasibility, and positive impact of implementing school-based interventions for students suffering from posttraumatic stress. Behavioral Intervention for Trauma in Schools and Trauma-Focused Cognitive Behavioral Therapy has been successful in helping students in the school. However, these programs are only effective at the school level. There is little evidence of the effectiveness of these programs in adulthood (Paauw et al., 2019; Takazawa, 2015).

Theory of Trauma

Trauma theory emerged in the 1990s when a group of critics began to study the cultural effects of trauma (Carlson & Rosser-Hogan, 1994; Caruth, 1991; Lewis, 1997; Mollica et al., 1993). Cathy Caruth, a prominent researcher, presented the guidelines for understanding and speaking about trauma. In her essays and interviews, she explained trauma guidelines and their effect on a human being (Caruth, 1995). As studies of trauma become more common, the term has been applied more liberally to circumstances beyond war, natural disaster, and abuse, including psychological trauma that has not resulted in or from physical violence (Anderson, 2012; Lewis, 1997; Smelser, 2004). Judith Herman (1997), a well-known professor at Harvard University, researched post-traumatic stress disorder, particularly in sexual and domestic violence victims. She described that trauma overwhelms the victim, removing control, connection, meaning, and exhibits hyperarousal, intrusion, and constriction, which may manifest in various ways, including multiple personality disorder, amnesia, and sleepwalking.

Herman's (1997) *Trauma and Recovery* was groundbreaking work that helped to understand and comprehend human beings' complex behavior who have experienced trauma and traumatic events. According to Herman and her contemporary researchers,

psychological trauma refers to a person's emotional response to an overwhelming event that disrupts his ability to function normally (Caruth, 1991; Lewis, 1997; Van der Kolk, 2003). It is the response to a distressing or disturbing event that affects an individual's ability to cope, that causes feelings of helplessness, and diminishes their sense of self and their ability to feel the full range of emotions and experiences (Caruth, 1991; Lewis, 1997; Van der Kolk, 2003). The American Psychiatric Association (2013) and SAMHSA (2014) have adopted three types of psychological trauma: acute trauma, chronic trauma, and complex trauma.

Acute trauma, also referred to as a simple trauma, results from a single stressful or dangerous event. A student may have experienced a single incident such as an accident or being a victim of a crime or natural disaster. One must have experienced trauma in the past and it may have a lasting negative impact—chronic trauma results from repeated and prolonged exposure to highly stressful events. Examples include cases of child abuse, bullying, or domestic violence. Complex trauma results from exposure to multiple traumatic events. It is repetitive and occurs over an extended period. The definition of chronic trauma and complex trauma is similar. However, the complex trauma includes the added set of criteria such as traumatic events perpetrated by a caregiver or another trusted individual; there was a sense of betrayal or the traumatic events that happened during childhood. With complex trauma, individuals may experience relational difficulties, a sense of guilt and shame, low self-esteem, a distorted self-image, dissociation, difficulties regulating emotions, and a sense of hopelessness or a loss of meaning.

Trauma Healing and Recovery

The trauma healing practices have had different approaches to recovery. In the first instance, trauma healing and recovery has focused on individual and clinical interventions to address the symptoms of PTSD (Caruth, 1991; Lewis, 1997). However, when trauma symptoms appeared in the survivors of natural disasters and terrorism, refugees and immigrants fleeing homeland violence and persecution presented the need to change the approach to trauma healing and recovery. Hence the focus shifted to psychosocial education and empowerment models designed to tap into self-healing (Smelser, 2004; Van der Kolk, 2003). These models are based on group and peer support models and provide both support and education on managing trauma and its effects. Along with psychosocial educational development, researchers learned that these approaches need to be implemented in organizations.

Harris and Fallot (2009) suggested that trauma-informed care is built on five core values: (1) safety, (2) trustworthiness, (3) choice, (4) collaboration, and (5) empowerment. The model includes physical and emotional *safety* and building *trustworthiness* using the clarity of expectations, providing consistent service, and maintaining boundaries. The value of *choice* and *control* increases the sense of accountability. The *collaboration* emphasizes the need for involvement and sharing of power, while *empowerment* relates to the development and enhancement of consumer skills.

Trauma-informed care is a new paradigm for organizing public mental health and human services. Trauma-informed care changes the opening question for those seeking services from “What is wrong with you?” to “What has happened to you?” (Anderson

et al., 2015). Trauma-informed care is initiated with the assumption that every person seeking services is a trauma survivor who designs his or her path to healing, facilitated by the support and mentoring from the service provider (Anderson et al., 2015; Baweja et al., 2016; Perry & Daniels (2016). In a trauma-informed environment, survivors are empowered to set goals proactively and manage progress toward those goals.

The above-mentioned theoretical framework examined the social-emotional theory, cognitive-behavioral theory, and theory of trauma.

Chapter Summary

In Chapter 2, I described the theoretical framework of understanding social learning theory, cognitive-behavioral theory, and theory of trauma. The social learning theory illustrated the environmental effect on human behavior. The cognitive-behavioral theory emphasizes how one feels and thinks when one is faced with multiple traumatic experiences. Individuals who face traumatic experiences perceive the world differently. The theory of trauma focuses on the history of trauma studies and healing practices.

Chapter 3

Literature Review

In this chapter, I present a review of relevant literature that outlines the thematic strands guiding my study. The literature review that laid the foundation for this study included: Adverse Childhood Experiences, the Effect of Trauma, and Trauma-Informed Care. These three topics are necessary for understanding trauma and its profound impact on children's well-being. It helped me get more perspective on children's behavior that is just the manifestation of the trauma. I chose books, peer-reviewed articles, dissertations, and research reports from several significant databases in humanities, social sciences, and education: Education Resources Information Center (ERIC), Google Scholar, ProQuest, The Journal of Educational Psychology, JSTOR, and EBSCO host. The search terms used included adverse childhood experiences, childhood trauma, childhood maltreatment, childhood trauma and neurobiology, adverse childhood experiences, trauma-informed schools, classroom management, classroom management, and special education, childhood trauma and special education, childhood trauma and academic achievement, childhood trauma and behavior, complex trauma, trauma trained teachers, a trauma in elementary students, and trauma-sensitive schools.

While researching this work, I came across many research studies related to trauma and its effect. However, few narratives were written about teachers' experiences (Alisic et al., 2012; Craig, 2015; Reinke et al., 2011; Soeurs & Hall, 2016). In the review of literature, I include these studies as well as what has been studied about Adverse Childhood Experiences (ACEs), the effect of trauma, and trauma-informed teaching and learning. These topics contributed to knowing about trauma research and analyzing the

research gaps. Both areas are connected to my research question: How do teachers describe their experiences of teaching trauma-affected students?

Adverse Childhood Experiences

Human beings' basic needs are first physiological, followed by emotional, a sense of security, belonging, love, and safety (Maslow, 1987). Children develop self-regulation, trust, and receptive and expressive language skills if they are provided positive and secure relationships by their caregivers. Children in a safe and loving environment learn to interpret, communicate, and internalize non-verbal communication. They can understand their emotions and their interpersonal and intrapersonal relations. When children face traumatic events, rejection from caregivers, and disregard for their feelings, they use their internal resources for survival instead of average growth. Adverse childhood experiences may affect the health and well-being of children.

The effect of ACE was seen in one of my pre-school students Missy. Four-year-old Missy was in her preschool class. Missy's mom was a single parent and worked two jobs. Missy had been witnessing domestic violence and physical abuse at home. Many days, due to mom's busy schedule, Missy found herself alone at home without anyone looking after her. Missy enjoyed coming to school, seemed happy, and loved her teacher. However, her teachers described her as "out of control." She used to scream, curse at teachers and classmates, and sometimes used to destroy classroom materials without any cause. Missy's teachers were unable to understand her behavior and help her steer positively.

Mason was in a second-grade classroom. He had witnessed abuse and physical violence at home between his parents and extended family. Mason was a bright student;

however, in the classroom, he was mostly withdrawn or daydreaming. he had a hard time getting along with his same-age peers. Hence, he mostly played with younger students. Mason's teachers at school wished to help him; however, no one could understand the reasons for his withdrawal. The teachers did not know the inability to make connections with people and withdrawal behavior were symptoms of abuse.

Violence against children continues to grow as a salient issue in national and international public health. Identifying the rates of trauma in school-aged populations is challenging. However, many schools and mental health professionals have started recognizing students who have faced traumatic events in the early stages of their lives. Studies have indicated that at least one-fourth of students in the classroom have faced adverse experiences that hampered their learning and overall development. Adverse childhood experiences have been described as potentially traumatic events that can have negative lasting effects on health and well-being (Felitti et al., 1998; NCTSN, 2003). Adverse childhood experiences (ACEs)—a term coined by researchers Vincent Felitti, Robert Anda, and their colleagues, conducted from 1995 to 1997 on childhood abuse and household dysfunction (Felitti et al., 1998). Centers for Disease Control and Prevention (2019) defines ACEs into three categories: abuse, household challenges, and neglect.

- Abuse

1. Emotional Abuse: A child living in a home where a parent, stepparent, or adult living in his home swore at him, put him down, or acted in a way that made him feel afraid that he may be physically hurt.

2. Physical Abuse: A child living in a home where a parent, stepparent, or adult pushed, grabbed, slapped, threw something at him, or hit him so hard that he had marks or is injured.
 3. Sexual Abuse: A child living in a home where an adult, relative, family friend, or stranger who is at least 5 years older than him, touches him or sexually fondles his body, makes him sexually touch his/her body, attempts to have any type of sexual intercourse with him.
- Household Challenges
 1. Mother is treated violently: A child's mother or stepmother is pushed, grabbed, slapped, has something thrown at her, kicked, bitten, hit with a fist, hit with something hard, repeatedly hit for over at least a few minutes, or ever threatened or hurt by a knife or gun by his father (or stepfather) or mother's boyfriend.
 2. Substance abuse in the household: A child living with a household member who is a problem drinker or alcoholic or a household member uses a street drug.
 3. Mental illness in the household: A child living with a household member who is depressed or mentally ill or attempted suicide.
 4. Parental separation or divorce: A child experiences parental divorce or separation.
 5. Incarcerated household member: A child's household member is sent to prison.
 - Neglect

1. Emotional neglect: The child feels unwanted, does not feel loved, and feels no family support.
2. Physical neglect: The child feels that there is no one to take care of him, protect him or he has no food to eat, drink, or clothes to wear Centers for Disease Control and Prevention, 2019).

Several studies provided updated estimates for the number of students exposed to short-term and long-term trauma. The Behavioral Risk Factor Surveillance System (BRFSS) is an annual, nationally representative telephone survey that collects data from non-institutionalized adults regarding their health-related risk behaviors, chronic health conditions, and use of preventive services. This study was done by Merrick et al. (2018) to provide an updated prevalence estimate of ACEs in the United States using a large, diverse, and representative sample of adults in 23 states. The data were collected from January 1, 2011, through December 31, 2014. The results indicated that out of all the participants, 38.45% reported experiencing no incidents of ACEs; 23.53% reported one incident of ACE; 13.38% reported two incidents of ACEs; 8.83% of the population reported three incidents of ACEs, and 15.81% reported four or more ACEs. Overall, the results highlighted that childhood adversity is common across sociodemographic characteristics, but some individuals are at a higher risk of experiencing ACEs than others. The report demonstrated the burden of ACEs among the U.S. adult population using the largest and most diverse sample to date. The results also indicated that it is essential to prevent ACEs to improve health and life outcomes throughout the lifespan and across generations.

Finkelhor et al. (2015) used the National Survey of Children's Exposure to Violence (NatSCEV) to obtain current data on exposure to violence, crime, and abuse across childhood. It consisted of a national sample of 4,000 children and youth, 0 to 17 years old, from August 28, 2013, to April 30, 2014. Study interviews were conducted over the telephone by the employees of an experienced survey research firm. First, a short interview was conducted to obtain family demographics. If the selected child was 10 to 17 years old, the interview was then conducted with the child. Otherwise, the interview was conducted with the child's caregivers. Results of this study indicated that more than one-third of all youth (37.3%) experienced a physical assault during the year of the study, primarily at the hands of siblings and peers.

Assaults occurred to more boys than girls. Physical intimidation was highest for children younger than ten years, and relational aggression was highest for children 10 to 13 years old. Internet harassment was highest for youth 14 to 17 years old. Girls 14 to 17 years old were the group at highest risk, with 16.4% of them experiencing a sexual offense, out of which 4.6% experienced sexual assault or sexual abuse. For older children, 14.3% of the older girls and 6.0% of the older boys said they had experienced a sexual assault during their childhood. The oldest subgroup (14-17 years) had experienced maltreatment at the rate of 38.1% during their lifetime. The rate of physical abuse was 5.0%, and the rate of emotional abuse by a caregiver was 9.3%.

Physical abuse was lowest for children younger than six years, and emotional abuse was highest for children 14 to 17. Almost one-quarter of the sample (24.5%) had witnessed violence in the family or the community. The rate of exposure to shootings since birth was 13.4% for the oldest group of youth.

Many schools have employed a school-based screening approach to identify children exposed to one or more traumatic events. A study was conducted by Gonzalez, Monzon, Solis, Jaycox, and Langley (2016) at four elementary schools in a southern California school district. Four hundred two children participated in screening for exposure to traumatic events during the 2011-2012 and 2012-2013 school years. The modified Traumatic Events Screening Inventory-Children Brief Form (TESI-C-Brief) was used as a baseline to assess exposure to direct or witnessed trauma via 21 items. The exposure to trauma events indicated that 34% of the children reported experiencing one or more traumatic events during their lifetime. Trauma-exposed children said they experienced a range of one to twelve types of events like witnessing a family member arrested or deported (28%), witnessing physical (22%) or community violence (21%), being a victim of physical violence (17%), and witnessing a severe accident (17%).

A happy, healthy, and prosperous life foundation is built on childhood experiences. Positive experiences give strengths to fight against life's struggles, and negative experiences hinder self-growth and reaching the highest potential. Briggs-Gowan et al. (2010) investigated exposure to violence and its association with anxiety, post-traumatic stress disorder, and depressive and externalizing problems. Data were collected using three different methods: questionnaires, interviews, and a standardized developmental assessment. The sample was comprised of 213 young children, 24- to 48-month-olds, and their parents who were provided assessment and treatment services for mental health and developmental delays in states in the Northeast and Midwest. The study found that early childhood violence exposure was positively associated with

symptoms and disorders of depression, anxiety, and disruptive behavior. These students cannot work up to their highest potential, and they stay unmotivated in the classroom.

Adverse and traumatic childhood experiences have been directly linked to the ability to learn and pay attention. Traumatic experiences in the early years, such as abuse, neglect, and exposure to violence, can impact and limit brain development, resulting in cognitive losses and physical, emotional, and social delays, which will undermine learning (Jaycox et al., 2012). When children experience loss, abuse, and violence, it creates a neurophysiological stress response. These responses interfere with their ability to autonomously regulate their emotions and behavior (Jensen, 2013; Vervoort-Schel et al., 2018). The study also indicates that children with intellectual disabilities are more likely to have experienced a larger number of adverse childhood experiences (ACEs) than children in the general population (Vervoort-Schel et al., 2018).

Overall, all the above studies contribute to the literature on trauma exposure in students. There is growing evidence of how toxic stress or repeated adverse experiences can cause permanent damage to the developing brain. The results indicate that children are exposed to violence, abuse, and crime in various ways, and teachers must continue to monitor them regularly (Briggs-Gowan et al., 2010). The strength of these studies is their sample size and diverse populations. However, these studies show some limitations, especially in their data collection methods. The study done by Finkelhor et al. (2015) was based on a self-reported survey. Hence there is a possibility that participants would not have been candid with their surveys. The result of the study done by Merrick et al. (2018) indicated that a longitudinal study would be required to see the association between family violence and symptoms of depression, anxiety, and disruptive behavior among

children. ACEs are being recognized as a risk factor for children and have a direct impact on their learning. Early detection should help minimize the effects of ACEs in students' learning.

Effect of Trauma

It is important to understand that reactions to traumatic experiences are different and unique to everyone. One experience may create a dent in a child's worldview, and the same experience may not have any effect on another child. Many times, in a safe and secure environment, students may overcome their traumatic experiences. The effect of a single exposure to traumatic events and chronic exposure to traumatic events is different. For instance, I have worked with two children who had similar traumatic experiences. They both have a parent who has been incarcerated due to substance abuse, and they did not see one parent for years. Although the event is devastating, each of the children had different responses. One student was unable to process the reality and was shut down, whereas the other student functioned well, compensating by building a stronger bond with the remaining parent.

Most of my learning about trauma-affected behavior comes from my experience of working with students, reading books, and literature reviews. I have experienced that students who have exposure to single traumatic events have complained about intrusive thoughts, nightmares, anger, moodiness, and/or social withdrawal. Literature regarding students who have witnessed violence reveals that they face challenges in their social adjustment. These students suffer from worry, anxiety, and lack of security. They choose either the flight or fight state, which is manifested as behavior problems in the classroom.

Children who have faced trauma have learned that the world is not safe, and people cannot be trusted to support them (Craig, 2015; Jennings, 2018; Van der Kolk, 1994). I know that when young children are given a safe environment, they develop the ability to deal with stressful situations. On the contrary, when they are traumatized by their caregivers, they develop a distorted internal working model which impacts their ability to have satisfying relationships as adults. These children learn to cope by disconnecting themselves from the caregiver and other adults. They see others as untrustworthy and develop a lack of ability to establish friendships and an inability to understand other persons' perspectives; thus they cannot relate to their peers.

There are six domains identified as affected when children are exposed to traumatic events: attachment behavior, control biology, cognition, self-concept, affect regulation, and dissociation (Cook et al., 2003). When children face traumatic events, they use dissociation, attachment, and out-of-control behavior as defense mechanisms. Students who have faced trauma come to school with a heightened state of survival, which interferes with their learning (Briere & Spinazzola, 2005). The experiences of traumatic events affect a child's ability to form relationships, regulate emotional response, respond in a socially appropriate manner, and perform academically (Cook et al., 2003). Adverse and traumatic childhood experiences have been directly linked to the ability to learn and pay attention. School success generally depends on the ability to pay attention, memory, organization, and self-regulated behavior. Most of the literature related to maltreatment demonstrates the emotional, behavioral, and academic problems of students. Traumatic experiences in the early years, such as abuse, neglect, and exposure to violence can impact and limit brain development, resulting in cognitive

losses and physical, emotional, and social delays which may undermine their learning (Jaycox et al., 2012; Schlein, et al., 2013; Taft, et al., 2016).

Maltreatment. School success generally depends on the ability to pay attention, memory, organization, and self-regulated behavior. Most of the literature related to maltreatment demonstrates the emotional, behavioral, and academic problems of the students (Eckenrode et al., 1993; Perfect, et al., 2016). Classroom behaviors related to attention-deficit hyperactivity disorder (ADHD; i.e., inattention and disruptive behaviors) may be especially common in maltreated children (Eckenrode et al., 1993; Perfect, et al., 2016). Students who experience any one form of maltreatment would show some deficit, either regarding academic performance or discipline problems; children experiencing multiple types of maltreatment would show poorer performance or more discipline problems than children experiencing only one form of maltreatment (Eckenrode et al., 1993). These researchers used a comparative design in which maltreated school-age children in a small city in New York State were matched to a group of non-maltreated children. School records were used as the source of information about academic achievement and discipline problems for each child in the study. Information from all grades contained in their cumulative folders was coded to assess the current performance of each child. Results indicated that maltreated children scored significantly below their non-maltreated peers in both reading and math standardized tests. A comparison of the current final grades in reading/English and math showed that the maltreated children scored significantly below the children in the control group. The results of discipline referrals and suspension among maltreated students indicated that 34.3% had one or more referrals, whereas among, non-maltreated students, 24.1 % had one or more referrals.

Perfect et al., (2016) performed a systematic review of articles (n=83) in the literature to identify school-related outcomes associated with trauma among school-aged youth. The sample of articles (n = 83) included data on school-aged youth (pre-kindergarten to grade 12) who were 18 years or younger. The findings from this systematic review assisted educators and school professionals in recognizing the potential impact of traumatic event exposure and traumatic stress symptoms on school-related functioning. Martin et al., (2010) conducted a study evaluating teachers' perceptions of the effects of physical and sexual abuse and emotional neglect on both students' learning and classroom behavior. The study was an internet-based, teacher survey examining how teachers responded to children's stressful life experiences and challenges in the classroom. Participants were self-identified preschool through 12th-grade teachers from the United States and Canada. Teachers reported that physical and sexual abuse and emotional neglect affected students' learning, resulting in academic difficulties such as delayed and impeded ability to learn, little or no reasoning skills, significant gaps in their knowledge/comprehension on the skills and topics presented, and little ability to learn as much as they should because of their abuse.

Violence. Results implied that students who witnessed violence in school showed symptoms of behavior disorders and aggressive behavior. Students who have witnessed violence have reported having adverse effects on their academic performance. A study was conducted among female students from age 14 to 18 years who had a variety of exposures to one or more traumatic events or complex trauma indicated that they displayed or observed behaviors such as frustration, irritability, stress, and pressure which impacted their ability and readiness to learn (West et al., 2014).

Trauma and Attachment. Human beings' basic needs are first physiological, followed by emotional, which is a sense of security and belonging, love and safety (Maslow, 1987). Complex trauma and chronic stress can affect students' socio-emotional well-being such as a feeling of safety, self-image, love, and security (Craig, 2015; De Bellis et al., 2009; Herman, 1997; Naparstek, 2004). "The children who have faced trauma have learned that the world is not safe, and people cannot be trusted to support them" (Jennings, 2019, p. 29). When young children are given a safe environment, they develop the ability to deal with stressful situations. On the contrary, when they are traumatized by their caregivers, they develop a distorted internal working model which impacts their ability to have satisfying relationships as adults (van der Kolk, 2003). These children learn to cope by disconnecting themselves from the caregiver and other adults. They see others as untrustworthy (de Vries et al., 2016), develop a lack of ability to establish friendship (Dawson et al., 2014), and ability to understand other person's perspectives (Jennings, 2018). Traumatic events affect children's ability to relate to their peers. These students may seem disrespectful, withdrawn, and unable to respond to social cues (van der Kolk, 2003).

A study was conducted by Hébert, Langevin, and Oussaid (2018) to examine the effect of cumulative childhood trauma. They found that cumulative childhood trauma leads to more severe behavioral and psychological consequences than single experiences of trauma, both in adults and youth samples. The sample consisted of 309 sexually abused children (203 girls, 106 boys) aged 6-12 years old, and their non-offending parent (85.8% maternal figure, 9.6% father figure, 4.6% other known adult). Children were recruited in five intervention centers offering services to abused children and their parents

in the province of Quebec, Canada. Both parent and child informed written consents were obtained, and the questionnaires were completed at the intervention centers. A small financial compensation was offered to parents and a gift certificate to children. Children and parents were given a T1 assessment in the intervention settings and a T2 assessment (five months later) at the centers or the home of the participants. At the T1 assessment, parents reported on the 24-item Emotion Regulation Checklist and dissociation level of their children using the Child Behavior Checklist. At T2, children's behavior problems were assessed using parent reports on the Child Behavior Checklist. The results highlighted that emotion regulation and dissociation played a major role in the relations between cumulative childhood trauma and behavior problems in the school-age sample. Cumulative childhood trauma showed a significant, positive correlation with externalized (physical aggression, disobeying rules, cheating, stealing, and so forth) behavior problems, higher levels of emotional dysregulation, and internalized (fearfulness, social withdrawal, and somatic complaints) behavior problems both in adult and youth samples. Children who faced multiple traumatic events may have difficulty inferring ideas from textual content; solving problems from alternative points of view; and participating in social dialog, decision-making, and problem-solving. As a result, these children seem socially lost, unable to understand peers—and may become victims or perpetrators of aggression (Jennings, 2018; Schlein et al., 2013; Taft et al., 2016).

Trauma and PTSD. Positive stress may promote healthy development; however, multiple traumas can have disastrous effects on a child's physical and psychological effects. A study conducted by Crusto et al. (2010) examined the relationship between the number of types of traumatic events experienced by children three to six years old,

parenting stress, and children's posttraumatic stress (PTS). Parents and caregivers provided data for 154 urban children admitted into community-based mental health or developmental services. By parent and caregiver reports, children experienced an average of 4.9 different types of potentially traumatic events. Posttraumatic stress was found positively and significantly related to family violence and other family-related trauma exposure. This study and several other studies suggest that children's exposure to multiple types of family violence and other traumatic events may increase their chances of developing posttraumatic stress disorder (PTSD), adolescent negative behavioral outcomes, and increased suicidal rates (Lieberman & Knorr, 2007; Margolin & Vickerman, 2007)

In 2009, Wilcox and his team examined the association between exposures to traumatic events and the risk of a subsequent suicide attempt of urban young adults in Baltimore, Maryland. A total of 1,698 young adults, including 47% male and 71% African American whose mean age was 21 participated in this study. Participants were the young adults who entered the first grade of cohort I, 1985 and cohort II, 1986 in a single public school system of a mid-Atlantic city in the United States. The schools were located in five urban areas that varied in socioeconomic status from very poor to moderate-income, and in the degree of racial segregation. Fifteen years later, when participants were aged 20 to 23 years (mean age, 21 years), nearly 75% of the survivors (n = 1,698) were interviewed face-to-face to assess the occurrence of lifetime traumatic experiences and PTSD. Results of this study revealed that posttraumatic stress disorder was associated with an increased risk of a subsequent suicide attempt.

Academic Performance. The experiences of traumatic events affect a child's ability to form relationships, regulate emotional responses, respond in a socially appropriate manner, and perform well academically (Cook et al., 2003). Adverse and traumatic childhood experiences have been directly linked to the ability to learn and pay attention. School success generally depends on the ability to pay attention, memory, organization, and self-regulated behavior (Jaycox et al., 2012). Early childhood trauma has a significant effect on attention, memory, and executive functioning, which are important skills for successful academic performance (Craig, 2016; Jennings, 2018; Souers & Hall, 2016). Children who have experienced childhood trauma face challenges in meeting the social and academic expectations of the school.

A study was conducted by Slade and Wissow (2007) to examine the relationship between childhood maltreatment and academic performance in adolescence. Data were drawn from the 1994–2002 National Longitudinal Study of Adolescent Health (Add Health). The Add Health data were from two waves: the Wave I baseline, which occurred during the 1994–1995 school year, and the Wave III follow-up conducted in 2001–2002. Data collection methods included In-School Questionnaires (n = 90,118), School Administrator Questionnaires (n = 164), In-Home Interviews (n = 20,745), and Parent Questionnaires (n = 17,669) from 80 high schools and 52 middle schools. Schools were selected from within the United States using systematic sampling methods and implicit stratification to ensure representation of the region, urbanicity, size, type, and ethnicity.

The results indicated that the maltreatment index was significantly associated with low GPA and problems completing homework assignments and was marginally associated with being frequently absent from school. The study revealed that

maltreatment is connected with below-average school performance during adolescence. The result of this study is consistent with numerous previous research establishing a link between adverse childhood experiences and low academic performances (Eckenrode et al.; Erickson et al., 1989; Kendall-Tackett & Eckenrode, 1996; Kurtz et al., 1993; Shonk & Cicchetti, 2001).

Difficulty in Paying Attention. Traumatic experiences in the early years, such as abuse, neglect, and exposure to violence can impact and limit brain development, resulting in cognitive losses and physical, emotional, and social delays, which undermine learning (Jaycox et al., 2012). Most of the literature related to maltreatment demonstrates the emotional, behavioral, and academic problems of students. Exposure to poverty, loss, abuse, and violence creates the type of neurophysiological stress response that potentially interferes with children's ability to autonomously regulate their emotions and behavior (Jensen, 2013; Vervoort-Schel et al., 2018).

Effect on Memory. Many students who have experienced trauma show lower working memory, which results in poor academic performance. A study was conducted among two groups of women in Quebec by Blanchette and Caparos (2016) to find out how working memory may be related to exposure to potentially traumatic events and symptoms of post-traumatic stress disorder. The study adopted running span and reading span tasks, which indicated that the trauma-exposed participants showed significantly lower working memory function compared to control participants.

Managing Emotions. Classroom behaviors related to attention-deficit hyperactivity disorder (ADHD; i.e., inattention and disruptive behaviors) may be especially common in maltreated children. Students who experience any one form of

maltreatment show discipline problems; children experiencing multiple types of maltreatment would show poorer performance or more discipline problems than children experiencing only one form of maltreatment (Eckenrode et al., 1993). The researchers used a comparative design in which maltreated school-age children in a small city in New York State were matched to a group of non-maltreated children. School records were used as the source of information about academic achievement and discipline problems for each child in the study. Information from all grades contained in their cumulative folders was coded to assess current performance. The results of discipline referrals and suspension among maltreated students indicated that 34.3% had one or more referrals, whereas, among non-maltreated students, 24.1% had one or more referrals.

Effect on Behavior. Adverse childhood experiences may produce anxiety, anger, and depression in children. Sitler (2009) stated that when students have difficulty in learning due to trauma, they are most likely to manifest behavior difficulties in the classroom. A study conducted by Blodgett and Lanigan (2018) examined the relationship between a level of Adverse Childhood Experiences exposure in elementary school children and academic risks. A random sample of 2,101 children from K-6 classrooms of 10 elementary schools was selected. Students were 50% male, 78% white, and 55% free and reduced meal program, recipients. School data of ACE reports of students and academic at-risk students' reports were used for analysis. The results revealed that there was a correlation between the number of ACEs and the risk of poor school attendance, behavior issues, failure to meet grade-level standards in mathematics, reading, and writing. Results also suggested that understanding and responding to a child's ACE profile might be an important strategy for improving the academic trajectory of at-risk

children. Students who have faced high ACEs show chronic absenteeism and higher dropout rates in schools. Studies done by Hunt, Slack, and Berger (2017) examined the effect of ACEs among pediatric samples. Students who were exposed to four or more ACEs were found 33 times more likely to report learning and behavioral problems compared to children without exposure. The study provided evidence that children as young as nine begin to show behavioral problems after exposure to early childhood adversities.

State of Flight or Fight. Students who have witnessed violence may face challenges in their social adjustment. These students may suffer from worry, anxiety, and lack of security. Van der Kolk (1994) stated in his book *The Body Keeps the Score* that the challenge for these students is not so much learning to accept the terrible things that have happened but learning how to gain mastery over one's internal sensations and emotions. They either chose the flight or fight state, which is manifested as behavior problems in the classroom.

The studies on the effect of multiple exposures to traumatic events reveal that ACEs interfere with effective problem solving and/or planning and result in overwhelming feelings of frustration and anxiety (Cook et al., 2005; De Bellis et al., 2010; de Vries et al., 2016; Jaycox et al., 2012). Students may appear rude, aggressive, and emotionally disconnected. Following are some specific behavior teachers may see as a psychological and behavioral impact of trauma (Jennings, 2018).

1. Children are clingier with teachers or parents due to anxiety, fear, and worry about the safety of themselves and others. They worry about the recurrence of violence.

2. They are unusually whiny, irritable, and moody due to increased distress.
3. Students exhibit decreased attention and/or concentration and withdrawal from others or activities.
4. Students show outbursts and/or aggression.
5. They face difficulty with authority, redirection, or criticism.
6. They show increased absenteeism.
7. The students exhibit behavior of distrust of others, including adults and peers.
8. They show an inability to interpret and respond appropriately to social cues.
9. Children complain about headaches and stomach aches. They show overreaction to minor bumps and bruises.
10. They show changes in their academic performance.
11. Students show behaviors such as recreating the event (e.g., repeatedly talking about, “playing” out, or drawing the event).
12. Students over- or under-react to bells, physical contact, doors slamming, sirens, lighting, or any sudden movements.
13. Students make statements and have questions about death and dying.
14. Students re-experience the trauma (e.g., nightmares or disturbing memories during the day).
15. Students display avoidance behaviors (e.g., resisting going to places that remind them of the event).
16. Students experience motional numbing (e.g., seeming to have no feeling about the event).

Children who have received support from their caregivers have acquired skills to deal with traumatic events. A semi-structured interview was conducted by Alisic et al., (2011) with 25 children. The study was conducted using purposely sampled children from eight to twelve who were exposed to single-incident trauma. These children were affected by the event as well as the aftermath with a secondary stressor. The results of the study revealed that most children had recovered gradually. They benefitted from social support and coping behavior techniques.

Children if given support will recover within a few weeks or months from the fear and anxiety caused by a traumatic experience. However, some children need more help over a more extended period to heal, and they may need continuous support from family, teachers, and mental health professionals. Some students show signs of stress in the first few weeks after the trauma but return to their normal state of physical and emotional health. Some traumatic experiences occur once in a lifetime; others are ongoing. Many children have experienced multiple traumas, and for many children, trauma is a chronic part of their lives. Students who have experienced traumatic events may experience problems that impair their day-to-day functioning. Students in the classroom do not always have the words to tell what has happened to them or how they feel. Teachers need to be aware of both the children who act out and the quiet children who do not appear to have any behavioral problems.

The above studies acknowledge the negative effects of trauma on students' social, emotional, and learning aspects. The studies also prove that adverse experiences in childhood contribute to behavior misconduct and poor academic result. This data can be utilized to build trauma-informed training for the teachers. It creates ample ways to

address their educational needs. Some of the limitations of the studies were inadequate information on the type of school violence witnessed by students, gender and age, and school size. Thus, additional research with larger, more representative samples should be conducted. Overall, the studies reveal that children who witnessed traumatic events and ACEs may be at risk of academic and behavior impairment.

Trauma-Informed Care

Every Student Succeeds Act (Pub.L. 114-95, 2015) explicitly states that educators must provide comprehensive school-based mental health services and “effective trauma-informed practices that are evidence-based” (Sections 2102, 2103, and 4108 of ESSA). Adaptations to chronic trauma can make students seem poorly disciplined, unmotivated, hostile, or lost, which can leave teachers asking, “What is wrong with this student?” when confronted with challenging behaviors. This type of lens on student behavior can result in punitive disciplinary responses, increasing the likelihood of re-traumatization resulting from seclusion or harsh zero-tolerance policies (Dorado et al., 2016; Ford et al., 2006). When schools understand the traumatic experiences of their students, they may be more likely to ask, “What has happened to this student to shape these behaviors?,” which is more likely to lead to support interventions that avoid re-traumatization and teach the student a new repertoire of skills of calming and refocusing (Dorado et al., 2016). The research data presented by Finkelhor et al. (2015) acknowledges the need for educators to be keenly aware of the prevalence of exposure to trauma, understand the educational implications, and provide trauma-sensitive instruction.

Teachers must acknowledge that students arrive at school each day with their own lived experiences, opinions, and emotions. Students, moreover, are seeking far more than

just academic content from their teachers. Teachers need the training to view children's challenging behaviors through a trauma-sensitive lens (Alisic et al., 2012). They have to be prepared for occurrences of trauma-related behaviors so they can respond in a manner that promotes resilience and recovery (Mazzer & Rickwood, 2015). Teachers who are not trained in trauma can inadvertently reinforce the behavior by their lack of response or attention (Alisic et al., 2012; Mazzer & Rickwood, 2015). A recent qualitative study was done in the Netherlands by Alisic (2012), which explored 21 teachers' perspectives of their roles towards working with students who have experienced traumatic events. The teachers were asked to describe their feelings, strategies, and experiences related to working with students who have faced traumatic events. Along with students' behavioral aspects, teachers also expressed difficulty in balancing students' diverse academic needs. Additionally, teachers expressed that their roles have moved away from teaching to being psychologists and social workers. One teacher remarked, "Children are confronted with more and more adverse events these days and with more extreme ones....I think teachers' task was more like proper teaching in earlier days, but that we're slowly growing into a caregiver's role" (Alisic, 2012, p. 54).

Teachers' roles are changing due to changing needs of the students. Another study was completed by a group of researchers (Alisic et al., 2012) in the Netherlands to examine the teachers' experiences about supporting children after trauma. A survey was sent to 500 teachers containing nine questionnaire items covering various aspects of assisting children after trauma. Results indicated that many teachers found it difficult to find their position as a teacher of academic skills versus mental healthcare providers. They had difficulty knowing the best ways to support children after trauma, knowing

when children needed professional mental healthcare, and knowing where they could find information about traumatic stress. Teachers also had trouble knowing how not to get too emotionally involved.

When a student misbehaves in the classroom or feels depressed, whose job is it to help these students? The teacher's role in school is not limited to teaching classroom subjects. In the last decade, teachers' roles have changed dramatically and have become more complex. Teachers are not only required to have mastery in their content, but they must also know how to identify and help unmotivated students, and how to make critical decisions regarding communication with parents and guardians. A study by Mazzer and Rickwood (2015) investigated teachers' role breadth and perceived self-efficacy, and teachers' perceptions about them being expected to (role breadth) and able to (self-efficacy) effectively support student mental health. A total of 21 teachers from six different schools within Canberra, the capital city of Australia, participated in the study. The results indicated that teachers viewed supporting mental health as "just part of the job." They further recognized that while they were involved in supporting student mental health, it was not their area of expertise. They expressed concerns and challenges in making decisions around confidentiality and privacy of information versus communicating necessary data with other parties such as parents, colleagues, and mental health professionals. Teachers reported worrying that what they said or did might negatively impact the student, resulting in severe consequences. Some teachers identified using or relying on basic common sense knowledge instead of formal training in their involvement with supporting students' mental health.

Time and time again, teachers have reported that their preparation and practice pedagogy needed to be “more than academics” and that this realization was only possible once they understood the full context of their vulnerable communities and the learning needs of dysregulated students because of adverse childhood experiences. The literature indicates that if students are physically, mentally, and emotionally not ready to learn, the teachers’ efforts are in vain (Brunzell, et al., 2018). The learning needs of this vulnerable population question the current understanding and pedagogy of teachers’ roles in schools. A qualitative study done by Brunzell et al., (2018) interviewed classroom teachers (N = 18) from two Australian Government schools. The student population of these two schools consisted of low socio-economic indicators, transient populations, recently arriving refugee groups, and Aboriginal communities. The results of this study indicate that the teachers perceived their practice pedagogy needed to be “more than academics.” They needed to understand the full context of their vulnerable communities and the learning needs of dysregulated students because of adverse childhood experiences. Teachers reflected that their trauma-affected students struggled to build positive relationships, and they argued that the relationships that students do form could be unstable, fleeting, conditional, or confusing to others. Teachers observed that their work felt meaningful when they left school energized after a day when they were able to well-regulate their own physical and emotional responses to manage all of the needs and demands of their students. The findings of this study are alarming, and they emphasize that teachers who work in schools need to be systemically aware of the adverse effects of childhood trauma, deliver trauma-informed practice, and maintain their own well-being while teaching students.

Impact of Trauma on Educators

Each day, children carry their invisible backpack which holds the weight of fear, difficulties with trust and safety, and memories of scary things that happened to them. Schools provide resources such as social workers, counselors, and psychologists for these students. However, classroom teachers are the first who encounter such behavior, and they are responsible to support students in the classroom. A study was conducted by Reinke et al., (2011) to examine teachers' perceptions of current mental health needs in their schools; their knowledge, skills, training experiences, and training needs; their roles for supporting children's mental health; and barriers to supporting mental health needs in their school settings. The purpose of this study was to examine teachers' perceptions of current mental health needs in their schools; their knowledge, skills, training experiences, and training needs; their roles for supporting children's mental health; and barriers to supporting mental health needs in their school settings. Participants included 292 teachers from 5 school districts. Participants completed a survey that addressed three main categories: (1) demographic information, (2) perceptions and attitudes of the provision of mental health services in schools, and (3) perceptions, knowledge, and attitudes regarding evidence-based practices in schools. The result indicated that teachers perceived themselves as having primary responsibility for implementing classroom-based behavioral interventions but believed school psychologists had a greater role in teaching social-emotional lessons. Teachers also reported a global lack of experience and training for supporting children's mental health needs.

Teachers are expected to cater to the needs of students who are from various cultures, economic, family backgrounds and possess different learning styles, various

learning abilities, and multiple intellects (Figley, 2013). There is a greater demand for teachers to show that their children are making progress in the classroom. This pressure can lead to fatigue and burnout (Figley, 2013; Koenig et al., 2018; Warren, 2018). Teachers who directly work with traumatized children report experiencing painful emotions, intrusive images, and an overall sense of helplessness, fatigue, or secondary trauma (Abraham-Cook, 2012). According to Craig (2015), limited studies are available which examine the effect of working with a trauma-affected student on teachers' risk for mental health issues. However, teachers receive little training in recognizing symptoms of primary trauma in their classrooms. Increasing teachers' awareness will equip them to enhance their proficiency in helping students in the classroom as well as safeguarding their own mental health. This may reduce teachers' attrition rate, secondary trauma, and burnout (Abraham-Cook, 2012; Figley, 2013; Koenig et al., 2018; Warren, 2018)..

Impact of Trauma on Administrators

Achievement Gap. Students who have faced multiple traumatic events have difficulty meeting academic needs in the classroom (Martin et al., 2010; Perfect et al., 2016). Their difficulty in focusing attention, remembering facts, and acquiring basic skills lead to frequent absenteeism and disruptive behavior. As a result, these students have lower scores on standardized tests (Cook et al., 2003). Educational leaders can close this achievement gap by providing a safe, efficient, and effective learning environment, by creating a positive culture of teaching and learning, by advocating, nurturing, and sustaining students' success, and by investing in staff professional growth (Johnson & Uline, 2005; Leithwood, 2010).

Teacher Burnout. Compassion fatigue or secondary trauma is characterized by feelings of incomplete and emotional exhaustion (Figley, 2013). Teachers experience difficulty in maintaining the level of emotional detachment needed to manage students' difficult behavior. Teachers' failure of managing behavior leads to burnout and ultimately they leave the profession (Koenig et al., 2018). Approximately 40% of beginning teachers will leave the classroom within their first five years of teaching (Warren, 2018). Hence, school leaders face the financial and administrative burden of educational resources. Administrators spend one-third of their time recruiting and training new teachers every year (Gordon, 2018).

Impact of Trauma on School

School Safety. Safety is the prime goal for any educational institution. Recent increased school violence and bullying have threatened educators' safety. Many teachers and administrators argue that children's misbehavior and violence had led them to a "no-nonsense" path, increased punishment, and school suspension through a zero-tolerance approach. The zero-tolerance approach has increased the number of teachers relying on law enforcement, which in turn has increased the risk of arrest for being tardy or having a temper tantrum, or disturbing the peace (Craig, 2015; Elias, 2013). Zero tolerance policies have closed the doors for free and appropriate public school education and caused the overrepresentation of minorities in prison (Wald & Losen, 2003). Children spend the majority of their time in schools thus; schools have an important role in providing a safe, positive and secure environment. A trauma-sensitive lens may help schools to rediscover their discipline policies.

School Culture. The school culture speaks about the hidden curriculum of unspoken expectations and a long tradition of shared beliefs. In other words, teachers' wisdom of "how they do things around their workplace." School culture is defined as comprising the values and norms of the school or organization (Heck & Marcoulides, 1996; Hoy, 1990). According to Hoy and Tarter (1997), unhealthy schools consist of teachers who are generally unhappy with their jobs and colleagues, students are not academically motivated, and academic achievement is not highly valued. Healthy schools that promote high academic standards, appropriate leadership, and collegiality provide a climate more conducive to student success and achievement (Hoy et al., 1990). Lack of transparency about the prevalence of trauma, its effect, and the importance of creating a safe environment for our students is a missing piece in school culture and promotes an unhealthy school culture. There is a need to change the aspect of school culture to move towards the trauma-sensitive model. A trauma-sensitive lens may rejuvenate school culture by creating a safe, secure environment and have motivating teachers, which in turn will result in the greater success of students' performance.

Trauma-sensitive Vision for Schools

In recent years, many school districts have adopted trauma-sensitive modules which require teachers and administrators to undergo online training and understand everything about trauma. There is some evidence that trauma-informed training helps teachers to be aware of students' social, emotional, and academic needs. However, teachers and administrators report that one-time training is not sufficient. They require continuous support, training, and guidance until the school shifts its culture to trauma-sensitive vision (Anderson et al., 2015; Baum et al., 2013; Perry & Daniels, 2016). The

transition to a trauma-sensitive school requires a systematic implementation of the program, including administrators, teachers, and non-teaching staff.

Impact of Professional Development

Many urban school districts have implemented trauma-informed in-service and training programs for the teachers. It is vital to know the success of trauma-informed practices in the schools and know teachers' perspectives regarding the training. There is some evidence that trauma-informed training helps teachers to be aware of students' social, emotional, and academic needs. A study conducted by Baum et al. (2013) aimed to evaluate the effectiveness of a short-term resilience-building teacher intervention on reducing post-traumatic distress in students in the context of exposure to recurrent rocket attacks in Israel. The study was conducted to evaluate the efficacy of the Building Resilience Intervention (BRI). BRI was a brief 12-hour teacher training designed to provide teachers with resilience-building tools both for themselves and for their students. Teachers participating in the workshop were given guidelines for implementing the program in their classrooms. The students of these teachers were asked to fill out a screening questionnaire, and independent sets of observations were obtained. The results showed that the levels of Post-Traumatic Stress (PTS) and anxiety decreased significantly. The multiple regression model showed that the intervention resulted in a statistically significant decrease in levels of PTS and anxiety after controlling for demographic variables, trauma exposure, and past trauma history.

Trauma-informed care and teacher training create a secure and supportive environment for the students. Perry and Daniels (2016) stated, "A trauma-informed approach creates space for students to build and sustain healthy, meaningful relationships

with peers and teachers” (p. 178). New Haven Trauma Coalition (NHTC) developed a model that included professional development, care coordination, and clinical services for the students and staff. The NHTC team offered two days of professional development to teachers which included a trauma-informed paradigm. The study was implemented in an elementary school in New Haven, Connecticut. It included 32 participants, all of whom were teachers or administrators within the school. When asked about one thing teachers learned after receiving the training, all indicated making changes around implementing better self-care strategies, being able to recognize trauma better, and having a new technique to use with their students. The study suggested that the team was able to assist administrators and teachers in understanding the widespread impact of trauma; recognizing signs and symptoms of trauma from an individual as well as from a systems perspective; and integrating trauma knowledge into some of their existing practices to create a supportive, trauma-informed environment.

A similar study was done by Anderson, et al., (2015) to examine the effectiveness of professional development of elementary teachers in a small city school in the Northeastern United States. The study was conducted in three parts. First, a needs assessment was conducted with teachers. Second, a series of professional development workshops were conducted. Finally, post-workshop surveys and focus groups were conducted to assess the impact of the workshop. Overall, participants described the benefits of receiving professional development targeted to their needs as very meaningful. Data across focus groups revealed that the majority of teachers were concerned about how to help students whose needs generated at home, such as insecurity about food, lack of adult interaction and supervision, and exposure to trauma.

Schools and communities must invest time and resources into implementing and training trauma-informed care. Teachers have reported having benefited from such programs. The three-tier Healthy Environments and Response to Trauma in Schools (HEART) program was implemented in the San Francisco Unified School District (SFUSD). It involved school-wide supports to change school cultures into learning environments that were safer, supportive, and trauma-informed, and to build capacity with school staff to facilitate the incorporation of a trauma-informed lens and intensive interventions for students suffering from the impact of trauma. Dorado et al. (2016) conducted a study to examine the effectiveness of the HEART program. Teachers reported an increased understanding of knowledge about trauma and its effects on children, about how to help traumatized children learn in school, and about the use of trauma-sensitive practices. The results indicated increases in teachers' understanding of trauma and the use of trauma-sensitive practices.

Many schools collaborating with clinical practitioners and psychologists have come up with a revised curriculum that focuses on students' mental health, such as programs and curriculums focusing on creating a supportive environment for the staff and students. Cognitive Behavioral Intervention for Trauma in Schools (Jaycox, 2004) was created in partnership with school clinical staff and administrators to maximize sustainability. Baweja et al. (2016) conducted a study to identify teachers' attitudes and beliefs about their experiences with CBITS. The participants were selected from three geographic regions of the U.S.: four schools from the Western region, four schools from the Midwestern region, and three schools from the Southern region. A total of 40 teachers took part in a semi-structured qualitative phone interview. The data showed that the

majority of teachers recognized the need for a trauma program such as CBITS on their campus. Teachers in this study supported school-based mental health programs like CBITS and reported wanting more trauma education and better tools to recognize the effects of trauma so they can identify traumatized students earlier. They believed that concrete strategies to manage trauma-related behavior in the classroom would allow them to support their students better and improve the classroom environment.

Literature Review Summary

The results of the above studies revealed teachers do not feel competent to help students who have faced traumatic events in the classroom. Teachers see supporting students' mental health as a fundamental part of their role. However, they are concerned that they lack the knowledge and skills required to address their students' mental health needs fully. They also fear saying the "wrong" thing to vulnerable young people. The studies also provide critical information on why teachers need to be trained to help these students. Evidence suggested that schools should use positive models of mental health which emphasize a whole school approach in which teachers act as critical contributors and receive training from professionals. It also appeared that future research needs to identify specific actions that could be considered a teacher's role in supporting young people's mental health. Additional research needs to be done using teachers in the United States, and the findings require replication in a large sample.

The above studies added to the literature arguing the need for creating a safe and favorable school climate. Training programs like Building Resilience Intervention (BRI), New Haven Trauma Coalition (NHTC) model, Healthy Environments and Response to Trauma in Schools (HEART), Cognitive Behavioral Intervention for Trauma in Schools

(CBITS), and many other professional training programs are successful. These programs create awareness regarding trauma-affected students. However, the programs show several limitations: Some studies showed limitations in data collection, data reporting, and samples which could have created threats to the validity and reliability of their data. In some studies, specific information about the intervention, details of program implementation, and specific evaluation patterns were not included, making it impossible to use or replicate the research. In other studies, no actual observation of practice and students' behavior was made. Hence, it did not show the effectiveness of professional development. Regularly, further research is needed to evaluate the success and failure of these programs after their implementation.

Discussion

The results of the research articles indicate that the association between exposure to violence and other risks is known to impact developmental functioning. The research highlighted the number of children facing potentially trauma-inducing exposures to violence, crime, and abuse. These results are also significant to child-serving professionals so that educators can be prepared to help these children and families and address their needs. The articles related to the effects of trauma on students' learning reveal that child abuse and neglect represent a significant risk factor in poor academic performance, grade repetition, and discipline problems. This conclusion is consistent with studies that examined academic achievement among maltreated children. Teachers believed that physical and sexual abuse and emotional neglect negatively impacted their students' classroom behavior, resulting in decreased attention and increased disruptive behaviors.

The studies related to teacher training suggest that teachers struggle with providing support to children after traumatic exposure. Hence, further research could be done on how to help teachers when working with trauma-affected children, how to recognize symptoms, where to refer children and their families when specialized services are necessary, and how to take care of themselves under stressful conditions. Future research needs to identify specific actions that could be considered a teacher's role in supporting young people's mental health. The extent to which teachers are well equipped to undertake these actions and training, as well as professional development, could be identified or developed to ensure teachers are competent and confident in these essential areas.

The articles related to professional training indicate increases in teachers' understanding of trauma and the use of trauma-sensitive practices. The different interventions allowed teachers to process their own traumatic experiences, including their reaction to stress, feelings of loss, helplessness, and devastation. Professional training helped teachers in understanding the widespread impact of trauma; recognizing signs and symptoms of trauma from an individual as well as from a systems perspective; and integrating trauma knowledge into some of their existing practices to create a supportive, trauma-informed environment. Most of the studies suggested that all school personnel need the knowledge and skills to feel confident working with the whole child within an educational context to help students succeed in the classroom.

Chapter Summary

In chapter 3, I present the review of literature that laid the foundation for this study. The topics were; The Adverse Childhood Experiences (ACEs), the Effect of

Trauma, and Trauma-Informed Care. The review of literature informed me about the number of ACEs faced by our students and how it affects their ability to learn in the classroom. There is insufficient knowledge among educators regarding trauma-affected students and their learning process. The search of the literature reveals that minimal studies have been done on teachers' perceptions of working students and what exactly they do daily. Further research is required to understand the students' perspective about trauma and how it affects their learning. Further research is necessary to gather objective information regarding teachers' knowledge and skills specific to child traumatic stress and trauma-informed care. This information can encourage teacher training institutions to offer training to educators and school districts through professional development. This information will open more doors for teachers to learn about trauma and how to support students in their classrooms. Additional research is necessary to examine the impact of trauma training and teachers' perceptions of this training. In the next chapter, I review the methodologies and research design of the study.

Chapter 4

Methodology

In this chapter, I start by highlighting the purpose of the study. Next, I discuss the research methodology describing the design and rationale for the qualitative narrative research. I explain using qualitative narrative inquiry and the reasons it best fits the intention of the research. Next, I highlight my role as a researcher and discuss how my assumptions played a role in understanding teachers' stories. Lastly, I explain the data collection and data analysis process using a three-dimensional narrative inquiry approach. Also, I highlight the potential ethical considerations and limitations of the study.

Overview

Every day, students across the nation carry personal trauma histories into the classroom. According to the Substance Abuse and Mental Health Services Administration (SAMHSA, 2014, p. 7), trauma results from an event, series of events, or set of circumstances that an individual experiences as physically or emotionally harmful or threatening. One-time, multiple, or long-lasting repetitive trauma may affect people differently. The impact of trauma could be subtle or damaging. A traumatic incident may influence individuals depending on the characteristics of the individual, type, and characteristics of the events, developmental processes, and sociocultural factors. Teachers must know that sensitivity, feelings, and a behavioral reaction to traumatic experiences are unique to everyone. Some students may clearly display characteristics associated with posttraumatic disorder (PTSD), reactive attachment disorder (RAD), or child traumatic stress (CTS), and many more students may exhibit resilient responses or subtle symptoms which fall outside of the diagnostic area. The subtle and mild effects of trauma include

behaviors such as being off-task, non-complying with expectations, withdrawing, not participating, and/or being physically aggressive. Teachers may misinterpret such behaviors as students being rude, lazy, or seeking attention, and in doing this retraumatize students by referring them for disciplinary actions. The research being undertaken in this study explores teachers' perceptions, understanding, and knowledge of trauma and its influence on children's emotional, behavioral, and academic functioning wherever a student falls on the continuum of trauma from a single event to complex or chronic trauma. This study is an attempt to give a voice to teachers' thoughts about working with students who have experienced one or more traumatic events.

Teachers tend to analyze students' disruptive behavior in a variety of ways, as shown in Chapter 2. However, there is little research on how teachers view students' challenging behaviors that are manifested due to trauma. Some research suggests that teachers attribute students' challenging behaviors such as non-compliance and physical aggression to inadequate rules and deficient communication between the school and families (Alter et al., 2013; Maring & Koblinsky, 2013; Mullet, 2014; Taft, et al., 2015). Many teachers agree that supporting students' mental health is a fundamental part of their role. However, they are concerned that they lack the knowledge and skills required to address their students' mental health needs fully. They also fear saying the "wrong" thing to vulnerable young people (Brunzell et al., 2018). This study seeks to find out teachers' experiences, stories, and understanding of working with students whose behavior is impacted due to one or more traumatic events.

The teacher's role in school is not limited to teaching classroom subjects. In the last decade, teachers' roles have changed dramatically and have become more complex.

When a student misbehaves in the classroom or feels depressed, whose job is it to help these students? As an example, Mazzer and Rickwood (2015) investigated teachers' perceptions about their ability (self-efficacy) to support student mental health effectively. Twenty-one teachers from six schools within Canberra, the capital city of Australia, participated in their study. The results indicated that those teachers viewed supporting mental health in their students as "just part of the job." They further recognized that while they were involved in supporting student mental health, it was not their area of expertise. They expressed concerns and challenges in making decisions about confidentiality and privacy of information versus communicating necessary data with other parties such as parents, colleagues, and mental health professionals. Furthermore, they reported worrying that what they said or did might negatively impact the student, resulting in severe consequences. Some teachers indicated that they relied on basic common-sense knowledge instead of formal training in their involvement with supporting students' mental health.

Purpose

The current study aimed to understand the perspective of teachers as they experience the need for trauma intervention in the classroom, their role in providing support to students experiencing all forms of trauma and traumatic stress, and their level of self-efficacy in supporting this group of students. The purpose of this qualitative narrative inquiry was to examine teachers' stories regarding working with students who have experienced trauma or traumatic events. The study sought to obtain descriptive information about teachers' feelings about handling challenging behavior due to trauma and traumatic events. The teachers' stories are the heart of this study. It helps in

understanding their experiences, making meanings from their narratives. The findings from the study provide insight to leaders and teacher preparation institutions about how to better prepare pre-service and in-service teachers to help students with challenging behaviors stemming from trauma and traumatic stress.

Research Questions

The overarching purpose of this research was to understand teachers' stories when working with students who have experienced trauma and traumatic events. The following questions are related to this research:

1. How do teachers address students' challenging behavior, which is manifested because of trauma or traumatic events?
2. How do teachers describe the feelings of success and failure of working with students who have faced trauma or traumatic events?
3. What stories do teachers tell about experiencing secondary trauma due to working with students who have faced trauma or traumatic events?

Rationale for Qualitative Research

I used five main aspects of qualitative design to explain the rationale of my study; Explanation, Exploration, Complexity, Context, and Experience (Creswell, 2013; Maxwell, 2013; Mayer, 2015; Merriam, 2009; Moustakas, 1990; Taylor & Bogdan, 1998).

Explanation

Taylor and Bogdan (1998) described qualitative research as a form of research that concentrates on descriptive data and people's own written or spoken words allowing the researcher to give meaning and explanation to her data. I pursued this qualitative

study, which required me to utilize multiple sources of data throughout the study as opposed to relying solely on one data source (Creswell, 2013). The researcher is required to have direct knowledge of the phenomenon in question (Moustakas, 1990) allowing her to discover its essence and meaning. Numerous studies have been done on how trauma affects students' learning and teachers' failure to help students with challenging behavior. However, these data do not tell the stories behind teachers' perceptions of working with students who have faced trauma. Therefore, an in-depth examination of the teachers' experiences of working with students who have faced trauma was necessary.

Exploration

Qualitative research is defined as a means for exploring and understanding the meaning that individuals and groups attribute to a problem. The qualitative research process includes an inductive approach to the research process during which research questions may emerge and from which the researcher makes interpretations about the meaning of the data through the thick and rich descriptions (Creswell, 2007; Merriam, 2009). I selected a qualitative research design to explore the teachers' perspective about how they help students who have experienced trauma and traumatic events. The study is related to exploring stories of teachers and giving meaning to their experiences.

Complexity

Merriam (2009) claimed qualitative research aims to uncover how respondents interpret what they experience by distilling the complexity into manageable parts. Maxwell (2013) further described the qualitative process by comparing it to the quantitative one, claiming that qualitative research demands that the researcher “constructs and reconstructs [her] research design” and that the process is much more

“do-it-yourself” than it is “off-the-shelf,” like quantitative inquiry is often defined to be (p. 3). This study explored the stories of teachers by constructing and reconstructing the meaning and giving a platform to teachers to tell their narratives. The study also serves as a basis for further research and developing meaning from the data, not deriving definitive evidence (Mayer, 2015). During the interviews, I experienced the unfolding of many stories which were not expected to be revealed. This complex aspect of qualitative research was needed for my study.

Context

Creswell (2013) asserted that qualitative studies must address the meaning individuals or groups ascribe to a problem or phenomenon. He further claimed that the context of teachers’ stories is connected to researchers’ experiences. For example, I have worked with students who have shown challenging behavior due to traumatic experiences. Several times I have felt helpless when I was not able to give them an appropriate direction. In my experience, I feel an intense need for teachers to be trained in viewing students’ challenging behavior using a trauma-sensitive lens. However, in my study, I wanted to understand the teachers’ stories and their context.

Experience

Qualitative methods such as narrative inquiry are uniquely suited to address complex issues because they directly investigate people’s experiences (Creswell, 2013; Kim, 2015; Patton, 2015). I have experienced teaching students who manifested challenging behavior due to traumatic events and have faced failure to help them. Since I have this direct experience, there is a definite connection to the phenomenon in question. The teachers’ perspectives were viewed in this study as their feelings of success and

failure when working with students who have faced traumatic events. Teachers had the opportunity to reflect on their roles and the work they do with young people. I obtained insight from the participants' reality, voices, and perceptions. This type of research is inherently personal and allows participants to have their stories understood and their voices heard. As the qualitative researcher in this study, my role was to understand participants' stories, interpret their experiences, and provide meaning.

Narrative Inquiry

Connelly and Clandinin (2006) provided the following definition of narrative inquiry in qualitative research:

People shape their daily lives by stories of who they and others are and interpret their past in terms of these stories. The report, in the current idiom, is a portal through which a person enters the world and by which their experience of the world is interpreted and made personally meaningful. Narrative inquiry, the study of experience as a story, is first and foremost a way of thinking about the experience. Narrative inquiry as a methodology entails a view of the phenomenon. Using narrative inquiry methodology is to adopt a particular view of experience as a phenomenon under study. (p. 477)

Narrative inquiry is a way of understanding and inquiring into the experience through “a collaboration between researcher and participants, over time, in a place or series of places, and social interaction with milieus (social environment)” (Clandinin & Connelly, 2000, p. 20). Narrative inquiry is about participants' stories and how they make meaning of their realities. In this study, my participants narrate the stories of their experiences of

past and present. Narrative inquiry is an ideal research methodology, as it allows teachers to think about their experiences, give meaning to their stories, and voice their opinion.

This narrative inquiry focuses on collecting “stories of experience” as the primary source of data (Connelly & Clandinin, 1990). In my research, teachers’ stories shed light on the success and failure of the school program. “Teachers’ stories” are the narratives that individual professionals tell to describe their experiences with students who have faced traumatic experiences. “Narrative inquiry is concerned with the production, interpretation, and representation of storied accounts of lived experience” (Shacklock & Thorp, 2005, p. 156). Czarniawska (1997) asserted that the stories that teachers tell are the essence of the study.

Creswell (2013) stated that narrative research originated from literature, history, anthropology, sociology, sociolinguistic, and education and helped to empower and elevate participants’ realities. Teachers need a platform to narrate their side of stories outside of the classrooms. The researcher’s role is to listen carefully and make meaning out of what is said without misconstruing meaning. I wanted to share teachers’ stories, interviews, and field notes with the intent to provide detailed narrative experiences.

In narrative inquiry, the researcher cannot stay objective, distant, and unattached to the situation (Clandinin & Connelly, 2000). The goal of the conversations between participants and me focused on lived experiences and the meaning of their realities. As an inquirer, I hoped that teachers’ stories would allow me to understand their perspectives on working with challenging behavior. My aim as a researcher was to understand their stories and the context of their realities.

Role of the Researcher

The narrative nature of the study placed me, as the primary instrument, in a unique role within the study. In qualitative research, the researcher functions as the primary instrument of data collection and analysis. With this being the case, the background information about the researcher is pertinent to the credibility of the design (Merriam, 2009). Furthermore, as Gagnon (2010) explained, the researcher's characteristics can have a significant impact on the study results. Marshall and Rossman (2011) discussed the need for all researchers to demonstrate that their personality will not bias the study in any way. Although it is impossible to eliminate the researcher's preconceived theories, beliefs, and perceptual lens, the researcher must avoid the negative consequences (Maxwell, 2013). I have a graduate degree in Special Education and hold working experience of more than 15 years in special education. My being an experienced special education teacher who has worked with students who manifested challenging behaviors supports the credibility and validity of the findings.

In the next section, I outline the design of the study, beginning with a description of the research site and participants. Further, I explain the process of data collection and data analysis.

Design of the Study

In this section, I outline the design of my study. I begin by giving the description of the site, setting, and sampling procedure. Further, I explain the process of data collection and data analysis. The sources of data in this study are surveys, interviews, and field notes. Finally, I describe the ethical consideration, limitations, and significance of this study.

Research Site

Patton (2015) stressed the importance of selecting the right research site which fulfills the need of the research. The participants at the site must have experiences relating to trauma (Patton, 2015). Because my research focused on students who have experienced trauma, the most appropriate setting was a school that was situated in a district that has a high percentage of free and reduced lunch recipients. The study was conducted in three schools: Hall Academy Charter School, Peak International School, and Midwest Public School, located in urban areas of the Midwest. To protect the privacy of students and teachers, I have used pseudonyms for all three schools.

Hall Academy Charter school is a diverse community serving 1,000 students per year. The school includes grades K-12: elementary, middle school, and high school. Hall Academy is a Title 1 school where all students qualify for a 100% free and reduced meal program (State Department of Education, 2020). Hall Academy follows the model of individualized instruction, multidisciplinary learning, and social-emotional development. The school creates opportunities for children to discover, explore, and activate their personal passion. Hall Academy focuses on the development of the whole child so that when students graduate, they possess the tools to succeed in life. Teachers at Hall Academy hold undergraduate or graduate teaching certificates.

The Peak International school has students representing 21 different countries from Africa, Asia, and South America and speaking at least 15 different languages. Most of the students come from families experiencing economic challenges. More than 98% of students qualify for free and reduced lunch (State Department of Education, 2020). The

school is committed to serving this diverse population. Teachers at Peak International School hold undergraduate or graduate teaching certificates.

The Midwest Public School District has 35 schools, centers, and programs containing a total population of 15,568 students. The student demographics are diverse, including 57% Black, 28% Hispanic, 9% White, and 6% Multi-racial. One hundred percent of the district's students qualify for free and reduced lunch (State Department of Education, 2020). The district's student-teacher ratio is one teacher per 24 students. In addition, students speak more than 50 languages, and one out of every five students' primary language is not English (State Department of Education, 2020). The school district has more than 2,100 employees, and 49% of teachers have a master's degree. Midwest Public School District is one of the biggest districts in the Midwest area. It serves a diverse community with students from more than 15 countries representing a variety of cultures. Many students receive specialized assistance through the English Language Learners program. All students have their own laptops provided by the school. The school philosophy focuses on positive behavior intervention support (PBIS) for creating a safe and orderly learning environment in school.

Participants and Sampling Techniques

Qualitative research stresses collecting multiple data (Creswell & Creswell, 2017). The purpose of this study was to inquire about teachers' experiences of working with students who have faced traumatic events. Ellingson (2009) described the importance of crystallization by using data that are all complementary to each other but are never capable of depicting the whole image. Patton (2015) stated that qualitative inquiry typically focuses in-depth on relatively small samples, selected purposefully.

Qualitative research is about the thick description. For this study, I collected multiple data sources, which included: (1) surveys, (2) interviews, and (3) field notes. Huberman and Miles (2013) asserted that the researcher could focus on “naturally occurring ordinary events in its natural setting” (p. 10).

Surveys

Survey design “provides a quantitative or numeric description of trends, attitudes, or opinions of a population by studying a sample of that population” (Creswell, 2013). Surveys typically serve three general purposes: (1) description, to gather information regarding specific traits or attributes of a given population; (2) explanation, to examine causal relationships among variables; and (3) exploration, to gain a clearer understanding of a topic. Survey research typically encompasses more than one of those purposes. This study utilized survey research for descriptive and explanatory purposes (Babbie, 1990). The purpose of sending surveys to the larger group was to understand the greater number of teachers’ perspectives about teaching students who have experienced trauma and traumatic events. The purpose of sending surveys to teachers was to receive responses from a larger number of participants. Initial permission was received from the principals to send the survey links (see Appendix A). The 117-survey links were sent to teachers, via emails with principals’ permission.

There were three categories designed in the survey (see Appendix B); the questions related to demographic information were included in the first part. The questions inquiring about teaching experiences with students who have faced traumatic events were included in the second part. And at last, the open-ended questions were asked

to provide opportunities for teachers to express their feelings. The survey was designed to answer five-point Likert scale responses.

I emailed the survey to principals on February 8, 2021. The participants were asked to complete the questionnaire via a link to Survey Monkey. The survey was sent to teachers who held teaching positions, including general education teachers, special education teachers, English Language Learner (ELL) teachers, and teachers of Art, Music, and PE. All teachers were required to obtain a professional license for their respective teaching area. Once a week a reminder was sent to teachers to complete the survey. Teachers took almost two to three weeks to complete the survey. The last survey was completed on February 28, 2021. Participants used five-point Likert-type scales to indicate their responses to questions (e.g., a scale of 1–5, where one is “strongly agree,” 3 is a “neutral” response, and five is “strongly disagree”). The teachers’ names were kept anonymous to protect the identity of schools and teachers.

Survey links were sent to a total of 117 elementary teachers including the Hall Academy Charter School (22 teachers), Peak International School (50 teachers), and Midwest Public School (45 teachers). Seventy-six teachers responded with the complete survey. The last question of the survey included the participants’ permission to further be part of the second phase of the study. The participants’ responses were overwhelming, as 22 participants (elementary teachers) showed willingness for the further face-to-face interview. The participants for the interviews were selected using the purposeful maximum variation sampling method: gender, ethnicity, teaching experience, and area of specialization. The participants received a \$25 gift card as a thank you. I received The Women’s Council Research grant to cover the cost of the gift cards for twelve teachers.

Interviews

Patton (2015) reported that through interviews, a researcher can discover information about participants that they might not be able to learn by watching them in action through observations. It helps the researcher to examine the lived experiences of the teachers, but the purpose of the interview is to understand how participants make sense of their experiences (Bogdan & Biklen, 2007). The interviews support the extrapolation of meanings constructed by individuals, events, activities, organizations, feelings, motivations, claims, and other subjective experiences of the past and future (Lincoln & Guba, 1985).

Interviews were divided into two parts: semi-structured and informal (Merriam, 1998) (see Appendix C). The semi-structured interviews had predetermined questions, which were asked to all participants, in the same order. The informal interviews allowed me the freedom to follow-up or additional probing questions on specific topics. There is no better interview be it structured or semi-structured, as long as it produces rich data (deMarrais, 2004). As suggested by Bogdan and Biklen (2007), probes and follow-up questions were used to guide the conversation. I selected twelve participants out of the 22 participants who responded agreeing to face-to-face interviews.

The purpose of using maximum variation sampling is to understand a phenomenon seen and understood by people in a different situation, time, and place. The maximum variation in sampling helped in bringing the necessary diverse opinions from teachers' perspectives. The maximum variation sampling included variations in experience (new teachers with one to three years of experience and teachers with more experience), grade level (kindergarten to second grade, third to sixth grade), gender

(male, female), and ethnicity (European-American, African American, Spanish, and Asian). All the participants who were selected for the interview were provided a participant information letter and a consent form (see Appendix D). The interviews allowed me to explore the constructed meanings of the events and experiences of twelve teachers.

The interviews were held in two sessions. The first interview was about the participants' biography (Kim, 2015), focusing on developing trust and rapport between the myself and the participants. The interview included questions related to participants' experiences of working with students who display challenging behavior due to trauma, how that behavior looked in the classroom, and what they do to manage challenging behavior. Providing a platform for teachers to tap into their experiences was helpful to understanding participants' background. In my interview, the most general questions were "What are your experiences of working with students who display challenging behavior? What do you do at the moment?" Following advice from Patton (2015), I reserved the more complex and challenging questions for the second half of the interviews. The first interview lasted 45 minutes to 60 minutes.

At the end of the first interview, participants were asked to confirm the date for the second interview. An open-ended narrative response is a powerful way for the participants to give accounts of their experiences (Clandinin & Connelly, 2000). The participants were asked to get any artifacts or personal material that they found significant and related to personal or professional trauma. The second interview was more informal where participants opened up and shared their untapped stories of personal or professional trauma. They brought artifacts and talked about their experiences of

trauma significant to their artifact. The second interview was for 30 to 40 minutes for all participants.

Artifacts

“Artifacts have stories—origins, histories, moments, reasons—about how they were collected, created, inherited, and/or purchased” (Saldaña & Omasta, 2018, p. 74). I requested participants to bring an artifact or a personal item that they found significant to tell their stories about trauma. The participants enjoyed and connected with the artifacts and told their stories relating to their personal items. Participants brought artifacts such as Jenga game, dad’s photo, strength rock, picture book, citizenship card, roller coaster photo, drumsticks, lanyard, safe keeper box, sample artwork, and knitting roll.

Field Notes

Creswell (2014) considered field notes as one of the rich sources of information. Field notes are the notes of events, conversations, thoughts, feelings, reactions, and reflections to the stories (Patton, 2015). According to Bogdan and Biklen (2007), in qualitative research, personal notes are the narratives that describe the researcher’s actions, experiences, and beliefs. Immediately after communicating with teachers, I had several thoughts, feelings, and reflections. I did not want to forget those events. Patton (2015) offered helpful advice; he suggested researchers be intentional about taking field notes, so notation does not interfere with participation. Clandinin and Connelly (2000) suggested that a researcher’s field notes are not autobiographical stories. My field notes served as reflective notes for keeping track of events that happened during data collection and for analyzing data. They also helped me to move between objectivity and subjectivity.

Data Analysis

The data analysis process started soon after I completed my last interview. I used narrative analysis (Clarke & Braun, 2013; Clandinin & Connelly, 2000; Kim, 2015) throughout this research project. The surveys and interviews were analyzed and interpreted using thematic analysis. After identifying common narrative themes, a three-dimensional narrative inquiry process was utilized (Clandinin & Connelly, 2000) to explore the themes and meanings.

Survey Analysis

Survey analysis was the first step to dive deep into my data. Renner and Taylor-Powell (2003) suggest three steps for the survey analysis in qualitative research: 1) get to know your data, 2) focus the analysis, and last 3) categorize information. The first step of analyzing the survey was to get familiar with the responses. I read the teachers' responses several times to familiarize myself. I created a table of the participants' responses based on demographic questions, responses related to trauma, and open-ended questions related to practices. Next, I focused on categorizing the data based on the questions asked. The questions related to demographic information were placed in one category. The second category was the questions related to teachers' experiences of working with students who have trauma. The third category was for questions related to trauma training offered by teacher preparation institutions or the school district. The open-ended questions were placed in the last category. I analyzed the survey by spotting the common responses, differences, and outliers.

Interview Analysis

Clarke and Braun (2013) identified six stages of research: (a) familiarization with the data, (b) coding, (c) searching for themes, (d) reviewing themes, (e) defining and naming themes, then finalizing with (f) writing up outcomes. The first step outlined by Clark and Braun (2013) is familiarization with the data. I read the transcripts several times, familiarizing myself with the data. I looked for the pattern and added headings using colored text. The conceptual codes were grouped into the same categories forming themes. Last, I reviewed the sub-themes, organized them, and grouped them into four different major themes. Data were analyzed with the foundational goal of exploring teachers' stories of their lived experiences of working with students who have faced trauma (Patton, 2015).

My data included surveys, interviews, and field notes. I generated a collection of surveys, transcripts, and recordings, and analyzed them so that my research questions could be answered. The data analysis process included six phases offered by Moustakas (1990) as the main lens for data analysis. The process includes “initial engagement, immersion, incubation, illumination, explication, and culmination of the research in a creative synthesis” (p. 27). All the scripts were read several times before beginning the analysis. I used an inductive analysis process which allowed the themes to evolve through careful coding of the data rather than applying preconceived ideas about the topic (Hsieh & Shannon, 2005). Every line of each transcript was analyzed and coded with one or more themes. Miles and Huberman (1994) indicated that codes should have tags or labels for assigning units of meaning to the descriptive or inferential information compiled during the study.

In preparation for coding, the second step, as outlined by Clarke and Braun (2013) in their stages of analysis, the transcripts were prepared in Word documents. I then further familiarized the script by adding headings and using colored text. The initial coding round emphasized descriptive organizational codes, and as I reviewed the transcripts, codes were rationalized, added to, and combined to form more of a conceptual approach. To develop themes, I used participants' words to depict their thoughts and perceptions. The transcripts were read several times to understand their thoughts and feelings. Each code was reviewed to determine commonalities and establish the themes. While reading my script, the conceptual codes were grouped into the same categories, which formed the patterns or sub-themes (Miles & Huberman, 1994). Finally, I reviewed the sub-themes, organized them, and grouped them into four different major themes. To ensure the triangulation of data, the number of times participants identified each of the main codes was counted in all the transcripts.

Field Notes Analysis

After each interview, I recorded my field notes on my phone. I transcribed my field notes using my Google online transcriber within a few hours of the interview. The field notes consisted of my personal feelings, reflections, and questions related to the participants' interviews. These narratives were recorded as narrative memos or "field texts" (Clandinin & Connelly, 2000). After all the interviews, I used the transcripts to identify themes that occurred throughout my notes for each participant. I also analyzed the stories of each participant using a three-dimensional narrative inquiry framework.

Synthesis of Data and Crystallization. Lastly, I used creative synthesis to present the combined knowledge that stemmed from combining all the documents. After

all documents were coded, the interviews were transcribed, analyzed, and verified by participants. The transcripts of all interviews, field notes, and surveys were read several times to understand the meaning of the stories. I combined all the data and made a spreadsheet using combined codes. I used the process of crystallization (Ellingson, 2009) to carefully examine the findings from each data source including surveys, interviews, and field notes. Crystallization replaces the more positivist concept of triangulation. This process allowed me to examine the experiences of teachers from multiple angles to see which themes and stories were clearly reflected in multiple data sets for all the teachers. Within each of the final identified themes, I carefully examined the narratives of teachers telling their untapped stories. I explored these narratives which were easily connected to the identified themes. In the following section, I explain the data organization process and limitations of my study. Further, I address validity, reliability, and ethical consideration.

Data Organization

All pieces of data were organized and stored in a locked cabinet by the researcher. All the resources were converted to electronic sources by using a scanner. Once the surveys were analyzed, they were kept in locked cabinets located in the Education Building in Room 309. The interviews were recorded on a digital recorder, and once they were transcribed, they were kept in locked cabinets. My field notes and interviews were labeled and organized in a way so that during analysis, all data could be easily accessible. All electronic data files were password protected and backed up in a flash drive. The electronic data and reports were also stored in locked cabinets. Throughout the data analysis and data management time, I maintained an awareness of the conduct of ethical

research and an unbiased attitude. I spent enough time developing trust with my participants so they were confident their identity would not be revealed. All data and reports will be securely kept in locked cabinets for the next five to seven years.

Limitations and Ethical Considerations

Limitations

There were some limitations inherently present in this type of research. The first limitation of this study was the potential for researcher bias. I have worked as a special education teacher and coordinator for 15 years. I have been in the role of teacher's supervisor for schools and teachers. My role as a teacher's supervisor was perceived as an issue of power and privilege. While conducting the interviews I felt that some teachers perceived me as more knowledgeable and privileged. I used journaling during the data collection process to document my own feelings and I also addressed researcher bias through using member checks of the compiled data and stories. During these members check interviews, my participants had the opportunity to correct any misperceptions or biased findings that may have existed in the preliminary analysis.

A second limitation of this study is the imperfect nature of interviews. My initial plan was to conduct the interviews in coffee shops, parks, or libraries. However, the COVID-19 pandemic changed everything. There was a lockdown all over the world and everything was shut down. Hence the interviews were scheduled via Zoom. There was a limited amount of time, and internet disturbances may have interfered with teachers as they narrated their stories. However, this limitation was addressed by organizing multiple interviews. The crystallization process using multiple data helped in analyzing data from

different resources and angles. The member checking was done by sending the interview scripts to participants to identify contradicting stories and themes.

In a qualitative study, it is important to be transparent in all phases of the research so that anyone reviewing the research could understand and repeat the study (Yin, 2011). When conducting a semi-structured interview in qualitative research, it is essential for the interviewer to maintain emotional detachment and avoid comments that lead the participant toward a response (Turner, 2010). The honesty of participants must also be considered. In addition, participants were encouraged at the beginning of the interview to be as honest as they can. Rapport building and confidentiality increase participants' truthfulness (Shenton, 2004). In narrative inquiry, other threats identified by Maxwell (2013) are researcher bias and the influence of the researcher on participants. Creswell (2013) stated, "All researchers bring value to a study" (p. 18), which often results in bias. In qualitative research, bias is inevitable (Bogdan & Biklen, 2007).

Validity and Reliability

There are several perspectives on validation in qualitative research. Creswell (2013) summarized that "validation" in qualitative research is an attempt to assess the accuracy of the findings, as best described by the researcher and the participants. This view suggests that any report of the research is a representation of the researcher. I view one potential threat to validity as the accuracy of data collection and interpretation of the data through my lens as a special education teacher. My goal was to establish confidence in the truth of the findings for the participants and the study's context. Transactional validity, as defined by Cho and Trent (2006), emphasizes several techniques such as

member checking, bracketing, and triangulation, “an interactive process between the researcher and participants” (p. 321), to determine accuracy.

Member checking is primarily used in qualitative inquiry methodology and is defined as a quality control process by which a researcher seeks to improve the accuracy, credibility, and validity of what has been recorded during a research interview (Lincoln & Guba, 1985). Member checking is a process whereby participants verify information, feedback, and acceptability. Once the interview was transcribed, I sent the transcript to participants to verify contradicting themes or meanings, giving them opportunities to correct them.

As Clandinin and Connelly (2000) recommended, in addition to member checks and thick description, authenticity was addressed by the researcher’s wakefulness. It is a practice of remaining alert to the potential bias and ethical concern. Finally, I used the crystallization of multiple data sources (Ellingson, 2009) to find the most authentic themes and stories that are reflected in various aspects of fieldwork with the co-researchers over time. To conclude, I used several strategies to ensure validity, or factual trueness, and reliability, or credibility of the data (Creswell, 2013; Patton, 2015).

Ethical Considerations

Patton (1999) narrowed down issues surrounding credibility to three categories: attention to rigorous crystallization methods for gathering and analyzing data, the credibility of the researcher, and the researcher’s philosophical beliefs in qualitative inquiry’s value. This study used many techniques to establish and maintain trustworthiness. By the time I sought IRB approval, the COVID-19 pandemic was affecting the world. The world was shut down and lockdown orders were imposed. With

the guidance of the chair of my Doctoral Dissertation Supervisory Committee, I followed IRB protocols to make sure that my participants and I were safe and secure. IRB approval was obtained before contacting the participants. It was important that I follow the guidelines for ethical consideration provided by the University of Missouri Social Science Institutional Review Board.

Informed consent was collected for each participant who volunteered to be interviewed (See Appendix D for Informed Consent Letter). Confidentiality was maintained by assigning each participant a pseudonym. All identifiable information was coded to preserve confidentiality. Each participant was assigned a number that corresponded to their transcripts to protect the participants from being connected to sensitive information (Oleinik, 2011). The consent forms were sent out at the time of recruitment of the participants, and at any time, they could terminate their participation in the study if they chose to do so. “The ethical concern of naming adults in research texts is also troubling. Often participants who engage in narrative inquiry want to have their stories validated by having their names attached to the research texts” (Clandinin & Connelly, 2000, p. 175). However, for my research, I used pseudonyms for the locations, sites, and participants. I kept all identities anonymous. I informed participants about the nature of the study, its risks, purpose, and possible benefits. Recording the interviews, and member checking, helped to minimize interviewer bias. In addition to testing the semi-structured interview protocol, I practiced my interview skills on individuals unrelated to the research project. I made sure that I build a positive relationship with my participants to foster trust and confidence as their researcher. Every effort was made to resist making assumptions based on participant responses (Turner, 2010).

I learned it would be necessary to be cautious of ethical considerations throughout the research process and in all stages of my narrative inquiry while interviewing and analyzing the process. It was essential that I follow the guidelines for ethical consideration provided by the University of Missouri Social Science Institutional Review Board. The IRB review board uses three overriding principles. 1) inform subjects about the nature of the study to ensure that their participation is voluntary; 2) ensure that the benefits of the research outweigh the risks; 3) ensure the risks and benefits of research are evenly distributed among the possible subject populations. Their participation was voluntary, and there was not any judgment if they chose to no longer be part of the study for any reason. In preparation for this study, I learned about the unethical conditions that required the Belmont Report, took and passed the CITI exam, and worked to minimize the risks to all participants (Sims, 2010).

The Belmont Report (Sales & Folkman, 2000), the Council for International Organizations of Medical Sciences (CIOMS), and the World Health Organization (WHO) report that all research involving human subjects should be conducted using three basic ethical principles: respect for persons, beneficence, and justice. Respect for persons incorporates two considerations: respect for autonomy and protection of impaired or diminished autonomy, while beneficence refers to the ethical obligation to maximize benefits and to minimize harms and wrongs. Finally, justice suggests that the researcher should determine participants based on a set of fair procedures and outcomes rather than convenience (National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research, 1979). I made sure that the information gathered from the study would remain confidential. The data were kept in a locked file cabinet in Education

Building, Room 309. A key using a number and alias was created by the researcher and used when responses were transcribed so that information would remain confidential. The data were stored in a locked cabinet located in the Education Department, Room 309 for the next five to seven years after analyzing it.

Significance of the Study

This qualitative narrative inquiry addressed the teachers' experiences of working with students who have faced trauma and traumatic events. The lack of teacher training in trauma-informed care is needed to adequately address the need for trauma-informed care. This study could potentially benefit teachers who feel that they lack self-efficacy in handling students with challenging behavior due to their trauma (Alisic et al., 2012; Soeurs & Hall, 2016).

This research is significant because it may inform administrators in schools and professors in pre-service teacher programs of the need for more trauma-informed training for teachers. Studying the impact of trauma training programs benefits not only the school where the study takes place, but the local child welfare programs, juvenile detention programs, and mental health organizations as well. Increasing the training for special education teachers on trauma-informed care may reduce the school-to-prison pipeline and improve the social-emotional and academic outcomes for children with trauma exposure (Balfanz et al., 2015; Sibinga et al., 2016)

The study has implications for bringing about positive social change by increasing teachers' knowledge of trauma-informed care. The school district can design the professional development to inform teachers' knowledge and inquiry. Research also is beneficial to administrators of teacher preparation institutions, who will rethink the

program and may add avenues for pre-service teachers to learn about trauma-informed care.

Chapter Summary

In this chapter, I provided an overview of my research design. The chapter included the purpose, rationale for my research, and theoretical tradition. This chapter also included a discussion of my study's design describing setting, sampling method, participants, and data analysis process. Finally, validity and ethical consideration were addressed. My goals for the first three chapters were to introduce the problem, describe the literature surrounding the study, and present the methodology. I hope that my research will help teachers to voice their experiences of working with students who have experienced trauma and traumatic events. I also hope that my study will encourage teachers to reflect on their efficacy regarding helping students who have experienced trauma and traumatic events. In the following chapter, first, I provide information on conducting a study during the COVID-19 pandemic. Next, I summarize my findings from the survey, and lastly, I unfold the stories narrated by my 12 participants.

Chapter 5

Data Analysis: Unfolding Untold Stories

Narrative research provides the opportunity for participants to tell their own stories (Coulter & Smith, 2009). It examines lives through the lens of a story, honoring lived experience as a source of essential knowledge and understanding (Clandinin & Connelly, 2000; Kim, 2015). The purpose of this narrative inquiry was to explore the thoughts, perceptions, and experiences of urban elementary teachers regarding working with students who have faced traumatic events. The study consisted of surveys, semi-structured interviews, and researchers' field notes over four months. Each data source is used in the following discussion surrounding the research questions. In addition, these narratives provided an opportunity for teachers' voices to be inserted into the discussions of their experiences of working with students who have faced trauma or traumatic events. One overarching central question and three sub-questions guided this study. What stories do teachers tell of their experiences when teaching students who manifest challenging behavior due to traumatic events?

1. How do teachers address students' challenging behavior, which is manifested because of trauma or traumatic events?
2. How do teachers describe the feelings of success and failure of working with students who have faced trauma or traumatic events?
3. What stories do teachers tell about experiencing secondary trauma due to working with students who have faced trauma or traumatic events?

In this chapter, I begin by providing information on conducting a study during the COVID-19 pandemic. My research world changed soon after the COVID-19 pandemic

hit. There were surprises in findings as well as surprises in my carefully laid out plans. The section reveals the teachers' experiences of changing the world during a pandemic. The purpose of adding the experiences of the COVID-19 pandemic time is to shine a light on its impact on the research and the researchers.

The research included three types of data: surveys, interviews, and field notes. The following section consists of the findings from the survey. Before selecting the participants for face-to-face interviews, a survey was sent to three elementary school teachers. The purpose of sending surveys to teachers was to receive responses from a larger number of participants. There were 117 survey links sent to teachers, out of which 76 surveys were back. The surveys revealed 22 participants who were interested in further face-to-face interviews. The participants for these interviews were selected using the maximum variation sampling method, including gender, ethnicity, teaching experience, and area of specialization.

The chapter features participants' stories narrating the experiences of working with students who have faced trauma. Throughout this chapter, I list my participants according to their experience, starting from the least number of years to the highest number of years. Next, I unfold my participants' stories using four themes. These stories illuminate the personal stories of each teacher and inform how they respond to the unique daily challenges of working with students who have experienced trauma.

I looked within and across the teachers' stories using a three-dimensional narrative inquiry framework to find significant insights. Next, in this chapter, I explain how narrative themes were developed during data analysis and the relevance to the participants' stories. I conclude this chapter with a discussion of each theme and its

development among participants. Throughout this chapter and in the next one, the reader will find examples of teachers' untapped stories. All interview transcripts were confirmed with participants before and during their final interviews to ensure the authenticity of the interviews. I answer the research questions in Chapter 5.

Research in the Time of COVID-19

This study was conducted during the time of the COVID-19 pandemic. I initially anticipated conducting twelve face-to-face, in-depth interviews with my participants. I hoped to build a relationship with them and have interviews either in a coffee shop, local library, or park and discuss their stories of working with students who have faced trauma. Unfortunately, the lockdown changed everything I planned. Students were at home, and teachers were working hard to teach them virtually. Not all parents had access to computers, the internet, and other necessary facilities. As a result, teachers were struggling to teach students online. I finally ended up interviewing participants virtually. I was anxious about not being able to build connections and the ineffectiveness of virtual relationships. During the interviews, teachers expressed their feelings about teaching during the pandemic.

Teachers expressed that the pandemic added another layer to their teaching. The COVID-19 pandemic flipped the teaching world upside down. There were mixed reviews by teachers about education during pandemics. Some found online teaching challenging, as some of their students did not have a Wi-Fi connection; some students' families did not know how to use a computer, and many students were at home alone without adult supervision. Some teachers expressed that their students were already at-risk students, and the pandemic made it worse; they had a significant amount of academic loss. They

said that coming to school was an escape for students to be in a safer environment. One teacher expressed that she was worried because she was physically unable to reach her students to help them or comfort them. She did not know how they were doing.

Teachers revealed that it was even more difficult to support these students while teaching virtually, and this added extra stress. They often felt guilty if they could not address the emotional needs of their students right away due to time constraints or other classroom disruptions. Teachers shared that it was challenging to make sure their students felt safe and had a quiet place to work. They added that online teaching was emotionally draining because they had to work even more to build relationships with students on Zoom and later had to go for home visits. Further, they said that it was difficult to continue having patience and balance their own life experiences.

Some teachers thought it was beneficial for them to understand why their children were the way they were because they got a peek into their children's home life. They expressed that it proved to be a good learning experience as they grew an appreciation for students' resilience. Some witnessed students taking care of their younger siblings by feeding them, bathing them, and watching them while learning online. They shared that some of their students' houses were falling apart with no electricity and internet facilities. In addition, students faced the loss of their loved ones. The pandemic added new challenges to teachers' and students' worlds.

Findings from the Surveys

Prior to the interview, a survey was sent to teachers from three selected elementary schools. There were two purposes of collecting data using a survey: first, collecting a greater number of responses, and second, selecting participants for further

face-to-face interviews. Teachers from three elementary schools were included: Hall Academy Charter School (22 teachers), Peak International School (50 teachers), and Midwest Public School (45 teachers). The survey was sent to teachers who held teaching positions, including general education teachers, special education teachers, ELL teachers, and teachers of Art, Music, and PE. All teachers were required to have a professional license for their respective teaching area.

The survey was designed using three categories. The first part of the survey included questions related to demographic information. The next part of the survey included inquiries related to teaching experiences with students who have faced traumatic events. The last part of the survey included open-ended questions asking teachers to write about their experiences. At the end of the study, teachers were given the option to participate in face-to-face interviews.

The participants were asked to complete the questionnaire via a link to Survey Monkey, which was emailed to the school principals on February 8, 2021. School principals then sent the survey link to the teachers on the same day. The last survey was completed on February 28, 2021. Participants used five-point Likert-type scales to indicate their responses to questions (e.g., a scale of 1–5, where one is “strongly agree,” three is a “neutral” response, and five is “strongly disagree”). The surveys were anonymous to protect the identities of schools and teachers (see Table 1). The total number of survey links was 117 school teachers, out of which 76 survey responses were received.

Table 1

Number of Participants from Each School

Schools	Number of Surveys Link Sent to Teachers
Peak International school	50
Hall Academy Charter School	22
Midwest Public School	45
Total Surveys	117 (76 Received Back)

The survey results are divided into three parts. The first part represents the demographic report; the second part describes the responses related to trauma and trauma experiences. The last part is about teachers' descriptive responses to their understanding of teaching students who have faced trauma or traumatic events.

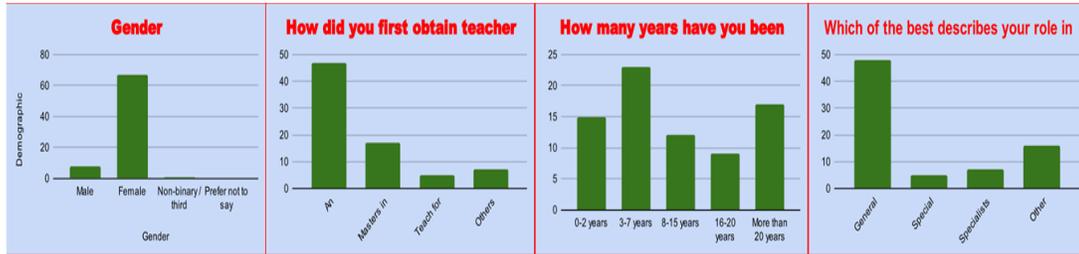
Part 1: Demographic Report

Out of 76 teachers, 57 reported being White, 13 Black, two Hispanic, three Others, and one Asian. Sixty-seven were females, eight were males, and one person identified as bi. Forty-seven teachers had only undergraduate teacher training, 17 teachers had a master's degree, five teachers received their certification from Teach America, and seven teachers had received their accreditation from "other" teaching certification. Twenty-three teachers had three to seven years of teaching experience, 17 teachers reported having more than 20 years of teaching experience, 15 teachers had zero to two years of teaching experience, twelve teachers reported having 8 to 15 years of teaching experience, and nine teachers reported having 16 to 20 years' experience. Forty-eight teachers taught general education classrooms, five teachers were special education

teachers, seven were special (Arts and Crafts, Music, Physical Education), and 16 reported other specialists. Figure 2 shows teachers' demographic information.

Figure 2

Demographic Information

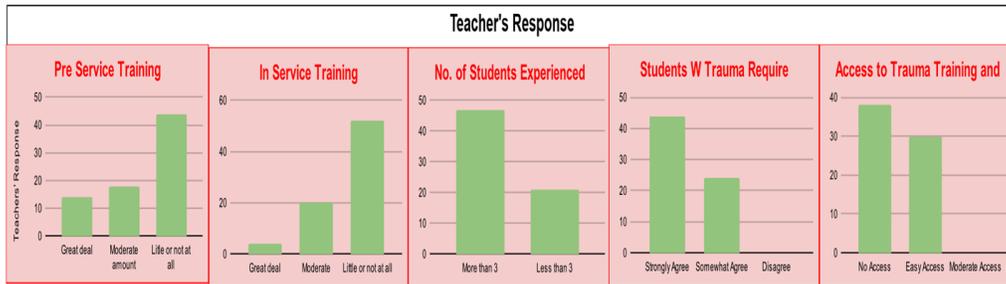


Part 2: Responses Related to Experience

When asked how much training they received during pre-service training regarding trauma, out of 76 responses, 44 teachers responded moderate to very little, and 14 teachers responded a great deal. During their in-service training, 52 teachers reported little training on trauma, 20 teachers reported they received regular training, and four teachers reported having no training. Figure 3 shows the graphical representation of teachers' responses to trauma training.

Figure 3

Teachers' Response to Trauma Training



Out of 68 teachers, 47 reported having more than three students who had traumatic experiences; 21 reported having less than three. Out of 68 teachers, 44 teachers reported that students who have experienced traumatic events required special attention and behavior support compared to other students. When asked how confident they are in their ability to balance the needs of students who have experienced traumatic events, 50 teachers reported having no confidence in their ability and skills. Eighteen teachers reported having sufficient confidence in their abilities. Thus, more than 50% of teachers reported having no skills. In addition, 30 teachers reported having easy access to training and resources, whereas 38 teachers reported having no access to training and resources. More than 55 teachers stated that they could benefit from receiving support and training regularly. Finally, more than 50 teachers reported having emotional or mental distress while working with students who have experienced trauma or traumatic events. Figure 4 is a graphic representation of teachers' responses to mental distress.

Figure 4

Teachers' Response to Mental Distress



Part 3: Descriptive Response

When asked to describe the experience of teaching students who have faced trauma or traumatic events, out of 68 responses, 42 teachers explained their answers relating to the difficulties in handling students' behavior, and 26 teachers described the importance of trauma-informed care training.

Member Checking

Building rapport with the participants was essential to me. However, I did not find that hard because I had an enthusiastic and self-motivated group of 11 teachers ready to share their stories. Although the interviews were conducted via Zoom, teachers were passionate about their participation in the study. The participants' interviews were recorded and transcribed by the researcher. The transcript was verified and sent to participants for further clarification. Participants were requested to review the transcript and make necessary changes. Only one teacher spotted that her number of years of teaching experience was misquoted. The corrected transcript was again sent to the teacher for verification. A follow-up email was sent to each non-responsive participant as a reminder before closing the data collection portion.

Participants

As discussed previously, within this study, I combined all the data to gain insight into the meaning of the teachers' stories. Then, I looked within and across narrative findings to showcase more significant insights discovered from my participants' stories of experience. Next, I explain how my common narrative themes were developed during data analysis and describe the relevance of participants' stories. I conclude this chapter with a discussion of each theme and its development among participants.

For analyzing my data, I used both content analysis (Miles & Huberman, 1994) and thematic analysis (Grbich, 2007). Clarke and Braun (2013) identified six stages of research: (a) familiarization with the data, (b) coding, (c) searching for themes, (d) reviewing themes, (e) defining and naming themes, then finalizing with (f) writing up outcomes. The first step outlined by Clark and Braun (2013) is familiarization with the data. The process of completing the data analysis and working with the data lends itself to increased familiarization. First, I read the interview script thoroughly several times.

In preparation for the second step, coding, as outlined by Clarke and Braun (2013) in their stages of analysis, the transcripts were prepared in Word, allowing for further familiarization by adding headings and using colored text. The initial coding round emphasized descriptive organizational codes, and as the material was reviewed, codes were matched with definitions, added to, and combined to form more of a conceptual approach. While reading the transcripts, I grouped the conceptual codes into the same categories, which formed the patterns or sub-themes (Miles & Huberman, 1994). Finally, I reviewed the sub-themes, organized them, and grouped them into four major themes.

During data analysis, four common narrative themes were uncovered across the participants' narratives of experience. In reviewing interview transcriptions and interviews, I looked for patterns as repeated stories of experiences within and across participants to identify common narrative themes. Four narrative themes were uncovered in this manner. First, teachers experienced students' behavior in the classroom. I describe this theme as "*Behavior Manifestation.*" Another theme led to "*Responses to Behavior.*" In this theme, I described teachers' actions, feelings, and perceived roles. The third theme was "*Untapped Stories of Trauma.*" In this theme, I described their personal and professional traumatic experiences. The last theme that emerged was "*Circle of Support.*" This theme consisted of the teachers' perceptions of resources, support, and training provided by schools and professional institutions. Every theme developed differently for each of the participants. In the following section, I introduce my participants and then unfold their stories organized by the themes.

Description of Participants

The initial survey was sent to 117 teachers asking about their experiences working with students who have faced trauma. The last question in the survey was about their willingness to participate in the following research phase. Out of the 76 teachers who completed the survey, 22 elementary teachers responded and agreed to participate in the study. I selected twelve teachers using the maximum variation sampling including the variations in experience (new teachers with one to three years of experience and teachers with more experience), grade level (kindergarten second grade, third to sixth grade), gender (male, female), and ethnicity (European-American, African American, Spanish, and Asian). Although Molly agreed to participate in the study, despite multiple attempts

to schedule interviews, she dropped out due to time conflicts at the end of a busy school year.

To report the findings of this study, I give here a brief overview of each participant's demographics, professional experience, and profile information (see Table 2). Each participant was assigned a pseudonym. The participants were 11 females and one male; ten White, one Hispanic-Latino, and one African American: Claire, Anna, Ms. S, Molly, BJ, Reagan Schmidt, Vicky, Amy, France, Angela, Jean Albert, and James McGuire. Seven teachers were regular classroom teachers, one was a special education

Table 2***Participants' Information***

	Pseudonym	Gender	Race	Years of Experience	Classroom Role	School District
1	Claire	Female	White	0-2 years	General Educator	Hall Academy Charter School
2	Anna Lange	Female	White	0-2 years	Special Education Teacher	Peak International School
3	Ms. S	Female	White	0-2 years	General Educator	Midwest Public School
4	BJ	Female	White	3-7 years	General Educator	Midwest Public School
5	Reagan Schmidt	Female	White	3-7 years	General Educator	Peak International School
6	Vicky	Female	Hispanic-Latino	6 years	ELL Teacher	Midwest Public School
7	James McGuire	Male	White	8-15 years	Music Teacher	Peak International School
8	Amy	Female	White	More than 20 years	General Educator	Peak International School
9	France	Female	White	More than 15 years	Art Teacher	Midwest Public School
10	Angela	Female	African American	More than 20 years	General Educator	Midwest Public School
11	Jean Albert	Female	White	More than 20 years	General Educator	Midwest Public School

teacher, one was an art teacher, one was an English Language Learner (ELL) teacher, and one was a music teacher. My initial plan was to meet with the participants in a coffee shop or in a park; however, due to the pandemic lockdown, the interviews were conducted via Zoom. The in-depth interviews were conducted with each teacher two times via Zoom. In the first meeting, teachers talked about their experiences working with students who have faced trauma. During the second meeting, they were asked to bring artifacts that related to their personal or professional trauma. The average length of the first interview was 45 to 50 minutes, and the second interview was 30 to 40 minutes.

Claire

Claire is a fourth-grade teacher in Hall Academy Charter School. She grew up in the suburban area of the Midwest. In preparation for becoming an educator, Claire took her undergraduate teaching certification degree from a well-known institution. Claire worked within the Midwest area for both charter schools and public schools. It is her third year of teaching. She wanted to be a teacher because she felt love for children and this profession.

Behavior Manifestation

Talking about challenging behavior, Claire expressed that her students show challenging behavior in the classroom because they struggle to find their place. “Sometimes we have a fantastic relationship, but students struggle due to lack of attention at home.” She sees some common behavior patterns such as lack of coping mechanisms, non-participation, aggression, physical and verbal attacks, attachment to things, and flinching, which could be associated with trauma. “One of my students flinches if I get too close to him. Another student wants to carry his backpack everywhere—lunchroom,

gym, music class...I have learned to notice these signals. I step away and give them room to calm down.”

One of my students is always holding her baby sister. She has to make bottles and take care of her younger siblings. Some of my students have parents who are in jail, murdered, committed crimes, or abandoned. What do you expect from these kids? My heart just breaks listening to their stories. Yet, I keep telling them life is still wonderful.

Claire shared, “I have learned to appreciate my students as they have more skills than what I had in my younger years. But unfortunately, you cannot control their behavior. I tried that earlier, but it didn’t work out. I know better now.” She learned about students from the school counselor, social worker, or from her peers. She describes that these students have witnessed sexual abuse, drug abuse, neglect, and severe impoverished economic conditions in most instances. Some of her students are physically and emotionally abused by their family members. Students are getting evicted from the house and have no place to live. Many are in the role of caretakers, taking care of their mothers or younger siblings.

Responses to Behavior

“I have learned not to control my students.” She shared that her reaction to students’ challenging behavior depends on her students. Some students require a one-time redirection, and others may need more boundaries. She usually redirects students once or twice, sends students into a hallway, or speaks to them personally. If the students are out of control, she may ask for administrators’ or peers’ help. “Working with kids, I learned

that structure and accountability are key.” Claire identified her role as limited to teaching and being a mother, sister, friend, counselor, and student caretaker.

Untapped Stories of Trauma

Claire brought a “lanyard” as an artifact to describe her personal traumatic experience. Claire shared that her first year of teaching was devastating. She was about to leave the profession. Her story:

It was the first year of my teaching, and I was hired to teach first grade. One day, one student got upset; he grabbed my lanyard, which was around my neck, pulled up, and choked me. I screamed at the top of my lungs. There was no one to help me at that time. After some time, the principal and other teachers came and dismantled my class and sent the kids to Gym. Luckily it was already the end of the day. I came into my classroom and just cried for 45 minutes. I could not figure out what had happened. I felt victimized however it was also a child. It was hard to separate me as an adult. I was sent home with that helplessness and victimized feelings. I came back after three days and my principal said I needed to handle that effectively. My principal gave me very negative energy. I felt alienated and confused. We had a meeting with his parents and later, I learned about his traumatic experiences. I worked two years ago in public schools, and it was definitely an eye-opening experience for me. It was a kind of a cultural shock for me.

She expressed that the first few years in the profession are critical. “My first year was a complete failure; no training, no knowledge, and no support from admin.” She added that in urban schools, the student population is different than in suburban schools.

You walk into a room, and you’re used to kids doing exactly what they’re supposed to do. And then, all of a sudden, you get these little bodies who have big mouths. How can one learn not to take it personally? Why do they behave like this? Why do I have to take their insults? In my first year, I felt as if I was thrown at wolves without any extra support. We were three friends who graduated from the same program, and none of them had this kind of experience. I felt as if I was the worst teacher and should change my profession.

Claire shared that she had to change her school because of a lack of administrator support and trauma training. Her challenge was to overcome her hurt and the feeling of self-doubt as a teacher. She felt helpless, unsettled, and uncertain about her professional career.

Later that year, with the help of her friend, she changed schools and came to Hall Academy. The personal experience of hurt and abuse was astonishing and mind-boggling for her.

Circle of Support

Claire shared that new teacher needs a mentor and administrator who supports them for the first few years. She felt that in her first year of teaching, administrators did not help her professionally. “My principal treated me as if it was my fault. I felt alone and deserted by colleagues and principals.” Administrators need to be the backbone of teachers. “The administrators play a pivotal role in building and shaping new teachers’ success.” She further expressed that if the principal said words like, “I know it is hard,

but I got you,” it can make a massive difference in teachers’ confidence levels. In her current position, Claire has a resource person in her school who has expertise in trauma. She visits him regularly to vent, decompress, and learn tools to handle the students’ problematic behavior. As a result, she has better control over her actions when students misbehave in the classroom. “I do not take things personally now. I know now that their behavior is not to hurt me, but it is due to their trauma. My relationship with my students has completely changed now.” Claire expressed that if teachers learn how to handle challenging behavior, they do not need to know their trauma. She has learned to decompress herself by spending more time with her family members, taking regular breaks, and creating a support group for herself at the workplace.

Anna Lange

Anna is a second-year special education teacher at Peak International School who teaches younger students from grades three to six. Anna received her undergraduate special education certification from a well-known university. During her pre-service certificate, she received crisis management training to learn how traumatic events impact children’s brain activities. Anna described her role as more a caretaker than a teacher. Peak International school has adopted a “conscious discipline” training approach to cater to the needs of students who have experienced traumatic events. Anna taught a small group or individual session either in her room or in the students’ classroom. I had to reschedule Anna’s interview due to her time constraints. Anna always had students in her office, even during her lunchtime. The first interview had to be rescheduled because Anna had three students sent to her office due to an outburst in the classroom. The second

time her interview needed to be rescheduled because she had three students taking tests in her office who required the accommodation of a separate, quiet location.

Behavior Manifestation

A week after her students were back in the classroom after the lockdown opened, Anna had students sent to her room due to aggression, withdrawal, or an emotional outburst. She noticed some expected behavior was withdrawn, fidgety, non-participation, or disconnection due to traumatic experiences. For example, she had a student who used to throw the furniture at her. “I didn’t know how to deal with that.” Sometimes she noticed her students staring at the computer screen, disconnected from what was going on in the classroom. “I see outbursts too...It can range from crying to yelling.” She noticed students’ behavior without any triggers. She was frustrated and expressed the need for regular training and tools to handle challenging behavior in the classroom.

Responses to Behavior

Anna did not feel confident in her skills to help students who have experienced trauma. She usually has more than two students in her room every hour. “I like to give them time and space to cool off when they are frustrated, angry, or sad.” She spent most of her time building relationships with her students, listening to their stories, and comforting them.

I would feel lucky the day I get to eat my lunch alone in my room. Some days we don’t even get to work on academics. My day goes in taking care of the student first before academics. I notice my students sometimes sleep all day. I try to wake them up, but I mean it just you can tell that these little bodies are just tired. So, I try to focus on their well-being and help them get through the day.

She expressed spending a lot of time taking care of the students before academics. She found that her classroom is usually used to vent, calm down, clear their head, decompress, or prevent themselves from hurting themselves or others.

Untapped Stories of Trauma

In her second interview, Anna brought her glasses as her artifacts. Talking about her story, she shared about losing her eyesight and wearing glasses at a young age.

I always had a 20/20 vision, so now, living life with glasses is interesting. So that reminds me a lot of my students' difficulties because one day, you are living your life the way you're used to. Then suddenly, something happens, and you have to adjust and don't necessarily go away without some type of therapy or some type of assistance.

Anna felt that her personal trauma story made her empathetic towards her students and understand their world. Anna expressed loving her profession. However, she was getting tired, exhausted, and sometimes frustrated with the uncertainty of her schedule.

Circle of Support

Anna felt supported by her principal and colleagues at her school. She was grateful for the training offered at her school. In addition, a therapist in her school is available on a need basis. Anna expressed that the therapist gives her the tools to identify her trauma triggers and channel them positively. Anna is working on adding a certification in trauma-informed care. She said, "No matter where you teach, you will always need it." She ended her interview with the recommendation of having three-times-a-year training and frequent opportunities to speak and discuss strategies with other teachers.

Ms. S

Ms. S is a fourth-grade general education teacher who is working in Midwest Public School. This is her second year of teaching. She received her teaching certification from an alternative teaching preparation college. She came to education because she wanted to be around kids and felt that was the best profession. She had received a moderate amount of training during her certification about how trauma affects students' brains. More than 50% of her students are either from single-parent households or are homeless. More than 70% of her students qualify for free and reduced lunch. She expressed that more than 70% of her class have experienced traumatic events beyond her imagination. Some of her students have witnessed gunshots, parents' incarceration, or death in their families. She received this information from either her colleagues or students.

Behavior Manifestation

Ms. S expressed that her students exhibit the effects of trauma in behaviors such as running from one classroom to another, throwing chairs across the room, crying, or hyperventilating. Sometimes she experiences disrespectful comments such as "Who the hell are you? What are you doing here?" When a student is being disrespectful, she usually ignores the behavior. "Once or twice, I can ignore the behavior." In an extreme situation, usually she calls for assistance. She gets worried about other students' safety.

It is challenging to maintain a classroom culture conducive to learning when students act out due to trauma. This is especially true when the trauma is ongoing. Those students often act out for attention and take a significant amount of time from the learning that other students came prepared to do. If there were a way, I

could support all students in having their needs met, I would feel more successful as a teacher.

Responses to Behavior

Ms. S felt that students who have faced trauma or traumatic events usually need more attention than average. She expressed that communication and getting to know the students are essential. She tries to teach students to communicate their feelings. She pays closer attention to students who are quieter and shows sedate behavior. She reported having a larger number of students in the classroom restricts relationship building. She did not get enough time to build relationships with the students.

Last year, my grade level was departmentalized, so I saw three cohorts of about 25 kids each, and it would change every 90 minutes and 75 kids to get to know each other. I didn't know my kids. No time to build a relationship with them. This is why I didn't necessarily recognize the first signs of trauma.

When she found her students' behavior escalated, she called for assistance or referred students to principals. However, she felt angry because students' behavior never changed even after referring them to principals. She expected to have some consequences so that her students changed their behavior.

Untapped Stories of Trauma

Ms. S said, "Going in each day and feeling like you are failing everyone in the room because you don't have the skills and there isn't support." Talking about students, Ms. S felt inadequate and ineffective in her skills as a teacher. "I do not know what I could do to prevent that. Why do they have that extreme reaction? How to support other students while working with them." She expressed that she has minimal time to build

relationships with her students as they move a lot. “Nobody wishes to be challenged like that. Not sure what I am doing. There is no time to follow up, no time for community building, not much time to build relationships.” Further, she expressed that it was not worth talking about those incidents to others. “My colleagues ask me to talk to a counselor, talk to a social worker, but at the end of the day when you’ve been in it, do you want to go to talk about it for another hour, or do you sort of need to calm down?”

Circle of Support

Ms. S expressed that there is little communication with administrators. She felt that administrators must have open communication with the teachers about why they made certain decisions about students, such as expel him, send him home, or keep him in class. In addition, the administrator must make efforts to build relationships with new teachers, visit the classroom often, praise them, and have their back. “Having the principal’s support is vital for the new teachers.” She mentioned that the new teachers require training on trauma-informed practices and continuous support from administrators to succeed in the classroom. However, she insisted:

I don’t really need to watch another video on ACEs and lectures; instead, I might need to talk to my peers and find out when sometimes learning happened, what they do, and what I could do differently. How can we educators maintain our self-care while we’re dealing with students’ trauma?

In concluding, she commented that she feared her contract might not be renewed due to her perception of her inability to handle challenging behavior. “I think good new teachers can’t take the hits to their confidence.” She had brought one of her knitted

scarves as her artifact to describe her stress-free activity. Knitting helped her decompress and challenge her brain.

BJ

BJ has been a third-grade general education teacher for a little over three years. She identified herself as White female teaching at Midwest Public School. She received her undergraduate teaching certification from a well-known institution situated in the Midwest. BJ reported that most of her students are immigrants and refugees who qualify for 100% free and reduced lunch. BJ has also worked a little bit in Jordan, where she served students who have faced traumatic experiences. Her teaching experience in Jordan made her interested in learning more about trauma-informed care.

Behavior Manifestation

Talking about behavior manifestation, BJ shared that most of her students who have experienced trauma manifest anger in the class. “For example, I had a student who used to bang his head on the wall, hurt himself. It takes a while to understand why they are even angry.” She experienced students lying on the couch the whole day or running around. Many of her students were born in a refugee camp or have witnessed their family members shot and persecuted. She expressed that her students have experienced or witnessed many traumatic events such as substance abuse, violence, and moving away from families. While talking about her students, BJ shared that family support and consistency are missing in her students’ life.

Responses to Behavior

BJ shared that when her students display challenging behavior, she tries lots of breathing exercises. She has a cool-down corner, stress balls, and other calming activities.

Sometimes she talks to students, gives them choices, or sends them to a buddy room. She tries to tell her students that they are not in trouble, but they need to calm down. “It is all trial and error. Every student is different; if he is not dangerous, I speak to him and give him time to cool down.” However, if a student displays dangerous behavior, harming himself or others, she may have to call a counselor or principal to help her handle the challenging behavior. BJ expressed that her students move a lot from one family to another. Hence, she gets very little time to build relationships and connections with her students.

Untapped Stories of Trauma

BJ brought a picture of a roller coaster as an artifact to narrate her untapped stories. BJ expressed that her students’ lives are like a roller coaster. “I have conversations with them, things are going great, and then all of a sudden they start going downhill. Sometimes it is hard to say whether they are making choices on purpose or there is a reason.” At times she feels that she connected with her students; they made progress and did better for a few days. And the very next day, either the family moves away, the student is absent, or he destroys himself. She feared losing her students due to a lack of time and training. Many times, she feels frustrated, insulted, and worthless. She had to remind herself that these were only students. “At times, I feel I am putting up a lot with my students.” She expressed getting exhausted and having no energy left for her family.

Circle of Support

“Honestly, we get burned out and tired easily. We need time off, empathy, and a trained person for every school—school psychologist or a therapist to check in with new

teachers—how they are doing? District has no money to appoint more social workers.” In her candid interview, BJ expressed dissatisfaction with the existing format of teachers’ preparation programs offered by universities and mentoring programs provided by the school district. BJ said that her college training focused on setting up the classroom rules and binders, but they never talked about different strategies. She voiced that universities must offer classes on refugees or pay visits to schools where students’ challenging behavior is displayed. New teachers need training on different aspects of what students are struggling with. Furthermore, she suggested that a one-day training is not sufficient for new teachers. New teachers need help dealing with defiant behavior and a mentor who can listen to their difficulties.

Reagan Schmidt

Reagan Schmidt has been working in the Peak International School as a general education teacher for over five years. She seems to be passionate about her students and teaching. She graduated from college with an undergraduate degree and always wanted to become a teacher. Reagan enjoys her role as a teacher at Peak International School. In addition, she feels supported by her peers and administrators.

Behavior Manifestation

Talking about challenging behavior, Reagan shared that in her experience, she has noticed as a commonality among all her students an inability to build relationships with others. “I mean, they must build friendships, but they feel like they can’t trust you.” Some of her students have different behavior issues, such as being closed off, really quiet, disengaged, non-active, and non-responsive. Some others show behavior such as clenching their hands or eyebrows due to rage and anger.

Responses to Behavior

Reagan shared that she addresses the students' challenging behavior by first building relationships with them. She emphasized the importance of a safe and secure learning environment and emotional and social support before they learn their academics. She reiterated that socio-emotional skills help students regulate their emotions, connect with their peers, and ultimately love themselves.

I try to check in with them every morning, greet them at the door, and ask them about their previous day or their weekend. I take extra time to have lunch with them, letting them sit by and just talking to them and sharing stuff and letting them get to know me better, as well as getting to know them better. If it's very significant trauma, I might also get our counselors involved and have them meet with our counselors.

Usually, she pulls the students aside, asks them to use breathing techniques, and teaches them to regulate their anger and refocus their minds. She has learned these techniques from the conferences offered at her school.

Untapped Stories of Trauma

Reagan was inspired to bring a Jenga game as an artifact to talk about her trauma. She shared that in Jenga, each block serves as the foundation for another; our children need to build skills. She shared that teachers need to handle their children strategically, just like playing Jenga. Furthermore, she shared that her biggest challenge with teaching students who have experienced trauma would be balancing their individual needs with the needs of other students. Finally, she expressed that no two students are alike, which means each student has their own experiences, beliefs, and needs.

It can be very stressful to try and meet the needs of every student without additional support (SPED teachers, therapists, paras, etc.). It is even more difficult to support these students while teaching virtually and adds additional stress. I often feel guilty if I cannot address the emotional needs of my students right away due to time constraints or other classroom disruptions. Trying to balance the expectations set by the administration and providing individual attention to students with traumatic experiences can feel like you have to triage on a battlefield. Do you choose the whole class? Do you leave no man behind? How do you prioritize which students' needs are the most important?

Circle of Support

Reagan shared that her school administrators are supportive. Her school offers conscious discipline seminars focusing on a trauma-informed lens regularly. In those professional developments (PDs), she learned how the brain works, three different states of mind, and other strategies to help students in the classroom. She learned to address students' needs and build relationships instead of punishing them for their behavior.

Vicky

Vicky is a Hispanic-Latino origin ELL teacher working in Midwest Public School. She has a college degree with a master's in teaching. She grew up in a family who were immigrants from Mexico and was raised to be Americanized. "Growing up, I didn't relate with my people, I wasn't really in tune with my Mexican side, and I just struggled with my identity." During her college time, Vicky majored in Spanish and has taught Spanish for the past six years.

Behavior Manifestation

Talking about the students' behavior, Vicky responded that she had experienced her students displaying challenging behavior such as disengagement, rage, anger, and non-responsiveness. "I had a student who had seen his mom being abused. He was busy thinking about his mom and worried about his mom all the time." Vicky shared that some of her students have difficulty handling their emotions and require a counseling session with the therapist.

Responses to Behavior

Vicky stressed building relationships with her students, knowing and learning about her students, and having a structured routine in the classroom.

One of my students could not handle his emotions, and he was always tired; I noticed he never slept well. I learned that he never ate breakfast or had regular meals. So I started offering him breakfast before he started my class.

She said that it is also essential to listen to children, know what makes them calm down, what works, and what makes them comfortable. She strived towards having a structure and routine, making the classroom safe, and learning about students.

Untapped Stories of Trauma

Talking about her personal story, Vicky brought her citizenship paper as an artifact to narrate her personal tale. "It is important if you're not a United States citizen like you can't get any government loans. It's hard growing up when you're not part of the main culture." She shared that her difficult childhood helped her to be a better teacher and understand students' difficulties. Furthermore, she expressed that teaching students with challenging behavior are exhausting. One can only do it with support from everyone

in the building. “If one has support, then things become better. Having many strategies and adults to go to helps a lot. If you don’t feel alone, it will feel more doable.” One of the biggest challenges she expressed is that every year kids move around a lot. The constant changes in students’ location and families make it harder to connect with them.

Circle of Support

Vicky shared that the support system—her building principals, teachers, and social workers—are critical people for new teachers. She leaned on social workers a lot for learning new resources and techniques. “Being able to discuss it with other teachers, school counselors, and social workers in my building helped.” For three summers, she attended professional development on trauma-informed services offered by her school. Those training sessions were beneficial to her.

James McGuire

James is a veteran teacher, and he spent most of his time teaching music to young children at Peak International School. James had an undergraduate degree in music, and this is his 15th year of teaching music in schools. James shared that he has minimal time to spend on individual students due to his schedule.

Behavior Manifestation

James shared that he experienced students’ emotional outbursts and shut down behavior due to trauma. “One of my students used to pick up instruments and throw them around the room. Some do not want to participate despite lots of encouragement.” Because of lack of time, the hardest part is to build relationships.

Responses to Behavior

James moves other students to a safer place when a kid in his class throws things around or has emotional outbursts. He calls the administrator or somebody to help manage the class. He speaks to students and helps them calm down. But, on the other hand, sometimes he ignores the behavior and leaves them alone. James expressed that he has done quite a bit of professional development over the years on trauma-informed care and has helped students de-escalate and keep them from getting to the level where they go into that fight or flight state.

Untapped Stories of Trauma

James brought drumsticks as an artifact to share his story. He shared that his personal life has been rocky due to his divorce. However, music has been an outlet for him and his students.

It's difficult to continue to have patience and balance my own life/experience.

But, you know, it's just such a rewarding thing to see my kids get to be important for a little while. It feels perfect to see the parents' faces when their kids show up on the stage. Getting that kind of positive attention from their parents is powerful, and I can just see that on their faces and the faces of their parents.

Circle of Support

James gave all the credit for his success to the training offered in the school. "One thing that was helpful to me is going through a PD session, where we just we kind of went through the de-escalation strategies and we discussed the specific questions." James also appreciated the collaboration and support offered by school principals, teachers, and counselors.

Amy

Amy has the maximum number of teaching experiences in a school district. Amy worked for 29 years in the public school setting and then retired. During that time, she had taught first and second grade, and she was always in elementary schools. She worked one year at a Catholic school in fifth grade, and she has been working at Peak International School for the last five years.

Behavior Manifestation

Amy shared her vast teaching experience stories. She expressed that she saw a lot of similarities in first grade and fifth grade depending on the type of trauma and the experience that the child has gone through. She described experiencing common behavior patterns such as storming out of the room, slamming doors, withdrawing, and crawling under tables. “I had a fifth grade student who crawled under a table the first year I was here, so I mean it; I think you just kind of see it all at all of the different age levels.”

Responses to Behavior

Amy believed in creating a safe learning environment for her students. She talked about setting up different rituals and procedures that she and her students do throughout the day to build class connections and the idea of belonging. “Structure and routine are key for the students.” Amy did not believe in sending students out of the classroom but in giving them time to think about and review their behavior.

Untapped Stories of Trauma

Talking about her trauma stories, Amy shared, “Maybe I am in denial, but I do not think I had any severe trauma. I am personally at a lovely place in my life.” She added:

The most significant difficulties I sometimes face are when I resist “what is.” I’ve learned to see student behavior as “communication.” This helps me not to fight what is happening but allow it to guide my actions. I’ve learned to “lean into the moment” and learn from it, rather than trying to stop the behavior caused by the child’s neglect/trauma. I practice giving thanks for those opportunities, as it helps me learn and grow as an educator and a human. When we choose not to resist a behavior situation, we open ourselves up to our “higher selves,” guiding and teaching us. The non-resistant approach also fosters a greater connection with the child, and the relationship is the key!

Circle of Support

Amy shared that she has been trained in conscious discipline for many years, and it’s been a game-changer for everyone in her building. She shared that conscious discipline training played a vital role in her success and ability to assist students who have experienced trauma. She is a passionate and experienced educator who has much wisdom to share with others about the strategies she has learned.

France

France has been working in Midwest Public School for more than 15 years. She has a Bachelor of Fine Arts from the Art Institute, and then she received her teacher certification in art. France was excited to tell her success and failure stories of teaching students who have faced traumatic experiences. Her vast teaching experience made a significant contribution to this research.

Behavior Manifestation

France shared that some common behavior patterns she has experienced are being non-participative, being defiant, getting into fights, and having emotional outbursts. In addition, she shared that sometimes students go out of control in a hard school. When asked what “hard school” means, she replied that it is a term used for frequent fights and challenging behavior.

Responses to Behavior

France shared that she has established a reward system in her classroom. When students display disengagement or defiant behavior, she does not reward that student. If there is an emotional outburst, then she calls the parents to intervene. And in case of fights, she calls administrators or school counselors for help. She shared that art is one of the favorite classes for younger students, whereas older students do not find that interesting.

Untapped Stories of Trauma

France brought her father’s picture to share her personal story. A single mom raised her without a dad. In her school on Fathers’ Day, she drew a card with a grave and tombstone. “I remember that no one in the school even mentioned it.... back then, they would think that you should just never talk or never speak about trauma. So, no one spoke of my dad.” She shared that her personal story has made her a better teacher. She voiced in a candid way that her students have always been predominantly students of color and economically disadvantaged. “Thank God the time has changed.” She started teaching in 1986, and at that time, the school had a 98% African American student population. “It was like a time of desegregation for teachers, and so I learned a lot from

my students, you know, they shared a lot because I'm an art teacher." She expressed that it is essential to allow students to speak about their trauma and have an emotional outlet.

Circle of Support

France shared that she sees more than 40 to 50 students in a day in her art class. There is little time for her to build a relationship with each student. In addition, there are few opportunities for an art teacher to attend workshops or seminars related to trauma. She shared that administrators play an essential role in motivating students to participate in art class. Her peers, school counselor, and social worker play a pivotal role; however, there are minimal opportunities for an art teacher to connect.

Angela

Angela is a Black veteran teacher (she cannot remember exactly how long it has been) with more than 30 years of teaching experience in Midwest Public Schools. She has been in several different positions in schools, starting with being a teacher, counselor, and principal. "I've been there. I've had principals that have had to be absent, for whatever reason, principals meetings, who have put me in charge for that day or that couple of days." She expressed that in the journey of the last 30 years, she became a wife, mother, and grandmother, and she still loves teaching and going to school.

Behavior Manifestation

Angela shared her students have experienced adverse conditions of extreme poverty, physical abuse, neglect, and violence. In addition, she has had students who have witnessed gun violence, parent incarceration, and homelessness. Common behavioral manifestations are physical aggression such as fights, throwing things, falling out of their seats, or emotional outbursts such as crying, throwing a fit or putting their heads down.

Responses to Behavior

Angela discussed how her experience taught her how to handle challenging behavior. Over time, she learned to de-escalate students by treating them like her own kids. She emphasized building relationships beyond her classroom and being there for them. “I have been to their basketball games and their homes to greet their babies.” Talking to students, “Now I’m here for you. I’m going to treat you exactly like I treat my kids.”

As a teacher, I still think you need to let the students know that you care about them. So, if you come and sit down, we can talk about it or talk about the lesson. If my students just need a hug, I hug them. So, with just a hug and if I could go closer to them.

Untapped Stories of Trauma

Angela shared a devastating story of losing her students to abuse in the home. She could not help her students and family at that time. She became teary talking about that incident. “In those days, teachers were not allowed to hug students. We had to keep our distance; no touching students was the rule.” She shared that some of her students needed another parent at school. She went beyond the curriculum, became the parent to many students, offering care, protection, and love by being there for them.

Circle of Support

Angela gave all the credit to her long-term teaching experience. She emphasized creating support for new teachers by offering them training to help their students.

Jean Albert

Jean is an elementary teacher working in Midwest Public School for more than 15 years. She has undergraduate training in early childhood care and graduate certification in elementary teaching. Her undergraduate coursework focused on social-emotional development. She stressed the social-emotional aspect of teaching for her students. Jean enjoys being a teacher and feels comfortable teaching students who have faced trauma or traumatic events.

Behavior Manifestation

Jean shared that she notices changes in her students' behavior. "I have seen kids who just shut down quietly if they get frustrated." Further, she shared that sometimes her students just stop communicating with her. She has also experienced some anger issues where students will have outbursts. "I have seen massive anger outbursts that can include leaving the room or in the classroom, pushing, shoving furniture." One of her students used to run out of the classroom.

Responses to Behavior

Jean shared that she gives immense importance to comfort and safety for her students in her classroom. "The calmer you are and the softer voice you use, it's easier to bring them down." She feels comfortable working with students who display challenging behavior. She stressed building a relationship and communicating with her students. "Just having all those structures in my classroom and safe place is important."

Untapped Stories of Trauma

Jean brought a safe keeper box as an artifact for sharing her story. She shared that the safe keeper box is used for students who want to share their feelings. In addition, she

holds a community meeting every morning, where students have the opportunity to share their feelings, thoughts, and questions.

I just started anchoring that if anything bad happened in the classroom, is that safe? Is that helping your friend feel safe right now? Because it's not just about physical safety, it's about I call it to heart safety how you're feeling and your friends. And I just realized so much behavior can all be anchored back to the lack of safety.

Finally, Jean expressed that her training in a conscious discipline based on trauma-informed care helped her develop relationships with her students.

Circle of Support

Jean brought a rock that she called a strength rock. She shared that her friend gave it to her when she was going through chemotherapy for breast cancer 14 years ago. Every day when she wasn't working, she would take a nap in the afternoon. Before her nap, she would hold this rock and think about being strong and the word strength.

I would pray and I would meditate just around all the positive energy to get me through that time and I think that also anchored me to not just that friend, but the privilege I had of all these people that were supporting me during that time.

She feels lucky to have trained with trauma-informed care and conscious discipline. She voiced that new teachers need to have this training to understand students and their trauma.

I'm glad that I got presented conscious discipline to us, we did a some of us were able to attend, I think the first one was a day-long training and I've had other conscious discipline training since then, but they said don't try to do all this next

year. Pick one new thing that you want to try. And I think I picked a couple, but this was one of the big ones I focused on, and it really made an impact and has continued to do so.

Jean shared that her school has a problem-solving team which is a team of teachers who brainstorm solutions, whether about academics or behavior. She receives many strategies to use in the classroom. She feels highly supported by her colleagues and administrators, which makes her day go smoothly.

The above participants' introductory profiles provided a glance into who the participants are, where and how they grew up, why they became teachers and their years in education. My participants trusted me with their stories and did not feel judged. Instead, they opened up with their sad, happy, success, and failure stories. The following sections report the themes and familiar narratives that emerged from their stories.

Shedding Light on Teachers' Narratives

After reviewing the transcripts, the following sub-themes emerged: students' behavior, personal story, teachers' feelings, experiences, training, support system, compassion fatigue, healing, punishment, positive impact, teachers' role, and so forth. Next, these sub-themes were grouped into a smaller set to check the frequency of teachers' responses. Finally, the sub-themes were grouped into four significant themes identified throughout the interviews: Trauma Manifestation, Response to Challenging Behavior, Untapped Stories of Trauma, Change in the Lens. Themes and subthemes are listed in Table 3 to show the frequency of teachers' responses. Table 4 shows the interpretive codes reflected in the teacher interviews.

Table 3

Emerging Themes and Subthemes

Themes	Trauma Manifestation	Response to Challenging Behavior	Untapped Stories of Teachers' Experiences	Change in Lens
Sub- themes	Non- Participation Physical and Verbal Aggression Non-Attachment	Feeling Ineffective Feeling Effective	Compassion Fatigue Teachers' Personal Stories Support Staff How to	Punishment to Healing Positive Attachment Level of Flexibility Growth Mindset

Table 4*Analysis of Themes and Interpretive Codes*

Themes and Sub-themes	Claire	Anna Lange	Ms. S	BJ	Reagan Schmidt	Vicky	James McGuire	Amy	France	Angela	Jean Albert
Trauma Manifestation											
Non-Participation		X	X	X	X	X	X	X	X	X	X
Physical and Verbal Aggression	X		X		X	X	X	X	X	X	X
Non- Attachment	X		X	X	X	X	X	X	X	X	X
Response to Challenging Behavior											
Feeling Ineffective	X	X	X	X	X	X			X		
Feeling Effective							X	X		X	X

Theme 1: Trauma Manifestation

The first identified theme was Trauma Manifestation. It was essential for teachers to understand what behavior is related to trauma and why it is challenging to manage. Teachers narrated experiencing several behaviors displayed by students which are due to trauma. I found the four different categories of challenging behavior that teachers described having difficulties with. Behavior such as non-participation, physical and verbal aggression, and non-attachment tended to be viewed as hard to manage. Teachers experienced students’ challenging behavior under the categories shown in Table 5.

Table 5

Symptoms of Trauma Manifestation

Non-Participation	Physical Aggression	Verbal Aggression	Non-Attachment
Withdrawn	Lashing out	Verbal Arguments	Quick to frustration
Shut Down	Kicking	Verbal Outburst	Hard time learning new things
Defiant	Punching	Running out of room	Lack social skill
Sleep all-day	Throwing chairs, crayons, or things	Yelling	Trust Issues
Absent or Late	Storming out	Flinching	Stay alone
Tensed	Explosive behavior	Cursing	Seem disinterested
Always tired	Slamming doors	Crying	Write suicide notes
Overly quiet	Hurting himself	hyperventilating	Attachment to things
Always Head down	(Bang head on wall)	Shouting	Feels that everyone is against them,
Stares at computer		Lack of self-regulation	Fearful
Laying on chair			
Closed off			

Non-Participation

Teachers found behaviors that indicate an unwillingness to participate in classroom activities. For example, Reagan shared that she has difficulty responding to students when they completely shut down. She said:

If they're kind of like, you know, students who sleep a lot in class or students who are disengaged from the students who don't want to share, you know, not responsive to the discussion, those types of behaviors kind of like they're unsure almost like comes off as shy. I do not know how to encourage them to participate. I just let them sleep.

For Reagan, students who are non-participative and sleep the entire day are most challenging to teach because she felt that students were tired due to home situations. "Maybe mom was taking drugs, not feeding kids, not taking care of them." She further said, "My students either want to stare at the computer or keep their heads down." Ms. S said students who withdraw are more challenging to teach because teachers feel they could not break through as if there was a wall created around them. "You can't think of that one kid who just wants to come in with their head down every day." Julie shared that sometimes the student is more reserved, so it is hard to see a problem. Teachers shared that one cannot allow students to do whatever they wish to do because that may affect the rest. "We have to abide by school rules," James said some of his students refusing to participate in music activities. "How long will you allow them to sit in the corner?" France, the art teacher, shared a similar experience of older students being defiant in the class.

Being physically not present and coming late to school was another persistent problem the teachers discussed. Anna stated that her students show a huge gap in their achievement due to constant absenteeism. Reagan, Ms. S, and BJ talked about truancy as the most significant problem due to a poor home environment. Reagan's following statement summarizes teachers' feelings about absenteeism and truancy. "How do you build a relationship when they are not there... not here every day... How many times will you call your parents? Because if they're not here...we can't help them." Reagan, Claire, and BJ linked students' feelings of isolation due to not regularly coming to class. Teachers narrated that all their techniques, such as rewards, consequences, peer help, and parent contact, were used to encourage students to come to school regularly and on time.

Physical and Verbal Aggression

Teachers talked about physical and verbal aggression being the most challenging behavior to manage. Teachers were honest about the struggles they faced during verbal and physical aggression. The typical aggressive behavior was described as kicking, punching, throwing things, storming out, slamming doors, hurting themselves, running out of the room, cursing, shouting, and crying hyper-vigilantly. Claire shared:

I know it is not about me, this is his behavior, and it doesn't reflect me. However, it is hard not to take it personally when it happens every day, especially when the same child misbehaves with you personally. I work hard to build relationships, create a caring community amongst peers, and use specific strategies for students needing more support. Still, I have fallen short in helping all students be successful in class.

BJ shared her understanding that the student's disrespectful behavior was not always about her; the students have learned that as a defense mechanism. BJ said:

It's not necessarily me as a person they are verbally abusing, but it is so ingrained that they have to say the last word....They have not seen or learned how to regulate themselves. That was the way that they acted. I try not to take it personally. But it is tough to feel insulted all the time.

Jean shared a similar story: "We have a glass window outside of our door, and he'd just want to kick the glass, which was, of course, very scary and insane. Insanely, so I think a big range of behavior."

Reagan talked about having to learn not to take it personally. "When a student verbally abuses me, I just pretend it didn't happen to me or just laugh." Amy's response was empathetic. She shared, "Sometimes these students are aggressive because they haven't been taught coping skills or what is taught was more of a one-size-fits-all." BJ, Reagan, and Anna shared similar stories of experiencing severe behavioral outbursts. They had to clean the room to make it safe, especially when a child threw furniture in the class. Anna said, "I have had three students that have been placed at the alternative school in our district, and it concerns me deeply. WHAT ELSE could I have done to keep these kids with me? All three exhibited highly disruptive and dangerous behavior, despite the structures/strategies I had in place." Teachers shared other physical behavior, including a student hiding under the desk, running out of the classroom, verbally abusing teachers, and getting into fights. Teachers mentioned that they should build relationships with students. They are uncertain of the proper protocols, resources available, and how to contact and connect families with these resources. Teachers shared a sense of

helplessness, a lack of knowledge, and a sense of despair when such behavior is displayed in the classroom.

Theme 2: Response to Challenging Behavior

During the interview responses, the critical theme that emerged was the teachers’ ability to respond to students’ challenging behavior. The theme was divided into two areas where teachers felt effective or non-effective in their strategies. This further included a range of dispositions and strategies where teachers felt confident and areas they were unsure of. Claire, Anna, Ms. S, BJ, and Reagan shared having difficulty balancing all Students’ Needs, Classroom Management, Not Knowing their Triggers, Not Knowing their Background. Amy, Angela James, and Jean shared that the areas they feel successful are knowing students’ triggers and building relationships. France discussed having limited time to implement any strategies effectively as she is an art teacher and travels from one building to another. Two teachers felt that they constantly needed to check with administrators to respond to students’ challenging behavior. Table 6 reflects the teachers’ responses to challenging behavior.

Table 6

Responding to Challenging Behavior

Experience Being Ineffective	Experience Being Effective
Balancing all Students’ Need	Ability to recognize students’ triggers
Classroom Management	Building relationship
Not knowing triggers	Experience
Not knowing background	
Lack of time	

Experience Being Ineffective

During the discussion, Claire, Anna, and Ms. S shared that their experience of teaching students who have faced trauma has been eye-opening. They weren't aware of the different issues that may cause students to be subjected to trauma or traumatic events. In addition, they face the difficulties of having strategies to use at hand when their student cannot self-regulate or de-escalate their behavior due to something that may have triggered them. Anna said she struggles with responding to extreme behaviors and calming these students down when they get highly worked up or upset. "Figuring out what triggers them, figuring out how to help them feel safe and in control when they have big emotions, taking on second-hand trauma." Anna further shared that her biggest challenge with teaching students who have experienced trauma is balancing their individual needs with the needs of other students. She expressed, "no two students are alike, which means each student has their own experiences, beliefs, and needs."

Teachers shared difficulty in not knowing exactly what to do for each student. They found it hard to find the best strategy for a specific child, narrowing down which tools to use and then remembering which child responds best to which tool. Anna said, "I tend not to know what to say or how to react. For example, I had a student who would hit his head on a wall. I felt helpless, especially when I wasn't able to help him."

Reagan found it challenging to maintain a classroom culture conducive to learning when students are acting out due to trauma. "This is especially true when the trauma is ongoing. Those students often act out for attention and take a significant amount of time from the learning that other students came prepared to do." Anna shared a

similar sentiment. “ If there were a way I could support all students in having their needs met, I would feel more successful as a teacher.”

Claire shared it is exhausting to go to work when you feel like you are not effective. “Going in each day to a place where one feels like a failure and failing everyone in the room...because you don’t have the skills and there isn’t support; that is heartbreaking.” In addition, teachers discussed feeling stressed to try to meet the needs of every student without additional support (e.g., SPED teachers, therapists, paras). Claire said, “It is even more difficult to support these students while teaching virtually and adds additional stress.”

BJ felt frustrated and guilty if she could not address the emotional needs of her students right away due to time constraints or other classroom disruptions. “Trying to balance the expectations set by the administration and providing individual attention to students with traumatic experiences can feel like you are having to triage on a battlefield.”

Claire, Anna, BJ, Reagan, and Ms. S discussed feeling less effective in the classroom. They were not sure of their actions and raised questions: Do you choose the whole class? Do you leave no man behind? How do you prioritize which students’ needs are the most important?

Experience Being Effective

While responding to students’ challenging behavior, Amy, Angela Jean, and James shared some success stories. Amy, Jean, and James are from the same school and have been offered conscious discipline training in their school geared towards trauma-informed care. James shared that he successfully taught students who have experienced

trauma by teaching them how to be compassionate. In addition, he discussed learning to recognize potential triggers and steer the child around before any disruptive behavior occurs. He agreed that there is sometimes unavoidable turmoil when faced with the oncoming reaction to a traumatic experience, past or present. However, he has successfully diverted the child to a pleasant place to help the child find a safe and happy haven.

Amy stressed relationship-building to create a safe and welcoming environment for students in her discussion about teaching students self-regulation skills, building class connections, and creating feelings of belonging. . “It also means changing how I talk to students and being consistent with my procedures and schedules.” She has created a safe place in the room where students can go if they choose to come down and use steps to calm down. She discussed having a vicious cycle of parents not having those self-regulation skills; hence, they do not teach their children those skills.

Angela shared that she feels successful in handling challenging behavior because she invested in building relationships with students, knowing them outside of the four walls of the classroom, and making them feel that she cares. “I mean, I’ve been to basketball games. I think you just have to come from within those four walls and let them know that I can be there for you.” She de-escalates issues by letting the kids know that she is there for them and treats them with respect. “I tell them I am not angry, but I am disappointed and worry about you.” She shared having a structure in the class. “My lessons are well structured so that students do not feel bored or have no time to feel or think about anything else.”

Jean discussed being comfortable in working with children who show challenging behavior. She puts a lot of stock into helping children develop classroom communities and feel safe. “I feel like if we don’t address just the setting of comfort and safety in our classrooms first, it’s tough for teaching and learning to occur.” She expressed the importance of knowing and understanding the child. “You might learn to recognize what’s going to set off and have anger outbursts, so part of being in the moment I think is just being ready to be proactive instead of reactive.” When a student shows an extreme escalation, she does a lot of calming strategies in the classroom. She has taught her students a mantra: “I am safe, I am calm, I can handle it.” She added, “The calmer you are and the softer voice you use, it’s easier to bring them down because we know and get escalated, and the child’s escalated, too.”

Establishing a relationship, knowing students, using different calming strategies, and helping them build connections are essential components for success in handling challenging behavior. In addition, all four participants articulated that their increased years as an educator had helped them respond to trauma and behavioral difficulties.

Theme 3: Untapped Stories of Trauma

The theme of Untapped Stories of Trauma involved teachers’ personal and professional experiences with trauma that they bring to their job. The sub-themes identified within their stories were: compassion fatigue, teachers’ personal stories, support staff, and how to. Table 7 shows each sub-theme.

Compassion Fatigue

Teachers expressed loving their jobs and found that they are rewarding; however, they acknowledged the amount of stress associated with teaching students with trauma.

They admitted that their work as helping professionals takes a toll, especially while supporting students who manifest challenging behavior due to traumatic experiences. Anna said that sometimes her kids have heartbreaking stories, and there is nothing she can do. Stress comes from feeling helpless. Claire stated that she loved being a teacher, but her first year was a failure. She was extremely stressed about being around students who did not want to learn. She shared that it was difficult for her to separate herself and not personalize students' challenging behavior. "I felt that I was thrown at the wolves."

Table 7*Untapped Stories of Teachers' Experiences*

Themes and Sub-themes	Claire	Anna Lange	Ms. S	BJ	Reagan Schmidt	Vicky	James McGuire	Amy	France	Angela	Jean Albert
Untapped Stories											
Compassion Fatigue	X	X	X	X	X	X	X	X	X	X	X
Personal Trauma	X	X	X	X	X	X	X	-	X	X	X
Circle of Support		X					X	X	X	X	X
How to?	X	X	X	X	X						
Change in Lens											
Teachers' Role	X	X	X	X	X	X	X	X	X	X	X
Punishment to Healing							X	X	X	X	X
Positive Attachment	X	X	X	X	X	X	X	X	X	X	X
Growth Mindset							X	X	X	X	X

According to Ms. S, “teaching is not easy, especially when you are trying to survive each day without any support. Not sure what you are doing?” Furthermore, she added that the stress comes from not knowing what works, who to talk to, and whether talking helps. Anna shared that most of her time goes to talking to students, calming them down, and doing lots of de-escalation therapies. She shared that it gets exhausting, tiresome, and frustrating sometimes. BJ shared her insight that the teachers get burned out and tired. Hence, they need a lot of time off. BJ also shared that being a new teacher, she fears her contract will not be renewed due to a lack of classroom management. Reagan shared that her job is physically and mentally exhausting because her students are constantly testing her. Amy shared an essential insight that teachers must know their triggers, which helps them keep calm during a crisis. If teachers stay calm, they can bring calmness to their responses. Amy shared that mindfulness is vital for teaching professionals. All the participants discussed their difficulty in balancing the complex needs of their students with trauma with the needs of other students in the classroom. They talked about the importance of decompressing themselves.

Personal Trauma

Teachers shared their personal trauma stories connected with their practices which shaped them to become better teachers. For example, Claire shared that when her student choked her with the lanyard, she cried and sobbed the entire day. It was disappointing because she did not set out to be a failure in her professional life. Although her first teaching experience was soul-crushing, Claire decided to stay in the profession. She is in the process of educating herself and learning about how to connect with the students.

Claire added, “I think it’s essential that a lot of teachers if they teach the urban core, they’re encouraged to go visit their students’ homes at least once.”

Anna shared that losing her eyesight made her more compassionate towards students who get bullied in school. She advocates for children who get bullied and strives to make her classroom safe and respectful for everyone. Vicky shared that until she received her citizenship papers, she was living in ambiguity. She did not know how to be part of the main culture and still be connected to roots. Her struggle helped her to understand the underlying problem of ELL students. James shared that his rocky personal life made him compassionate towards children. “No one has a perfect life, but that is how you become more resilient.” France talked about losing her dad at a young age. She shared that being raised by a single mom made her empathetic and compassionate towards students who are being raised by single parents. She voiced that being vulnerable is not a sign of weakness. She encourages her students to talk about their trauma.

Ms. S said she remembered crying so much because she had families who were homeless, hungry, and dirty, and nothing was ever done. Her struggle with poverty and crisis from her childhood helped her relate to her students at some level. Angela’s experience of losing her kids to abuse made her resilient and sensitive towards trauma signals. She is compassionate in noticing students’ trauma and offers immediate help. Jean advocates expressing feelings while using safe language with her students. She has a safe keeper box where students write words expressing their feelings.

Circle of Support

All participants shared the importance of having support from other personnel in the school. While facing challenging behavior, teachers expressed that administrators,

school social workers, counselors, and peers play an important role in comforting them. According to Claire, administrators are the backbone for teachers' success. She shared that it makes a massive difference in a teacher's day if an administrator walks an extra mile and asks teachers how they are doing. Ms. S shared that she barely sees her administrators in the building. As a result, she feels all alone and not supported. "The administrator must make efforts to build relationships with new teachers, visit the classroom often, praise them, and have their back."

Teachers expressed that when they face students with challenging behavior, they require an outlet. BJ shared that every school needs a therapist or counselor so that teachers can talk to them and have an opportunity to de-compress. "It's just a few minutes to talk and have a feeling that someone understands us." Anna shared that her principal is supportive of her, especially when she needs a break. She feels comforted knowing that her principal will always have her back. Vicky added that talking with other teachers, school counselors, and social workers in her building helps.

Participants referred to asking teachers in a previous class for information and sharing tips when faced with challenging behavior. James and France shared that they have minimal opportunities to know everything about their students because they are special teachers. However, at times, they get to know sensitive information about the student from their peers, which helps them be mindful of their classroom comments. Teachers discussed that having additional support, such as co-teachers, social workers, therapists, and counselors, is helpful because it builds their confidence.

How To

The final sub-theme under the teachers' story was "how to." Teachers who had less than five years of experience identified a gap in behavior training. In addition, teachers expressed ambiguity in their role as a teacher, caretakers, or family members. Teachers' difficulties stem from a lack of support and training.

How not to take abuse personally? Claire expressed that she felt victimized when a student choked her with a lanyard. She knew he was only a child. However, how not to take that abuse personally?

How to get resources? Ms. S shared that as a new teacher, she was uncertain how to get resources and support for students outside of the classroom. Likewise, I did not know how to proactively meet the needs of students who faced trauma in my regular class (within the curriculum and daily schedule).

How to deal with our feelings? Ms. S shared "when I encounter a student who has faced horrific events; I need to deal with my feelings about the trauma a student suffered. I cannot address his needs if I do not know how to center myself."

How to meet all students' needs? Anna expressed the difficulty in meeting the needs of a student who has experienced a traumatic event while still meeting the class's needs as a whole. She added that trauma symptoms could present in different ways, and there is little time to attend to every need while getting through the curriculum.

How to know their story? Reagan expressed that she had students from highly traumatic backgrounds act out in class, but hadn't received information about their backgrounds until much later. "Some difficulties I have faced in teaching these students

is not being aware of their trauma, and, as a teacher, I never want to assume one way or another in teaching or supporting my students.”

How to keep a constant connection? BJ shared that at times she feels that she made the connection with her students; they made progress and did better for a few days. And the next day, either the family moves away or the student is absent. There is no consistency in students’ lives to build connections when there is no stability in their lives.

Theme 4: Change in Lens

The last theme that emerged in the teachers’ discussion was the “Change in Lens.” Teachers discussed having a change in their lens when they implemented trauma-informed care. Amy, Jean, and James’ stories played a pivotal role in this research. Their teaching experience and training in trauma-informed care have shed light on this research. Under this theme, four sub-themes were identified from teachers’ discussions, which are shown in Table 8.

Table 8

Change in Lens

Theme		Change In Lens		
Sub-Themes	Reflecting Teachers’ Role	Punishment to Healing	Positive Attachment	Growth Mindset

Teachers’ Role

The participants expressed having a change in educational priorities and their mindset. Anna said, she is a “mentor, counselor, friend, and mother for [her] students.”

Reagan and Angela echoed having similar feelings for their students. Amy observed that students who have faced traumatic experiences are usually in a survival state. They can not learn until they feel safe and supported. Amy sees her role as making better human beings and giving them skills beyond surviving. She shared, “It is a vicious circle; a lot of my students are from families who lack emotional management skills; hence my students lack [them] too.” Talking about her role, Jean shared that she provides a safe environment and teaches them social and emotional skills than academics. Jean shared that students do not learn academics if they do not know how to connect with others. Angela echoed the sentiment of being there for students outside of the classroom walls. “Teachers need to connect with them if they want children to learn reading and math skills. Do not teach in the class; go to their basketball games.” Teachers perceived their role first as healers and supporters to children who have faced traumatic experiences.

Punishment to Healing

Teachers shared that the idea of punitive punishment has changed with trauma-informed care. Teachers shared that punishing students for their behavior does not bring change; healing helps students learn from their mistakes. Amy shared teaching her students to give healing hearts and love when a student shows challenging behavior. Her response to challenging behavior has changed. She uses “how can I help you?” instead of “why are you behaving like this?” Amy further shared that when she experiences challenging behavior, she thanks them for those opportunities. “I have to not resist the challenging behavior; when we choose not to resist a behavior situation, we are opening ourselves up to our higher selves. It helps me learn and grow as an educator, guide us and teach us.” Jean teaches students, “I am safe, I am calm, I can do it.” Angela believes in

communicating with students. She shared, “I just speak to them. I know their behavior is communicating something. Instead of punishing them, I ask them what I can do to help them.” James shared when his students display challenging behavior, he asks them to de-escalate their feelings. Reagan said she has learned to empathize with students and acknowledge/validate their feelings, giving them time and space. All participants discussed the importance of being flexible. Teachers expressed bringing flexibility into lesson planning, executing, changing classroom arrangements, and responding to their behavior.

Positive Attachment

Teachers recognized the importance of teaching students how to have positive attachments with others. Teachers discussed that as much as the teacher-student relationship is essential, students need to learn positive interaction with their peers. Furthermore, they noticed students having minimal social skills. Angela, France, and Vicky shared that students with trauma easily get into fights. Teachers mentioned a lack of emotional connection. BJ shared that her students are immigrants or have survived refugee camps. “Why would they care to build relationships if they think they are going to move away?” BJ stressed a great need to help students build connections with peers. The way teachers do this is by giving them opportunities to build relationships, helping them understand boundaries, and positively expressing their feelings. Jean uses a safe box for her morning meetings where she provides options to her students to express their feelings and put them in the safe box. Amy uses her morning meetings to create opportunities to give thanks, be grateful, and listen to peers. She expressed that her morning meetings help build classroom community.

Growth Mindset

During the discussion, teachers shared using a growth mindset. Angela shared that lack of structure, examples, and role models lead their students not to believe in themselves. As a result, students cannot see themselves reaching their highest potential. However, teachers shared that although it is challenging to help students, it is not impossible. During the discussion, teachers recognized the importance of instilling a growth mindset for students. Amy shared that it also takes a village to bring changes in students. “Having a good support system in the building helps too. The classroom teacher alone cannot fully always support all the needs the students may need.” Jean shared that every student’s needs are unique, so it will always start very hard. But, she added, we must keep trying and have many strategies in our hands. Teachers discussed having many strategies and the support of administrators and other adults to help them be successful. Claire, Anna, BJ, and Ms. S recommended having regular training to learn new techniques to help students.

Chapter Summary

The purpose of this narrative inquiry was to explore teachers’ stories of working with students who have experienced trauma or traumatic events. Three sources of data were used: survey, individual interviews, and interviews with artifacts. First, I shared the experience of researching during the COVID-19 pandemic. Next, I narrated the findings from the survey, followed by introducing 11 participants who agreed to be part of personal interviews and share their stories. Next, I unfolded my participants’ stories by highlighting the underlying four themes. Lastly, I shed light on common narratives identified from the teachers’ stories.

In the next chapter, I discuss the researchers' positioning by describing my field notes. Then I answer the research questions using teachers' interviews and surveys. A discussion of the implications of this research follows. I conclude the chapter with limitations and further research suggestions.

Chapter 6

Conclusion

The purpose of this study was to give a platform to teachers to tell their stories of experiences working with students who have faced trauma. The study is close to my heart as I seek information as a special education teacher and relate the experiences of my participants' stories. My own experience with students led me to dive deep into this research. In Chapter 1 the readers found a general overview of the study. Chapter 2 provided the theoretical framework and literature review related to ACE, trauma-informed care, and the teacher's role. Chapter 3 provided information regarding the methodology of data collecting and data analysis. Chapter 4 included information about research findings with detailed information of participants and their stories. In this last Chapter, I discuss the researchers' positioning by describing my field notes. I answer the research questions using teachers' interviews and surveys. Further, the reader finds the discussion of the implications of this research. I conclude the chapter with further research suggestions.

Researcher: The Interpreter

Beneath every behavior is a feeling.
And beneath every feeling is a need.
And when we meet that need rather than focus on the behavior,
we begin to deal with the cause, not the symptom.

-Ashleigh Warner-
(Art & Talk Therapy, n.d., para. 1)

I begin this chapter with self-reflection on my role in the research process. I first describe my experiences as a Special Education teacher to position myself as a visitor stepping briefly into each teacher's world. Next, using my field notes, I describe my

feelings, thoughts, and reflection, temporal concerns and challenges, and their relationship with teachers' stories. Finally, I introduce the new research questions that began to emerge for me through this process and some of the unanticipated outcomes, which grew to become part of my overall understanding of this study.

My Journey as a Special Education Teacher

Teaching is considered one of the most respected jobs in my family. I grew up in India dreaming about becoming a teacher. During my Undergraduate program, I came across some new friends, who introduced me to the field of Special Education. It has now been more than 20 years. I work as an exceptional education teacher, coordinator, and advocate for my students in India and in the United States. My experiences with teaching have raised questioning about Special Education services, the related policies, and my role as a teacher. Being in the classroom with my students, I quickly learned that many students feel disconnected, disengaged, and detached in the classroom. I sensed a gap between students' special needs and environment effect.

A strong example that I think of is about Julio. He was placed in my class due to severe behavior referrals. He was in my "resource room" class where students with severe behavior needs are placed. There were days he worked well on his academics and some other days he was physically and verbally aggressive or withdrawn from class activities. Working with Julio, I discovered that his challenging behavior stemmed from his home life and the environment he is in. I had formed an excellent relationship with Julio and his family. Julio was in my class for almost a year. However, there was no change seen in his behavior or conditions at home. That year, Julio moved to another city. I blamed myself for not making a long-lasting difference in Julio's life. I started

questioning my ability, skills, and self-efficacy as a special education teacher...it felt like a failure. I was not alone in this. There are many experiences and instances where I began to realize that I am not equipped to be an effective teacher. There were other colleagues and friends who shared similar stories with me. The more I shared my feelings of failure, the more my feelings were reinforced by similar feelings among other educators. My best friend Lalita is a chemistry teacher in high school. She shared the story of one of her students who is defiant, never on task, gets triggered by small things, and walks out of the classroom angrily. Lalita shared that her entire day is spent focusing on her students. She cannot get anything done in the classroom. Lalita and I used to go out for coffee, and our conversations were always focused on our students who display challenging behavior.

I teach a class named "Evaluating Students' Environment" to first year teacher professionals who are already working in the field. The pre-service teachers share stories of challenging behavior they encounter in their classroom. They share their frustration, doubting their self-efficacy and confusion of role identity. Some of them are already thinking about quitting the profession. They are not bad teachers. They entered the profession thinking to make a difference in students' lives. However, they just felt incapable of doing so.

While reflecting on my personal and professional experiences I learned that I am a good teacher, but I am not equipped with information about how to identify and address the difficult behavior resulting from trauma. That was a strong motivation for me to understand other teachers' journeys. I entered this study with the assumptions that teachers' lack of skills and knowledge in responding appropriately to trauma are a huge

factor in their failure to produce an effective result. The lens I used in this study is not the lens of “critic” but the lens of “wakefulness” (Clandinin & Connelly, 2000).

My Journey as a Researcher

The self-reflection process has been one of the most difficult and rewarding experiences on my journey. I have always been a researcher; I believe all educators are researchers. They always observe, study, analyze, and find solutions. Researcher positioning is important in narrative inquiry as it is the “key instrument” used in the study (Creswell, 2013). Throughout this study I was called to remain “self-analytical, politically aware, and reflexive in consciousness” (Patton, 2015, p. 47). I wrote reflective notes after interviewing each participant to find out where I stand and how I speak to my participants (Clandinin & Connelly, 2000). I present here the synopsis of my reflections in italics to establish my journey as a researcher and the voice in my head.

My first interview was with France, who was scheduled to tell her story of working with students who have faced trauma. Ms. France is an art teacher in Midwest School. She talked about students of color and how they misbehave in the classroom. She mentioned “Hard schools have more behavior problems.... The students have always been students of color predominantly and economically disadvantaged.... The school had a 98% African-American student population.”

I wrote that night: The stereotype assumptions are prevalent in schools. Black students all have behavior problems, or “hard schools” have more Black students, or all Black children are economically disadvantaged. These stereotype assumptions about race and “Whiteness” manifested in your schools, faculty, administrator, parents, and students. Does “hard school” mean all children display challenging behavior? I have

seen instances in which students of color are labeled as learning disabled or ADHD due to the achievement gap. Many Black students are not able to survive the stress of fitting into the White molds. Howard (2006) in the book "We Can't Teach What We Don't Know" describes the major three processes that function together as the Dynamics of Dominance: The assumption of rightness, the luxury of ignorance and the legacy of privilege. The stereotype is one of the reasons that students of color have been overrepresented in grade-retention, school-suspension, dropout rates, and poor academic achievement. Due to the lack of opportunities, resources, and equity the students of color are stereotyped as "Hard Kids." The schools must integrate trauma-informed care with culturally responsive pedagogy.

Talking about the students' challenging behavior in the classroom, teachers shared that it was hard for them to not take students' misbehavior personally. Anna said, "I work hard to build relationships, create a caring community amongst peers, and use specific strategies for students needing more support. Still, I have fallen short in helping all students be successful in class." Claire shared, "You walk into a room, and you're used to kids doing exactly what they're supposed to do. And then, suddenly, you get these little bodies who have big mouths. In my first year, I felt as if I was thrown at wolves without any extra support. I felt as if I was the worst teacher and should change my profession."

I am thinking, why do teachers go into teaching thinking all her students are going to always listen to her, follow directions and do exactly what she asks them to do. What false expectations! I am in the midst of feeling sad and angry. Why do teachers expect students to sit in one place, not argue and have perfect behavior? How can we

accept that not all students are going to sit and follow directions? We can't expect to have all these days. I understand that the teachers are also human. Some of them have their personal trauma. Recognizing one's trauma and triggers is a useful exercise. When they learn to handle their own triggers, they are mindful during a crisis and be more accepting of students.

Phillion (2002) asserted the importance of stories and the role of the researcher in telling stories. Phillion clarified these ideas by claiming that stories—narratives—”almost always seem to have strong autobiographical roots” that are often “interconnected, woven together, [and] entangled” with the subject or participants of an inquiry (p. 3). It is evident that participants' story and subject of inquiry are intricately connected rather than separate from one another.

I could feel the pain when teachers shared, “Going in each day to a place where one feels like a failure and failing everyone in the room...because you don't have the skills and there isn't support; that is heartbreaking.” I know how difficult it is when one feels ineffective and insignificant in the classroom. Being a teacher means making a difference in students' life. The feeling of helplessness is stemming from lack of skills, not from lack of desire. One of the reasons for teachers' burnout is not having enough support from the school personnel. Teachers want to leave the profession because they feel inadequate in their skills. In my own experience, I share these commonalities with the teacher participants, and their stories resonated with me. I relate in this section my own experiences as they relate to participating in this study as a researcher and the impact of my interactions with my teacher participants.

Through critical reflection, we deconstruct what we think we know about a subject and then reconstruct our knowledge after acquiring new information or perspectives that challenge us to rethink our behaviors (Yorks & Marsick, 2000). When teachers told their personal trauma stories using artifacts, I could identify with each one of them, feeling connected instantly. Reagan brought her citizenship papers, talking about how hard her time was. I have the same story as an Asian immigrant and could relate to her struggle. France brought her father's photo, narrating her story of being raised by a single mom. Mr. James brought drumsticks to share how students feel in his music class when they use drumsticks to reveal their frustration and anger. Mr. James shared his personal story of divorce and how that impacted his life. I could understand and empathize with their stories. Looking into their stories, new questions emerged from my reflective notes.

Teachers felt helpless and abused when students misbehaved in the classroom. Their first response was to feel attacked by the students. They feared for their safety and their families. Following questions popped into my mind while understanding their stories.

- *How not to take abuse personally?*
- *How to get resources?*
- *How to deal with our feelings?*
- *How to meet all students' needs?*
- *How to know their story?*
- *How to keep a constant connection?*

For establishing a researcher's positioning, the field notes served as vital resources.

Findings to Research Questions

I won't let pain turn my heart into something ugly.
I will show you that surviving can be beautiful.
-Christy Ann Martine- (Greatest Tweets, 2019, para. 1)

The study set out to unfold the stories of teachers working with students who have experienced trauma or traumatic events. The purpose of the study was to give a platform to teachers to share their stories of working with students who manifest challenging behavior due to trauma. This section attempts to answer the central questions and sub-questions by encapsulating all data: survey, personal interviews, and field notes. Zeller (1991) suggested that qualitative studies report the "scenes," not data, in which reporters carefully select the data, transform them, and finally interpret it. Throughout the process of collecting data and through the analysis process, a reflective journal was used. The field notes allowed me to be reflective and better understand my perceptions and participants who shared their stories. I have selected data from surveys, interviews, and reflective journals to answer the research questions. The study focused on one central question and three sub-questions to understand the teachers' experiences. The central question was to understand teachers' experiences engaging with students who manifest challenging behavior due to traumatic events.

Question 1

How do teachers address students' challenging behavior, which is manifested because of trauma and traumatic events?

Multiple studies have proved that students who have experienced trauma display challenging behavior such as physical and verbal aggression, non-participation, and non-attachment (Craig, 2015; De Bellis et al., 2009; Janosz et al., 2018; West et al., 2014). The teachers in this study narrated a similar experience of students' behavior displayed due to trauma. The typical challenging behavior described unanimously by all teachers are categorized in the following four areas:

- 1) Physical and Verbal Aggression: Throwing things, crying, and hyperventilating, walking out of the classroom, lack of self-regulation, punching and kicking others, storming out of the room, yelling, cussing, and so forth.
- 2) Non-Participation: Defiant, refusing to follow directions, late to school, tense, tired, shut down, sleep all day, staring at a computer screen, lying on a chair.
- 3) Non-Attachment: Lack of social skills, prefer to stay alone, complete shutdown, mood swings, lack of trust, unknown fear, the overcompensating act of pleasing everyone, writing suicide notes on the desk, closed off, and hurting themselves.

All teachers expressed that the behavior mentioned above was challenging to them. Their responses to challenging behavior are categorized into two sections: teachers who are new in the profession and do not receive support or training from administrators; and teachers who have more than 10 years of experience who have support and training from administrators. The common thread found in all teachers is that schools require the culture and practice of a respectful and safe learning environment. Teachers who

struggled more in handling the challenging behavior expressed an ambiguity in expectations and their role.

Physical and Verbal Aggression

Claire, Anna, BJ, and Ms. S expressed that they struggled to respond to physical and verbal aggression. The teacher's first reaction was fear and being scared. Teachers said that when students display aggressive behavior, they fear for their own and other students' safety. Their usual response is to ask students to step out of the classroom or to call the administrator for immediate help. Teachers expressed not knowing how to identify what triggers the behavior and what strategies to use for de-escalating the behavior. Teachers added that they have difficulty in balancing the needs of one student with the needs of all students. They expressed feeling stressed handling the students' aggressive behavior by retraumatizing their actions.

Amy, Angela, Jean, and James shared that they use de-escalation and calming strategies such as deep breathing, naming the feelings, and going to a corner to calm themselves. They reiterated the importance of identifying triggers, developing structure and classroom routine, building classroom community, and creating a feeling of safety and respect. All four teachers echoed being proactive and developing a holistic approach instead of targeting a single behavior. Their holistic approach involved establishing relationships with students, building connections with families and peers, developing social-emotional skills, and creating a culture of safety and respect. Teachers expressed that their holistic approach helped reduce the outburst and physical and verbal aggression.

Non-participation

Teachers expressed that they often observed students displaying behavior that is disengaged in the classroom. BJ, Ms. S, and Vicky said that when students are disengaged in the material, they give redirection, give individual attention, put them in groups, or have conferences with parents. Teachers also expressed that they often ignore the students' behavior when they seem tired and sleep in the classroom. Teachers echoed running out of strategies to engage students in the classroom activities when they move often. Jean, Amy, and James shared that their typical classroom structure helps students to get engaged in the classroom. When students are disengaged from the activity, they give personal attention and differentiate their work.

Non-attachment

Teachers unanimously agreed that the students who have witnessed trauma lack social skills and are withdrawn and disconnected. Vicky and Anna shared that they are not equipped to handle students who are severely depressed. They felt that having a social worker and school psychologist is important. Amy and Jean echoed similar feelings; however, they added that school counselors play a vital role in supporting these students. Teachers felt the need to understand the protocol to best help the students.

Ms. Claire, Ms. S, BJ, and Vicky had less than six years of teaching experience and they found it difficult to address challenging behavior. Their common response to challenging behavior is to give students a couple of redirections, ask them to step out of the class, and provide them with time and space to cool off. Teachers expressed that sometimes they ignore the behavior. With extreme behavior, teachers refer students to the principal and hope for some consequences. They shared the common thread that lack of

support from administrators and lack of training from the school district adds difficulty in handling these students. The common factor teachers revealed is that difficulty in building relations, no consequences or feedback from administrators, and lack of structure from school administrators add challenges to their work. Anna and Reagan also have less than six years of teaching experience. However, their response was a little different. They both stressed creating a safe and welcoming classroom environment and building relationships with the students. They agreed that even though it is challenging to manage the difficult behavior, one can do it with support and training.

Ms. Amy, Mr. James, France, Angela, and Jean have more than 15 years of teaching experience. They shared that there was nothing they had not seen happen in the classroom. Teachers say that they redirect students, give them a break to cool off, or teach them breathing exercises to help students calm down. However, they emphasized the importance of the prior work before the behavior occurs, including creating a safe classroom environment, feeling of belongingness, and establishing structure and routine for successful classroom instruction. They reiterated the importance of building relationships with students, peers, and families. Mr. James and France expressed that communicating with parents makes students feel secure in the classroom. They shared that it is tough; however, it can be possible with support and training.

Question 2

How do teachers describe the feelings of success and failure of working with students who have faced trauma or traumatic events?

Teachers expressed the reasons for balancing all students' needs, lack of awareness and resources, and inadequate training and support for feeling like a failure in handling students who have faced or witnessed trauma or traumatic events.

Balancing All Students' Needs

Teachers expressed that the biggest challenge for them is to balance students' individual needs with the needs of other students. They shared that each student has their own experiences, beliefs, and needs. "As a classroom teacher, it can be very stressful to try and meet the needs of every student without additional support." Teachers expressed that their time goes to paying more attention to students who have faced trauma. "Do you choose the whole class? Do you leave no man behind? How do you prioritize which students' needs are the most important?"

Lack of Awareness and Resources

The lack of awareness and resources was another great factor contributing to teachers' failure stories. "Not knowing their trauma, I never want to assume one way or another in teaching or supporting my students. I wish I had a profile or needs analysis for my students ahead of time." Teachers said they tend not to know what to say or how to react and not know exactly what to do for each kid. "Many times, I am unsure of the resources available to help families and who to contact to connect families with these resources." They expressed having failures in handling such situations.

Inadequate Training and Support

The third important reason presented was insufficient training and support. Teachers expressed having difficulties knowing the different strategies while helping students in the classroom, especially addressing challenging behavior. "I faced the

difficulties of having strategies to use at hand when a child is not able to self-regulate or de-escalate their behavior due to something that may have triggered them.” Teachers said, “many times students struggle to use strategies in the time of crisis. It can be hard finding the best strategy for a specific child—or narrowing down which tools to use and then remembering which child responds best to which tool.” Novice teachers expressed difficulties in helping students deescalate after a triggering event, responding to their reactions, knowing how to connect or use the right words to say if it is a trauma. The lack of support from administrators was evident from teachers’ stories. Ms. S reported that school counselors, social workers, and administrators are pivotal people in the building. Every school must have these people for regular support. However, not all schools have counselors and social workers due to a lack of budget.

Teachers found that building relationships, adequate training, and support from school personnel and administrators contributed to their success stories.

Building Relationships

The new teachers experienced being overwhelmed by several students who had faced trauma and traumatic events. However, they shared that they learned more about their lives as they continue to build relationships with students. Teachers echoed that their responses had changed when they established relationships. They gained experience with the students; they learned to identify triggers and could prevent escalations.

Adequate Training

Amy, Anna, and James talked about their conscious discipline training which revolved around mindfulness and developing a trauma-sensitive lens. Teachers learned how the brain works, three different states of mind, and other strategies to help students

in the classroom. Ms. S shared that the training helped identify their trauma and triggers, learn how to de-escalate their own triggers, and manage their emotions. They indicated that school PD sessions were valuable, especially where they learned the de-escalation strategies and discussed the specific questions. They received opportunities to learn from their colleagues and receive regular feedback. They shared learning to address the students' needs and build relationships instead of punishing them for their behavior. All of them voiced that having PD every quarter contributed to their success stories. Teachers gave all the credit for their success to the training offered in the school.

Support Group

Teachers reported that support groups involving social workers, school counselors, and their colleagues are a strong pillar in their success stories. Vicky, Amy, James, Anna, and Reagan discussed regularly getting opportunities to talk to their school counselor, a social worker. As a result, they received many ideas about families and strategies to help students in the classroom. Anna said that a therapist in her school is available on an as need basis. The therapist gives her the tools to identify her trauma triggers and channel them positively. Therapists, social workers, and counselors gave them room to fail and had their back without any judgment. Administrators played a pivotal role in shaping teachers' success stories. Teachers shared that when principals showed faith in their actions, abilities, and intentions, they grew their confidence in handling students with challenging behavior. The unconditional support from administrators helped teachers to have success in the classroom.

Question 3

What stories do teachers talk about experiencing secondary trauma when working with students who have faced trauma or traumatic events?

Teachers shared their stories using two categories: compassion fatigue, and personal trauma

Compassion Fatigue

Clair shared that she was almost going to leave this profession. Her stress level had increased, and she found herself sleeping less, crying more, and overall falling into a rough state. “I didn’t know how to respond without offending people.” So instead, she tried to empathize with students and acknowledge/validate their feelings, giving them time and space. “I remember crying so much because I had families who were homeless, hungry, dirty, etc., and nothing was ever done.”

Anna found her job exhausting, rough, and tiring. Ms. S shared, “at the end of the day, it doesn’t leave me anything in the tank for family issues or anything. I just don’t want to shut down and not even choose family time.” Furthermore, she added that she does not have any energy to talk with a counselor because it becomes mentally exhausting. BJ said, “you’re tired and fatigued, you got all these kids you’re trying not to lose them, and we’re required to do all that stuff for them.”

I had a child who is a survivor of burns deliberately inflicted by an older sibling at the mother’s direction. After a terrible episode, this little girl, who was three at the time, stayed hidden under a blanket with her dead younger sister for two days until extended family realized there was an issue and contacted the police. The child was removed from the home and eventually taken in by an uncle’s family. I

couldn't sleep for several days. None of the above information was shared with me by the school district or building officials. I had to let myself feel and process my emotions so that I could help her. It was devastating.

Amy shared that she practices giving thanks for those opportunities, as it helps her learn and grow as an educator and a human.

When we choose not to resist a behavior situation, we open ourselves up to our "higher selves," guiding and teaching us. The non-resistant approach also fosters a greater connection with the child, and the relationship is the key!

France and Angela voiced a similar experience of feeling helpless. They shared that they could not help their students in the class and family, which instilled the feeling of failure.

The teachers in the survey revealed that sometimes they feel unsafe in the classroom, especially when students or their parents attacked them. "Being attacked by a parent should not be allowed.... I feel extremely unsafe in the school." Another teacher reported, "figuring out what triggers them, figuring out how to help them feel safe and in control when they are having big emotions. . . . It is stressful for me." A survey report suggests that more than 73% of teachers expressed having mental stress and secondary trauma while working with students who have faced traumatic situations. The participants felt secondary trauma while working with students who manifested challenging behavior, which coincides with the previous studies (Alisic et al., 2012; Mazzer & Rickwood, 2015; Reinke et al., 2011).

Personal Trauma

The study gave teachers opportunities to share their personal trauma stories and reveal their sacred information. Teachers have gone through their personal and

professional trauma which impacted their personality. Teachers shared their personal trauma stories using artifacts such as citizenship papers, lanyards, Jenga game, roller coaster photo, drumsticks, dad's photo, and strength rock.

Anna lost her eyesight at an early age. She was shattered when she found out that for the rest of her life, she would have to wear glasses. Vicky shared that until she received the citizenship papers, she was living in ambiguity. James' rocky personal life made him compassionate towards children. "No one has a perfect life, but that is how you become more resilient." France lost her dad at a young age. She was empathetic towards students who were raised by single parents. Angela shared her story of losing students to home abuse. Ms. S has struggled with poverty; however, she is more resilient than others.

Teachers' personal and professional trauma stories made them resilient, empathetic, and emotionally strong. Although Claire cried the entire day when her student choked her with the lanyard, she went for counseling to get healed. Her first teaching experience was soul-crushing; Claire decided to stay in the profession. Anna advocates for children who get bullied and stands by them. Ms. S is compassionate in noticing students' trauma and offers immediate help. Jean uses safe language and uses a safe keeper box for her students to express their feelings. She is in the process of educating herself and learning about how to connect with the students.

Implications of Findings

The purpose of this study was to understand teachers' experiences of working with students who have faced trauma or traumatic events. The data were collected using surveys and interviews. The participants were given a platform to share their experiences and tell their stories about teaching students who have faced trauma. In addition, the

participants revealed their personal and professional stories of trauma. Reviewing the results of this study, attention is drawn to three implications: Developing Trauma-Informed Lens, Teachers' Compassion Fatigue, and Circle of Support. I discuss these three implications and offer recommendations for each one in the following sections.

Compassion Fatigue

The result of the data revealed that teachers were mentally exhausted and felt helpless working with students who have faced traumatic events. Teachers expressed crying for help, especially when they are handling challenging behavior manifested due to trauma. They found themselves physically and mentally exhausted, burned out, and angry. Ms. S shared that she started doubting her skills as a teacher. "You start to feel like you're maybe not good enough at this....You are not doing the right thing." All the participants discussed the need for strategies to decompress. Teachers observed that their work was meaningless, and they could not regulate their own physical and emotional responses to manage all the needs and demands of their students.

COVID-19 added another layer of difficulties to the teachers' world. Teachers expressed that they were crying, felt depressed, and they worried about the protection for children whose families were homeless, hungry, and evacuated from homes. Teachers' feelings of compassion fatigue were similar to those found in numerous research studies on secondary trauma and teacher burnout (Christian-Brandt et al., 2020; Hart & Nash, 2020; Sánchez-Pujalte et al., 2021; Yang, 2021). These studies revealed that teachers felt burned out and fatigued due to the COVID-19 pandemic and online teaching. They felt lonely and helpless when their teaching world flipped upside down.

Circle of Support

New teachers with fewer years of teaching experience agreed that they were trying to survive each day, not knowing what they were doing. They expressed spending most of their time calming down the students. Claire reported having no support from administrators when a student snatched the lanyard around her neck. She shared that her principal and colleagues judged her for her inability to handle students' challenging behavior. BJ shared that every school must have a social worker and a counselor to help work with students. "Teachers need to feel safe too. However, I understand that not all districts have money to appoint counselors and social workers." She added that in her school, teachers do not have time to communicate with each other. "Everyone is so busy; there is no time to learn from each other." Jean shared that collaboration is important. "We need more practice with other teachers helping each other and talking about students every month."

Teachers who had support from their colleagues talked positively, impacting their instructions. Vicky said, "having a counselor and social worker, I think, helped, and I learned a lot from them." James and Amy talked about having collaboration with teachers regularly. Joseph, Wilcox, Hnilica, and Hansen (2020) discussed using an inter-professional perspective; this framework indicated how school social workers, psychologists, and counselors collaborate with teachers to integrate inter-professional, trauma-informed, and race-centered practices into a behavioral intervention. Teachers expressed the intense need for collaboration, support, and empathy from colleagues and administrators, indicating that cohesive effort is needed to cultivate a culture of safety.

Trauma-Informed Lens

Developing a trauma-informed lens was an imperative theme that emerged from teachers' stories. More than 50% of teachers responded that they had no training during their pre-service program in the survey. More than 50% of teachers reported having little training during their in-service time. In a face-to-face interview, Claire said that the reason for her first-year failure was the lack of training during and after their teacher training programs. Her school did not have any structured support program regarding trauma-informed care. Ms. S shared:

Although my administrators understand my situation, there is no follow-up when I send my students for challenging behavior; there is no feedback or further communication... My student is back in the classroom in an hour.

Teachers gave the following feedback for their responses to the behavior in the classroom.

1. **Lack of Information.** Teachers felt alienated in the school when the administrators did not share information regarding students. They expressed having no avenues to know what was happening with the student when he was sent to the principal's office: whether he was moved out of the district or sent to another school. What kind of trauma did he have?. In addition, the lack of information increased the staffroom gossip and unhealthy rumors about the student.
2. Claire, BJ, and Vicky shared that they need trauma-informed care training regularly. Reagan shared that she does need to not watch another video on how the brain is affected; instead, she prefers to learn strategies to handle

challenging behavior. Teachers requested to have professional development for at least every quarter to learn about strategy. Reagan said, “In my school, we had a book reading club, where we met every week and talked about the issues discussed in the book. The collaboration with teachers was refreshing and rejuvenating.”

3. Amy, Anna, and James shared that their school has started implementing a conscious discipline program that is based on trauma-informed care. The administrators, teachers, and school staff take regular training and learn strategies from experts or each other. The trauma-informed care lens has proved to be effective for teachers and students. They reported having success in the classroom, instruction, and behavior.
4. Except for two teachers, most of them reported having no training during their teacher preparation program. Claire shared, “I learned about Maslow’s theory, wrote the best lesson plan, and design activities but never learned about how to handle hard kids.” Reagan shared that new teachers have no idea about refugee kids and their difficult situations. “It is important that pre-service teachers visit some schools where we have kids from refugee camps. In my experience, new teachers cannot handle hard kids; first, they need it to work with the easy class.” Her comments imply that new teachers are not ready to handle challenging behavior in the classroom, which in turn questions the teacher preparation program.
5. Anna shared that she has to learn a lot; however, she felt ready and well prepared because she knew about trauma-informed practices in her teacher

preparation program when she started teaching. Teachers reported having one class that informs what ACE is, how it is manifested in the classroom, the teacher's role, and what strategies can be utilized to help these students in the school.

Recommendations

Schools should be safe places for teachers and students (Ross, 2021). Drawing from the teachers' interviews and surveys, it was evident that schools must implement trauma-informed care. Teachers reported that the most significant difference in non-trauma-informed schools versus trauma-informed schools is that the administrators are willing to learn, change, and work hand-in-hand with teachers to implement a new vision. The studies on trauma-informed care reveal the specific role of administrators in building the school culture (Allen et al., 2020; Luthar & Mendes, 2020; Ross, 2021). I have several recommendations for administrators, teacher preparation institutions, and teachers.

Recommendation for Administrators

Administrators must implement School-wide Trauma-informed Care. First, administrators must educate themselves to feel equipped to address the new challenges. Then, they must implement a program that brings a new culture of care and support for students, teachers, and other personnel. They cannot solely be dependent on school counselors and social workers. They need to set a tone for a trauma-informed lens by creating a culture of safety and care by providing a 3C plan: consistency, the culture of safety, and collaboration.

1. Consistency. A trauma-informed tone is set when there is consistency in communication, feedback, and actions. Bring an expert consistently to have dialogues and teach strategies to teachers. Continue having two-way communication to develop trust in the institution. Make teachers part of all the decision-making processes regarding their students. The information and intervention regarding students should be shared with the relevant teachers. Teachers suggested having trauma-informed training twice a year: once every quarter, and a refresher course in the summer.
2. Culture of Safety. Administrators must create a place where teachers feel safe to share and learn. The new teachers shared that sometimes they are not given a second chance to rectify their mistakes. Instead of judging for their mistakes, provide the interventions, learning opportunities, and structure to renovate their practices. Provide a safety net for educators and students by building supportive relationships. Encourage practices that enhance student-teacher relationships and promote stability.
3. Collaboration. Teachers shared that there are excellent teachers in the building, but they never can communicate with them. Encourage practices of learning from each other by providing a common plan time. Encourage new teachers to practice co-teaching to increase collaboration and communication for their students. Inculcate the value of learning by inviting professionals, initiating professional book clubs, or sending teachers to attend workshops. An ongoing learning culture builds a community of shared goals and ideas.

Recommendation for Teacher Preparation Programs

More than 50% of teachers reported having no exposure or training regarding trauma-informed practices during their pre-service teacher training program. Teachers indicated that it would have been beneficial if they came prepared in the school to face challenging behavior due to trauma. Ms. S shared, “my mentor said, what you learned in your college, forget everything. You can be best in creating the lesson plans and organizing activities. However, you will not succeed until you handle children’s behavior.” It was evident from the mentor’s comment that she thinks Ms. S had no working skills with students who manifested challenging behavior. Many school principals, mentors, and teachers staff believe that new teachers have difficulty handling challenging behavior (Allen et al., 2020).

I highly recommend having an explicit class for students who are going to be future teaching professionals. The learning outcomes of this class would be how ACE affects children’s learning and behavior and what strategies teachers can use in the classroom to enhance trauma-sensitive lenses. The trauma-informed training should not be limited to special education teachers, but all teachers must access information. Many graduate institutions have started offering classes for their new teacher preparation program. The teachers recommended including courses related to trauma-informed care in their teacher preparation program.

Recommendations for Teachers

Rest and self-care are so important.
When you take time to replenish your spirit,
It allows you to serve others from the overflow.
You cannot serve from an empty vessel.
-Eleanor Brownn-
(Goodreads, 2021)

1. Developing self-care skills is essential for teachers in this era to avoid compassion fatigue. Teachers need to inculcate self-care at home by spending time with their families, developing hobbies, and enjoying things other than school. Teachers with longer experience have learned to rejuvenate themselves by spending more time with their families, children, and grandchildren. Likewise, new teachers need to take breaks and find time for their families and friends.
2. Building a network of like-minded colleagues is vital. No one has to do it alone. James, Amy, and Anna shared that they have a good colleague support group in the school. Levkovich and Gada (2020) conducted a study on teachers who felt inadequate support was provided by their teachers. They shared that building a strong teachers' network helps them have someone to talk to and share their experiences. When she speaks to other colleagues about her students, Anna shared that she receives various strategies to help students. The teacher support network helps in venting without the fear of judgment.
3. Create a safe space for oneself. Vicky and Ms. S felt a perpetual sense of failure when they could not help the students in the classroom. BJ, Vicky, and Ms. S shared that they lacked self-efficacy in providing education to students

who have faced trauma. These teachers need to create a safe space for themselves which begins with calming strategies and positive self-talk.

Future Research Directions

A search of the literature reveals that few studies are published specifically about teachers' perceptions of working with students who display challenging behavior due to trauma. This study adds to the research around teachers' experiences of working with students who have faced trauma. Throughout the course of this study, I compared my experiences with my participants' experiences. I found similarities and differences in my story and my participants' stories. Through teachers' experiences and stories, one can learn a lot about the trauma-informed lens, compassion fatigue, and school culture. Overall, this study outlines the stories of teachers' experiences; future studies could be useful in looking into school leaders, faculties, and teachers' stories. The other educational researchers are encouraged to further explore the following topics.

1. This study could not take a deep dive into race-related trauma. There were a few comments among the data made on how stereotypical racial bias affects students' learning. Future researchers may seek to gather information regarding race and its relationship with trauma.
2. Researchers are encouraged to seek information from educational leaders on what trauma-informed practices are implemented in schools and how they measure success and failure.
3. Future studies might explore what teachers do differently for their students after receiving trauma training.

4. Further studies could be useful to understand students' perspectives about trauma-informed care implemented in their school and whether it is beneficial to them.
5. Future research could also address the faculty beliefs around introducing new courses related to trauma for teacher preparation programs.

Final Thoughts

In 2000, I started my teaching journey with four other friends. We all set out to be intrinsically motivated teachers who wanted to bring change in students' life. Among us, I am the only one who has successfully made it for more than 15 years as a Special Education teacher. I give credit to my family, friends, colleagues, administrators, and many people around me who believed in me. I focus on my mental and physical health on a daily basis so that I do not get burned out and can continue serving students in need.

Working on this research over the last five years, I have increased my knowledge regarding trauma. One of the biggest lessons I have learned is the importance of mental health for teachers. Teachers are in the helping profession. They encounter several instances of trauma which puts them at the receiving end of secondary trauma. Hence, mental health needs to be prioritized for teachers. Teachers need to create a circle of support to take care of their mental health so, in turn, they can bring the best version of themselves to serve their students.

The next takeaway from this study is to stress implementing trauma-informed care for all schools. Being a good human being and using common sense is not sufficient to help students with trauma. With the growing number of ACEs, trauma-informed care needs to be woven into our curriculum. Teachers need to be trained to develop trauma

lenses; regular, ongoing training is required for teachers to develop trauma-informed lenses. Reforms need to be made in school policies using a trauma-informed lens.

Appendix A

Participant Recruitment Letter to Principals

Dear Sir,

Sub: Research on Teachers' experience of working with students who have faced trauma or traumatic events.

My name is Ami Ladhawala. I am a Doctoral Student at the University of Missouri-Kansas City. I am interested in collecting research data, for a dissertation, in the Urban Public Schools. The purpose of this study is to understand elementary teachers' experiences working with students who have faced trauma and traumatic events. This study aims to understand the perspective of teachers as they experience the need for trauma intervention in the classroom, their role in providing support to students experiencing all forms of trauma and traumatic stress, and their level of self-efficacy in supporting this group of students. This study will capture the perceptions of novice and veteran teachers who work with students experiencing trauma or traumatic events.

I would like to have your permission to reach out to your teachers. Over the spring 2021 semester, I hope to send surveys to all elementary teachers. Then the second phase of my data collection includes conducting a face-to-face interview with 6 to 8 teachers who have volunteered to participate. The interviews will take place via zoom or at a place convenient to your teachers. Teachers who elect to take part in the second phase of the study will receive a \$25 Amazon gift card as compensation.

Participation in this study is voluntary, and there is no penalty for not participating. If a participant does not want to be in this study, she/he may refuse to participate. They may also withdraw at any time during the study. Additionally, teachers' names, identifying details, the school and district names will be assigned fictitious names to protect confidentiality. The state name will be stricken from the record; instead, the location will be identified as a Midwestern state in the final written dissertation.

If you have any questions about my request, please contact me by phone at 785-217-7716 or by email at alrhc@umsystem.edu

Thank you for your assistance. I look forward to hearing from you.

Sincerely,
Ami Ladhawala – IPhD candidate
University of Missouri – Kansas City

Appendix B

Teachers' Survey

Dear Teacher

I am inviting you to help with a short survey. As part of my dissertation research at the University of Missouri – Kansas City, I am conducting a survey of elementary teachers who have worked with students who experienced trauma or traumatic events. The purpose of this research is to understand the perspectives of in-service elementary teachers and their experiences working with students who have faced trauma or traumatic events. I would highly appreciate your participation in completing the survey. You can participate by clicking on this link in SurveyMonkey™, where you will find instructions for answering the questionnaire. It should only take 5 minutes to complete. Thank you for your time and help.

If you have questions or if you have any difficulties with the questionnaire, please contact me at alrhc@umsystem.edu

Sincerely,

Ami Ladhawala – IPhD candidate
University of Missouri – Kansas City

Demographic Information

1. How did you first obtain teacher certification?
An undergraduate teacher training program
Masters in Teaching
Teach for America
Others _____
2. How many years have you been teaching?
1-2 years
3-7 years
8-15 years
16-20 years
More than 20 years
3. Which of the below best describe your role in the classroom?
General Education teacher
Special Education teacher
Specialist (Art, Music, Physical Education)
Other _____
4. What is your gender?
Female
Male
Other (Please specify)

Prefer not to answer

5. What is your ethnicity?
 - White
 - Black or African American
 - Hispanic, Latino, or Spanish Origin
 - American Indian or Alaska Native
 - Asian
 - Native Hawaiian or Other Pacific Islander
 - Other (Please Specify)

Please click on the applicable answer:

6. During your pre-service teacher training, how much training in childhood trauma did you receive?
 - None
 - Some
 - A great deal
7. During your in-service teacher training (Professional Development), how much training to support and react to students who are experiencing or have experienced trauma or traumatic events have you received?
 - None
 - Some
 - A great deal

Please indicate the degree to which you agree or disagree with the following

8. I have more than three students in my classroom who have faced trauma or traumatic events?
 - Strongly Agree
 - Agree
 - Neutral
 - Disagree
 - Strongly Disagree
9. Students who have experienced trauma or traumatic events require more emotional support in the classroom than their peers.
 - Strongly Agree
 - Agree
 - Neutral
 - Disagree
 - Strongly Disagree
10. Students who have experienced trauma or traumatic events require more behavioral support in the classroom than their peers.
 - Strongly Agree
 - Agree
 - Neutral
 - Disagree
 - Strongly Disagree
 - Strongly Disagree

11. How confident, are you in your ability to recognize the behavior symptoms manifested due to trauma or traumatic events?
Very confident
Confident
Neutral
Somewhat not confident
Not at all confident
12. How confident are you in your ability to balance the needs of students who have experienced trauma or traumatic events and the needs of the class as a whole?
Very confident
Confident
Neutral
Somewhat not confident
Not at all confident
13. In general, teachers possess sufficient knowledge and skills to help students who have experienced trauma or traumatic events.
Strongly Agree
Agree
Neutral
Disagree
14. In general, teachers require ongoing training and support to address the need of students experiencing trauma or traumatic events.
Strongly Agree
Agree
Neutral
Disagree
Strongly Disagree
15. Teachers have easy access to learning resources available in my school district related to students who have faced trauma or traumatic events.
Strongly Agree
Agree
Neutral
Disagree
Strongly Disagree
16. Teachers in my district receive regular training and support for learning about the effect of trauma and traumatic events on students' behavior and ability to learn.
Strongly Agree
Agree
Neutral
Disagree
Strongly Disagree
17. I wish I could receive more support from the school district in helping students who have experienced trauma or traumatic events.
Strongly Agree
Agree

Neutral
Disagree
Strongly Disagree

18. I personally experience secondary trauma (emotional duress and mental distress) when working with students who have faced trauma or traumatic events.

Strongly Agree
Agree
Neutral
Disagree
Strongly Disagree

19. I am willing to participate in further face-to-face interaction regarding my experiences working with students who have faced trauma or traumatic events.

Yes
No

20. If you answer yes, please click on the following link.

Appendix C

Interview Protocol

Thank you for taking the time to meet with me today. This interview is being recorded and will be transcribed later. I want you to feel free to talk at a normal pace without interruption. Please remember that all responses will be anonymous. (Turn on recorder)
This is an interview with teacher 1.

1. How would you describe your experience in teaching students who have faced trauma or traumatic events?
2. How did you learn about their trauma?
3. What traumatic events have your students experienced that you are aware of?
Possible Prompts: Can you describe any specific examples or experiences?
4. What are some of the characteristics you feel that these students who have faced trauma or traumatic events had in common?
Possible Prompts: How did the behavior or academic performance manifest in the classroom?
5. What do you see as your role as it relates to attending to students' mental health?
6. How do you address your students' academic and behavioral needs?
Possible Prompts: Can you describe any specific examples or experiences?
What difficulties did you face while helping these students?
7. What signs and /or behaviors do you notice in the classroom that alert you to the fact that a child may have been impacted by trauma or traumatic events?
8. How do you assess your skills and readiness for helping these students?
9. What training, in particular, would you like to have more knowledge or skills about managing students who have faced traumatic events.
10. What training have you had regularly working with children who have experienced trauma or traumatic events?
11. What kind of support are you looking for from the administration?
12. How often should training be conducted?
Possible Prompt: Do you think that time is sufficient? How long should they last?

Appendix D

Consent for Participation in a Research Study

Dear Teachers,

My name is Ami Ladhawala. I am a Doctoral Student at the University of Missouri-Kansas City. I am interested in collecting research data, for a dissertation, in the Kansas City Kansas Public Schools. The purpose of this study is to understand elementary teachers' experiences of working with students who have faced trauma and traumatic events? This study aims to understand the perspective of teachers as they experience the need for trauma intervention in the classroom, their role in providing support to students experiencing all forms of trauma and traumatic stress, and their level of self-efficacy in supporting this group of students. This study will capture the perceptions of teachers who work with students experiencing trauma or traumatic events.

I would like to invite you to participate in the second phase of the study. You are being asked to participate in this study because you meet the following requirements:

- Teach in the urban core (inner city)
- Are a teacher of grades K-6

If you decide to take part in the second phase of this study, you will be asked to participate in a face-to-face interview and respond to three journal prompts (Written Narrative).

Interview: In your interview, you will be asked to share your experiences working with students who faced trauma or traumatic events. The interviews will take place via zoom or at your place convenient place. The interview will be audio recorded. You will have an opportunity to read the transcript. No one will have access to the interview other than the researcher and the recordings will be stored securely on a password-protected computer. The interview will take 30 to 45 minutes. The recordings will be erased after being coded.

Artifacts: In the second part of the interview, you will be asked to bring any personal items or artifacts which relate to trauma.

Participation in this study would be always voluntary. You could choose not to participate or to withdraw your participation at any time without any penalty.

Benefits

There are no direct benefits to participating in this study. However, the results for this study may influence administrators to implement educational reforms, and to revise teacher education preparation programs along with professional development offerings.

Risks and Inconveniences

The risks of taking part in this research study are not expected to be more than the risks in your daily life. There is a minimal risk of breach of confidentiality. There are no other known risks to you if you choose to take part in this study.

Fees and Expenses

You will not incur any fees and expenses for participating in this study.

Compensation

Teachers who elect to take part in the second phase of the study will receive a \$25 Amazon gift card as compensation.

If you would like to talk further with me about your participation in this study, feel free to contact me at 785-217-7716 or email me at alrhc@umsystem.edu

Thanking you,

Ami Ladhawala – IPhD candidate
University of Missouri – Kansas City

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VITA

Ami Ladhawala was born on June 10, 1974 in India. During her undergraduate program, she volunteered at a blind school and felt passionate about special needs students. After completing her undergraduate teaching degree from Maharaja Sayajirao University in 2005, Ms. Ladhawala served as a special education teacher, coordinator, and assistant principal for 10 years in India. While working in elementary schools she received certification in Early Childhood Education and Educational Management from Maharaja Sayajirao University.

In 2006, she moved to the United States to serve as a special education teacher in elementary schools. She continued teaching in several elementary schools in Garden City, Topeka, Manhattan, and Kansas City for 10 years. In May 2011, she was awarded the Master's in Special Education from Washburn University in Topeka, Kansas. Ms. Ladhawala entered the Interdisciplinary Ph.D. program at the University of Missouri-Kansas City in 2016. While studying for her doctoral degree, she served as a graduate research assistant, lecturer, and researcher at UMKC, and a lecturer at Rockhurst University. She served as an Assistant President to the Graduate Student Council and helped students voice their difficulties.

Upon completion of her doctoral degree, Ms. Ladhawala plans to continue teaching at urban schools, become an administrator, and implement programs related to trauma-informed care for educators and students. She wishes to continue teaching at a university for a teacher preparation program. She will continue to pursue her research interests regarding trauma-informed care, teachers' voices, and the need for teachers to develop a trauma-informed lens.